

1985

A meta analysis of national child abuse and neglect studies

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A meta analysis of national child abuse and neglect studies

Abstract

The relationship of physical and psychosocial human behavior to child abuse is an issue that has always faced civilized societies. At one time it was believed that developmental needs came into play in a hierarchical sequence, the most basic being those necessary for survival, such as the need for food and water; and that only when these have been satisfied do the higher needs emerge, such as the need for a loving relationship. Now it is felt that all human needs are interrelated and interdependent in a subtle, complex and continuous way (Smith, 1978). These needs must be addressed from the beginning of life and continue to require fulfillment from infancy to adulthood. Of course, their relative importance changes during the different growth stages as do the ways in which the needs are met (Pringle, 1975).

A META ANALYSIS OF
NATIONAL CHILD ABUSE AND NEGLECT STUDIES

A Research Paper
Presented to
The Department of Educational Administration
and Counseling
University of Northern Iowa

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Jonetta M. Cameron

July 1984

This Research Paper by: Jonetta M. Cameron

Entitled: A META ANALYSIS OF NATIONAL CHILD ABUSE AND
NEGLECT STUDIES

has been approved as meeting the research paper requirement for the
Degree of Master of Arts.

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TABLE OF CONTENTS

Chapter		Page
I.	Introduction	1
	Problem Statement.	2
	Definitions.	4
	Limitations of Study	7
	Methods and Procedures	7
II.	Review of the Literature	9
	History and Background	9
	The Abusers Background	11
	State Law.	12
	Ethics of Law.	16
III.	Design of Study.	19
	Case Information	23
	Types of Reports	24
	Substantiation Rates	24
	Source of Initial Report	24
	Household Composition.	31
	Factors Present in Involved Families	32
	Description of Alleged Perpetrators by Age and Sex.	32
	Ethnicity.	34
	Description of Involved Children by Age and Sex.	35
	Severity of Maltreatment	36
IV.	Analysis of National Child Abuse and Neglect Studies	38
	Terminology of Child Abuse and Neglect	40
	Types of Abuse and Neglect	41
	Description of Involved Families	43
	Description of Alleged Perpetrators.	44
	Description of Involved Children	45
	Services Provided and Disposition of Involved Children	46
	Reporting Child Abuse and Neglect.	47
	Results of Findings.	49
V.	Discussion	51
VI.	Summary.	57
	Bibliography	61

TABLES

Table		Page
1.	Level of Participation in the National Study and the Data Formats of the States, Territories, and the District of Columbia	20
2.	1977 Reporting Rates of Child Abuse and Neglect By Participating States.	22
3.	Substantiation Rates by Source of Report	26
4.	Sex of Alleged Perpetrators in all Substantiated Reports, 1977	33
5.	Ethnicity of Alleged Perpetrators Compared to Ethnicity of the General Population for Major Ethnic Groups.	34
6.	Age and Sex of All Involved Children in Substantiated Reports of Abuse and Neglect.	35
7.	Age and Sex of Involved Children in Substantiated Abuse-Only Reports	36
8.	Severity of Abuse and Neglect in Substantiated Reports.	37

CHAPTER I

Introduction

The relationship of physical and psychosocial human behavior to child abuse is an issue that has always faced civilized societies. At one time it was believed that developmental needs came into play in a hierarchical sequence, the most basic being those necessary for survival, such as the need for food and water; and that only when these have been satisfied do the higher needs emerge, such as the need for a loving relationship. Now it is felt that all human needs are inter-related and interdependent in a subtle, complex and continuous way (Smith, 1978). These needs must be addressed from the beginning of life and continue to require fulfillment from infancy to adulthood. Of course, their relative importance changes during the different growth stages as do the ways in which the needs are met (Pringle, 1975).

Throughout history, killing, maiming, abandonment, starving, neglect, cruel punishment and sexual exploitation of children have been a feature of the life experience of every generation. The maltreatment of children sometimes has been given sanction by tradition and ritual usage; more often, it has been a matter of private acts committed in shameful secrecy. Only until recently, has any concern been voiced about the problem of child abuse. Previously children had been consented few rights and these rights had neither been properly determined nor defined. The child's dependency had always made him or her a potential victim of adults (Smith, 1978).

Accounts of cruelty to children are recorded throughout every phase of man's history. Infanticide was accepted by previous societies,

particularly in the 17th century. Unwanted children were disposed of without any incrimination or guilt. In some societies it was regular practice to destroy all physically handicapped babies. The attitude that a child is the property of the parent and there can be no injustice to one's own property is one of the major contributors to the problem of child abuse and neglect throughout history.

It is hard to believe that children are being abused, neglected, and maltreated by parents. It is tragic for our nation and other societies that physical abuse of children by their own parents is the most common cause of childhood deaths. Much has been written on the subject and social awareness of child abuse in the last decade has resulted in child abuse laws in every state of this nation; however, a greater number of mistreated children than reported are going unrecognized, undetected, and unprotected. Child abuse and neglect should disturb our social conscience and stimulate our minds and hearts to take immediate and intelligent action against it.

Problem Statement

The purpose of this paper is to increase awareness concerning child abuse and neglect through a meta analysis of the National Child Abuse and Neglect Studies and their effectiveness in today's society. In addition, it is to reveal the reality of child abuse and neglect by presenting case studies, and finally to stimulate further research towards solutions and prevention.

Today's youth are tomorrow's leaders. Teaching children how to handle responsibilities, and how to cope with social problems and existing and forthcoming situations, is a task accomplished to a minimum degree by professionals, those in the people helping fields, and society

as a whole.

It is assumed some acts deemed as child abuse are actually good child discipline. A problem area identified in the abuser is the absence of learned appropriate parenting skills and little or no knowledge of child growth and development. In addition to this, the abuser tends to have unrealistic expectations of children.

Another assumption is child abusers as children were abused themselves, therefore, perpetrators would view their acts of abuse as normal child discipline. The attitude, 'It was good enough for me, therefore, it is good enough for mine,' is largely due to poor parenting models. Here the pattern is set, the cycle repeated, and the behavior transferred and accepted through generations.

Child abuse and neglect affect a child's development mentally and emotionally. When a child's atmosphere consists of negativeness, deprivation, and cruel punishment the results will be low self-esteem, little self-worth or respect and a life of hopelessness with little or no accomplishments.

Often abusers are unable to cope with the complex problems of modern life. When emotions of anger, stress, and depression are surfaced, children become the innocent victims of parent frustrations which result in abusive acts.

Bakan (1971) views the issue of child abuse warranting attention and action. "The history of child abuse indicates that the very abstention from deliberate concern with it has played a role in perpetrating it." Child abuse thrives in the shadows of privacy and secrecy. It lives by inattention. Those who have protected themselves from being witness to it have at the same time protected the practice and have

thus been a party to it.

There is a need for consistent information about the nature and extent of the child maltreatment problem. If we are serious about protecting children, states Chase (1975), we must look at violence against children in the context of a violent society that sanctions social and institutional neglect. We will have to look at our attitudes toward the young and the whole spectrum of physical violence that we use in dealing with and disciplining them.

Violence throughout the world is influencing the lives of individual families as never before. Instant communication has spotlighted the way individuals are bound into a network of a single system, one part affecting all others. Instant communication is just one example of the rapid technological change in which all of us are all swept up. A kind of "future shock" society is upon us, and the epidemic proportion of child abuse is one striking manifestation, (Kozol, 1967).

Our nation has a common aim, to prepare American children physically, mentally, and morally to meet the responsibilities of tomorrow more fully than we have those of today. It is important, therefore, to focus on the issue of child abuse and neglect, one of America's greatest and oldest taboos. Life is our only real possession. Child abuse and neglect threaten development and life itself. Because of this, preservation of life is constantly before us. Child abuse and neglect can no longer continue to be unaddressed and viewed as non-existent. For millions of children in America abuse and neglect are very real, a living nightmare.

Definitions

Efforts made by scholars and professionals across the country,

around the world, and throughout history, to present a clear cut and standard definition for child abuse and neglect have seldom met with success.

The way in which one defines abuse and neglect affects what is reported and how many reports are made, which in turn affects the effort to assess an incidence rate. With a diverse range of definitions, it is clear to see how difficult a task governmental bodies have in drafting adequate laws.

Several terms are presented throughout this paper describing various levels of abuse and neglect. These terms are defined here to provide focus and direction for the reader.

Child abuse - nonaccidental or deliberate injury inflicted on a child, those acts that result in observable injuries, with a conscious desire to harm.

Neglect - a parent or child caretaker failing to meet their child rearing responsibilities, not caring for the child in ways which are clearly within their control and that interfere with the optimal development of the child.

Abuse in the home - acts of commission or omission by parents, permanent or temporary parent substitutes, or others living in a child's home regularly or temporarily. "Physical attacks on children tend to relieve tensions and frustrations experienced by the perpetrators. These attacks are carried out to meet emotional needs of the perpetrators" (Gil, 1979, p. 70). Triggering contexts, according to David Gil, (1979), is where the perpetrator does not abuse unless certain circumstances trigger abusive behavior. These attacks are common in the home, triggered by stress and frustration which cause reduction or loss of self-control.

Institutional abuse - acts and policies of commission or omission that inhibit the development of children, or that deprive children of, or fail to provide them with, material, emotional, symbolic means needed for their optimal development. Institutions include settings such as day care centers, schools, courts, welfare departments, correctional and other residential child care settings. Child care personnel will often adapt disciplinary measures correspondent to those used in the homes, on the assumption that this is what the children are used to and to what they expect and will respond. These methods implemented tend to disguise abuse and neglect which is transmitted back and forth and reinforced between the home and the institution.

Societal abuse - millions of children live in poverty, and are inadequately nourished, clothed, housed, and educated. Social policies endorse the actual circumstances of children. These destructive conditions resulting from normal operations and value conclusions drawn of the social, economic, and political order cannot possibly enhance optimal development of children exposed to them. Poverty and the deprivations it manifests, overcrowded and dilapidated neighborhoods, large numbers of children, especially in one parent, mainly female-headed households and impertinent circumstances in most work places are major sources of stress and frustration for adults. Social policies must provide realistic means of improving our society's conditions.

