

EIGHT COUNTRIES: Cross-National Perspectives on Child Abuse and Neglect

by Sheila B. Kamerman

In the spring of 1972, a cross-national research study covering eight countries was launched at Columbia University School of Social Work.¹ The study was undertaken in response to a widespread interest in policy, program and administrative issues in general social services in the United States and the assumption was that one way to develop new perspectives on what exists in this nation would be to study what is being done in other countries. We would then compare the provision of social services across the countries and analyze the relationship of such provision to political, economic, social and cultural contexts. The seven countries involved, in addition to the United States, are Canada, France, West Germany, Israel, Poland, the United Kingdom and Yugoslavia.

The study deals with the somewhat amorphous group of services which remain after income maintenance, health, psychiatry, education, housing and employment programs are separated out. The major objective of the study is to determine whether a "personal" or "general" social service system is emerging; that is, whether what is left after one removes those systems specified above can be identified as a distinctive, cohesive cluster of services. And if that is so, what might its boundaries, characteristics, tasks and problems be?

Operating within time and budget constraints, the study sampled the "personal" social service domains in each country by focusing on six topics or fields of particular interest in the United States. One of these fields is the focus of this article: "Early Identification and Intervention into the Problem of Child Abuse and/or Neglect."

To avoid ambiguities deriving from language problems and to assure data comparability, the study stressed oper-

ational definitions and descriptive reporting, in accord with a standard data collection instrument. For the problem of child abuse/neglect, the following major questions were posed:

- What is meant by "child abuse and neglect"? How are these terms defined? Is abuse and neglect one problem or two? How extensive is (or are) the problem(s)?

- What is the nature and extent of existing provision—legislation, policies, programs—at all governmental levels and in both public and voluntary sectors? Which are the major agencies and organizations concerned with the problem?

- What devices — provisions — are there for locating and identifying abused/neglected children?

- What kinds of programs have been developed to deal with the problem of child abuse/neglect? How extensive are these? Whom do they serve? Who staffs them? What do they cost?

- What is the nature of relevant research? What, if anything, is known about the relative effectiveness of different interventions—for prevention, for prediction, for treatment? In general, what is known and what knowledge is being sought?

- What are the major issues currently identified by experts in the field?

In each participating country, data were assembled and analyzed by leading researchers, natives of the countries studied. Reports were written and service models described for various parts of each country. In addition, one or more local jurisdictions were selected in each nation for more detailed description and analysis, with the focus placed here on how services were being delivered.

The following represents a preliminary summary and analysis of the responses obtained to these questions, for the study is still in process. Some of the material is still being translated and our foreign colleagues have yet

to review these generalizations. What is presented now is certainly not a comprehensive analysis, nor does it begin to include all the material assembled. It does, however, highlight trends, issues and relevant developments.

What Is Meant By Child Abuse And Neglect?

Social problems are only perceived as problems—and defined as such—in the context of specified societal values, and these values are transitory in time or place. Thus, perception of child abuse and neglect differs in our various countries. Some of the nations in the study recognize child abuse as a separate, identifiable, distinctive problem but assume that to the extent the problem exists, adequate response is being provided within the existing child protective (child welfare) service. In other countries it is perceived as such a minor problem that no special attention is required. Yugoslavia, for example, does not even separate out the problem of child neglect from the general issue of "pre-delinquency." Another country, Poland, recognizes the existence of child abuse but its reported incidence is considered to be slight. Provision for dealing with the problem is within the scope of general child protective services; however, these are said to need expansion and improvement.

However, the five other countries in our study, like the United States, have been increasingly aware of child abuse/neglect. And all are struggling with similar problems, perhaps the most fundamental of which is that of definition. Canada and the United Kingdom come closest to the United States in their current preoccupations and in their beginning efforts in making dis-

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tinctions along the continuum between abuse and neglect. Both countries stress the concept of a continuum, although the British and Canadians use the expression "cruelty, ill treatment, neglect," with abuse implying the most serious kind of injury to a child. In Israel, France and Germany there is still discussion as to whether there is any valid reason for separating out or highlighting "abuse" as a distinctive entity. The position taken in these countries is that concern should be directed more appropriately towards all maltreated children.

