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Perspectives on Child Maltreatment in the Mid '80s

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reach thousands of rural children and their parents incorporated a "petting zoo" at the annual county fair—as workers introduced children to the animals, they presented families with literature on child abuse prevention.

Public awareness efforts can make a difference in stopping abuse. The "No Hitter Day" staged in Kansas last year, and slated for replication throughout the country during Child Abuse Prevention Month, is just one example. NCPCA's new media campaign, with the tag line, "Take Time Out. Don't Take It Out On Your Kid," is another.

In 1972 NCPCA came on the scene as a pioneer in prevention. Making the public aware of the child abuse problem and how to prevent it were critical first steps to reducing the amount of abuse in the United States. Now, our task is to mobilize and assist a concerned public to become aware of good programs and to join us in actively trying to stop abuse. Let's try a new way . . . PREVENTION. It worked for the woman whose letter is excerpted at the beginning of this article, as her second letter attests:

*"Dear NCPCA,
"My relationship with my son has greatly improved since I wrote you my first letter and received your books and got the counseling I needed so badly. I can't thank you enough for your help—especially your letter, which made me feel so much better about myself. You said that my willingness to reach out to you was a positive thing . . . that it reflected on my own strength and the love I have for my child. You said that things could change . . . and you were so right!"*

Community in the Prevention

by Peter Coolson and Joseph Wechsler

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Prevention programs in human services are not new. Public health pioneered in this field years ago, and with the emergence of the community mental health movement in the early 1960s prevention became an integral part of mental health programs. In the field of child abuse, however, prevention efforts have lagged.

Most professional concern about child abuse during the past two decades has focused on identification, reporting, and intervention. Only in the last few years has child abuse prevention begun to receive widespread attention.

Why has national interest in child abuse prevention been so long in coming? One reason is that it has taken considerable time for professionals in the field to develop a prevention "mind set." Many professionals involved with treatment had viewed prevention as a luxury and were so preoccupied with "after-the-fact" cases that they did not pay serious attention to prevention efforts. Another reason for the delay is that, in the past, many professionals saw primary prevention as "unworkable," given the complex picture of child abuse and neglect that was emerging from the research. Further, their skepticism was related to the belief that prevention of child abuse and neglect required sweeping social changes far beyond their sphere of influence.

In spite of this reluctance, however, public and professional attention has gradually begun to turn to child abuse prevention. This is partly because the number of child abuse cases reported each year has become unmanageable and the cost of rehabilitation for these families would be astronomical. We have now begun to realize that we must invest much more of our social and economic resources in prevention efforts if we are to have an impact on the problem.

Involvement

Child Abuse and Neglect

Defining Prevention

Since we are beginning to develop an awareness of the need for preventive action in the field of child abuse and neglect, it is essential that we understand the concept. In point of fact, prevention is not very well understood by many professionals in the field. Although prevention takes place on three distinct levels—primary, secondary and tertiary—many professionals group these three together.

Primary prevention in child abuse refers to those efforts aimed at positively influencing parents before abuse or neglect occurs. They key aspects of primary prevention efforts are:

- It is offered to all members of a population.
- It is voluntary.
- It attempts to influence societal forces which impact on parents and children.
- It seeks to promote wellness, as well as prevention of family dysfunction.

Two examples of primary prevention programs in child abuse are those parent-infant support groups which all new parents are invited to join and public awareness and education campaigns.

Secondary prevention refers to those supportive services offered parents who are considered, because of their life situation, to be "at risk." While child abuse or neglect may not have taken place within these families, the probability that it will is much greater than in the general population. The major components of secondary prevention are:

- It is offered to a predefined group of "vulnerable" families.
- It is voluntary.
- It is more problem-focused than primary prevention.
- It seeks to prevent future parenting problems by focusing on the particular stresses of identified parents.

Examples of secondary prevention efforts are support programs for teenage parents and programs for parents of infants with special problems, such as birth defects or prematurity.

Tertiary prevention refers to the services offered to families after child abuse or neglect has occurred. Another name for tertiary prevention is treatment. It is preventive in nature in that it seeks to prevent future incidents of abuse or neglect on the part of the parents or to prevent repetition of abusive or neglectful behavior by the next generation. The key elements of tertiary prevention are:

- It is offered to parents who have been identified as abusive or neglectful.
- It is quasi-voluntary in that often there is legal or societal coercion on parents to seek help.
- It focuses on the abusive or neglectful behavior of the parents.

Examples of tertiary prevention are treatment programs for abusive or neglectful parents and programs for maltreated children.

An adequate community prevention program will need to develop strategies on all three levels. However, if the program is going to have an impact on the reduction of child abuse and neglect, it will have to place particular emphasis on primary approaches.

Community Involvement

Why should we implement prevention on a community level? Why can't this be done utilizing only trained specialists such as social workers, physicians and teachers?