Perpetrators - parents, stepparents, parent substitutes such as: aunts, uncles, grandparents, or child caretakers such as: adoptive parents, foster or temporary parents, teachers, day care workers, youth service workers, or a person with the responsibility for the general well-being of the child.

Limitations of Study

Available data collected on child abuse and neglect are often flawed by conceptual, definitional, sampling and measurement problems. Available statistics are usually general estimates of incidence which do not give the breakdown by age, sex, or demographic characteristics of the children or parents.

The National Studies (U.S. Department of Health, Education and Welfare, 1979), addressed in this paper experienced limitations with data gathering as well. Absence of a fixed pattern in the relationship between the reported and actual incidence of child maltreatment prohibited the nationwide analysis of official reports from presenting an accurate measure of the actual incidence of abuse and neglect.

Another major factor contributing to limitations is lack of standardization. Data are not submitted on all items in all reports. Missing data occurred in reports. Often times caseworkers were not able or willing to provide certain information about the case. The reader is cautioned to be aware of limitations identified and reminded available statistics are often general estimates of child abuse and neglect incidence.

Methods and Procedures

The National Analysis of Official Child Abuse and Neglect Reporting presents the results of a compilation and analysis of 1977 reports of child maltreatment. Twenty-nine states and three territories provided individual case data to the National Study. The statistical data and related findings are divided into six logical groups: data describing 1) general case information, 2) involved families, 3) alleged perpetrators, 4) involved children, 5) types of neglect and

abuse, and 6) services provided and disposition of involved children (U.S. Department of Health, Education, and Welfare, 1979).

The states submit information to the National Study as Level I or Level II participants. For level I participants, the National Study provided a Standard Reporting Form for states to submit information. Each form received was subjected to a desk edit. Forms that met minimal standards were keypunched and entered into the computer. A verification procedure and a comprehensive set of edit functions were applied to the data to ensure the integrity of the data base. Forms which failed editing were either corrected by Study Staff or returned to the state for resubmittal (U.S. Department of Health, Education, and Welfare, 1979).

Another method used to submit data was through magnetic tapes. A number of states developed computer systems of their own to organize child abuse and or neglect information. Based upon my reading, the National Study viewed the magnetic tapes as the preferred mode of data exchange.

Level II participants provided summary data rather than reporting forms or magnetic tapes which contained individual case reports. Some participants recorded reports by child, and others recorded reports by family. Although the patterns of submitting data varied, data were generally provided annually to the National Study (U.S. Department of Health, Education, and Welfare, 1979).

The Level II participants lacked standardization in the information they collected. Identifying this fact reaffirms available statistics are often times general estimates of abuse and neglect incidence. The reader is reminded the statistics presented are not exact.

CHAPTER II

Review of the Literature

History and Background

The recognition of the child as a separate individual is a large phenomenon of the last hundred years, and the recognition of the child's legal identity in its own right has still not been accorded. The child has been regarded first as a possession of the parents and secondly as an addition of a family group. Law has always had great difficulty in regarding the child as a real being. The child first assumed legal identity as a male factor when authority wished to control him or visit punishment upon him. The child was seen as the projection of adult concerns rather than as an individual possessed of any rights in himself (Ford, 1978).

Ford (1978) found when reviewing law of early times, the problem of determining where customs, attitudes, and usage cease and codification begins was consistent. Usually the law is an attempt to regulate custom and usage through the codification of accumulated tradition.

In classical Greece infanticide was prescribed to limit the population of the city state and to eradicate weaknesses from the society. It must be remembered that slavery existed and that freedom was a privilege; on the whole children were regarded as slaves rather than individuals possessing rights (Ford, 1978, p. 394).

The First Factory Act in England in 1802, was the first legislation designed specifically to protect a particular group because of age. It extended minimum protection to orphans and poor children and was intended to save them from gross exploitation and extreme forms of abuse (Ford, 1978, p. 405).

The first challenge to the absolute legal right of parents over children came in the U.S. in New York in 1870. The case of Mary Ellen illustrates the condition of the law in respect of children.

A church missionary was called to visit a dying immigrant woman of German origin in Hell's Kitchen district of New York. The dying woman asked the missionary to do something about the treatment of a child in a neighboring family, whom she heard beaten and abused unmercifully.

Mary Ellen was being maltreated by her adoptive parents. The child was beaten regularly and was seriously malnourished. The missionary tried to intervene, but when she called upon the family she was driven away with threats and abuse. Interested church workers were unable to convince local authorities to take legal action against the parents. The right of parents to chastise their own children was still sacred, and there was no law under which any agency could interfere, to protect a child like her. The church workers were not discouraged; rather, they appealed to Henry Bergh the founder of the New York Society for the Prevention of Cruelty to Animals (SPCA) which promptly took action. They were able to have Mary Ellen removed from her parents on the grounds that she was a member of the animal kingdom and that therefore her case could be included under the laws against cruelty (Ford, 1978, pp. 408-409).

As a direct result of this incident the Society for the Prevention of Cruelty to Children was founded in New York in 1871 (Radbill, 1974). The Roman Catholic Order of the Sisters of Charity of St. Vincent DePaul founded the New York Foundling Hospital, the first institution to be established in a large city in the United States providing a refuge for abandoned, neglected and abused children (Fontana, 1977). Following the example of the New York Society, The Philadelphia Society to Protect Children from Cruelty was founded in 1877. In Great Britain in 1899 thirty-one such societies united to form the National Society for the Prevention of Cruelty to Children with Queen Victoria as patron, and Parliament passed an act for prevention of cruelty to children which was named "The Children's Charter (Radbill, 1974)."

Throughout past history it is evident children had no rights as individuals or human beings. Neither did children have protection from Poor Law Acts set by governments, abusive behaviors committed by perpetrators, or murder as practiced through infanticide customs and beliefs.

Such attitudes and treatment toward children raise the question of their ability to survive in our societies. Reviewing the history of child abuse reveals the importance of studying this issue that for so long has received little or no concern.

The Abusers Background

Steele and Pollock (1974) studied parental attacks on infants and small children at the request of Henry C. Kempe. The background and life history of the abusing parents in the study group revealed that in the rearing of their own children they recreated the same style in which they themselves were raised.

Several had experienced severe abuse in the form of physical beatings from either mother or father; a few reported "never having had a hand laid on them." All had experienced a sense of intense, pervasive, continuous demand from their parents. This demand was in form of expectations of good submissive behavior, prompt obedience, never making mistakes, sympathetic confronting of parental distress, and showing approval and help for parental action. These parental demands were excessive, not only in degree but, also being premature for the ages of the children. Performance was expected but how to accomplish it was rarely taught or modeled. Accompanying the parental demand was a sense of constant parental criticism. According to Steele and Pollock (1974), the study group revealed, no matter what the child tried to do, it wasn't enough, not right, nor at the appropriate time.

It bothered the parents, it would disgrace the parents in the eyes of the world, or it failed to enhance the parents' image in society. The child felt that he was unloved, that his own needs, desires and capabilities were disregarded, unheard, unfulfilled, and even wrong. These same factors seemed to be essential determinants in the childhood life of the abusing parents.

One fact seemed to prevail throughout all literature, that none of the abusing parents enjoyed anything resembling normal relationships with their own parents. They either were estranged or were locked in incessant conflict in search of approbation. Most of them felt their parents to be threatening and destructive influences in their lives, even though they were often dependent upon them.

In addition to not having normal relationships with their own parents, child abusers appear as a scapegoat to avoid the pain of confronting a dilemma in their own lives. The child is perceived as being the cause of frustration, at which point the liability to abuse becomes real and immediate.

These parents have been unable to decide whether to believe in the rightness or wrongness of their parenthood. The ambivalence with which they view their child contributes to the ambiguity with which they view themselves as parents.

Public consciousness was stirred by many societies and as a result many of the laws were adopted by the states individually as they sought out to address the big taboo of the times; child abuse.

State Law

It is important to focus on state law and the aspect it holds in the concern and degree of involvement in child abuse and neglect.

In the past, states and governments upheld and supported parental rights verses childrens' rights. The reader is reminded of the attitude that children had no legal rights, being viewed as possessions and treated as slaves.

State law is derived from laws known as "decisional law," law produced by judges' rulings in various court cases. Although many states recognize the right of a child to be supported and protected by his parents at least until the age of eighteen, there are relatively few laws passed by state legislature outlining such rights. Sometimes it takes a particularly revolting example of violation of a child's rights to bring remedial action by the government.

On March 25, 1969, three-year-old Roxanne Felumer's body was found in the East River off Manhattan. She had been beaten to death and her pockets had been filled with rocks. Her stepfather, George Poplis, a forty-one year old drug addict, was convicted of her murder and sentenced to twenty years to life in prison. Roxanne's mother, Mrs. Marie Poplis, was also a drug addict. The question surfaced of why Roxanne had been in the custody of her mother and stepfather at the time of her death.

When Roxanne was ten months of age, her custody was relinquished by her mother and she was placed in the care of the New York Foundling Hospital. The hospital later placed her in custody of foster parents, Mr. and Mrs. Michael Boccio. She was under the supervision of the New York's Family Court and remained with the Boccios until four months before her death. Then, in December 1968, the Family Court ordered her returned to the custody of her mother and stepfather.

During the Christmas season of 1968 the Boccio's visited Roxanne at the home of her mother and stepfather and noticed bruises on the child's body. They reported the bruises to the Foundling Hospital which in turn brought them to the attention of the Family Court. A medical examination disclosed that Roxanne had sixteen bruises on her buttocks, a bruise over her left eye, and a bruise on the side of her head. Since the indications were that someone (presumably her mother or step-

father) was mistreating Roxanne, a family court hearing was conducted to determine whether she should remain in their custody.

