

CHILD ABUSE AND NEGLECT RESEARCH:

Projects and Publications

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National Center on Child
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CHILD ABUSE AND NEGLECT RESEARCH: PROJECTS AND PUBLICATIONS

MAY 1976

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16. Abstracts An extensive collection of information on child abuse and neglect research includes informative abstracts of about 1,100 published documents and descriptions of about 110 on-going research projects. The publications are dated 1965 to 1975 and represent medical, legal, psychological, sociological, and many other viewpoints of the child abuse and neglect problem. The research projects include both federally and privately funded projects and were identified in a national survey conducted in Summer, 1975. Author and subject indexes for publications, and investigator, organization, financial sponsor, and subject indexes for projects are included.				
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INTRODUCTION

The National Center on Child Abuse and Neglect (NCCAN), created by the Child Abuse Prevention and Treatment Act (P.L. 93-247) and located in the Children's Bureau of the Department of Health, Education, and Welfare, acts as the principal focus for federal activity in developing policies, plans, and programs relating to the prevention, identification, and treatment of child abuse and neglect.

Virtually every activity of the National Center, in the performance of its mandate, involves the gathering and dissemination of information. Special emphasis has been focused on gathering information relating to on-going and completed research and currently operating programs in the field. This information comprises the data base for a computerized information and retrieval system which is used by the National Center to answer requests for child abuse and neglect information from program planners, policy makers, researchers, and the general public.

This publication, *Child Abuse and Neglect Research: Projects and Publications*, and its companion volume, *Child Abuse and Neglect Programs*, are designed to make the information in the National Center's computer system available for direct public and professional reference.

There are over 1100 publications, dated from 1965 to 1975, and a select number of current research projects identified and described in this edition of *Child Abuse and Neglect Research: Projects and Publications*. The section "How to Use This Volume" describes the bibliographic citations, project identification data, and use of the Author and Subject Indexes.

Most of the publications included were selected from journals, books, and other sources that are readily accessible to scholars and practitioners. The research project descriptions, on the other hand, came exclusively from a survey conducted in the Summer, 1975. A sample of the survey questionnaire is shown on the next page.

In its continuing efforts to maintain an up-to-date, comprehensive data base of active studies, investigations, and experiments, the National Center would like to be notified about current research projects that are missing from this edition of *Child Abuse and Neglect Research: Projects and Publications*. For this purpose, the questionnaire for describing a project is available from:

Department of Health, Education, and Welfare
Office of Child Development
Children's Bureau
National Center on Child Abuse and Neglect
P.O. Box 1182
Washington, D.C. 20013

Department of Health, Education, and Welfare
National Center on Child Abuse and Neglect
Office of Child Development

Survey of Research on Child Abuse and Neglect Questionnaire

Purpose and Scope:

This survey is being conducted to gather information about current research projects on child abuse and neglect for use in preparing an annual summary of research in this field. For the purposes of this survey, research may be defined as follows: experimentation, investigation, examination, or inquiry that is concerned with discovering and correctly interpreting new facts about meaningful questions, with revising accepted conclusions or theories in light of new facts, and with practical applications of new conclusions or theories. It may cover any of the following aspects of child abuse and neglect:

- Definition
- Etiology
- Coordination and Education
- Prevention
- Identification and Case Finding
- Treatment and Rehabilitation
- Demonstration and Evaluation
- Law

The survey is concerned with ongoing projects that started before January 1, 1975.