In reality, professionals do not have the capacity to run prevention programs by themselves. This can only be accomplished through the total involvement of the community. Since large numbers of people are or should be served through primary prevention programs, the cost of running such programs exclusively with professionals would be prohibitive. Also, funds which are

available for child abuse programs today may not be available tomorrow. In order to keep child abuse prevention programs alive, we must acquire broad community support and institutionalize our prevention efforts within major community systems. Child abuse, both cause and cure, is rooted in the community—its attitudes, values and resources—and an effective prevention approach must tap into all levels of community life.

Lay people can provide leadership and, with the help of professionals, create a comprehensive prevention program for their community. All of the major community forces need to be utilized in this process, including service clubs, business and civic leaders, church groups, health professionals, trade unions, legislators, educators, child welfare professionals and parent groups.

Community prevention programs require that professionals join forces with the political and economic power structure of the community. If a prevention strategy focuses on parenting education, for example, school board members and people who influence school boards are needed. Or, if a parent-infant support program is implemented in the community, hospital administrators, obstetricians, pediatricians, nurses and lay volunteers will have to be involved. Civic leaders and affluent individuals as well as people with political "clout" are necessary participants in community prevention programs.

In addition, the resources of corporations and businesses must be tapped. Professionals have often been reluctant to approach the for-profit sector for assistance because of their unfamiliarity with it or, perhaps, for fear of being co-opted. However, the business community has a strong interest in the general welfare of the community in which it operates. Some corporations have formalized this concern by creating departments of corporate affairs or corporate social responsibility. Professionals and laymen working in community prevention programs must tap this resource by appealing to the "corporate conscience." The benefits may involve not only funding but other valuable corporate resources such as office space or loaned executives.

Other sectors of the community can also be utilized. Traditional service clubs, for example, have taken on new roles in society and many groups such as the Junior Leagues, Womens Clubs and the Council of Jewish Women, as well as the Kiwanis and Jaycees, are already active in programs involving children. In rural areas, homemaker clubs as well as home economists and county extension agents are excellent resources in implementing primary prevention programs. If prevention efforts are to become truly successful, they must harness the resources of as many community institutions and systems as possible.

Starting Points: Communities in Action

Most people in our society believe that the family unit remains, and should remain, our basic social institution, and that under normal circumstances, the care and nurturing of children is the unique province of parents and other family members. Therefore, strengthening and supporting the family is a primary goal for any comprehensive, community-based prevention program. There is general agreement on what constitutes some of the ingredients that contribute to enhanced family functioning and well-being. Family members are better able to cope with their roles within the family and with the demands of life within the larger society if:

- They have some knowledge of child development and realistic expectations about the demands of parenting.
- They have opportunities that encourage successful parent-child bonding and facilitate communication among family members.
- They have an ability to cope with the stresses of infant and child care.
- They have some knowledge about home and child management.
- They have opportunities to share the burdens of child care.
- They have access to peer and family support systems to reduce isolation.
- They have access to social and health services for all family members.¹

Communities must look for ways to focus and coordinate the activities of the broadest possible range of their

institutions, systems and members, with the goal of developing a responsive and concerned environment in which individuals and families can flourish.

Broadening the Traditional Service Model

Health care, social service agencies and educational institutions must continue to provide professional services to address specific problems and meet specific needs within a community. In addition, these agencies can broaden their mission and actively assist families strengthen their ability to cope on their own.

Hospitals and Health Care Facilities. A number of hospitals and health clinics have taken the initiative to reach out to the community, making education available to all families and developing innovative programs to help families at known stress points. The effectiveness of these health care efforts is enhanced by the fact that they are not as "threatening" or punitive as traditional social service agencies sometimes seem. In addition, they are a logical place for outreach efforts since most parents go to them routinely for birthing and other health care activities and at such times are receptive and available for educational efforts.

In one community, for example, a citizen's group worked with hospitals in the area to change traditional practices concerning delivery and postpartum care into a model that facilitated mother-infant bonding and helped families adjust to a new baby. They convinced the hospitals to allow parents 15 minutes alone with their baby after birth and to distribute a brochure to all parents on the importance of mother-infant bonding. The simple act of changing the time of demonstrating child care techniques, such as how to bathe the baby, allowed fathers to attend and encouraged participation by both parents in the care of the infant. Also included in this program were supportive home visits by nurses several times during the first few weeks after mother and child returned home.

Another hospital instituted a program to keep a close check on children brought to the emergency room because of injury. If a child was seen three times, the hospital sent someone to the home to assess the situation and to encourage parents to seek assistance.

Social Service Agencies. A second major institution which has traditionally provided services to families with problems are social service agencies, whose primary work will remain by definition and mandate the identification and treatment of those in immediate need. However, some of these institutions are increasingly stressing prevention activities. Provision of comprehensive emergency services, family advocacy, self-help groups and natural helping networks and the use of volunteers in family outreach programs are among the prevention activities being pursued by social service agencies as part of comprehensive child welfare service delivery systems. In addition, social services and child protective service (CPS) agencies still may most appropriately take responsibility for community-wide coordination and integration of prevention efforts. An evaluation of innovative child abuse and neglect treatment demonstration projects found that those affiliated with the local CPS agency were most likely to develop coordinating agreements between other relevant agencies in the community, to provide new or innovative services and to serve the majority of the community.