At the hearing, a representative of the Foundling Hospital made no recommendation to Judge Sylvia J. Liese on whether Roxanne should be taken away from her mother and stepfather. Despite the fact that a medical report on Roxanne's bruises was in the possession of the hospital and despite the fact that the hospital had brought the apparent mistreatment to the attention of the court the hospital representative later claimed: "I didn't take the position that this was an abused child." Moreover, the hospital and various other public and private agencies were supposed to have conducted investigations of the backgrounds of Mr. and Mrs. Poplis in order to help the court decide what should be done with Roxanne. These investigations, if they were actually made, later appeared to be inadequate. They failed to disclose to the court, among other things, that both the mother and stepfather were drug addicts.

At the conclusion of the hearing, Judge Liese ruled that Roxanne should remain in the custody of her mother and stepfather. Two months later Roxanne was dead (Dorman, 1970, pp. 126-128).

Turmoil created by this case prompted an intensive investigation conducted by a committee of judges and prominent attorneys at the order of the Appellate Division of the New York State Supreme Court to review the system used to protect children from parental abuse (Dorman, 1970).

After various investigations the New York State legislature passed a bill creating a special branch of the Family Court to deal with child abuse cases. The bill also set up new procedures for collecting information concerning incidents of abuse. The Appellate Division of the State Supreme Court ordered a completed reorganization of the Family Court. It adopted many of the recommendations of the committee appointed to investigate Roxanne's death such as more effective investigations and additional manpower assigned to child abuse cases. Although it took a tragedy to prompt action, New York moved to provide guarantees to protect children's rights (Fontana, 1977).

In 1963, the United States Children's Bureau published a guide for child abuse legislation based on the new concept of reporting child

abuse to a state central register of records. Also during this time, the 1963 Model Child Protection Act was an innovative document. Within three years, every state enacted a reporting law, many patterned after the Children's Bureau model (Fontana, 1977).

By the 1970's widespread concern over endangered children had broadened so that over forty states had amended their laws to require the reporting of suspected child neglect as well as child abuse. Reporting laws were also expanded to include immunity for good faith reporting and penalties for failure to report. Over thirty states have laws which establish a central register of reports, and an increasing number of states are legislatively prescribing procedures for case handling and case management (Fontana, 1977).

It wasn't until eleven years after the United States Children's Bureau published its guide for child abuse legislation that President Richard Nixon, in 1974, signed into law federal legislation, PL 93-247, the Child Abuse Prevention and Treatment Act, which established the United States National Center on Child Abuse and Neglect in Washington, D.C.. During the 1970's a variety of programs were developed throughout the country as a result of more complete knowledge of child abuse. Different treatment and prevention programs such as child protective services, crisis lines and hotlines for children and parents, hospital child abuse teams, lay-therapy and parent aide programs, day care and preschool programs, self-help groups such as Parents Anonymous, and residential treatment and intervention centers for the whole family were initiated. Monies were made available for these programs through the Child Abuse Prevention and Treatment Act of 1974, PL 93-247.

Since government has made a complete reversal with the attitude

toward children by taking a realistic concentrated look at their legal rights as human beings the long cries for help by children have finally been heard and addressed. The innovation of state law has brought child abuse from being an act that was thought to be non-existent to an issue warranting concern and action. Enactment to ensure the health and safety of children and our future society has been implemented. Although progress has been made, more is needed to increase outreach and treatment for the abusing parents with increased protection for children.

Ethics of Law

Laws made for child abuse and neglect being relatively new requires legislative bodies, authorities, and professionals to look at the ethics associated with those laws. Since child abuse and neglect laws are directly related to human conduct and the determination of right and wrong behavior, it becomes clear why and how ethics is an important factor to focus with the issue of child abuse and neglect laws. The basic principles of the right action to take toward a particular person or profession must be carefully reviewed and determined. It is never a simple task to establish laws in areas where moral and value questions are concerned. The task of determining ethics and establishing laws governing child abuse and neglect must be handled with caution and expertise. Legislators and authorities cannot lose sight of the initial goal, to ensure the protection and legal rights of children.

In the early 1960's C. Henry Kempe and his associates (1962), introduced the concept of "the battered child syndrome" as a medical diagnosis for child maltreatment. Physicians are the first line of defense in the fight to decrease the incidence of maltreatment of

children. Kempe and his associates (1962) recognized a great reluctance of the medical profession to accept the possibility of parental abuse and to assume an investigative role. In order to alleviate the dilemma and have an assured way to protect children, physicians must be legally free to report and take positive responsible action with no fear of possible personal or professional reprisal.

Today there are child abuse reporting laws in all fifty states designed to require that physicians, nurses, osteopaths, teachers, dentists, social workers, police, clergymen, coroners, and other hospital administrators report cases of child abuse which are observed in the course of their professional practice. The aim is to protect the child from further abuse and neglect under these state laws, and to grant immunity for the reporter of the child abuse from damage suits for false accusations (Fontana, 1977).

In 1966, the Committee on the Infant and Preschool Child of the American Academy of Pediatrics issued recommendations guiding legislation in the area of establishing ethics for child abuse and neglect laws. The Committee published the following principles:

- 1) Physicians should be required to report suspected cases of child abuse immediately to the agency legally charged with the responsibility of investigating child abuse, preferably the county or state department of welfare or health of their local representatives or to the nearest law enforcement agency.
- 2) The agency should have ample personnel and resources to take action immediately upon receipt of the report.
- 3) Reported cases should be investigated promptly and appropriate service provided for the child and family.
- 4) The child should be protected by the agency either by continued hospitalization, supervision at home or removal from home through family or juvenile court action when indicated.

- 5) The agency should keep a central register of all such cases. Provisions should be made for the removal of case records from the register when it is found that abuse did not in fact occur.
- 6) The reporting physicians or hospital should be granted immunity from suit (Fontana, 1977, p. 59).

In the process of protecting children, and the development and establishment of ethics and state laws, the court must maintain objectivity with evidence produced. All information from social service and child protective agencies, with physicians's medical evidence are needed to serve the courts with facts necessary for rendering a decision that will best protect the children of our country.

CHAPTER III

Design of Study

This section presents information on specific areas with corresponding statistical data. Comparisons are made of reports from 1976 and 1977 showing variations in the number of reports by the participating states. The tables presented show levels and format of participation, distribution, reporting rates and percentages.

The number of reports of child abuse and neglect received by the National Study increased significantly between 1976 and 1977. The total number of reports submitted to the National Study either directly or through summary data in 1977 was 507,494, compared to 412,972 reports in 1976. This represents a twenty-three percent increase in the number of reports of child maltreatment nationwide between 1976 and 1977 (U.S. Department of Health, Education, and Welfare, 1979, p. 3).

Based upon my reading there are three possible reasons for this increase: (1) more cases of child maltreatment were reported to the appropriate authorities; (2) reporting systems improved and became more representative of the actual number of reported cases; or (3) a combination of (1) and (2) (U.S. Department of Health, Education and Welfare, 1979).

There was also considerable variation in the percentage change in the number of reports made known to the National Study in 1976 and 1977. This variation suggests that, while reporting systems on the whole seem to be improving, they remain very much in a state of flux as reliable indicators of the extent of reported child maltreatment (U.S. Department of Health, Education and Welfare, 1979, p. 3).

There was also considerable variation among the individual

participants in reporting rates per 1,000 population. In 1977, these rates ranged from a low of 0.2 reports for every 1,000 persons to a high of 6.7 reports for every 1,000 persons. The rate of reporting for the nation as a whole in 1977 was 2.3 reports for every 1,000 persons (U.S. Department of Health, Education and Welfare, 1979, p. 3).

During 1977, all fifty states, the District of Columbia, and three U.S. territories participated in the National Study at some level. Two levels of participation have operationally defined for Study management purposes. Level I participants submit case data either on reporting forms or magnetic tape; Level II participants submit summary statistics, not case data, to the National Study. Table I shows the distribution of participation at each level and format used by each participant to submit data. During 1977, twenty-nine states and three territories participated at Level I, and twenty-one states and the District of Columbia participated at Level II (U.S. Department of Health, Education and Welfare, 1979, pp. 14-15).

The initial problem the National Study faced was stimulating participation. In order to encourage increased voluntary participants, all data received by the National Study are safeguarded against a potential breach of client confidentiality (U.S. Department of Health, Education and Welfare, 1979).

TABLE I

LEVEL OF PARTICIPANTS IN THE NATIONAL STUDY AND THE DATA FORMATS
OF THE STATES, TERRITORIES, AND THE DISTRICT OF COLUMBIA

Level I Participants		Level II Participants	
"0024" Form	Data Tape	Other Form	Summary Data

Alaska	Idaha	Georgia	Alabama
Arizona	Michigan	Maine	California
Arkansas	New York		Connecticut
Colorado	South Carolina		Dist. of Columbia
Delaware	Tennessee		Florida
Guam	Texas		Illinois
Hawaii			Iowa
Indiana			Kansas
Louisiana			Kentucky
Minnesota			Maryland
Mississippi			Massachusetts
Nebraska			Missouri
Nevada			Montana
New Mexico			New Hampshire
North Dakota			New Jersey
Ohio			North Carolina
Puerto Rico			Oklahoma
Rhode Island			Oregon
South Dakota			Pennsylvania
Utah			Virginia
Vermont			Washington
Virgin Island			Wisconsin
West Virginia			
Wyoming			

(U.S. Department of Health, Education and Welfare, 1979, p. 14).

Table 2 presents participants' from the reporting rates for 1977. Reporting rates from 1977 range from 0.2 to 6.7 reports per 1,000 population. The high reporting rates by the participants from which high rates would not be expected, such as Idaho, Missouri, and New Jersey is an unusual result. One would anticipate the highest rates to come from the more urbanized areas, such as Illinois, California, and New York, which presumably have more extensive reporting systems. This observation eludes interpretation, except that less populated participants may have succeeded in making child maltreatment a genuinely public concern so that abuse and neglect cases more readily come to the attention of child protection workers (U.S. Department of Health, Education, and Welfare, pp. 22-23).