As part of the phenomenon of child abuse, all five countries (that is all studied except Poland and Yugoslavia) have begun to take notice of the "battered child syndrome" and have followed the United States literature on the subject with great interest. Yet here too the lack of any precise, standardized, operational definition is pervasive. For example, a recent national report issued in Canada defined child battering in words that will be familiar to many of us: "the intentional non-accidental use of physical force by the caretaker aimed at hurting, injuring or destroying the child."³ Note here that what is being identified is one narrowly defined problem, focused on the intentional behavior of the perpetrators, not on the consequences to the child. Discussion of this point in Canada highlighted a problem for all countries: how does one distinguish "intentional" from "non-intentional" behavior?

Clearly, such questions as whether or not child abuse/neglect is a matter of public concern, how abuse/neglect is defined, whether reporting laws exist and for whom reporting is mandatory, whether accurate records are kept and the extent to which laws are implemented all affect figures of reported incidence. Researchers in all countries agree, therefore, that there are no firm data on incidence of child abuse/neglect. Existing studies indicate that as definition and laws change, and

registries are set up, the count becomes higher. In Germany as in the United States, debate exists as to whether indications of increased incidence are real or only reflect changes in reporting. (And if they are real, the debate continues, does this reflect the inevitable consequences of increased industrialization or something else?) In Canada, there is some discussion as to whether or not the whole preoccupation with incidence is not misplaced, since the real issue is meeting the needs of children in need generally.

Legislation, Policies And Programs

Canada, France, Germany, Israel, Poland and the United Kingdom—like the United States—all have traditional child protective legislation dealing with the problems of neglected children. Identification of child abuse as the "tip of the iceberg" of this larger problem has emerged only gradually in some of these countries. Inevitably, special provision is limited.

Apart from the United States, only Canada (seven out of 10 provinces) has legislative provision specifically addressing the problem of child abuse. Both public and voluntary (or more accurately, quasi-public) agencies are involved in implementing these laws. Three provinces have central registries for keeping records of abuse or suspected incidents of abuse.

In the United Kingdom, official recognition of the problem of child abuse has not given rise to any new legislation as yet, but it has led to a series of communications to local authorities and health service workers from central government departments concerned with child care and health services. The major thrust of these communications is that child abuse is only part of the problem of neglect and ill treatment of children and that staff should be particularly sensitive to the potential for injury of "children at risk" or where abuse is suspected.

Although there is nothing like a

central registry in the United Kingdom, several local social service authorities (public social service agencies) have established registries as a part of special programs and/or units. Some of these are hospital based or jointly administered by both health and social service systems. Responsibility for provision is located primarily in the public sector, although some voluntary organizations (in particular, the National Society for the Prevention of Cruelty to Children (NSPCC)) are also active.

Our British colleague reports current trends as follows: "In so far as the concern over battered children is leading to any pressure for new legislation, it is to tighten up present procedures by making what is presently permissive—e.g. reporting and keeping of registers—prescriptive. But what are primarily being sought are more energetic and efficient ways of administering the present child protection laws. . . ."⁴

There has been particularly heated debate throughout 1974 in the United Kingdom as a result of several publicly reported, dramatic incidents of child abuse—and one major formal governmental inquiry.⁵ Questions have been raised in Parliament; legislation has been introduced, if not passed; and numerous articles have appeared in the popular press and professional journals. Social workers have been accused of ineptness and incompetence in handling cases at risk and they have faced the dilemma involved in balancing concepts of protection and freedom.

In Israel also, no special legislation exists regarding child abuse. In fact, there is still debate as to whether incidents of abuse are sufficient to warrant a governmental response distinct from the overall child welfare and child protective service. What new initiatives

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have been taken there have been under the aegis of the voluntary sector, led primarily by pediatricians.

