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Contents

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Preface 11

The Nature of Child Abuse: CHILD ABUSE: 1

An Overview of a National Problem 1

Causes of Abuse by 7

The Abusive Parent 13

The Abused Child Deborah Branch 19

Dealing with Child Abuse 31

Treating Abusive Parents 31

Treating Abused Children 35

This Thesis/Project is recommended for approval
by the student's major professor

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Contents

Preface	ii
The Nature of Child Abuse	1
The Dimensions of the Problem	1
Causes of Abuse	7
The Abusive Parent	13
The Abused Child	19
Dealing With Child Abuse	31
Treating Abusive Parents	31
Treating Abused Children	35

Reference Notes

Bibliography

The plight is one shared by many other children in today's society. Tens of thousands of children are battered or killed in the United States every year. This physical pain and suffering is willfully inflicted on children by parents and other adult caretakers through a variety of means—hitting, beating with a belt, cord or other implement, slamming against a wall, burning with a cigarette, scalding with hot water, locking in a closet, tying, torturing, and more.

Until recent times, such instances of child abuse were of little concern to the average person. If a neighbor beat his child, that was his business. A parent had the right to discipline his child anyway he chose. Within the last two decades, however, professionals have become more conscious of

Preface

Unconscious, six-month-old Timmy was admitted to a local hospital after experiencing convulsive seizures. Examination revealed subdural hematoma, a condition designating the collection of fluids between the skull and the brain. As a result of this condition, Timmy is profoundly retarded and will remain institutionalized for the remainder of his life. In infancy, the subdural hematoma is primarily caused by birth and postnatal injuries (Mealey, 1975). Circumstances strongly indicate that Timmy's condition is the result of physical abuse.

Timmy's plight is one shared by many other children in today's society. Tens of thousands of children are battered or killed in the United States every year. This physical pain and suffering is willfully inflicted on children by parents and other adult caretakers through a variety of means-hitting, beating with a belt, cord or other implement, slamming against a wall, burning with a cigarette, scalding with hot water, locking in a closet, tying, torturing, and more.

Until recent times, such instances of child abuse were of little concern to the average person. If a neighbor beat his child, that was his business. A parent had the right to discipline his child anyway he chose. Within the last two decades, however, professionals have become more conscious of

the sometimes severe injuries and even death that many parents wreak on their children in the name of discipline.

With the realization that the physical abuse of children was a prominent social problem, research was generated to discover the nature of child abuse. This thesis attempts to present the results of such research by presenting an overall view of the problem of child abuse in the United States. It presents the human aspects of the problem in discussions of the abusive parent and the abused child. With an understanding of the players in the human tragedy of child abuse, the therapeutic measures discussed can more readily be comprehended.

Since physical punishment of "misbehavior"--misbehavior itself being based on value judgments--is an acceptable component of American child-rearing practices, as it is in most parts of the world, the infliction of pain only becomes abusive when members of society make the assessment that the punishment has been excessive. Because this assessment is based on value judgments, there are problems in defining physical abuse. Behavior which one parent considers to be reasonable discipline might be viewed as abusive by another. Often child abuse is defined on the basis of the injury. The following illustrates the problems in defining abuse:

Johnny is struck by his father for misbehavior. His hand strikes the boy's face leaving temporary imprints of his hand which eventually fade. Johnny cries.

Johnny is struck by his father for misbehavior. His hand is directed to the boy's face, but Johnny turns his head and the blow hits the wall. Johnny is off balance and strikes his head against the wall. Johnny is unconscious and is taken to the hospital, where it is found that his skull is fractured (Walters, 1975, p. 29).

Child Abuse:

An Overview of a National Problem.

The Nature of Child Abuse

The Dimensions of the Problem

Physical abuse of a child implies physically harmful action directed against the child by a parent or other adult caretaker. It is usually defined by nonaccidentally inflicted injuries such as bruises, burns, head injuries, fractures, abdominal injuries, or poisonings. The injuries can range from minor to fatal.

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Johnny is struck by his father for misbehavior. His hand strikes the boy's face leaving temporary imprints of his hand which eventually fade. Johnny cries.

Johnny is struck by his father for misbehavior. His hand is directed to the boy's face, but Johnny turns his head. The blow hits Johnny's ear, rupturing the eardrum. Johnny is off balance and strikes his head against the wall. Johnny is unconscious and is taken to the hospital, where it is found that his skull is fractured (Walters, 1975, p. 24).

In the first instance, though one might question the father's judgment in striking the boy's face, few people would consider it abusive; whereas, in the latter case, it would be labeled as "abuse" on the basis of Johnny's injuries.

There are also other variables in defining abuse. Consider these three situations:

Mrs. A., a welfare client, enters a bar at 11 p.m., leaving her three children asleep in the car. She is reported to the police, and Mrs. A. is charged with neglect.

Mrs. A., a welfare client, enters a bar at 11 p.m., leaving her three children asleep in the car. The temperature is -20° , and the police find the children nearly frozen. Mrs. A. is charged with abuse.

Mrs. N., wife of an up-and-coming bank employee, leaves her son in the car in the parking lot of a suburban shopping center for "a few minutes." The car windows are rolled up, and the inside temperature reaches 120° . On her return, Mrs. N. finds the boy unconscious and rushes him to a hospital. The child quickly recovers. Mrs. N. is "in shock" and is comforted by her husband and sedated by her physician. No charges

are filed (Walter, 1975, p. 25).

In these situations, one can see the complexities in defining abuse. Not only can the child's movement and proximity to a wall result in the label of abuse, as in Johnny's case, but also social status, environmental factors, the method of reporting to authorities, parental behavior, cultural differences, and the promptness with which medical treatment is given may all be factors which determine whether parental behavior is labeled abuse (Walters, 1975).