General Instructions:

A separate questionnaire should be used for each research project. Additional copies of the questionnaire will be furnished on request. In answering open-ended questions, please be as complete and specific as possible. Please type or legibly print your answers. If you need additional space to answer any questions, please attach additional sheets and indicate the questions to which they apply. Please return the questionnaire in the enclosed return envelope by September 2, 1975, to:

Department of Health, Education, and Welfare
National Center on Child Abuse and Neglect
Office of Child Development
P.O. Box 1182
Washington, D.C. 20013

1 Project Identification:

Official title of project: _____

Official name of organization conducting the research: _____

Address of organization: _____

Street _____ City _____ State _____ Zip Code _____

County _____ Congressional District _____

Type of organization actually performing the research:

- Federal Agency
- State Agency
- County Agency
- City Agency
- University or College
- Professional Society or Association
- Private Foundation
- Other (specify): _____

Person(s) directly supervising the research:

Name _____ Title _____ Telephone _____

Highest Earned Degree _____ Degree Major _____

Name _____ Title _____ Telephone _____

Highest Earned Degree _____ Degree Major _____

2 Purpose or Objectives of the Project:

The research project focuses on (check one):

- Child Abuse
- Child Neglect
- Child Abuse and Neglect
- None of these (skip to Q. 15)

Describe the purpose or objectives of the research project: _____

3 Starting and Ending Dates:

Date project began: _____

Date of expected completion: _____

4 Definition of Abuse/Neglect:

What is the operational definition of abuse and/or neglect that you use in your research? _____

5 Data from Service Programs:

If this research project evaluates or uses data from one or more service-oriented programs in child abuse and neglect, please give the official name of the program plus the name and address of the director of each such program.

Program Name: _____

Program Director: _____

Institution: _____

Street _____ City _____ State _____ Zip Code _____

Program Name: _____

Program Director: _____

Institution: _____

Street _____ City _____ State _____ Zip Code _____

Program Name: _____

Program Director: _____

Institution: _____

Street _____ City _____ State _____ Zip Code _____

6 Please list any other organization or agency which cooperates in this research in ways other than furnishing financial support. Give a brief description of its role. If none, please check and skip to Q. 7.

Official Name: _____

Role: _____

Official Name: _____

Role: _____

Official Name: _____

Role: _____

7 Research Methodology or Approach:

Describe the specific methods or approach(es) used in the research project: _____

8 Type(s) of Research:

What type of research are you conducting? (Check all those that apply)

- Descriptive
- Survey
- Data Composition/Reanalysis
- Experimental
- Systems/Organizational Analysis
- Longitudinal Study
- Instrument Development
- Program Evaluation
- Statistic Analysis (Law)
- Court Survey
- Literature Survey
- Other (specify): _____

9 Research Tools and Techniques:

a. Are you using (or do you plan to use) control or comparison groups? Yes No

If yes, describe: _____

b. Define your independent (input) variables, if applicable: _____

c. Define your dependent (output) variables, if applicable: _____

d. Give the bases for the selection of the children and/or adults in your sample: _____

e. Give the numbers of children and/or adults in your sample.

	Number	Age Range
Adults (M)	_____	_____
Adults (F)	_____	_____
Children (M)	_____	_____
Children (F)	_____	_____

10 Present Stage of Project (check each that applies):

- Funded or Organized
- Instrumentation Developed
- Data Collection in Progress
- Data Being Analyzed
- Preliminary Conclusion Formulated
- Final Report in Preparation

11 Results or Findings to Date:

12 Publications:

Please give the citation (author, title, place of publication, publisher, and date for monographs, books, or reports; author, title, journal, volume, pages, and date for articles or papers) of any publication or planned publication describing this research in the professional literature. If no publication is planned, indicate how data and results may otherwise be obtained.

The National Center also is continually seeking additional documents, especially those reporting the results and findings of research or describing programs and services. The Center welcomes copies of pertinent publications.