Similarly, in France a small group of pediatricians has expressed concern about the battered baby syndrome. However, theoretically all children—battered, abused, neglected, ill treated, deprived or otherwise—are covered by the overall child welfare program. Furthermore, the French stress the need for a more comprehensive and integrated family policy (social policy for families) and tend to frown on discrete, specialized programs.

Identifying The Children

It is here that several of the countries in our study reveal a particularly interesting pattern. Except for Canada, no other country studied has found it necessary to develop the kind of special programs we have in the United States for identifying such children. The United Kingdom, France, Israel and Poland all have universal maternal and child health programs of varying types, in which all children are seen regularly from infancy on, thus facilitating, although not guaranteeing, identification of such cases. In the United Kingdom, the health visiting program involves mandatory health screening of infants soon after birth and regular at-home visits by specially trained visiting nurses in all homes, especially those thought of as potentially at risk.⁶ Once children attend school, health care is integrated into that system and regular examinations are routine.

Israel has a national network of universal, free or low-fee maternal and child health clinics, used extensively by almost all and providing the basis for an excellent across-the-board case-finding system. France, too, has a universal maternal and child health service which includes compulsory medical examinations. If a mother does not bring her child for any of the regularly scheduled examinations, the family social worker is notified and visits at home to determine the problem. This

is not to say that the social worker's task is easy. Where the worker takes action which eventually leads to a child's removal from home, one result may be neighborhood hostility. The social worker may be so stigmatized that she may be unable to work effectively in that neighborhood again. On the other hand, a similar consequence may occur if the worker does not follow through by removing a child when the neighborhood perceives clear and present danger.

In Poland, where child abuse is not yet defined as a separate problem, the potential for identification of neglected children is good because there is a universal health service and mandatory reporting requirements for doctors with reference to "anything unusual." Thus, the doctors in the child health system identify cases and social workers follow up on them.

Child Abuse/Neglect Programs

Where there have been special initiatives directed towards intervention with regard to this problem, the pattern has been clear and consistent. All agree that primary prevention requires good social policy for children—adequate family income, health services and housing and special efforts at improving and enhancing family life, parenting, and child socialization. For case finding (location and identification) of abused children, a universal and extensive maternal and child health service is clearly the predominant and preferred approach. Other special programs are not needed where this pattern exists. With regard to treatment programs, although there is nothing unique in any of these countries and nothing which would surprise Americans working in this field, the approaches reported include:

- The recognized need for multidisciplinary and multiple interventions including but not limited to emergency short term facilities for child placement and care, homemaker services, day care and therapeutic groups.

- The recognized need for extended follow-up and continuity of care and the expectation that some form of care may be necessary for a very long time.

For example, the French consider six months an absolutely minimum period for follow-up after an incident requiring intervention, assuming that the child is not removed from the home or at least not for an extended period of time. The average follow-up period there is three to four years and eight to 10 years is not uncommon.

- The need for what the British call a "case manager" (and what we have termed a "case integrator") to assume responsibility for continuity of care to the family. This role or function ensures accountability by coordinating, meshing or integrating all services needed by the family at one time and/or over time. It is this function that is described repeatedly by professionals in all countries as the cornerstone of any treatment plan—and thus of any special program.

In general, special programs for the treatment of abused children are not seen as needed, although Canada and Israel each has at least one program that is comparable to the model developed by Kempe and Helfer—that of a hospital-based intervention and treatment program. Adequate resources and the growing emphasis on the essential role of the case manager in service provision generally—to coordinate services and staff from several other disciplines—are stressed. All agree that close relationships between health, legal and social services are essential. In the United Kingdom, the emphasis is on implementing this within the local personal social service system, in order to avoid further fragmentation.

Relevant Research

Formal research and evaluation studies among the seven other countries studied are even more limited than in the United States and, as we know, research is in its incipient stages here. As already indicated, there is no consensus about the nature of the phenomenon and its extent, or about the effectiveness of al-

Perception of child abuse and neglect differs in our various countries.

ternative methods of intervention. Therefore, no provision for reporting, evaluating or providing feedback can be agreed on.