Problems concerning definition of child abuse are especially prevalent in reporting procedures and the collection of statistical data. Within any given state and community, there are a variety of definitions of child abuse, each having been developed to meet specific purposes. Criminal law focuses its definition on specific acts of the parents to identify criminal intent as a basis of prosecution. The juvenile court uses a definition which focuses on harm to the child as a justification for taking action to protect the child. And lastly, the reporting laws define those forms of known or suspected child abuse which require reporting by some persons and permit reporting by others. They describe certain situations which indicate possible abuse and require investigation of the home situation and the danger to the child (Jenkins, Salus, and Schultze, 1979).

These reporting laws vary widely from state to state and often include neglect problems in their coverage. Distinctions between abuse and neglect are sometimes hazy and can lead to

problems in accurate categorization of cases. The ages covered by these laws also vary. The maximum age of coverage ranges from 12 years old in California to 18 years old in the majority of states. State laws specify which professional groups and individuals are mandated to report suspected child abuse. Others are merely encouraged to report. Though fewer than half the state reporting laws require private citizens to report, more than 75 percent of all reports of child abuse and neglect are made by this group. However, reports from these volunteer sources often have a second-class status: they are often given lower priority for investigation, are not recorded in the central register of some states, and are sometimes excluded from statistical analyses of the problem (National Center on Child Abuse and Neglect [NCCAN], 1975).

Definitional and reporting problems work together to prevent the reliable compilation of statistics on the incidence of child abuse. The National Study of Child Neglect and Abuse Reporting (NCCAN, 1979) indicates that 46,838 reports of abuse were made in the United States in 1977. An additional 21,499 reports were made of abuse in conjunction with neglect. For the initial figure, approximately 47 percent of the reports were substantiated. For those reports of abuse and neglect, 20 percent of them were substantiated for abuse. There have been numerous estimates of the actual incidence of child abuse which place incidence rates much higher. Kempe and Kempe (1978) estimate a child abuse rate of 320 per six million population per year. Helfer and Kempe (1974) estimate

a rate of 375 cases per million population. The National Center on Child Abuse and Neglect (NCCAN) (Jenkins et al., 1979) estimates that 100,000 to 200,000 children are physically abused each year. The NCCAN states that more than 2,000 of these children die each year in circumstances which suggest abuse. Schmitt and Kempe (1975) suggest a mortality rate of at least one percent of the actual incidence rate for child abuse. Data on the reported cases in 1977 (NCCAN, 1979) indicate a 0.7 percent fatality rate for substantiated abuse. For abuse in conjunction with neglect, the fatality rate is 0.6 percent. Since many fatalities are not reported to the state social services departments, and others occur after reports are completed, these statistics are assumed to be an underestimate of the actual number of fatalities.

In spite of definitional and reporting problems, certain demographic variables can be related to the incidence of child abuse. As implied in the term "child abuse", the victims are young or at least under the age of majority. Children of all ages are subject to abuse. Most of those children who are severely abused are preschool age and many are infants (Walters, 1975). These children have not yet learned to control behaviors such as crying and elimination, which often serve to trigger attacks by the parents. They have not adapted to the abusive environment and are not able to remove themselves from it until they can walk. Schmitt and Kempe (1975) indicate that one-third of all abused children are under six months old, one-third are between six months old and three are mentally retarded. Some are physically handicapped, but

years old, and the final one-third are over age three. The observation that many more cases involve infants and young children than older children is supported by other researchers (Paulson and Blake, 1969; Fontana, 1971; Schmitt and Kempe, 1975). Schmitt and Kempe estimate that "physical abuse may be a greater killer of children between six and 12 months of age than any specific cancer, malformation, or infectious disease. From one month to six months of age, it is second only to the sudden infant death syndrome. After one year of age, it is second only to true accidents" (p. 7). However, because these researchers deal primarily with those cases of abuse warranting medical attention, these figures are only reflective of the more severe cases which are seen in hospitals.

The abuses reported in compliance with states' mandatory reporting laws, which represent a broader range in the severity of child abuse, indicate that there is a wider age distribution, less skewed toward the very young age groups (NCCAN, 1979). Gil's study (1970) supports this finding. In this study of 12,610 cases, over three-fourths of the abused children were over two years old, and nearly half were over six. Almost one-fifth were teenagers.

Children who are the victims of physical abuse are of a variety of backgrounds. They are of all races and religions. The parents of these children are wealthy and poor, educated and uneducated. They live in cities and on farms. Some of the children are highly intelligent; some are average; some are mentally retarded. Some are physically handicapped, but

most are not. The problem of child abuse is not limited to any particular type of person.

Causes of Abuse

Throughout the literature on child abuse, research on the causes is abundant. Some trends are apparent; however, the determination of causal forces often reflects the discipline and training of the author or the orientation of the agency he represents. Many writers see multiple causes (Walters, 1975).

Low socioeconomic status is considered a major factor by many (Gil, 1970; Brown and Daniels, 1968; Weston, 1968; Garbarino, 1975). In Gil's study, over 37 percent of the families had a yearly income of less than \$3,500 and were on public assistance at the time of the incidents. Over half of the families had an income less than \$4,500. Nearly 60 percent had been on public assistance at one time or another.

In 1977 (NCCAN), almost 20 percent of abuse cases indicated insufficient income. These cases were reported to public welfare agencies. Because such agencies deal almost exclusively with poor people, one should view such statistics with caution. Higher-income families have the resources to conceal abuse (Justice and Justice, 1976).

However, one cannot overlook the profound effects of social and economic deprivation on the lives and behavior of parents who abuse their children. Any stress can make life more difficult, and poverty conditions--lack of income, health care, and social services; run down neighborhoods;

and inadequate housing, education, and cultural and recreational facilities-- can aggravate any problem (Walters, 1975). Henry Kempe summarized this reality in a letter to Ruth Inglis:

Child battering is more common among the poor because in addition to the internal crises which can lead to abuse they also face external crises which the rich can manage by hiring sitters or going on holiday, returning to work early, etc. It is the poor who often have little confidence in dealing with external forces such as the electric company, the welfare department or doctors (Inglis, 1978).