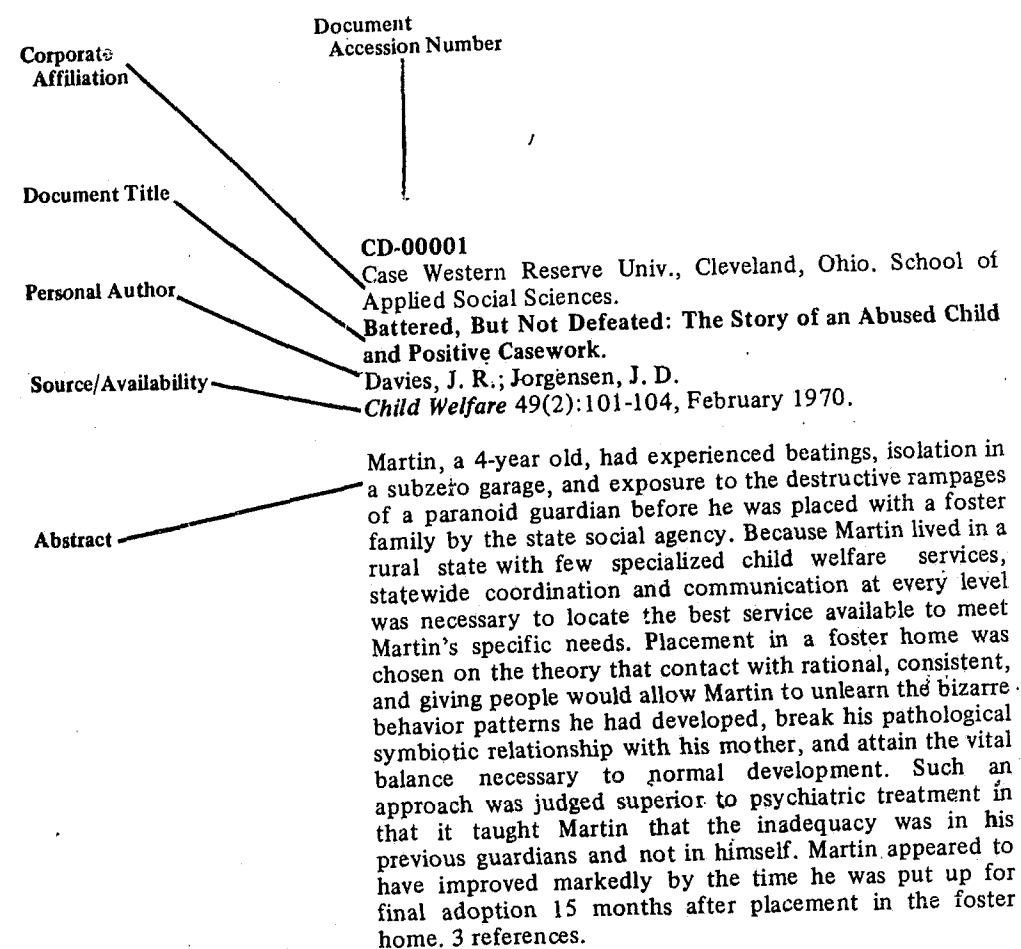
You also can help the National Center improve the usefulness of *Child Abuse and Neglect Research: Projects and Publications* by suggesting changes that should appear in future editions or supplements. A reader-response postcard has been printed inside the back cover.