Educational Institutions. Schools are "non-threatening" institutions that touch most families and children during the normal course of events and, thus, are appropriate places to base prevention activities. One of the most critical components of prevention programs and one that is most appropriate to the school setting is education for parenthood. The provision of this information is viewed by many as a necessity for most parents, not just for particular groups. Education for parenthood includes preparation for parenthood (directed at children and adolescents, as well as at newly married couples) and provision of parental skills (provided for expectant parents and for parents at various stages in the development of their children).

Schools can incorporate information on child development and family life into all levels of the curriculum. Some have taken this one step beyond textbook theory into practice. In one class, for example, students experience "mock marriages" to practice making decisions about careers, raising children and coping with life crises. Some high schools now have nursery schools or day care centers on the premises, giving students the opportunity to interact with small children on a regular basis.

Corporate Contributions. The role that businesses and corporations can play in promoting well-being among their employees needs to be explored further. Many companies, recognizing their responsibility to help employees resolve the conflicting demands of work

and family, have instituted such policies as giving employees the right to resume work at the same pay and seniority after personal leaves of absence and permitting them to choose flexible hours on a shorter work week with less pay.

In addition, employer-supported child care programs—the fastest growing area of child care today—are offering a variety of options, ranging from on-site day care centers to vouchers designed to offset all or part of an employee's child care expenses.²

Results for many businesses have been impressive: reduced absenteeism and improved job performance and morale. The success of these approaches underscores the necessity to think imaginatively about ways to improve life in the community.

Strengthening Informal Support Systems and Volunteer Activities

If we are to reach more families, and reach them early enough to truly *prevent* child abuse and neglect, it is important to develop familiar, nonthreatening, community-based resources that families can and will turn to when they know they need help. An additional benefit of such a shift from services at the institutional level to those that grow from and are run by the community is the potential increase in available services and people to help without any significant increase in funds.

There are many ways community members can apply their own efforts and their community's resources to the primary prevention of child abuse and neglect. The use of volunteers and paraprofessionals in direct service roles in treatment of both identified and high-risk child abuse and neglect families has already been demonstrated to be highly effective. Volunteers have also proven their value in community-based prevention efforts, answering helplines and hotlines and providing emergency child care and transportation services. Volunteers are also being used to augment professional social service workers so that emergency family shelter homes and crisis nurseries can be kept open 24 hours a day. Other ways of using volunteers include providing transportation to take parents or children to appointments for medical, legal or social services; to go shopping for an apartment or job hunting; and to collect food, toys and clothing in the community for use by families in need.

One of the most important services that volunteers can render is to become the extended family that so many modern families lack by acting as grandparents, aunts or uncles, big brothers or sisters, or simply as friends. Volunteers acting as surrogate family members can provide role models for both parents and children, share parenting responsibilities and give parents needed

time away, and provide recreational and additional stimulation for children who might otherwise lead very circumscribed lives.

These kinds of activities benefit the volunteers as well, allowing them to share the knowledge and skills they have acquired in their lives. One of the best examples of this is the Foster Grandparent program sponsored by ACTION, the national volunteer agency, in which senior citizens work as homemakers and parent educators and provide children with the special experiences related to having a grandparent figure.

Volunteers and community groups have proven to be a powerful force in promoting community awareness of child abuse, in lobbying for legislation and in fundraising for direct service projects. The political and social action role of interested community members may be the most untapped and potent force waiting to be applied to the prevention of child abuse and neglect.

Conclusion

Primary prevention of child abuse and child neglect is still in an embryonic stage. However, we are beginning to see what kinds of strategies for prevention work best and under what circumstances. More specifically, we can now say that "home-grown," community-based and conceived programs aimed at bettering the lives of *all* families offer the most promise for primary prevention of child abuse and child neglect, as well as for prevention of such related problems as delinquency and drug and alcohol abuse. We know, too, that there are many things that can be done in every community using the community's resources of people, businesses, civic groups, churches and trade unions.

We have come to an exciting point in the development of child abuse and neglect prevention. We are discovering ways in which people may become actively involved in strengthening families, promoting wellness and preventing child abuse and child neglect in their own communities. Perhaps the greatest result of our efforts so far has been the fact that community people, lay and professional, have begun working together and taking an active approach to solving the problem.

¹A.H. Cohn, *An Approach to Preventing Child Abuse*, Chicago, National Committee for the Prevention of Child Abuse, 1980.

²S.L. Burud, R.C. Collins and P. Divine-Hawkins, "Employer Supported Child Care: Everybody Benefits," *CHILDREN TODAY*, MAY-JUNE 1983.