Crises play an important role in triggering abusive behavior. Kempe (1978) states that when abuse occurs it is always at the point of crisis. Self-confidence, ingenuity, and knowledge of how to seek help are important in coping with crises. Abusive parents often do not have these traits and any crisis has a greater impact on them. Simple problems are made far worse by inadequate or inappropriate coping skills. The crisis will last longer and often become more serious. The situation may become unmanageable. Parents become pushed beyond their strength. Any crisis--whether it is a major one, such as a job loss, or a less serious one, such as a breakdown of a washing machine--may overwhelm the parent and he or she abuses the child (Steele, 1975).

Unlike Steele (1975), Justice and Justice (1976) feel that most abusive parents under normal circumstances, have

the ability to cope with crises. It is after experiencing too much change too fast that their defenses and controls are weakened.

A study by Justice and Justice (1976) of abusive and non-abusive parents supports this theory. Thirty-five abusing parents and an equal number of nonabusing parents who were similar in age, education and income participated in the study. The parents in each group were asked to fill out a questionnaire containing 39 questions plus a 43-item Social Readjustment Rating Scale. This scale lists changes that could occur within a year's time in an individual's life. These changes are ranked according to the amount of readjustment needed to cope with the event.

The differences between the groups' responses on the rating scale was significant. The abusing parents had either experienced many more changes or had undergone more serious changes than the nonabusers. The number and magnitude of the changes experienced by the abusing parents made up what Justice and Justice refer to as a "life crisis." The non-abusive parents had not experienced such a life crisis.

In comparing the abusing and nonabusing parents, Justice and Justice (1976) found that change was the distinguishing factor. Change requires constant readjustment. If this change is excessive, a person is continually thrown off balance, unable to mobilize his resources before being confronted with a new change.

The reason that a broken washing machine or some other seemingly minor problem may appear to be a crisis to a

potentially abusing parent is that he has been bombarded over a period of time by a series of stressful changes. Thus, his coping abilities are exhausted and he is unable to exercise his normal control. "It is the life crisis--the prolonged series of changes--that predisposes him to abuse, not the situational disturbance that is simply an appendix to that life crisis" (Justice and Justice, 1976, p.30).

In addition to the factors considered above, researchers have studied other factors which may contribute to abusive behavior. However, because most of these studies are based on correlational data, one must be cautious in labeling these factors as contributing causes of abuse. One must also consider the possibility that these factors could be consequences of an abusive environment. Fontana (1971) emphasizes the excessive use of alcohol and the presence of alcoholism in the home. Reporting data for 1977 (NCCAN, 1979) supports the hypothesis that alcohol use is a factor in child abuse. In almost 12 percent of substantiated abuse reports for 1977, alcohol dependence was indicated. Those giving weight to family disruption, breakdown, and stress are Elmer (1968) and Brown and Daniels (1968). In 1977, broken families were indicated in over 44 percent of abuse cases. Family discord was a factor in 37 percent (NCCAN, 1979). Weston (1968) noted mental retardation in the parents. Psychosis and pathology in the abuser is stressed by Steele and Pollock (1974) and Spinetta and Rigler (1972). Bakan (1971) and Chase (1975) propose that America's entire cultural heritage

allows for the propagation of child abuse. Since Biblical times, children have been thought of as property, to be used and misused as parents chose to. Literature, even children's fairy tales and nursery rhymes, attest to this with plentiful references to mistreatment of children.

All of these factors can contribute to child abuse; no single cause can be cited. In Wednesday's Children, (1964), Leontine Young presents a theory of multiple causation of child abuse. Of the 300 families she studied 128 had received public assistance at one time. One hundred and eighty six parents had serious drinking problems. Family disorganization was common among the sample. One hundred and four were one-parent homes. Thirty-eight percent of the parents had at least one divorce; the national average was approximately 24 percent at the time of this study. Of 301 fathers and mothers whose family background was known, 158 had been abused or neglected themselves as children. Only nine of these 301 seemed to have any positive relationship with a member of their own family, including relatives. The remaining parents appeared to have had an unpleasant childhood.

Such multiple contributing factors are also recognized by others. Justice and Justice (1976) describe abuse as a product of all these factors working within a "psychosocial system." Kempe and Kempe (1978) discuss a diversity of causes. Even Gil (1970), who emphasizes poverty as a causal factor, acknowledges the complexity of causation in child abuse:

The phenomenon of physical abuse of children should be viewed as multi-dimensional rather than uniform with one set of casual factors. Its basic dimension upon which all other factors are superimposed is the general, culturally determined permissive attitude toward the use of a measure of physical force in caretaker-child interaction, and the related absence of clear-cut legal prohibitions and sanctions against this particular form of interpersonal violence. A second dimension is determined by specific child-rearing traditions and practices of different social classes and ethnic and nationality groups, and the different attitudes of these groups toward physical force as acceptable measure for the achievement of child-rearing objectives. A third dimension is determined by environmental chance circumstances, which may transform an otherwise acceptable disciplinary measure into an unacceptable outcome. A fourth dimension is the broad range of environmental stress factors which may weaken a person's psychological mechanisms of self-control, and may contribute thus to the uninhibited discharge of aggressive and destructive impulses toward physically powerless children, perceived to be causes of stress for real or imaginary reasons. The final dimension is the various forms of deviance in physical, social, intellectual, and emotional functioning of caretakers and/or children in their care, as well as of entire family units to which they belong (Gil, 1970, pp. 135-136). It is this final dimension to which attention is now directed.

The Abusive Parent

In the past, it was thought that parents who abused were psychotic or cruel. In reality, only 10 percent of abusive parents suffer from serious psychiatric disorders. These disorders are so serious that effective treatment for abuse is extremely difficult. Among such conditions are schizophrenia, a serious postpartum or other types of depression, and fanaticism. Also included are parents who suffer from severe alcoholism, drug abuse, or "significant sexual perversion" (Steele, 1975, p. 2), and those who have repeatedly exhibited serious antisocial violence or criminal behavior. With such conditions present, it is nearly impossible to alter abusive patterns (Kempe and Kempe, 1978; Steele, 1975).