Major Issues Addressed

Clearly the major debate relates to whether or not child abuse represents a phenomenon distinct from maltreatment of children generally and whether it warrants special policies and programs. The consensus seems to be that there is one overall entity; that there are variations within it encompassing a continuum of severity of consequences for children; that where the danger may be greatest for children—in instances of physical abuse—there should be some priority for intervention. However, there continues to be difficulty in specifying and standardizing the criteria delineating the parameters of these priority cases. In this context, the movement in most other countries seems to be one of improving provisions for care of all children and families, rather than developing additional, separate, specialized or categorical programs. In short, one can hardly talk about adequate service for these children without including the essentials outlined earlier: health, income maintenance, housing, day care, family planning, residential treatment, homemakers, local social service delivery and good social policy for children generally.

Where the debate touches on the need for specialized programs, the issue seems to be the inadequacies in existing child welfare programs. A consequence of this may be initiatives by pediatricians or social workers, responding to public outrage at specific and horrendous incidents of abuse. As in the United States, inadequacy of resources (money, staff, training, knowledge), fragmentation of services and provision, lack of accountability, and interdisciplinary professional and organizational conflicts are the most frequent criticisms of traditional programs. The new approaches are de-

signed to reduce these problems by stressing improved social policy and provision for children generally and, at the level of service delivery, by concentrating on multiple interventions, multidisciplinary efforts implemented over time, and coordination of all provision by an individual specifically identified as the professional-in-charge of the case: the case manager.

The developments described represent an interesting cross-national phenomenon: an illustration of what might be termed "cultural diffusion" of a problem and/or of a concept. Although concern with what may or may not be a distinctive and growing phenomenon related to highly industrialized societies emerged first in the United States—and still seems greatest here—similar developments have emerged in Canada and the United Kingdom and, to a lesser extent, in Israel, France and Germany.

The issues discussed in most of the countries participating in our study are similar. In several countries discussion about the existence of the problem and the need for social intervention has focused on the issue of individual rights. Thus, for a long time, society relaxed when children were with their parents and in households because it was assumed that parents had absolute rights and complete authority over their children. Recently, more attention has been paid to children's rights and the interest in abuse and neglect seems to be part of this trend. In some countries, child abuse/neglect is defined as a social class problem—a problem of the poor. Yet no research documents this and many would agree that reported incidence may be greater among the poor because it is they who are more likely to be exposed to the public authorities who do the counting.

Finally, the current stress on child abuse rather than on the problem of children who are in need and who need help has raised important and basic questions. Among these are:

- Is this concern with child abuse as a separate and distinct problem a critique of existing child welfare systems and programs? And does the delineation of child abuse as a separate problem represent an effort at

eliminating the inadequacies of general child welfare programs?

- Can this current stress on child abuse be a "stalking horse"—a way of taking the lead and taking initiative in a movement to expand resources and provision for child welfare programs generally?

- Are these current developments in danger of becoming a "red herring"—a way to divert attention from the need for more basic social policy and social provision?

- Is child abuse a phenomenon with none of these functions but a validly separate and distinctive entity requiring unique societal response?

It is too soon to attempt definitive answers.

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² The other five topics are: Day Care and Related Preschool Programs; Institutions and Community-Based Residential Arrangements for Delinquent and Neglected Children; Access Services in Family Planning and Abortion Services; Community Care for the Aged; and Social Service Delivery at the Local Level.