Douglas J. Besharov
Director
National Center on Child
Abuse and Neglect

HOW TO USE THIS VOLUME

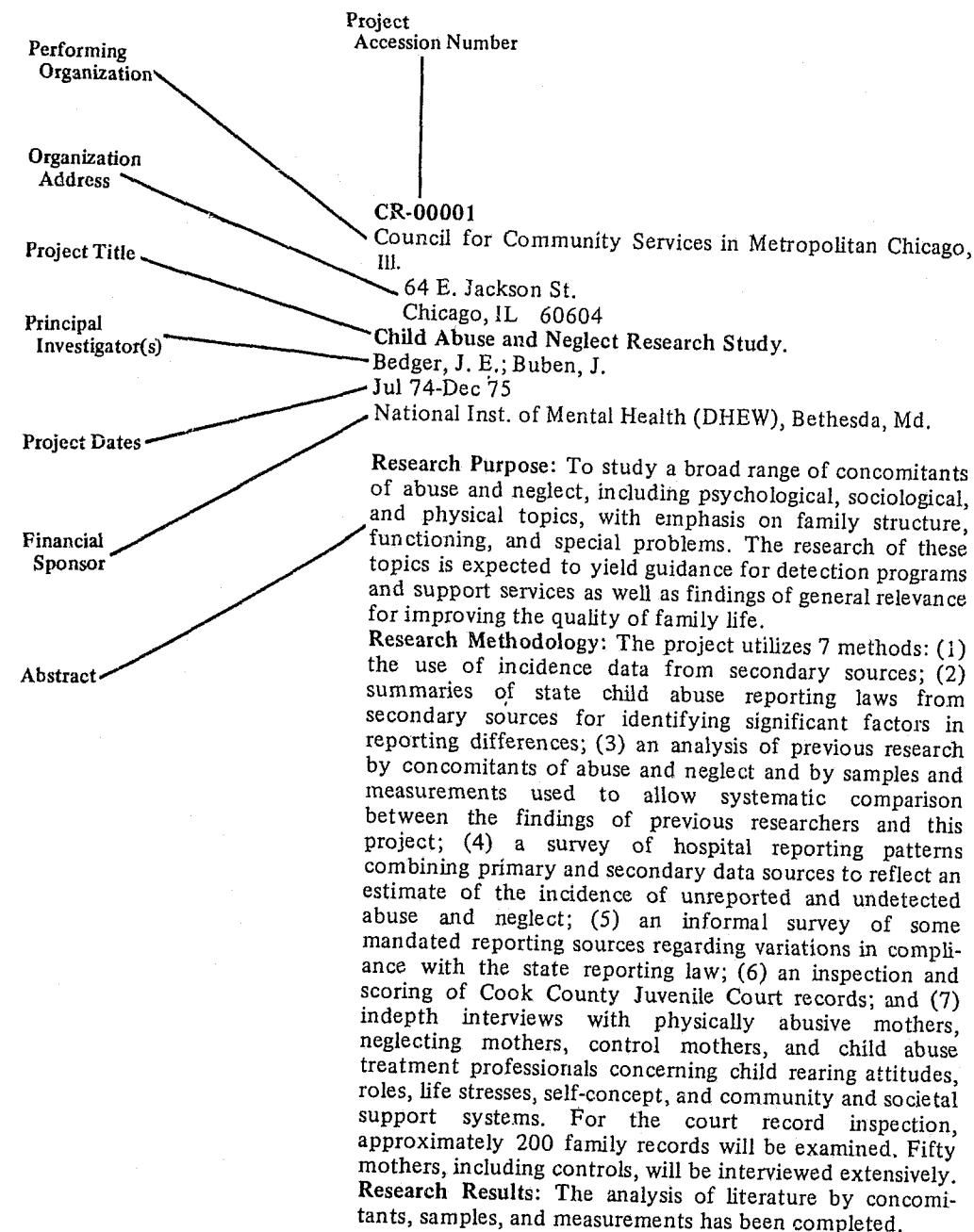
Publications and projects are presented in separate sections, and each section has its own indexes. All abstracts are arranged in numerical order by their 5-digit accession numbers, but accession numbers for documents have a CD prefix, while accession numbers for projects have a CR prefix. CD and CR numbers are displayed in entries of the respective indexes.

Each publication is uniformly identified and described by the elements labeled in the sample below. The informative abstracts average about 250 words each.



Most of the standardized elements of the citation can be used to search the National Center's computer-based file of these records. Moreover, *Child Abuse and Neglect Research: Projects and Publications* contains printed, browsable indexes for authors and subject matter of the publications.

Each project is uniformly identified and described by the elements labeled in the sample below. The abstracts, or descriptions, of projects were derived solely from data provided by persons responding to the survey.



Most of the standardized elements in the project identification can be used to search the National Center's computer-based file of these records. Moreover, *Child Abuse and Neglect Research: Projects and Publications* contains printed, browsable indexes for the principal investigators, performing organizations, financial sponsors, and subject matter of the projects.