Ninety percent of abusive parents are not noticeably different from the general population with respect to emotional problems or mental illness (Steele, 1975; Kempe and Kempe, 1978). Child abuse is not considered a psychiatric disorder. It is described as a "problem of abnormal parenting behavior; a distorted and disordered pattern of child rearing." (NCCAN, 1975, p. 17). This is evidenced by many characteristics which are common in abusive parents.

The parenting behavior of abusive parents is often the product of their own childhood experiences, Steele (1976) has found "the most common element in their lives to be the history of having been significantly deprived or neglected, with or without physical abuse, in their earliest years.

This one finding is more nearly universal in the population of parents who maltreat their babies than any other single factor" (p. 15). Other researchers report similar findings (Kempe and Kempe, 1978; NCCAN, 1979; Hill, 1975; Young, 1968; Steele and Pollock 1974; Inglis, 1978).

Perhaps, the most significant form of deprivation in the life histories of abusive parents is the lack of empathic mothering---"the deep sense of being cared for and cared about from the beginnings of one's life" (Steele and Pollock, 1974, p. 98). This pattern often begins with inadequate bonding between the parent and infant and poor development of mother-infant attachment (Steele, 1976). Poor bonding can be the result of any of several things, including prematurity in the baby and illness or postnatal depression in the mother (Inglis, 1978). Instead of being aware of and responding to the child's states and needs, the parent acts in ways largely oriented toward parental needs and satisfactions (Steele, 1975; Steele and Pollock; 1974).

Steele (1976) feels it is almost impossible for a child to develop basic trust and confidence under such circumstances. Developing these traits is made even more difficult because of excessive parental expectations. As children most abusive parents were expected to perform at higher than average levels for their ages. When they were not able to meet the high standards that had been set for them, they were scolded, criticized, and often physically punished for their failures. As a consequence, the child feels a sense

of failure and a low sense of self-esteem (Steele, 1975, 1976; Steele and Pollock, 1974).

The early childhood experience is reproduced in the parenting behavior of the grownup abused child. According to Steele (1976), child rearing patterns come from two sources: memories of what it was like to be a child, and memories of how one's parents cared for oneself. Parents tend to rear their children like they themselves were raised. Thus, child abuse is propagated from one generation to the next. If one was mistreated and abused as a child, then he/she is likely to abuse his/her own children. (Steele, 1975, 1976; Hill, 1975; Inglis, 1978; Kempe and Kempe, 1978; Justice and Justice, 1976; Steele and Pollock, 1974).

In working with abusive parents, Steele (1975, 1976) has found that many of them displayed immaturity and dependency. He attributes this immaturity to poor personality development. As children these parents were brought up to be strictly obedient to external demands and to disregard their own personal thoughts and feelings. Many abusive parents have not developed internal directional controls to aid them in making good judgements about what to do in life. They have become dependent on external authority to tell them what to do and when to do it.

Perhaps this immature dependency seen so often in abusive parents is the by-product of a lack of confidence in their own knowledge of what is best to do. Because their childhoods were often full of criticism and accusation of failure,

and Pollock (1974) have observed many minor, but interesting

many abusive cannot trust their own judgement. They constantly need feedback from others to reassure them that they have done well. If there are no clues in the environment to appropriately direct their actions, the parents may revert to patterns learned in childhood and repeat the behaviors of their parents, especially in situations which appear to be a crisis or involve significant stress (Steele, 1975, 1976; Steele and Pollock, 1974; Kempe and Kempe, 1978).

Another characteristic that is evident in many abusive parents is a lack of trust. Many abusive parents "were brought up to distrust an uncertain, unforgiving world where joy, approval, and affection either did not exist or inevitably deteriorated into anger and punishment" (Kempe and Kempe, 1978, p. 14). Steele (1975) believes this distrust is related to resistance to receiving help which many abusive parents display. Not only are they reluctant to seek help; many actively avoid it even when it is offered. Frequently, they show a very suspicious attitude to those who offer help and may try to retreat from them. Some may be belligerent.

This distrust of others results in social isolation for many abusive parents. Many abusive parents have few, if any, rewarding, pleasureable interactions with neighbors or relatives. Friendships are shallow. Social activity is minimal. (Steele, 1975, 1976; Young, 1964; Steele and Pollock, 1974; Kempe and Kempe, 1978). Social isolation was indicated in almost 13 percent of child abuse cases in 1977 (NCCAN, 1979).

In addition to the more obvious form of isolation, Steele and Pollock (1974) have observed many minor, but interesting

indicators of this phenomenon. They noticed that many abusive parents keep the blinds drawn in their houses, even on bright sunny days. A greater percentage on them have unlisted phone numbers than does the general population. They also seem to have difficulty in keeping their cars in good repair. Such factors indirectly work to isolate parents.

All of the factors mentioned in the previous paragraphs work together to worsen an already firmly rooted low self-concept and low self-esteem. Kempe and Kempe (1978) believe that abusive parents were brought up with images of themselves as bad, worthless, and unlovable. Other researchers agree (Steele, 1975, 1976; Inglis, 1978; Young, 1964; Steele and Pollock, 1974). To restore their own self-worth, abusive parents search desperately for the love, satisfactions, care and considerations that they never had (Steele, 1975).

Often abusive parents look to the child to satisfy their unmet needs. Many researchers (Steele, 1975, 1976; Inglis, 1978; Young, 1964; Kempe and Kempe, 1978; Steele and Pollock, 1974) have found that abusive parents expect and demand a great deal from their children. These expectations are oriented toward parental satisfaction rather than the children's needs. In addition to their excessiveness, the demands for performance are premature. Parents treat their children as if they were older than they really are. Steele and Pollock (1974) note that "observation of this interaction leads to a clear impression that the parent feels insecure and unsure of being loved, and looks to the child as a source of reassurance, comfort, and loving response.... The parent

acts like a frightened, unloved child looking to his own child as if he were an adult capable of providing comfort and love" (p. 95). This phenomenon is often referred to as "role reversal" (Steele, 1975; Steele and Pollock; Kempe and Kempe, 1978).