TABLE 2

1977 REPORTING RATES OF CHILD ABUSE AND NEGLECT
BY PARTICIPATING STATES

Participant	Number of 1977 Reports	Population 1975 Estimate	Reports per 1,000 Population
Alabama	11,011	3,615,907	3.0
Alaska	not available	364,487	not available
Arizona	6,237 ¹	2,225,077	2.8 ¹
Arkansas	3,145	2,106,793	1.5
California	72,403	21,202,559	3.4
Colorado	3,558	2,541,311	1.4
Connecticut	9,023 ³	3,100,188	2.9 ³
Delaware	597	579,405	1.0 ¹
District of Columbia	3,467	711,518	4.9
Florida	26,784	8,283,074	3.2
Georgia	986 ¹	4,931,083	0.2 ¹
Guam	57 ¹	100,000	0.6 ¹
Hawaii	1,794	868,396	2.0
Idaho	5,200	813,765	6.4
Illinois	9,955	11,206,393	0.9
Indiana	1,699 ¹	5,309,197	0.3 ¹
Iowa	2,328	2,860,686	0.8
Kansas	9,226	2,279,899	4.0
Kentucky	6,316	3,387,860	1.9
Louisiana	5,180 ¹	3,803,937	1.4 ¹
Maine	1,890	1,057,955	1.7
Maryland	2,610	4,121,603	0.6
Massachusetts	9,399	5,812,489	1.6
Michigan	25,216	9,116,699	2.8
Minnesota	1,545 ¹	3,916,105	0.4 ¹
Mississippi	1,764 ¹	2,342,592	0.8 ¹
Missouri	34,219 ³	4,769,816	7.1
Montana	2,119	746,244	2.8
Nebraska	1,905 ¹	1,543,678	1.2 ¹
Nevada	1,646	590,268	2.8
New Hampshire	1,348	811,804	1.7 ³
New Jersey	31,647 ³	7,332,965	4.3 ³
New Mexico	2,896	1,143,827	2.5
New York	34,845	18,075,487	1.9
North Carolina	10,300	5,441,366	1.9
North Dakota	1,065	642,888	1.7
Ohio	9,537 ¹	10,735,280	0.9 ¹
Oklahoma	8,123	3,711,263	3.0
Oregon	1,023 ³	2,284,335	0.4 ³

TABLE 2 (Continued)

Participant	Number of 1977 Reports	Population 1975 Estimate	Reports per 1,000 Population
Pennsylvania	12,939 ³	11,863,710	1.1 ³
Puerto Rico	471	2,951,000	0.2
Rhode Island	1,660	931,208	1.8
South Carolina	4,538	2,815,762	1.6
South Dakota	2,873	682,744	4.2
Tennessee	22,901	4,174,100	5.5
Texas	39,459	12,244,678	3.2
Utah	6,000	1,202,672	5.0
Vermont	1,102	472,073	2.3
Virginia ²	19,009 ³	4,980,570	3.8 ³
Virgin Islands	30 ¹	82,000	0.4 ¹
Washington	23,826 ³	3,553,231	6.7 ³
West Virginia	6,100	1,799,349	3.4
Wisconsin	2,518	4,577,343	0.5
Wyoming	2,005	376,309	5.3
Totals	507,494	224,436,000	2.3

¹ Conservative estimate, based on number of reports in National Study data bank.

² Reported by fiscal year.

³ Reports indicate number of children, not number of families.

1975 population figures are taken from U.S. Department of Commerce, Bureau of the Census, County and City Data Book 1977, (A Statistical Abstract Supplement), (Washington, D.C.: USGPO, 1978).

(U.S. Department of Health, Education, and Welfare, 1979, pp. 22-23).

Case Information

The case information describes the specific areas researched:

1) types of reports, 2) substantiation rates, 3) source of the initial report, 4) household composition, 5) factors present in involved families, 6) a description of alleged perpetrators by age and sex, 7) a description of involved children by age and sex, and 8) severity of the maltreatment.

Types of Reports

From the total of 507,494 official reports of child maltreatment recorded nationwide, it was possible to distinguish the report types for 141,844 reports. Summarizing the data, it can be seen that abuse only was indicated in 46,838 reports, or 33 percent of all reports, while neglect only was indicated in 73,507 reports, or 51.8 percent of all reports. Both abuse and neglect were indicated in 21,499 reports, or 15.2 percent of all reports. Since its initial year of data collection in 1974, the National Study had more reports of neglect than reports of abuse. This trend has continued in spite of the fact that a few participants still did not report neglect in 1977 (U.S. Department of Health, Education and Welfare, 1979, p. 28).

Substantiation Rates

The substantiation issue is one of the major definitional problems in the field of protective services. In some instances a "substantiated case" is one that has been or could be adjudicated; in others, it is a case which the social worker has determined should be opened for services; in still others, it means that the reported incident actually took place. The National Study encouraged caseworkers to view as substantiated any case where protective services have been provided or deemed appropriate. However, in many instances law or policy defines different operative criteria for substantiation (U.S. Department of Health, Education, and Welfare, 1979, p. 28).

Source of Initial Report

One of the areas which has always been of interest to the child protection field is the source of the initial report of abuse and

neglect. This interest is motivated by the desire to appropriately direct public education about reporting procedures to targeted audiences.

The source of the initial report was indicated for 109,466 reports submitted by Level I participants. Friends and neighbors were the largest source of initial reports (17.2 percent), followed by relatives other than parents or siblings (13.6 percent). These two source categories, plus other individuals in the home, i.e., parent/substitutes, siblings, and the victim children, have been the source of about 40 percent of all reports over the past three years of data collection by the National Study. Schools, law enforcement agencies, and medical personnel are the next three major identifiable sources, each accounting for approximately 12 percent of all reports (U.S. Department of Health, Education, and Welfare, 1979, pp. 14-16, 21-22).

Most states require that medical and educational personnel report suspected incidents of abuse and neglect, fewer require reports from the general public, which would include friends, neighbors, and relatives. It would appear that public awareness efforts have been responsible for the consistently high level of reports made by the general public (U.S. Department of Health, Education, and Welfare, 1979, p. 32).

Substantiation rates for different sources of reports are given in Table 3. Medical, school, and law enforcement personnel had the highest substantiation rates, while nonprofessional sources yielded the lowest substantiation rates. These findings are not surprising since professional personnel have more experience in screening out cases with insufficient evidence; they are also in a stronger position to make sure that responsible agencies properly

investigate reports (U.S. Department of Health, Education, and Welfare, 1979, p. 32).

TABLE 3
SUBSTANTIATION RATES BY SOURCE OF REPORT
(N=73, 821)

Source of Reports	Number of Reports	Number of Substantiated Reports	Substantiation Rate
Medical Personnel	9,753	5,517	56.6%
School Personnel	10,157	5,800	57.1%
Law Enforcement Personnel	9,239	5,209	56.4%
Social Services Personnel	8,490	3,743	44.1%
Nonprofessionals*	36,182	12,507	34.6%
Totals	73,821	32,776	44.4%

*This category includes friends, neighbors, parents/parent substitutes, and victims (U.S. Department of Health, Education, and Welfare, 1979, p. 32).

An analysis of child maltreatment must begin with the available data on reported abuse and neglect. Systematic reporting is a recent innovation (Gil, 1970; Radbill, 1974). The first nationwide survey of reported cases (Gil, 1970) was only undertaken for the years 1967-1968. New York State, a leader in this endeavor, began its central registry in 1966, but it was not until 1973 that reporting had improved enough to be able to accurately compare child maltreatment patterns across New York's counties (Garbarino, 1976; Gray, 1973).

Report data have been used principally to estimate the inci-

dence of child maltreatment. Even a recent analysis by Nagi (1976) does little more than estimate incidence and undertake a limited epidemiological classification of cases (e.g., by sex, race, and age). The process which generates report data has been criticized on the grounds that it presents a systematic socio-economic bias, resulting in the underrepresentation of affluent families. At least three factors contribute to the bias: (a) private physicians account for a very small proportion of the reports (only 3 percent in Gil's data); (b) agencies are less likely to intervene with affluent families than with poor families; and (c) affluent families are generally more able to maintain the privacy and isolation which permits child maltreatment to occur unreported (Parke and Collmer, 1975). The underrepresentation of affluent families is a crucial bias to be kept in mind when attempting to understand the epidemical view of maltreatment. As Light (1973) has pointed out, however, it is possible to use the report data to assess relationships within groups, if not across groups.

Given their limitations, report data have untapped potential to help researchers better understand child maltreatment in its complexity. Although case reports vary from state to state--and sometimes even from country to country--in the type of information recorded and the depth of detail, the reports contain a promising array of useful information (Garbarino, 1977, p. 281).

The basic data contained in a typical report based on the National Center on Child Abuse and Neglect form is as follows: (1) the address allows the researcher to pinpoint the case by census tract or even street block for latter correlational analysis and estimation of rates by sub-unit; (2) information on the children, including victims

and non-victims, their ages and sex, can facilitate research on family size and birth order in the abusing and neglectful family; (3) data on the parents' marital status permits one to classify cases by family structure; (4) information about the perpetrator allows study of the characteristics of adults prone to abuse children; and (5) source data permit the researchers to analyze the source of the report (e.g., neighbors vs. officials) in order to test a variety of hypotheses about the actual reporting source of the family, and to better the protection for children (Garbarino, 1977 pp. 281-282).

In addition to basic case information supplemental data is thorough analysis for the study. The researcher can supplement report data as can be obtained from U.S. Census reports: income, housing, characteristics of female headed households, and other demographic variables. Investigation into community resources may reveal local sources of useful information (Garbarino, 1977).

Having collected direct and supplemental information, the next stage is systematic analysis of the data. The first step is to determine which phenomena are most strongly related to maltreatment by doing simple correlations of demographic and socioeconomic variables with these rates. Second, partial correlations, controlling for income (two income measures are most useful; the proportion of families with high income, i.e., greater than \$15,000, and low income, i.e., less than \$8,000), allow examination of the same relationships while pulling out the variance accounted for by income differences. If a pattern of counterintuitive results emerges (e.g., a positive relation between high income and maltreatment or between family deprivation and maltreatment) then the validity of the report data may be questioned and explo-

rations to assess cross-setting reporting differences begin (Garbarino, 1977). If no systematic correlational patterns emerge, the report data may be presumed to be unreliable--i.e., subject to overwhelming random error--given the legitimate assumption that there are "sociological" correlates of child maltreatment (Parke and Collmer, 1975).