Descriptors in the data base and the printed subject indexes were taken from the *Child Abuse and Neglect Thesaurus of Subject Descriptors*, a controlled vocabulary for searching and indexing terminology of the National Center. The purpose of subject indexing was to choose a set of descriptors sufficiently exhaustive and specific to reveal *what a particular project or publication is about*. This approach precluded title indexing; rather, indexers selected descriptors after examining the purpose, methodology, results, conclusions, or other information about the publication or project. Indexing of research projects was especially difficult, because survey responses often provided limited guidance in selecting and assigning descriptors.

The number of descriptors varies from three to eight for each project or publication. Accordingly, each item has been listed in the subject index from three to eight times and can be retrieved through that many terms. Further, the *Thesaurus* was amended and refined as indexing progressed; whenever the *Thesaurus* did not contain descriptors needed for indexing, new terms were added according to predefined rules. Such changes will continue to be made in the future for new projects and publications.

DESCRIPTIONS OF ON-GOING PROJECTS

CR-00001

New York State Assembly, New York. Select Committee on Child Abuse.
270 Broadway, Rm. 1207
New York, NY 10007

Study of the Relationship Between Child Abuse and Neglect and Later Socially Deviant Behavior.

Alfaro, J. D.

Apr 73-Nov 75

New York State Div. of Criminal Justice Services, Albany.

Research Purpose: To measure the impressionistic perception of many professionals that abused and neglected children often grow up to become delinquent and ungovernable, drug addicts, mentally ill, abusing and neglecting parents, and adult criminals.

Research Methodology: All the children and families reported for child protective reasons in 1952 or 1953 were identified from the records of public or private child protective agencies and the Family Court in eight counties. This included approximately 5,000 children. Prior and subsequent histories were traced through the records of these agencies and courts for other types of contacts, including delinquency and ungovernability. A smaller population of 2,000 children reported to the Family Court in these counties as delinquent or ungovernable in 1971 or 1972 were similarly checked.

Research Results: A very tentative analysis made while preparing the data sheets for keypunching seems to indicate that perhaps 40 percent to 50 percent of the families involved in protective service contacts had children who were also involved with the juvenile justice system. These figures are subject to confirmation by computer data processing. The possible correlations will mean more when specific types of abuse or neglect, especially confirmed cases, are compared to specific types of delinquent or ungovernable behavior.

Publications: New York State Assembly, New York. Select Committee on Child Abuse. "Report on the Feasibility of Studying the Relationship Between Child Abuse and Later Socially Deviant Behavior." August 1973.

CR-00002

Vanderbilt Univ. Hospital, Nashville, Tenn. Dept. of Pediatrics.

21st Ave. and Garland St.

Nashville, TN 37232

Causal Factors in Neglect and Battering: A Prospective Study.

Attmeier, W. A., III

Jun 75-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: To determine if there is a characteristic pathological pattern identifiable in the parent well in advance of the crisis behavior of battering or neglect.

Research Methodology: Screening of pregnant women to classify them as high, moderate, or low risk for child abuse and neglect is followed by prenatal, perinatal, and postnatal evaluations of the mother and the child. Information will be gathered on infant temperament, mother-child interaction, childrearing beliefs, maternal perception of the infant, stress incidence, and expectations of the child.

Research Results: Data collection is in progress.

CR-00003

Council for Community Services in Metropolitan Chicago, Ill.

64 E. Jackson

Chicago, IL 60604

Child Abuse and Neglect Research Study.

Bedger, J. E.; Buben, J.

Jul 74-Dec 75

National Inst. of Mental Health (DHEW), Bethesda, Md.

Research Purpose: To study a broad range of concomitants of abuse and neglect, including psychological, sociological, and physical topics, with emphasis on family structure, functioning, and special problems. The research of these topics is expected to yield guidance for detection programs and support services as well as findings of general relevance for improving the quality of family life.