Several elements are involved in this role reversal. One is the parent's own childhood deprivation which leads him to feel like a child searching for parental care to ease his emptiness. Secondly, there is a strong belief that the child should provide gratification of parental needs. The parents sees the child as being more mature than he really is and expects him to be able to satisfy parental wishes. A corollary to this is that children's needs are unimportant and should be disregarded. The children and infants of many abusive parents are often expected to display ideal behavior and a respectful and submissive attitude toward adults. For many abusive parents, the child's inability to do so implies stubbornness or intentional meanness. Many abusive parents feel that it is their moral duty to correct such behavior lest the child becomes spoiled (Steele 1975; Steele and Pollock, 1974; Kempe and Kempe, 1978).

A third factor is that many abusive parents see their child as an attacking figure. Age-appropriate behavior is often misperceived as willful disobedience. The child is commonly viewed as being innately evil, deficient or destructive, and harboring deliberate intentions to make the parent's life miserable. In the child's abusive parent may see his own "bad" childhood self, disliked relatives or hated siblings. An infant's crying is viewed as critical and accusatory. The

abusive parent is often unable to cope with persistent crying and feels that the baby is saying, "If you were a good mother, I would not be crying like this." The crying is seen by the abusive parent as total rejection (Steele, 1975; Kempe and Kempe, 1978, Helfer, McKinney, and Kempe, 1976).

Though no two abusive parents are alike, they share the characteristics described above in a variety of combinations. The cumulative effects and interactions of these various factors make it extremely difficult to successfully handle the demanding problems of child abuse.

The Abused Child

Steele and Pollock (1974) have "no doubt that the infant or child, innocently and unwittingly, may contribute to the attack which is unleashed upon him" (p. 114). Given a potentially abusive parent, there are certain characteristics which may place him at higher risk of being abused. Lynch (1976) and Inglis (1978) associate a mother's illness during pregnancy, a prolonged and difficult labor and delivery, congenital malformations, birth injuries, and prematurity with increased potential for abuse. Justice and Justice (1976) list five categories of high risk children; those who are: (a) premature, (b) illegitimate, (c) difficult, (d) congenitally malformed, and (e) mentally retarded. Martin (1976) finds that children who seem completely normal to parents and other adults and, yet, are more difficult to care for may have a high risk of abuse. According to Martin there are also "a number of children, abused in the past, who deliberately or unconsciously, covert-

ly or quite overtly, provoke anger, irritation, and even physical trauma from adults" (p. 37). In addition to these factors, Steele and Pollock (1974) have observed that an unwanted child or a child of the different sex from that the parents wanted is at higher risk of being abused.

Until very recently, attention given to the abused child was focused on his physical injuries. Yet, an abusive environment affects the child in other ways. Over the years, the child's developmental and psychological injuries may be devastating. Cognitive, and language problems are less noticeable.

In studying infants and children who have been abused, Ruth Kempe (1976) has consistently observed delays in motor development. These children are often slow to turn over, to reach out for toys, to sit, and crawl. There is a frequent finding of poor muscle tone, which, according to R. Kempe, appears characteristics of apathetic infants.

Disturbances in object relations are often evident in many abused children. By the time he is 18 months old, the normal child will be aware that an object has permanence and exists when out of sight. The normal child is also very explorative with objects (Department of Social Services, Note 1). R. Kempe has observed that many abused children exhibit a generalized apathy or passivity with objects. The abused child accepts losing a toy without question. If the toy is dropped, he may not attempt to pick it up. The abused child makes little effort to explore his toys and their uses. He seems totally disinterested, Martin (1976b) offers as "that for survival, to adapt to the abusive environment, the child

R. Kempe (1976) describes a delay in speech and verbal expression in abused children that may begin in the first six months of life. In the preschool years, speech problems may include poor pronunciation and inadequate vocabulary. Verbal communication is limited in the activities of abuse children. They avoid talking about their families or about their lives in general. These children find it difficult to express their feelings--a difficulty which continues into the school years. Blager and Martin (1976) have found that older children are more talkative, and language problems are less noticeable. However, they have observed deficiencies in the use of spontaneous language in antural conversation. R. Kempe (1976) also comments on this lack of verbal spontaneity. Other researchers (Elmer, 1968; Inglis, 1978; Kempe and Kempe, 1978) support these findings of language difficulties in abused children. Elmer and Gregg (1967) report that Martin (1976b) suggests two possible explanations for these difficulties in motor and language skills. First, he hypothesizes that these difficulties may be reactions to the home environment. In an abusive environment, Martin suggests that often the child has only minimal stimulation or opportunities for practice. When there is little verbal stimulation or feedback from the parents, the child's language development will be delayed. Likewise, when the child is confined to a bed or playpen, there is little opportunity for practicing and strengthening motor skills. The second explanation Martin (1976b) offers is "that for survival, to adapt to the abusive environment, the child

inhibits (quite unconsciously) his language and... motor skills" (p. 80). Martin suggests that the child in an abusive environment is likely to be punished for "'getting into things,' for running about, for being too active, for 'sassing,' for questioning things, for complaining, for expressing his feelings of aggression, anger, or disappointment" (p. 80).

The abused child may suppress language and motor development to avoid further abuse.

Martin and Rodeheffer (1976) find that most abused children exhibit deficiencies in intellectual functioning, at least on an academic level. This is evidenced by the child's learning problems in school and low scores on standardized intelligence tests. Gil's study (1970) indicates that 13 percent of the abused children in his study group attended special classes for the retarded or were in lower grades than their normal age group. Elmer and Gregg (1967) report that 57 percent of the abused children in their study have IQ's below 80 based on either the Stanford-Binet Intelligence Scale or the Wechsler Intelligence Scale for Children and are considered mentally retarded to some degree. Only 11 percent of the normal population would be expected to have IQ scores below 80. In a subsequent study, Elmer (1968) reports mental retardation in 45 percent of the abused children studied.