"Screening Neighborhoods for Intervention" (1976) is a project which has attempted to pinpoint "high risk" and "low risk" neighborhoods, using actual and predicted rates of child maltreatment. The goal of this series of studies was the development of a multivariate model of the correlates of child maltreatment. The research focuses on sub-areas (N=20) (e.g., planning department program areas) and census tracts (N=93) within a single county, including urban and suburban areas. The data include: (1) child maltreatment rates per 1000 families (reflecting current views of maltreatment as a symptom of family pathology) provided by local and state child protective services; (2) socioeconomic and demographic data from the 1970 census report and 1975 update; and (3) neighborhood and attitudinal items from research by Omaha's Center for Applied Urban Research (CAUR) within twenty community sub-areas (Garbarino, 1977, p. 282).

Because of previous work (by Banagale and McIntire, 1975; Garbarino, 1977, and Benjamin, 1976)...an adequate level of reliability and validity had been obtained in Douglas County's reporting system by 1976 (the period for which the data were collected), and because the analysis introduced statistical controls for possible socioeconomic bias, the data were judged to be adequate for the purpose of the screening procedure.

The data from the study revealed 81% for total maltreatment,

77% for abuse, and 84% for neglect. Even after controlling for economic factors, the demographic factors accounted for a substantial proportion of the variance (Garbarino, 1977, p. 283).

From the results the proportion of reports coming from close sources varies directly as a function of socioeconomic level. The economically richer the area the more likely it is that a report comes from a neighbor, relative or other source close to the family. In low income areas reports are more likely to come from institutional, "distant" sources. Similarly, the demographic variables which are positively correlated with the likelihood that a report comes from distant sources. Indeed, the correlation between reports some from a distant source and the overall reported rate of child maltreatment is high ($r=.55$), (Garbarino, 1977, pp. 284-285).

The results of the multivariate analyses reveal very similar correlational models for the rates based on reports from close vs. distant sources. These results, when coupled with the findings... suggest that the rate of socioeconomic bias in reporting may be more complex than previously thought. A simplistic model of socioeconomic bias would suggest that the correlates of maltreatment should be substantially different for rates based on distant vs. close sources since the former is presumably biased while the latter is not. Impressionistic reports from local child protective services and law enforcement personnel stress that persons from the low-income (high rate of maltreatment) areas are less likely to report ("rat on") their neighbors and relatives. This hypothesis is consistent with the data. It sheds a different light on the "bias" in reporting which leads to a greater probability of a person from a low-income, demographically

stressful context being reported by an official distant source. This hypothesis deserves further study since it may provide an important insight into the community context of child maltreatment (Garbarino, 1977, p. 285).

Household Composition

This report of abuse, neglect, and abuse/neglect combined in varying household compositions--mother or mother substitute only, father or father substitute only, and both parental figures. Because this report includes parental figures in the home, there is no way to determine how many of these parental figures are actually natural parents (U.S. Department of Health, Education, and Welfare, 1979, p. 34).

Neglect-only was reported approximately twice as often as abuse-only in homes where only a mother was pregnant (neglect, 41 percent; abuse 21.1 percent). Abuse-only was reported more often in "both-parent" homes than neglect (75.1 percent compared to 53.2 percent). When both neglect and abuse were reported most often, it was in homes where two parental figures resided (U.S. Department of Health, Education, and Welfare, 1979, p. 34).

"The single female parent seems to be more prone to neglecting than abusing children. Although these households constitute 33.7 percent of all substantiated reports, they only constituted 21.1 percent of the abuse-only reports (U.S. Department of Health, Education, and Welfare, 1979, p. 34)."

The composition of households in substantiated reports of abuse and/or neglect indicated that 38 percent of the families had

only one parent or parent substitute present. Data on United States children as a whole indicate that only 15.7 percent are living in single-parent households. Approximately 81 percent of United States children live with two parents, but only about 62 percent of the families in substantiated reports of child maltreatment include two parents (National Council of Organization for Children and Youth, 1976).

Factors Present In Involved Families

A great deal of research has been done on the characteristics of families involved in abuse and neglect. In one study, abusive parents evidenced significantly less knowledge of developmental states in children, had noticeably lower ability to provide medical and health care for their children, and the level of environmental stress in their homes was higher (Gregg and Elmer, 1969).

Bennie and Sclare, (1969) depicted abusive parents as having personality inadequacies and evidencing impulsive behavior. They also reported that their family environment typically had a high level of stress.

It is also a common finding that alcoholism is an associated factor in abuse and neglect incidents. For example, Glzaier (1971) reported intoxication to be a circumstance of the abuse incident for thirteen percent of the 334 abusive families she studied.

Description of Alleged Perpetrators by Age and Sex

Abusers are generally described in the literature as young. Laver, Tenbroeck and Grossman (1974) reported median ages for abusive mothers as 22.5 years and for fathers as 25.2 years, compared to non-

abusers, where mothers averaged 26.5 years of age and fathers averaged 29 years of age. Gil's (1970) survey indicated that 37 percent of involved fathers and 56 percent of involved mothers were under 30.

Fifty-five percent of the alleged perpetrators were over 30 years old; only 7.6 percent were under 20. The data indicate that alleged perpetrators are older than previously reported in other research studies, which have concluded that younger, inexperienced parents may be more likely to abuse or neglect their children (U.S. Department of Health, Education, and Welfare, 1979, p. 41).

Young perpetrators (under 30) were more than twice as likely to be female. Perpetrators over 30 were almost as likely to be male as female. In all substantiated reports of abuse and/or neglect, 59 percent of the alleged perpetrators were female (see Table 4). This preponderance is due mainly to the greater number of neglect reports, in which 67 percent of the alleged perpetrators were indicated to be female. However, in substantiated reports of abuse only, females were the alleged perpetrators in only 44 percent of the reports (U.S. Department of Health, Education, and Welfare, 1979, p. 42).

TABLE 4
SEX OF ALLEGED PERPETRATORS IN ALL
SUBSTANTIATED REPORTS, 1977
(N=68,987)

	Males		Females		All Perpetrators	
	Number	Percent	Number	Percent	Number	Percent
Abuse Only	11,960	(56%)	9,389	(44%)	21,349	(100%)
Neglect Only	13,905	(33%)	28,007	(67%)	41,912	(100%)
Abuse/Neglect	2,578	(45%)	3,148	(55%)	5,726	(100%)

TABLE 4 (Continued)

All Reports	28,443	(41%)	40,544	(59%)	68,987	(100%)
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(U.S. Department of Health, Education, and Welfare, 1979, p. 42).

Ethnicity

Table 5 shows how alleged perpetrators compare to the general population with regard to ethnicity.

TABLE 5

ETHNICITY OF ALLEGED PERPETRATORS COMPARED TO ETHNICITY OF THE GENERAL POPULATION FOR MAJOR ETHNIC GROUPS*

	Alleged Perpetrators**	General Population***
Black	17%	11%
White	66%	87%
Spanish Surname	9%	5%

*Source: U.S. Department of Commerce, Current Population Reports: Population Characteristics, Series P-20, No. 307, Issued April, 1977, Table 29.

**In addition to Black, Caucasian, and Spanish Surname categories, the National Study Standard Reporting Form includes a category for Native Americans and other ethnic groups. For this reason the total here does not equal 100%.

***Source: Current Population Reports (p. 42) notes that persons of Spanish origin may be of any race.

(U.S. Department of Health, Education, and Welfare, 1979, p. 42).

As can be seen in the table, Blacks and people with Spanish surnames are overrepresented in the alleged perpetrator population when compared to the general population. White alleged perpetrators are underrepresented.

Description of Involved Children by Age and Sex

In reports of neglect and abuse there is an approximately even distribution of male and female victims. Female children were involved in 50.2 percent of substantiated abuse and neglect reports, and male children were involved in 49.8 percent of substantiated abuse and neglect reports. These results are consistent with the earlier smaller-scale studies of Ebbin and others (1969).

National Study data suggest that abuse and neglect affect children of all ages. It should be noted that the lower relative frequency for children aged 15 to 17 may be, at least in part, an artifact of the reporting laws in that some states do not require abuse and neglect reporting for these older children. These data, like those of Gil (b) (1970), strongly refute the once commonly-accepted notion that abuse and neglect are limited to very young children.

A comparison of the males and females in Table 6 reveals that the number of males exceeds the number of females in each age group from infancy through 11 years old. In contrast, males are outnumbered by females in the two older age groups. This reversal in trend is especially dramatic for the 15 to 17 year old age group, in which the ratio of girls to boys is greater than 3:2. The interaction between age and sex replicates almost precisely the findings of Gil (b) (1970) who reported more boys than girls for all ages under 12.

TABLE 6

AGE AND SEX OF ALL INVOLVED CHILDREN IN SUBSTANTIATED REPORTS OF ABUSE AND NEGLECT

AGE IN YEARS	MALES		FEMALES		ALL CHILDREN	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
0-2	10,542	(19.8%)	9,320	(17.4%)	19,862	(18.6%)

TABLE 6 (CONTINUED)

3-5	10,540	(19.8%)	9,436	(17.6%)	19,976	(18.7%)
6-8	10,377	(19.5%)	9,387	(17.5%)	19,764	(18.5%)
9-11	9,109	(17.1%)	8,336	(15.5%)	17,445	(16.3%)
12-14	7,949	(14.9%)	9,322	(17.3%)	17,271	(16.2%)
15-17	4,722	(8.9%)	7,897	(14.7%)	12,619	(11.7%)
0-17	53,239	(100%)	53,698	(100%)	106,937	(100%)

U.S. Department of Health, Education, and Welfare, 1979, p. 46.

It can be seen from Table 7 that male children account for more of the substantiated abuse reports up to age 9. However, the proportion of abuse reports involving females greatly increases in the teenage years. Between the ages of 15 and 17, girls become more than twice as likely to experience abuse as boys.