Research Methodology: The project utilizes 7 methods: (1) the use of incidence data from secondary sources; (2) summaries of state child abuse reporting laws from secondary sources for identifying significant factors in reporting differences; (3) an analysis of previous research by concomitants of abuse and neglect and by samples and measurements used to allow systematic comparison between the findings of previous researchers and this project; (4) a survey of hospital reporting patterns combining primary and secondary data sources to reflect an estimate of the incidence of unreported and detected abuse and neglect; (5) an informal survey of some mandated reporting sources regarding variations in compliance with the state reporting law; (6) an inspection and scoring of Cook County Juvenile Court records; and (7) in depth interviews with physically abusive mothers, neglecting mothers, control mothers, and child abuse treatment professionals concerning child rearing attitudes, roles, life stresses, self-concept, and community and societal support systems. For the court record inspection, approximately 200 family records will be examined. Fifty mothers, including controls, will be interviewed extensively.

Research Results: The analysis of literature by concomitants, samples, and measurements has been completed.

CR-00004
Pinellas County Juvenile Welfare Board, St. Petersburg, Fla.
3455 First Ave. South
St. Petersburg, FL 33711
Parent and Child Effective Relations (PACER).
Bennett, G.; Michaels, W.
May 74-Apr 77
Office of Child Development (DHEW), Washington, D.C.

Research Purpose: The research component of this program is to make a comparison of services and administration of programs to help develop some county-wide corrective components and supplemental services, initiate a procedure for early identification and followup of high-risk families, and provide the impetus for a coordinated community system of combined preventive and corrective efforts.
Research Methodology: Pre- and post studies, including a profile sampling of children reported as abused to the state, comparisons with other Florida counties not served by PACER, and comparisons of planned versus actual program performance are being used to evaluate the effectiveness of different approaches. This random sample represents 14 percent (255 cases) of the 1,819 compiled valid reports. Administration of programs is also being carefully monitored and assessed. The current program is being evaluated by Berkeley Planning Associates.
Research Results: Data collection is still in progress.

CR-00005
Wisconsin Medical Coll., Milwaukee, Child Welfare Committee.
1700 Wisconsin Ave.
Milwaukee, WI 53233
10-Year Follow-up of Abused Children.
Bond, P. A.
Nov 74-76
Wisconsin Univ., Milwaukee; Milwaukee Childrens Hospital, Wis.

Research Purpose: To determine the results of 10 years of case finding and treatment of child abuse and neglect.
Research Methodology: Medical and social work students will be contacting each family where there has been an abused child and assessing the current situation.
Research Results: Families and more than 300 children have been identified for the sample.

CR-00006
Towson State College, Md.
York Rd.
Towson, MD 21204
Parent Lounge Project.
Brandwine, A.; Siegel, D.
Sep 75-Jun 76
National Council of Jewish Women, Washington, D.C.

Research Purpose: The research portion of the demonstration project consists of evaluation to determine the

effectiveness of this method of training people to provide a variety of services to parents who abuse children.
Research Methodology: Determination of the effectiveness of the program will be made by rating of students' ability to respond to parental questions and problems with appropriate support, direction, and counsel by the child case worker, parent workers, and the faculty supervisor. Evaluation of improvement in child abuse families will also be made by Department of Social Service workers and will include examination of the frequency of disruptive parental behavior.
Research Results: The project is in a preliminary phase.

CR-00007
Montgomery County Public Schools, Rockville, Md.
850 Hungerford Dr.
Rockville, MD 20850
Project Protection -- A Multidisciplinary Approach to Educational Problems Associated With Child Abuse and Neglect.
Broadhurst, D. D.
Aug 74-Jun 76
Office of Education (DHEW), Washington, D.C.