However, one should be cautious when interpreting data from standardized intelligence tests. The scores do not reflect the behavior of the child during testing. In the abused child, this behavior is significant in understanding him. Martin and Rodeheffer (1976) note that there is fre-

quently a high degree of scatter on test performance by abused children. There is often uncommon variation between subtests, and the child may incorrectly answer easy questions on the test while correctly responding to much more difficult problems.

Kempe and Kempe (1978) have also observed similar behaviors in abused children. They suggest that some school age children "perform well enough to get by, but not at the level of their true ability" (p. 41). If faced with a sudden demand, younger children often become anxious and disoriented. Some give up instantly, giving "I don't know" responses to questions which they can easily answer. Others are so preoccupied with the examiner and his intentions that they cannot concentrate on answering the questions. Others delay their responses by charming or distracting the examiner. Kempe and Kempe hypothesize that these behaviors are the abused child's way of coping with a deep fear of failure and rejection. The child would rather give no response than risk disapproval by giving the wrong answer.

In addition to these factors, one must understand that an intelligence test measures only selected abilities of the child. Intelligence is a much broader concept. Martin and Rodeheffer (1976) define it as the "ability to understand things, solve problems, learn facts, and to make sense of the world... and act accordingly" (p. 93). In this sense, the adaptive mechanisms of the abused child evidence his intelligence; he is aware of the abusive environment in which he lives and consequently adjusts his behavior in order to sur-

vive. In developing these mechanisms, the abused child may be handicapped in more formal learning. Martin and Rodeheffer (1976) offer this explanation:

These adaptive modes most often do require a large price be paid by the child. His learning regarding himself, other people and inanimate objects is severely limited. The energy of the child is consumed with survival maneuvers and dealing with his anxiety, fear of assault, loss of parent, and loss of love from the parent. There is little energy then available to learn about himself and his world (p. 104).

In coping with an abusive environment, Gray and Kempe (1976) note two patterns of personality development in abused children. One pattern is typical of those children who try to meet the needs of their parents and are totally submissive to them. Gray and Kempe estimate that approximately 75 percent of abused children exhibit this pattern of personality.

A prominent characteristic in many of these children is hypervigilance. A state of "frozen watchfulness" can be observed in children as young as nine or ten months old who have been abused. The child watches intently what goes on around him. It is as if he can take nothing for granted, but must always be on guard to avoid trouble (R. Kempe, 1976; R. Kempe and Gray, 1976; Kempe and Kempe, 1978; Martin and Beezley, 1976).

Another feature of this pattern of personality development is one of excessive compliance. The abused child often exhibits unquestioning acceptance of whatever happens to him.

This passive acceptance is evidenced even when the child is subjected to painful medical procedures. The abused child, in many such instances, will neither cry nor struggle as most normal children do (R. Kempe and Gray, 1976; Kempe and Kempe, 1978). Although "the abused child may not show fear and pain when it is appropriate," Kempe and Gray emphasize that "he does feel them. The passive cooperative behavior of the child is not a reflection of indifference..., but is a learned coping mechanism to dangerous...situations" (p. 61; Emphasis is the authors').

Several researchers (R. Kempe, 1976; Inglis, 1978; Gray and Kempe, 1976) have observed the abused child is often an active participant in the phenomenon of role reversal. The child literally tries to take care of the parent. This is evident in concrete behaviors of the child such as serving tea to guests, or dusting the furniture. The child is very attentive to the parent's feelings and moods, and, in general, "mothers" the parent. Martin and Rodeheffer (1976) describe such mothering behavior as seen during testing of abused children:

A preschool child notices a yawn and asks if the examiner is tired, and would like to take a break; a ten-year-old girl ties (sic) to comfort by sympathetically commenting that the examiner shouldn't feel bad because his drawings with pencil and paper were not very good. Efforts to entertain or comfort are numerous (p. 101).

Martin and Beezley (1976) describe such behavior in the abused child as being psuedo-mature.

In some abused children, these adaptive behaviors may become rigid obsessive traits. The child may become preoccupied with gaining approval and getting things "just right" (Kempe and Kempe, 1978; Martin and Rodeheffer, 1976; Martin and Beezley, 1976). In a follow-up study of abused children, Martin and Rodeheffer report that approximately 25 percent of the children exhibited obsessive-compulsive traits.

Martin and Beezley note that 22 percent of the abused children in their study displayed compulsivity.

Another prominent characteristic of abused children observed by researchers (R. Kempe, 1976; Martin, 1976a; Gray and Kempe, 1976; Kempe and Kempe, 1978; Beezley, Martin, and Kempe, 1976) is that they are often quite indiscriminate in their relations to people. They may not discern between those persons whom they see regularly and those who are strangers. Martin (1976a) hypothesizes that this phenomenon occurs because the child has not yet developed the sense of object constancy. Martin describes object constancy as an appreciation of people based on traits other than those which relate to satisfying the needs of the child. When this object constancy is lacking in the child, his relationships with others are obviously effected:

The child... is indiscriminately affectionate. The child's love and attachment will be directed toward whomever he is relating with at the moment. No special place is given

to certain people, like parents, because anyone who can and does meet the child's needs is of primary importance at that very moment. Without object constancy, people can be exchanged as easily as toys or as unfeelingly as one changes clothes. Anyone will do as well as anyone else, the only importance of people is the degree to which they are need-gratifying objects. There is no special love or attachment to mother--only love for her administrations, attachments to her motherly functions (Martin, 1976a, p. 146).