TABLE 7

AGE AND SEX OF INVOLVED CHILDREN IN
SUBSTANTIATED ABUSE-ONLY REPORTS

AGE IN YEARS	MALES		FEMALES		ALL CHILDREN	
	Number	Percent	Number	Percent	Number	Percent
0-2	2,220	(18.9%)	1,890	(13.1%)	4,110	(15.7%)
3-5	2,405	(20.5%)	2,144	(14.9%)	4,549	(17.4%)
6-8	2,337	(19.9%)	2,133	(14.8%)	4,470	(17.1%)
9-11	1,975	(16.9%)	1,994	(13.8%)	3,969	(15.2%)
12-14	1,793	(15.3%)	3,048	(21.2%)	4,841	(18.5%)
15-17	1,002	(8.5%)	3,202	(22.2%)	4,204	(16.1%)
0-17	11,732	(100%)	14,411	(100%)	26,143	(100%)

U.S. Department of Health, Education, and Welfare, 1979, p. 46.

Severity of Maltreatment

"Table 8 records the data on severity for substantiated reports of abuse only and neglect only, for substantiated reports in which both abuse and neglect were indicated, and for all substantiated reports (U.S. Department of Health, Education, and Welfare, 1979, p. 47)."

The severity of abuse and neglect is recorded in exclusively medical terms--no treatment, moderate injury, serious injury/hospitalization, permanent disability, and fatality. Seventy-three and one-half percent of all victims were said to have received no treatment, and the fatality rate was only 3.0 percent. Since many fatalities are not reported to state social services departments and still other occur after reports are completed, this statistic is assumed to be an underestimate of the actual number of fatalities (U.S. Department of Health, Education, and Welfare, 1979, p. 47).

TABLE 8

SEVERITY OF ABUSE AND NEGLECT IN SUBSTANTIATED REPORTS
(N=59,665)

SEVERITY	ABUSE ONLY		NEGLECT ONLY		ABUSE/NEGLECT		ALL REPORTS	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
No Treatment	10,954	(67.0%)	29,833	(77.4%)	3,080	(65.9%)	43,867	(73.5%)
Moderate Injury	4,010	(24.0%)	7,294	(18.9%)	1,156	(24.7%)	12,460	(20.9%)
Serious/ Hosp.	1,325	(8.1%)	1,313	(3.4%)	391	(8.4%)	3,029	(5.1%)
Perm. Disab.	35	(0.2%)	49	(0.1%)	17	(0.4%)	101	(0.2%)
Fatal	110	(0.7%)	71	(0.2%)	27	(0.6%)	208	(0.3%)

U.S. Department of Health, Education, and Welfare, 1979, p. 47.

CHAPTER IV

Analysis of National Child Abuse and Neglect Studies

Although there will always be variations in definition because of different laws, policies, and internal procedures, it is possible to have a set of national definitions and decision rules for the transformation of data into national categories which are consistent and comparable. Toward this end, the National Study of Official Child Abuse and Neglect Reporting is currently engaged in an effort to develop a data minimum set on official reports of child abuse and neglect which all states will be encourage to collect. The minimal data set will be comprised of those data elements absolutely necessary to the collection of child abuse and neglect statistics for national purposes. Because minimal data set development should facilitate the transfer of raw case data, it is expected to bring closer to realization the goal of assessing for statistical analysis the preponderance of existing reports of child abuse and neglect. It is essential to include the overwhelming majority of the existing reports in the National Study's system of national statistical analysis. This inclusion is not currently possible because the majority of reports received by agencies are communicated to the study in summary form (Department of Health, Education, and Welfare, 1979).

Beginning in 1957, the first of the continuing series of state of the art surveys in child protective services in the United States was completed. Follow-up study in 1967 highlighted the continuing nature of the problem and pinpointed needs for the next decade. The third survey, "Child Protective Services in the United States," is

now is progress. The 1967 survey indicated that few states had systematic plans for gathering data on the problem. By 1970, only nineteen states were required by law to maintain a central registry. In 1972 and early 1973, this number increased to twenty-nine. The responsibilities were often shared by several agencies. While most states placed the central registries in the state departments of social services, two placed them in the health services department, and two others assigned them to law enforcement or justice departments. While today only one or two states do not mandate a central register, this division of responsibility still exists with some reporting still going to the departments of health and some to the justice departments. The increase in state requiring a central register during the last five years has been gratifying; the process of translating a legislative mandate into a well-organized, responsive system has not yet been completed (Lebsack, 1977, p. 297).

Early research by The Children's Division of the American Humane Association indicated that a great need existed in the nation for a national data gathering effort to permit better data understand of this great problem. A Children's Division survey done in the sixties reflected a wide diversity of legislation concerning childrens services. This was followed by an update survey which led to the Child Abuse Legislation in the 1970's (Gil, 1970a).

These research efforts clearly indicated the need for a central data gathering system based on a common reporting form using standard definitions. Such a system was proposed to the Office of Child Development, Children's Bureau early in 1972. At that time interest in this project was great but funding was nonexistent. As national interest in

child protective services increased, requests for data became more insistent, and the project was funded on a six-month exploratory study in 1973, the year before the National Center for Child Abuse and Neglect (NCCAN) was established under Public Law 93-247. This initial period was devoted to planning the system and developing the first reporting form, Standard Form 0023. Every state reporting form that existed at the time was studied, and the best features of each selected. The standard form was printed and issued, and official reporting began in April, 1974. From the initial dozen or so states that participated at the time, the number grew substantially by the end of the year (Lebsack, 1977, p. 297).

Terminology of Child Abuse and Neglect

Each jurisdiction defines child abuse and neglect differently; many jurisdictions have more than one definition. These definitions are found not only in reporting laws but also in juvenile court laws, criminal codes, and welfare laws. Some jurisdictions define child abuse and neglect as a single concept; other jurisdictions have separate definitions for child abuse and neglect and distinctions between abuse and neglect are among the most controversial issues in the child protection area (Herner and Company, 1980, pp. 3-4).

A survey of the definitions revealed a broad list of maltreatment that constitutes abuse and neglect, including: (1) battering, (2) dependency, (3) deprivation, (4) abandonment, (5) exploitation, (6) overwork, (7) emotional maltreatment, (8) failure to provide necessities, proper supervision, or care, (9) and excessive corporal punishment (Herner and Company, 1980, p. 5).

Although physical discipline such as spanking are acceptable child rearing tools, parents must not harm the child in the process. It is not acceptable discipline to burn, murder, bruise or maim children.

A child is defined as a person under the age of eighteen. Several jurisdictions qualify the age limit or include separate considerations in respective laws. Many states have included the mentally retarded, developmentally disabled, and incompetent persons under the protection of their abuse and neglect laws.

Types of Abuse and Neglect

In most instances, the types of abuse and neglect reported in 1977 did not differ substantially from those reported in 1976. Major and minor physical injuries constituted exactly the same proportion of maltreatment in 1977 as in 1976. In both years, major physical injuries constituted 2 percent of all reported types of maltreatment. The neglect categories were heavily represented in both years, and cuts-bruises-welts constituted the major type of physical abuse reported. These findings indicate that child abuse and neglect are in the vast majority of cases, not as sensational as media tends to depict. In both years, permanent disabilities or fatalities were reported in a very small percentage of all cases. In 1977, permanent disabilities were reported in only 0.2 percent of all cases, and fatalities were reported in only 0.3 percent of all cases (U.S. Department of Health, Education, and Welfare, 1979, pp. 5-6).

Physical abuse is one of the most common types of child maltreatment seen by physicians. Primary indicators of physical child abuse are injuries to the skin, face, or head, burns, eye injuries, brain injuries,

abdominal or bone injuries.

Across the nation, child neglect is given a lower priority than all other forms of child abuse, when in fact statistics reveal the number of neglect cases are far greater than those of abuse. The American Humane Association, (Mayhall, 1983) analysis of the National Reports of Child Abuse and Neglect showed 30% to be abuse only, 48% to be neglect only, 18% to be a combination of abuse and neglect, and 4% other. Sixty-one percent of substantiated reports involved neglect.

Of all the many kinds of child neglect referred to child protective services emotional neglect can have the most disastrous consequences; yet, it is the area of neglect where professionals are least able to protect the child. Because of the "intangible" aspects of emotional neglect, it is difficult to establish its existence in court. Protective service professionals are often in the position of having to deal with emotional neglect, a psycho-social concept, while faced with the difficulty of establishing it within the legal framework (Wald, 1979).

The Child Welfare League of America stated:

The definition of neglect as a social problem of children for whom protective service is appropriate may differ from the definition in the laws of neglect in a given state; and should take into account available knowledge of what children need for healthy growth and development, and community expectations regarding child rearing and parental responsibilities (1960, p. 6).

Children for whom protective services is appropriate include those who are "denied normal experiences that produce feelings of being loved, wanted, secure, and worthy (emotional neglect), or are emotionally disturbed due to continuous friction in the home, marital discord, mentally ill parents (Child Welfare League of America Standards for Child

Protective Services, 1979).

Some of the circumstantial or accidental types of neglect would include the chronic illness, mental retardation or emotional illness of a parent, severe marital conflict between the parents, or an overwhelming concern of poor families with survival and the economic struggle; all of which may so absorb the energies and attention of the parents that the child's emotional needs are forgotten or overshadowed.

Sexual activity between family members is probably the most common form of sexual exploitation of children in this culture and in all other civilized cultures. The taboo against family sex, instead of preventing it, probably only worsens the problem by keeping it from being recognized and treated. As a result, only a small percentage of incestuous activity ever comes to the attention of the authorities, and effective action is taken in only a minority of these cases (Weeks, 1976).

Weber (1977), stated that the incestuous behavior runs the full range of sex experiences from indecent exposure, fondling and finger insertion to oral sex, sodomy and full intercourse.

In cases of parent-child incest, the young child may remain silent because of loyalty to the offending parent and the assumption that everything the parent does is right. The sexual trauma, even if not accompanied by physical injury, is likely to cause deep and long-lasting psychological scars (Peters, 1976).