Research Purpose: Project Protection is a 4-part program comprising staff development and training in recognition of child abuse and neglect and knowledge of proper actions to be taken; policy revision and statute monitoring; curriculum development; and direct service components for nonpublic schools. Research emphasis is on curriculum development and program evaluation.
Research Methodology: The project will conduct pilot studies, program evaluation, and longitudinal study after development of staff, policy revision, and curriculum development in the program have been completed. A specific effort in the curriculum development is preparation of a course of study on cause and effects of child maltreatment for secondary school and adult education students.
Research Results: Data are being collected and analyzed and preliminary indications show a significant increase in number of reports of suspected child abuse and neglect received from county schools, and an increase in cases confirmed or opened for service.
Publications: Broadhurst, D. D. "Project Protection: A School Program to Detect and Prevent Child Abuse and Neglect." Children Today 4(3):22-25, 1975.

CR-00008
Georgia State Univ., Atlanta.
University Plaza
Atlanta, GA 30303
Abnormal Mother-Infant Behavior and Child Abuse.
Brown, J. V.; Bakeman, R.
Jul 74-May 77
Center for the Study of Crime and Delinquency (DHEW), Washington, D.C.

Research Purpose: To: (1) conduct studies on the development and the internal dynamics of disturbed interactions of

mothers with infants that are at high risk of being abused; (2) develop a method for an early objective detection of potentially disturbed interactions; and (3) develop a program aimed at the prevention or correction of such interactions.

Research Methodology: The development of mother-infant interactions are observed during feedings when the newborn leaves the hospital, and at 1, 3, and 12 months of age. Infants are also given detailed neurological and developmental examinations at this time. These data will be analyzed to identify abnormal interactions and correlate these with the infants' behavior. The data were collected on 100 mother-child interactions of black inner-city families. Intervention programs will be developed for premature infants on the basis of the normative data. In the intervention phase, 4 groups will be formed: (1) Infants are stimulated; (2) Mothers are trained; (3) Infants are stimulated and mothers are trained, and (4) Mothers are given equal amount of time by the social worker. The relative effectiveness of these systems to improve mother-infant interaction will be evaluated.

Research Results: Data are still being collected.

CR-00009
Pennsylvania State Univ., University Park. Inst. for the Study of Human Development.
University Park, PA 16802
Social Interaction Patterns Relating to Child Abuse and Neglect.
Burgess, R. L.; Conger, R. D.
Jul 75-Jun 78
Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To determine whether specific interaction patterns distinguish child-abusing families from non-abusing families.

Research Methodology: Observations will be made in homes of 25 abuse families, 25 neglect families, and 50 matched control families. The Behavioral Observation Scoring System has been adapted for data collection. Questionnaires will be administered to parents to determine the effect, if any, of factors of stress, parental health, and change in status on abuse in the family.

Research Results: Observers are being trained, and computer programs for analyzing the data are being developed.

CR-00010
National Council of Juvenile Court Judges, Reno, Nev.
Box 8000
Univ. of Nevada
Reno, NV 89507
Concern for Children in Placement.
Cain, V.
Jul 74-Jun 76
Edna McConnell Clark Foundation, New York, N.Y.

Research Purpose: To (1) investigate the situations of children placed through the juvenile justice system; (2) create public awareness of the danger posed to children's

rights to a secure and happy home resulting from the lack of periodic judicial review after temporary placement; (3) propose remedial legislative amendments; and (4) develop a rational guidebook for improvement of child placement considerations and programs.

Research Methodology: Judicial records from 14 courts throughout the U.S. were surveyed for cases of court-ordered child placement following child abuse or neglect conviction; long term followup ensued. Functional cooperative agency plans are being established in the target judiciary areas to promote judicial review and provide data for development of the guidebook. Statute analysis is being performed to develop new legislation.

Research Results: Actual figures are being computerized. One indicator is that many children in placement have not had their cases reviewed for 56 months. Few states have a mandatory annual (or less) review. Children remain in placement when there is no possibility of returning to family. Termination of parental rights is not initiated where justified. Many children appear to be in placement indefinitely. The only comprehensive profile of temporary placements in the U.S. is being compiled.