Such an explanation would account for the absence of their behavior is socially insufferable. Kempe and Kempe (1978) suggest that some of these children grew up in homes abused children. During normal development, children often as young as four months old will whimper or cry when separated from their mothers (Department of Social Services, Note 1). Regardless of which pattern of personality development abused children exhibit, there are several traits which are characteristic of compliant abused children as well as those who are aggressive. Because of the apparent cyclical nature of these traits, many of these traits are also evident in the dependent abusive parents and are also discussed in [R. Kempe, 1976]). Whereas the normal child is usually timid around strangers at this early age (Department of Social Services, Note 1), many abused children are indiscriminately friendly (R. Kempe, 1976; Gray and Kempe, 1976; Kempe and Kempe, 1978), "quickly making superficial friendships but ready to discard them at the slightest sign of rejection" (Kempe and Kempe, 1978, p. 38).

Not all abused children fit the pattern of the compliant, "trying to please" personality. At least 25 percent of abused children are negative, aggressive, and, in many instances, hyperactive (Inglis, 1978; R. Kempe, 1976; Gray and Kempe, 1976; Kempe and Kempe, 1978). Gray and Kempe describe them as "the children who almost seem to provoke abusive behavior from adults, and one can easily see how abuse could occur" (p. 59). These children are in constant motion and have a very short attention span. They do not listen to directions and are continually striking out at other children. Their behavior is socially insufferable. Kempe and Kempe (1978) suggest that some of these children grew up in homes that were in constant chaos and uproar and where aggressive outbursts were the only expressions acceptable.

Regardless of which pattern of personality development abused children exhibit, there are several traits which are characteristic of compliant abused children as well as those who are aggressive. Because of the apparent cyclical nature of child abuse, many of these traits are also evident in the personalities of abusive parents and are also discussed in the previous section.

One trait that is characteristic of almost all abused children is a lack of trust. They find it especially difficult to trust adults. This lack of trust persists even if the abused child appears to be developing a good relationship with someone. For the child, however, the relationship is often superficial and trust does not develop easily (Martin and Rodeheffer, 1976; Kempe and Kempe, 1978; Beezley, Martin,

and Kempe, 1976). All abused children have an intense need and desire for nurturance, both physical and emotional. Beezley, Martin, and Kempe (1976) as well as Kempe and Kempe (1978) note that many hoard candy and demand presents. For emotional nurturance and love, most abused children look to their parents. Even though they may have hostile and angry feelings toward their abusive parents, most children genuinely love them and turn to them for what care they do get (Gray and Kempe, 1976; Kempe and Kempe, 1978). In an abusive environment, according to Martin and Rodeheffer (1976), the child must devise a means of gaining nurturance and love from his parents. "He must earn whatever love and affection he can obtain from them for it is only given on condition" (p. 100).

Another characteristic of abused children is an impaired capacity for pleasure. Few of them will allow themselves to laugh or have fun (Martin and Beezley, 1976; Kempe and Kempe, 1978; Beezley, Martin, and Kempe, 1976). In play therapy situations, previous experience with toys or play, in general, appears to be limited (Beezley, Martin, and Kempe, 1976).

Most abused children have a poor self-concept and low self-esteem. They see themselves as being bad, stupid, and unloved. Often, the child accepts the punishment as being justified; he deserves it. (Gray and Kempe, 1976; Martin and Rodeheffer, 1976; Martin and Beezley, 1976; Kempe and Kempe, 1978; Beezley, Martin, and Kempe, 1976). Several researchers (Martin and Rodeheffer, 1976; Kempe and Kempe, 1978; Beezley, Martin, and Kempe, 1976) note aⁿ excessive fear of failure.

This extreme fear smothers the child's creativity and makes him "unable to admit to or take pride in things that they obviously could do well" (Beezley, Martin, and Kempe, 1976, p. 207). Shame is a common response of abused school-age children and adolescents. They may often try to hide their injuries under clothing that may be inappropriate to the season. Then they hope that no one will suspect anything (Kempe and Kempe, 1978; Beezley, Martin, and Kempe, 1976).

Though only 25 percent of abused children have been described as aggressive, researchers (Gray and Kempe, 1976; Martin and Rodeheffer, 1976; Kempe and Kempe, 1978; Beezley, Martin, and Kempe, 1976) find that virtually all abused children have deep-seated hostility and aggression. In one-fourth of the children, this aggression is released directly through anger and hostility. The remainder of abused children deal with this aggression in indirect, subtle, or passive-aggressive means. The major channel of release for most children is through stories and play. Dolls and story characters are continually being beaten and killed. During play, children often act out their own abusive experiences. Through play, abused children are able express their fears as well as the anger they feel toward their parents (Gray and Kempe, 1976; Martin and Rodeheffer, 1976; Kempe and Kempe, 1978; Beezley, Martin, and Kempe, 1976).

(Kempe and Kempe, 1978, p. 71).

The most widely used treatment in abuse cases is the case-

Dealing with Child Abuse

Treating Abusive Parents

In working with abusive parents, the main goal is to aid them in changing their abusive, neglectful pattern of child-rearing to one which is more rewarding for the parents while promoting optimal development for the child. To achieve this, one must first focus on the parents themselves and strengthening their development. Therapeutic measures are undertaken to build up the parent's self-esteem, to help him develop basic trust and confidence, to help him learn how to make contacts with people around him, to help him establish personal support systems, and to help increase his capacity for enjoyment and rewarding and pleasurable experiences with other adults as well as with his own children (NCCAN, 1975; Steele, 1975; Beezley, Martin, and Alexander, 1976).

There are various types of therapy devised to help meet the treatment needs of abusive parents. In many instances, these treatments can be coordinated for greater effectiveness. Whatever type of treatment is used, it must incorporate a response to the abusive parents' powerful need for love, acceptance, and approval. "No treatment can work if it seems rejecting, critical, or unreliable. Parents in need of treatment are immensely sensitive to rejection and desperately need a real long-term relationship with a friendly adult" (Kempe and Kempe, 1978, p. 71).