Description of Involved Families

Giovannoni (1979) found that compared to neglecting families, abusive families had higher incomes, higher educational levels for

males in the family, and members in higher status position.

In 62 percent of the households reported to have been involved in child maltreatment in 1977, both the mother and father (or mother and father substitute) were present. In 34 percent of the involved families, only the mother or mother substitute was reported to be present. Forty-two percent of the neglect reports were from households where only a mother was present, but only 25 percent of the abuse reports were from households where only the mother was present. Two parent households constituted 62 percent of all the families reported for maltreatment but 75 percent of the families reported for abuse only (U.S. Department of Health, Education, and Welfare, 1979, p. 4).

Both abusive and neglectful families show a higher level of social disorganization, marital problems, alcoholism, and mental illness than functional families (Mayhall, 1983). Understanding the difference however, has implications for prevention and treatment efforts.

Description of Alleged Perpetrators

Females were more likely to be the perpetrators in neglect reports (67 percent of the perpetrators were female), and males were more likely to be the perpetrators in abuse reports (56 percent of the perpetrators were male). The younger perpetrators in general were more likely to be female than male. More than twice as many perpetrators under 30 were female than were male. Perpetrators over 30 were almost as likely to be male as female. In general, the proportion of male perpetrators increased slightly (2 percent), (U.S. Department of Health, Education, and Welfare, 1979, pp. 4-5).

In 1977, the overwhelming majority of alleged perpetrators listed in substantiated reports were the involved children's natural parents (86 percent). This finding has been consistent over the past four years of data collection by the National Study. In addition, the percentage of alleged perpetrators who were the natural parents in neglect reports again exceeded the percentage of alleged perpetrators who were the natural parents in abuse reports by almost 20 percent (U.S. Department of Health, Education, and Welfare, 1979, p. 5).

Description of Involved Children

There are no major differences between 1976 and 1977 data on involved children. Child maltreatment involves victims of all ages. Although the number of male and female victims reported was approximately equal, male victims exceeded females in all categories from infancy through 11 years of age, while female victims outnumbered males in the 12 to 17 year-old age groups (U.S. Department of Health, Education, and Welfare, 1979, p. 5).

Gil (1970) stated that age and gender of abused children are related. Research on reported cases by Gil reveal a substantial proportion of the incidents involve children over the age of six. Some of the literature on abuse assume maltreated children are usually infants. Boys represent the bulk of the younger cases, while girls are overrepresented among adolescents. Gil attributed these findings to gender role differences.

As reported, the severity of the impact of abuse and neglect is largely a function of the victims age; however, the more severe outcomes of abuse and neglect are more likely to be reported of very

young children since they are demanding, defenseless, and nonverbal.

Services Provided and Disposition of Involved Children

There were two notable changes between 1976 and 1977 in the data related to services provided. First, the data indicated a substantial increase in "casework counseling," from 48.2 percent in 1976 to 67.9 percent in 1977. Second, "no action taken" was reported to have decreased from 46.4 percent to 28.1 percent. With respect to disposition, the majority of involved children were reported in both increased from 4.8 to 8.5 percent between 1976 and 1977. It is important to note that many, if not most, of the reports submitted to the National Study were filled out early in the casework process. Therefore, more involved families may have received services and more involved children may have in fact been removed from their homes than the data indicated (U.S. Department of Health, Education, and Welfare, 1979, p.6).

The collection and analysis of official reports by the National Study directly contribute to the overall body of knowledge about child maltreatment. The availability of these data on a numerically large and geographically diverse population of confirmed reports is of great value. It is useful both for the delineation of national trends and also for evaluating the findings of more circumscribed efforts. The analysis of National Study data should also provide guidance to practitioners attempting to improve the prevention, identification, and treatment programs which current exist to serve abuse and neglected children and their families (U.S. Department of Health, Education, and Welfare, 1979, p. 11).

Reporting Child Abuse and Neglect

This section examines several key elements of the statutes dealing with the reporting of suspected or known cases of child abuse and neglect. These are: the purpose of the state reporting laws, reportable circumstances...age limits of children, the required state of mind of the reporter, and who must and may report.

Purpose Clause: Forty-one jurisdictions now explicitly state a purpose in their reporting law. Almost all purpose clauses emphasize the protection of children. The purpose of any reporting statute is three-fold: first, to identify the child in peril as quickly as possible; second, to designate an agency to receive and investigate reports of suspected child abuse; and third, to offer, where appropriate, services and treatment (Fraser, 1978).

The purpose clause in most states' reporting statutes includes a provision that encourages reporting of suspected cases of abuse and neglect, which is the first step in providing the greatest possible protection for children whose health and welfare may be adversely affected. Many purpose clauses also state that protective services will be provided to prevent further abuse. A majority of states also declare that the purpose of state intervention will be to preserve the unity and welfare of the family whenever possible, with services provided within the family environment (Herner and Company, 1980, p. 2).

Another reason for a purpose clause is to clearly separate abused and neglected children from delinquent children for the judicial process. This distinction is needed to provide appropriate options and treatment for these children.

What circumstances or conditions must or may be reported?

Every jurisdiction requires that suspected cases of child be reported. The reporting laws of 48 jurisdictions specifically include neglect as a reportable condition. Over the years states have broadened the concept of reportable circumstances by either expanding the definition of child abuse to include physical injury, emotional harm, sexual abuse and exploitation, and neglect, or by expressly requiring circumstances in addition to child abuse to be reported (Herner and Company, 1980, p. 3).

Many key services are provided to children and families by professionals, paraprofessionals, and volunteers through various agencies. Roles and responsibilities associated with the vast network of responses are formal and legally mandated roles; others are informal and not mandated (Mayhall, 1983). The earliest focus on mandatory reporting was directed at physicians. Their training and contact with injured children singled them out as the group most likely to detect child abuse. A recent survey indicated that only 1.6% of the child abuse reports filed in the United States came from private physicians; (American Medical News, 1977) however, every jurisdiction currently requires physicians to report child abuse. Physicians do not have daily access to young children, and in most cases, see a child only when the injuries are so severe that the child requires medical attention. Other members which provide frequent medical service and are required by law to report child abuse and neglect include nurses, emergency room staff, osteopaths, interns, dentists, and mental health professionals.

Over the years, states have broadened the base of mandated reporters to include persons who have more frequent contact with children in nonmedical professions. These fields include child protective

services, law enforcement, legal services, schools and teachers and child care personnel (Mayhall, 1983). The requirement for clergymen, coroners, or medical examiners to report has also expanded.

All state laws are similar to the Model Child Protection Act in that they do not require a reporter to know or to be certain that a child has been abused or neglected. The degree of certainty most often expressed is "reason to believe" or "reasonable cause to believe or suspect," a standard based on the reasonable person's convictions. A few jurisdictions also require reports when one "observes the child being subjected to conditions or circumstances which would reasonably result in child abuse or neglect (Herner and Company, 1980, p. 3)."

Results of Findings

Although severity is recorded only in medical terms, the neglect incidents which were reported were almost as severe as the abuse incidents which were reported. Approximately 19 percent of neglect reports and 24 percent of abuse reports indicated a moderate injury. Approximately 8 percent of abuse reports and 3 percent of neglect reports indicated that the injury was serious or that hospitalization was required. Permanent disabilities and fatalities were indicated in fewer than one percent of either abuse or neglect reports. The severity of the impact of abuse and neglect is largely a function of the victim's age. The more severe outcomes of abuse and neglect are much more likely to occur in very young children. Over 60 percent of all fatalities occurred among children under two years of age. Almost as large a percentage of those receiving a permanent disability or those requiring hospitalization were also in this very young age group. While children

of all ages are abused and neglected, the consequences appear to be more acute for the very young. However, since the measure of severity reflects primarily the medical aspects of injury, the data do not address the severity of emotional or psychological damage (U.S. Department of Health, Education, and Welfare, 1979, p. 47).

Most investigators who conducted intensive clinical studies of abusive parents and their child-victims concluded that violent, destructive attacks on children tend to result from complicated personality disorders of the abusive parents, and at times also of the abused children, as well as from interpersonal relationship problems in the families, and from environmental stress (Gil, 1970, p. 12).

The analysis of the individual case reports submitted to the National Study in 1977 reveals an overall similarity to those submitted in 1976. The major changes in the data were that the proportion of abuse-only reports increased (from 27 percent in 1976 to 33 percent in 1977), while neglect-only reports decreased (from 55 percent in 1976 to 51.8 percent in 1977). Both abuse and neglect were indicated in 15.2 of all reports in 1977, compared to 15.1 percent in 1976. Since its initial year of data collection in 1974, the National Study has always received more reports of neglect than reports of abuse. The percentage of reports submitted by different sources in 1976 and in 1977 remained relatively unchanged. In both years, the majority of reports came from friends, neighbors, and relatives. As was true in 1976, 1977 reports submitted by professional groups were more often substantiated than those submitted by non-professional groups (U.S. Department of Health, Education, and Welfare, 1979, pp. 3-4).

CHAPTER V

Discussion

Emotional neglect and mistreatment is a controversial issue among professionals. Neither the professionals nor the community considered emotional mistreatment to be as serious as physical or sexual assaults on children. In order to understand and help emotionally neglected children and their parents, there needs to be a close examination of what conditions are necessary for healthy emotional growth.

The development of a strong and effective ego, which permits the individual to make successful adaptations to changing circumstances, depends in great measure upon the emotional climate within the family as the child moves through the various development is the prime function of the family and it is doubted that the family can ever be replaced by another social institution (Gomber, 1953).

Josselyn (1953) described the significance of the total emotional family atmosphere which is different from, and over and above, the one-to-one relationships within the family. Just as inadequate oxygen results in only partial combustion, so psychological metabolism is incomplete without healthy emotional elements in the family atmosphere. If the family atmosphere is healthful, the mother will not only be a more adequate mother, but the family unit itself becomes, in a less specific way, a "mother." The family thus retains throughout life the symbolic meaning of the mother; it becomes a token of security but free of the limiting bonds of the intimate mother-child dependent relationship (Josselyn, 1953).