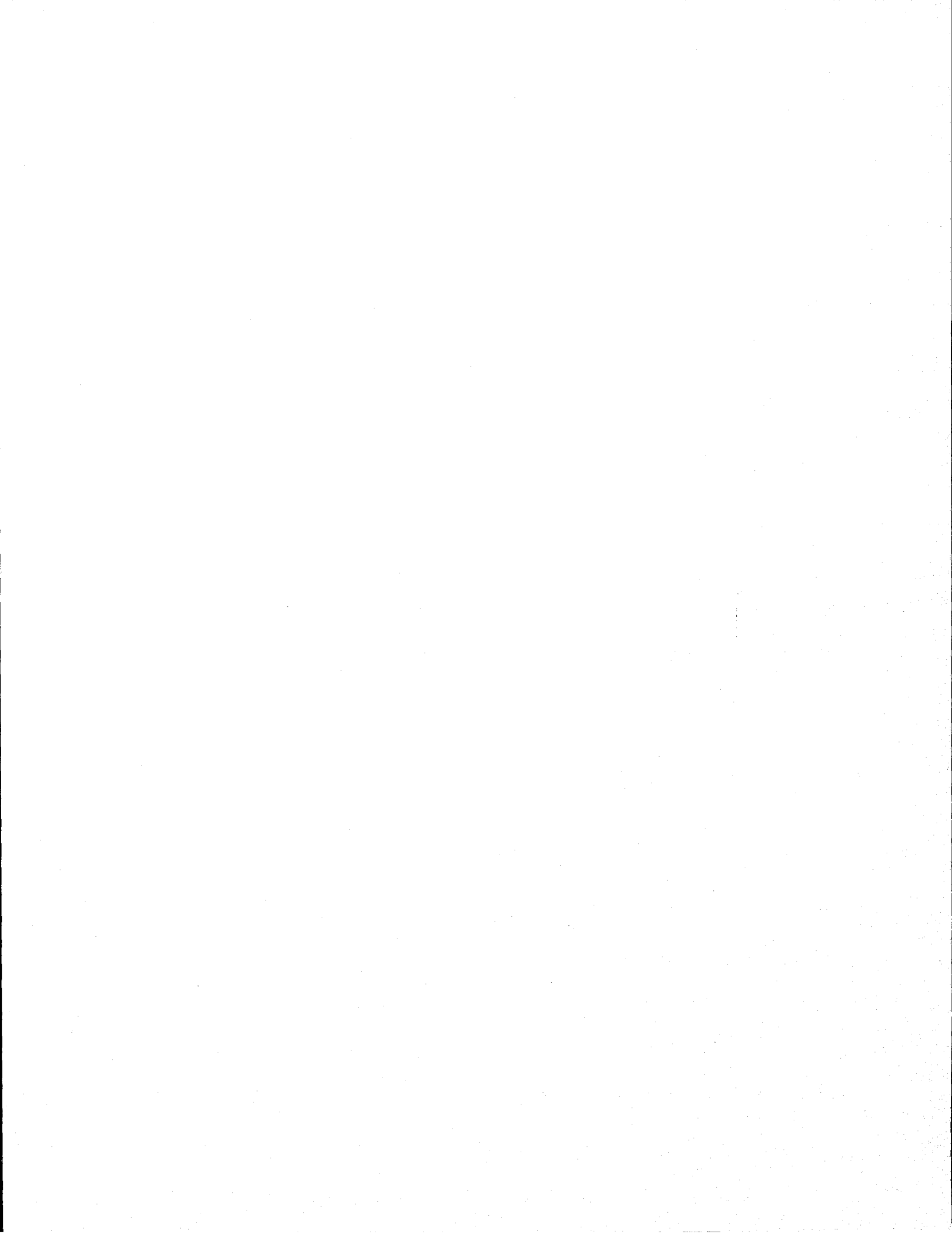
³ Report of the National Ad Hoc Advisory Committee on Child Battering, Ottawa, 1973.

⁴ Rodgers, Barbara, "Location and Help for Young Children Who are Abused, Neglected, and Battered," Report prepared for Cross-National Studies of Social Service Systems, covering this topic in the United Kingdom.

⁵ Report of the Committee of Inquiry Into the Care and Supervision Provided in Relation to Maria Colwell, Department of Health and Social Security, London, HMSO, 1974.

⁶ For a more extensive description of what the Health Visitor does, see "Health Visiting in England," Alfred J. Kahn and Sheila B. Kamenman, *Beyond the Poor Law: Social Services for All*, Philadelphia: Temple University Press (in press).