The most widely used treatment in abuse cases is the case-

work services offered by local welfare departments. The caseworker has legally mandated authority to coordinate services with other agencies to insure that individual family members receive the treatment they need. It is the only type of treatment that includes an ability to gain concrete services that the family may need such as medical care, housing, and food. The caseworker is also able to visit in the home where they can observe interactions between the parent and the child and offer suggestions to improve the family situation. (Kempe and Kempe, 1978; Beezley, Martin and Alexander, 1976).

However, social workers alone cannot solve the problems of abuse. In most instances, a social worker will not be trained to deal with the psychological problems of the parents or the child. Even if she has adequate training, the social worker seldom has enough time. Heavy caseloads are common and prevent the social worker from providing the quality of services which are needed. Therefore, casework services should not be the only treatment offered to abusive parents. (Kempe and Kempe, 1978; Beezley, Martin and Alexander, 1976).

In working with abusive parents, individual therapy can be beneficial because it allows the parents individual attention (Lauer, Lourie, Salus and Broadhurst, 1979). Treatment goals should focus more on immediate problems. In establishing these goals, the therapist must consider several factors: the parent's present situation, his ability to verbally express his feelings, his capacity for change, and his ability to use external supports. For instance, an appropriate goal might be to improve the parent's abilities to relate to other

107422

adults. Treatment could also focus on managing the practical aspects of the parent's life or changing a particular type of behavior (Kempe and Kempe, 1978; Lauer et al., 1979). Individual therapy is also usually more effective when supportive services such as lay therapy or Parents Anonymous are provided (Steele, 1975; NCCAN, 1975; Beezley, Martin, and Alexander, 1976).

Abusive parents can also be treated through group therapy. Depending on the persons involved, groups can serve a variety of purposes. By bringing parents in contact with others, the isolation often felt by abusive parents is decreased. The parents discover that others experience the same or similar difficulties as they experience themselves. In a group situation, parents can both give and receive suggestions for coping with or solving problems, thus establishing a mutual support system. This helps to improve the parents self-esteem as well as strengthening their trust in others (Lauer et al., 1979, Beezley, Martin and Alexander, 1976).

Parents Anonymous (PA) is one group that has been especially effective. Modeled after Alcoholics Anonymous, PA is a self-help group for abusive parents. The group usually meets weekly with a trained professional who acts as a sponsor. The parents themselves conduct the meetings, however, and the professional acts only as a facilitator for the group. Members exchange first names and telephone numbers. During stressful situations, these parents call each other for emotional support. The emphasis of PA is on peer support and assistance (Kempe and Kempe, 1978; Lauer et al., 1979).

Lay therapy is another treatment which offers intense personal support. Lay therapists, or parent aides are paraprofessionals who provide long term nurturing to abusive parents. Lay therapists become intensely involved with abusive parents. This is done by visiting in the home several times a week and providing transportation and social experiences for the parents. Lay therapists focus on providing the parents with a friend that is warm, understanding, and supportive. They attempt to essentially re-mother the parents and provide crisis services, boost sagging self-images, establish trust, and reduce the parents' isolation (Steele, 1975; NCCAN, 1975; Kempe and Kempe, 1978; Beezley, Martin, and Alexander, 1976; Lauer et al, 1979).

Because of the role that crises tend to play in child abuse, there are treatment services for the abusive parent which are oriented toward crisis situations. Many communities operate telephone "hotlines" on a 24 hour basis. These hotlines provide assurance to the parents that there is always someone at the end of a telephone line if things get too much for them. A hotline may also lead parents to seek help earlier than they might have otherwise (Kempe and Kempe, 1978). Crisis nurseries provide a place for parents to bring their children when they temporarily cannot cope with their problems. Their main purpose is to protect the child while allowing the parents short-term relief from their child care responsibilities. During this time, the parents acceptance and positive feedback, abused children can develop

can sort things out and stabilize the home environment (Steele, 1975; NCCAN, 1975; Kempe and Kempe, 1978; Beezley, Martin, and Alexander, 1976; Lauer et al, 1979).

Treating Abused Children

In the past, care of abused children has largely been limited to medical treatment and physical protection. Protection has often been synonymous with removal of the child from the home. However, professionals are becoming more aware that the child also needs treatment for the psychological damage of being abused. Treatment is now being used to support the child's expression of feelings and to meet the child's emotional needs (Beezley, Martin, and Alexander, 1976, Lauer et al; 1979).

One mode of treatment for abused children is play therapy. Because many of these children have difficulty expressing themselves, play situations allow them a safe setting to learn to express conflicts and fears and then to resolve them. Most abused children would benefit from play therapy. However, because it demands a great deal of time, it has been restricted to use with those children whose behavior is excessively disruptive to those around them (Kempe and Kempe, 1978; Beezley, Martin, and Alexander, 1976; Lauer et al, 1979).

Therapeutic play schools can meet the treatment needs of abused children. By providing a safe environment filled with acceptance and positive feedback, abused children can develop

trust in others and positive self-images. Consistency in routine and staff members encourage the children to express their feelings. In expressing feelings such as anger⁶ and fear, abused children can learn to recognize and deal with this prohibited feelings (Kempe and Kempe, 1978; Beezley, Martin, and Alexander, 1976; Lauer et al, 1979).

Older children and adolescents who have been abused are especially receptive to group therapy. Group experiences help these children with socialization, self-awareness and developing sensitivity to others (Kempe and Kempe, 1978; Beezley, Martin, and Alexander, 1976).

Because they have not been implemented and in operation long, treatments for abused children are difficult to evaluate. However, they are definitely needed.. If the adverse effects of abuse can be treated in the child, then perhaps the cycle of child abuse can be broken.

Child abuse is indeed a serious problem in American society. Yet, there is hope. The public is growing more aware of this problem. There is a concerted effort by professionals to understand the dynamics, both personal and environmental, of child abuse. With this greater understanding, measures are being devised to treat both the abusing parent and the abused child more effectively. Then, perhaps someday, child abuse will be an evil of the past.

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