What then causes emotional neglect and prevents families from providing a healthy emotional atmosphere for the child? Ackerman (1958) described how parental behavior is influenced by such factors as the individual parents' personality and their image of their family of origin; their motives for marriage and children; and their sense of fulfillment or of failure in their occupational, marital and parental roles. He stated that maternal rejection varies tremendously in intensity. It is rarely total. When, on occasion, it is, there is little to be done. It is rarely expressed overtly. The hostility of the mother to the child is more often disguised, rationalized, or expressed in many subtle forms. Not infrequently, a mother completely denies consciousness of such feelings.

It is essential to appraise the role of the rejecting behavior of the mother in the psycho-social economy of the family. Pertinent here is the interplay between the parents in their respective maternal and paternal roles, the factors of harmony or conflict, the pattern of sexual adaptation, the trend towards seduction of the child by a sexually disappointed parent, and also the displacement of hostility from the area of conflict between the parents to conflict between parent and child. The quality of the intimate relationship of father and mother exerts a pervasive influence on the mother role (Wald, 1979).

Here, the focus shifts to the quality of protection and emotional support the father gives the mother. Is this aspect of the relationship positive or negative? Do parents hold the same values for children in their concept of child-rearing?

Mothers react differently to tensions regarding maternal failure. One may run away from the whole problem by detaching her-

self emotionally from the child or by developing driven interests in other directions outside the family. Another way of over-reacting to feelings of guilty self-reproach is along the path of inordinate submission to the child, thus allowing the child the power of complete domination. Often, this encourages in the child a sense of false omnipotence and invites an accentuation of destructive behavior (Wald, 1979).

Ackerman (1958) stated that many fathers, unsure of themselves and their adequacy in many areas, exploit their children for their own vicarious gains. Feelings of inferiority or injured self-esteem will often rebound on the child in the form of rejection. Insecurity in the father that assumes the form of a need to be reassured of his importance or a need to be the number one person in the family will filter off as neglect of the child. Neurotic anxieties in the father may become overtly expressed in terms of overprotective or various attitudes or in an unconscious alliance with the child in the direction of rewarding rebellious, destructive behavior. This kind of parental conduct has in it an element of disguised rejection of the child insofar as the father does not allow the child to be a separate being, but uses him as a pawn for the release of his own conflicted needs.

The father-child relationship cannot be separated from the mother-child relationship. For the interrelation of both contribute to the degree of the child's psychological development and growth. Therefore, the focus must be on the total pattern of the family relationship for both positive and negative aspects.

Prevention

The prevention of child abuse and neglect is not as easily

accomplished, as many of the programs that have been developed seem to indicate. Some preventive efforts are at best attempts to resolve the problem, while others focus on specific aspects of the larger problem ... (Williams, 1977, p. 229).

The National Committee for Prevention of Child Abuse (1976) has advocated a number of ways to prevent child abuse, all of which fall into two broad categories: (1) direct prevention and (2) indirect prevention. NCPCA stated that direct prevention programs were designed specifically to control the problem of child abuse. Such programs could be aimed at either primary prevention--predicting and eliminating child abuse before it occurs, or at secondary prevention--preventing future abuse after a situation has once been identified. Indirect prevention programs focus on the factors that contribute to child abuse (i.e., housing, employment, child-care training, etc.) (Williams, 1977, p. 230).

Gil (1974) contended that a key element in physical abuse of children in the United States was that the context of child-rearing does not exclude the use of physical force toward children by parents and others responsible for their socialization. Rather, American culture encourages the use of a "certain measure" of physical force in rearing children in order to modify their frequently nonsocial inclinations. This cultural tendency was found in child-rearing practices of almost every segment of American society (Williams, 1977, p. 231).

Soman (1974) has proposed her own program of action to end the destruction of children by parents and adults. The elements of such a program include: (1) a National Children's Ombudsman Office;

(2) mandatory high school counseling and parent education courses; (3) parent-child action movement on consumer products and national safety consciousness-raising sessions; (4) national health care and housing programs; (5) neighborhood community houses; (6) a decent income policy for all; (7) interagency knowledge pool; (8) on-the-job training for parenting; (9) central clearing house on child statistics; and (10) national 800 hotline number for troubled parents and children.

Prevention requires the cooperation and effort from individuals, families, neighborhood communities, cities, states, regions, and the federal segment of our society.

Prevention means that parents and caretakers must work individually and collectively in the pursuit of ridding our society of a most damaging element--child abuse and neglect. Such an effort must at a minimum include the following elements in order to respond "yes" to the question of whether or not the prevention of child abuse and neglect can be accomplished: (1) Short, intermediate, and long range intensive activities and efforts to make all citizens aware of the damaging effects, temporary and permanent, of child abuse and neglect; (2) A mass infusion of children's worth and dignity, and their growth and developmental needs into the education and training experiences of all Americans at every level; (3) a well-defined, closely linked cooperative program of prevention among all agencies which deal with people and their concerns and problems, to insure continuity in resolving issues affecting their clients; (4) the enactment and implementation of legislation to protect the rights of children and to provide the best possible situations for nurturing their developmental needs; (5) the provision

of the financial resources needed to alleviate all of the conditions which create the potential to abuse and neglect children; (6) a redefinition and refocusing of the basic attitudes, values, and practice of members of our society in their intrapersonal and interpersonal activities; and (7) creation of new roles for children in our society so that they become truly prepared for future roles, with widened potential to develop into unique human beings instead of products from yesterday's assembly line (Williams, 1977, p. 232).

New ideas will come with a widespread willingness to act with respect to these problems. New actions, attitudes, and directions concerning the young of our country will determine the degree of success in dealing with abusive and neglectful acts toward children.

CHAPTER VI

Summary

Families are expected to be loving and to provide supportive, secure environments for their children. Increasingly in America, there are large numbers of children who are not safe or secure within their families.

Child abuse is the deliberate and willful injury of a child by a caretaker--hitting, beating with a belt, cord or other implement, slamming against a wall, burning with cigarettes, scalding with hot water, locking in a dungeon, hog-typing, torturing, even killing. It involves active, hostile, aggressive physical treatment. Child neglect is more passive negative treatment characterized by a parent or custodian's lack of care and interest, and includes not feeding, not clothing, not looking after nor nurturing. The legal definitions vary in different states; so does the degree of harm done to the child.

The actual social agencies that developed under the auspices of the Society for the Prevention of Cruelty to Children never became nationwide in scope. But as a social movement, the SPCC and its successor, the Children's Division of the American Humane Association, had a broad and profound influence and impact on the concepts of child mistreatment and its proper management. In 1874 formation of the society was sparked by appeals to the American Society for the Prevention of Cruelty to Animals (which had been established in 1866) to intervene in the case of a little girl daily beaten by her stepmother. The concern parties had turned to the American Society for the Prevention of Cruelty to Animals on finding that the child could have no protection under the existing laws in New York City until the guilt of the stepmother had been established. The

The animal society handled that case, but subsequently the Society for the Prevention of Cruelty to Children was formed. Within five years, ten more such societies were formed, and more gradually followed.

In some instances the work was combined with work for animals, but this practice was controversial within the movement. By 1900 there were 161 organizations either exclusively for children or combined with protection of animals. In 1877, the societies for children were incorporated into a national organization, the American Humane Association.

Over 200,000 children are abused in this country each year. Through research findings, a high level of violent behavior in parents has the potential to increase its acceptability and serves as a model for children as they grow and develop. The concern should be with children as both the victims of abuse now and as potential victimizers when they reach adulthood and parenthood.

Through reports of the National Study, child maltreatment involves victims of all ages; however, male victims exceeded females in all categories from infancy through eleven years of age, while female victims outnumbered males in the twelve to seventeen-year-old age groups. Of the alleged perpetrators 55 percent were 30 years of age or older, and only 7.6 percent were under 20 years of age. Females were more likely to be the perpetrators in neglect reports, with 67 percent of perpetrators being female, and males were more likely to be the perpetrators in abuse reports, with 56 percent of the perpetrators being male.

The profile of child abuse and neglect provided by 1977 data is very similar to that provided by 1976 data. This similarity is interesting in that the total number of reports available for analysis increased. One might expect more variation than was evidenced with

inclusion of a larger population of cases reported and a larger population of reporters. However, because there was so little variation and because the changes that were evidenced probably reflect increased sophistication in reporting technology, it seems that the child abuse and neglect reporting system is capable of presenting a fairly realistic picture of the nature of child maltreatment on a nationwide basis.

The analysis of reported cases of child maltreatment is still hampered by the large number of reports that do not come to the National Study in the form of individual case reports and therefore cannot be merged with other reports for statistical analysis. Although total reporting increased by 14 percent, the reports in the National Study masterfile increased by only 11 percent.

The critical importance of a family for the developing child is universally recognized. An infant could not survive without a nurturing parent. Family interactions of mother, father, and young child leave a deep impression upon the child's personality.

Many of the parents of emotionally neglected children are caught up in a vicious circle of neglect and deprivation which seems to perpetuate itself from generation to generation. These parents raise families in settings very similar to the ones in which they themselves were raised and they tend to produce in their children the same physical and emotional problems which they have. Many of these parents have been so hurt, deprived, or rejected in their own childhood that their personality development has been stunted. They are suspicious of people in general and fearful of being hurt and rejected again. Some are so depressed and overwhelmed by their problems of long-standing that they are immobilized, seeing little hope of things getting better. The confronting challenge

for protective services and other professionals is to try and break this vicious circle.

Regardless of which type of abuse a child may be subjected to there will be no doubt some degree, even if minimal, of psychological effects. The most germane problem is the low specificity approach being used. We must pinpoint more accurately and focus more specifically on those families who will abuse their children. If families at risk can be pinpointed more accurately and given preventive intervention combined with a program of integrating abusing and non-abusing problem families, then many programmatic and political problems will be solved. The program must focus on both parent and child, and be able to help them with psychopathology and environmental stress when present, as well as with emotional and developmental problems of the child.

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