⁷ Kempe, C. Henry and Helfer, Ray E., eds., *Helping the Battered Child and His Family*, Philadelphia: J. B. Lippincott Co., 1972.



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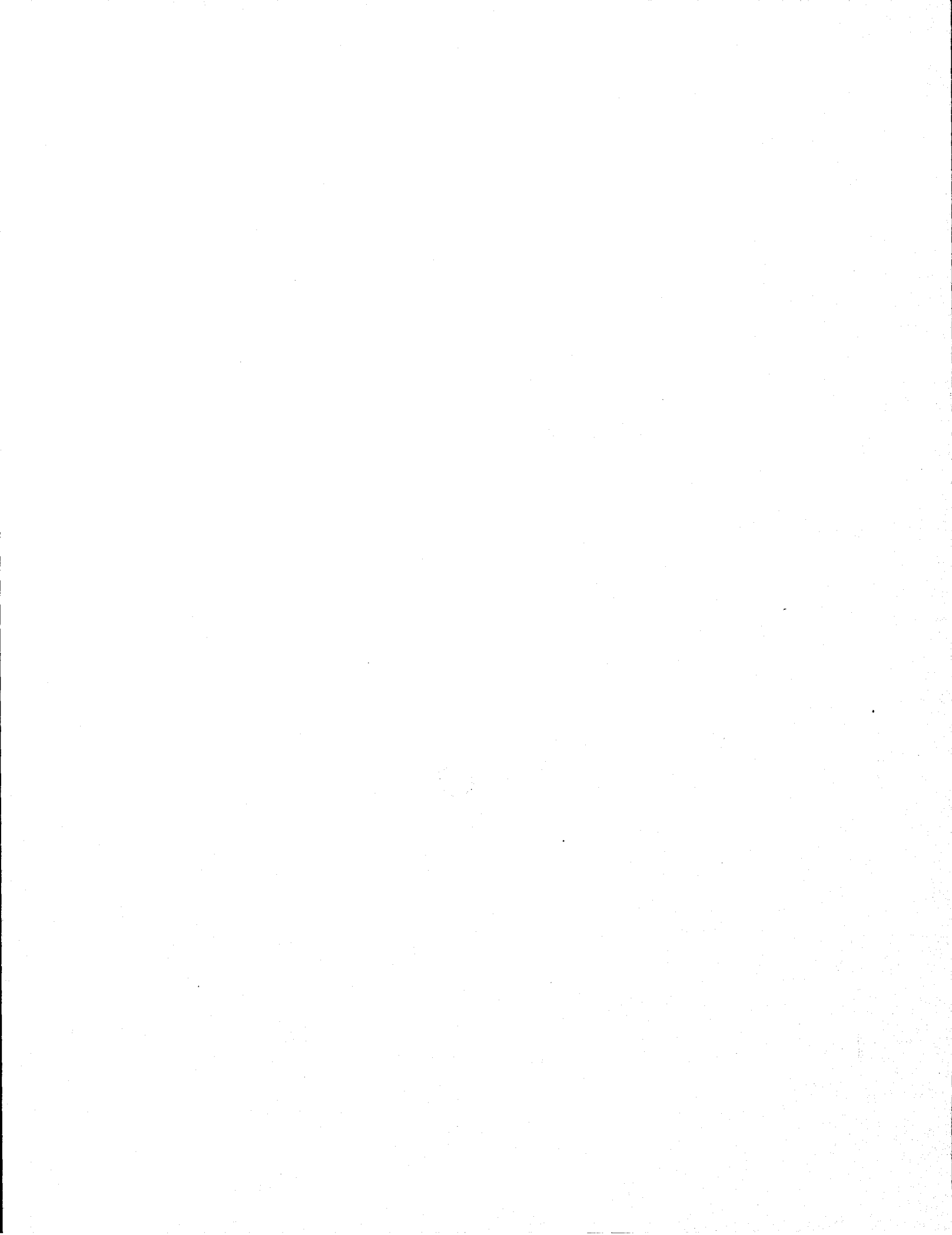
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