CR-00011
Sinai Hospital of Baltimore, Md.
Belvedere and Greenspring
Baltimore, MD 21209
Family Care Clinic of Sinai Hospital, Inc.
Chabon, R. S.
71-Jul 76
Maryland State Dept. of Health and Mental Hygiene, Baltimore.

Research Purpose: The research aspect of this program is to analyze the multidisciplinary approach to problems of abusive parents and their children.

Research Methodology: Standards of measurement of progress of families were developed and used to examine social work approaches to child abuse cases. Compilation and analysis of these data comprised the material for program evaluation and longitudinal studies. The study included more than 60 sets of parents and over 75 children (1 month to 12 years old).

Research Results: Continuing data collection and analysis have yielded 2 published reports, 2 awaiting publication, and 1 in preparation.

CR-00012
Mexican American Neighborhood Civic Organization (MANCO), San Antonio, Tex.
118 Broadway, #327
San Antonio, TX 78205
San Antonio Child Abuse or Neglect Research Project.
Chapa, D.; Luebbert, G.
Jul 75-Jun 78
Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To investigate the relationship between child abuse and child neglect and drug abuse.

Research Methodology: Data will be gathered from interviews and questionnaires given to 5,000 adults divided into groups of (1) child abuse and child neglect parents; (2) substantiated abuse parents; and (3) general population of parents (normal control group). Instrumentation is still being developed.

Research Results: The study is in a preliminary phase.

CR-00013

Houston Univ., Tex. Graduate School of Social Work.
Cullen Blvd.
Houston, TX 77004

Part I: A Study of the Effectiveness of the Reporting of Child Abuse by the City of Houston Public Health Nurses.
Part II: Survey of the Available Service for the Prevention and Treatment of Child Abusers in Harris Co., Texas.
Clemenger, F.
Sep 73-May 74.

Research Purpose: To (1) assess the means by which incidents of child abuse are detected and reported by a sample of public health nurses in Houston, Texas; and (2) survey the available services in Harris County for the prevention and treatment of child abuse.

Research Methodology: Part I. Data were collected by a prestructured questionnaire administered through individual interviews by the researchers to a random sample of 40 public health nurses of the City of Houston Public Health Department. Part II. Data were collected by a prestructured questionnaire mailed to the random sample of selected local agencies to survey the available prevention and treatment services of the 43 local agencies.

Research Results: Part I. Findings indicated that evidence of suspected child abuse goes largely undetected and unreported by public health nurses. There appears to be considerable confusion as to what, how, and to whom to report child abuse. Coordination of the reporting by establishing uniform guidelines, forms, and procedures would help the situation. Efforts to educate public health nurses about child abuse is being undertaken by the Director of Nursing. Part II. Data obtained showed that while some services to child abusers are available through local agencies they are not available in large quantities and available services are not being fully utilized.

CR-00014

Houston Univ., Tex. Graduate School of Social Work.
Cullen Blvd.
Houston, TX 77004

A Study of the Effectiveness of Group Counseling With Parental Abusers.
Clemenger, F.
Sep 74-May 75.

Research Purpose: To evaluate the effectiveness of group counseling in helping to decrease the incidence of child abuse in a small sample of abusive parents; assess the effect group counseling has had on parental behavior and attitudes toward their children; and test an instrument devised to

evaluate the effectiveness of group counseling as perceived by parental abusers.

Research Methodology: Data were collected by a prestructured questionnaire consisting of 39 questions. The questionnaire was administered verbally in a personal interview with parents in their homes or where they received counseling. Ten parents were in group counseling at the Family Service Center and had voluntarily sought counseling to prevent child abuse; 5 parents were from Child Welfare in a special treatment program for defined child abusers. The sample consisted of 10 mothers and 5 fathers.

Research Results: Responses from 12 of the 15 parents indicated that there had been definite changes in their attitudes and behaviors regarding the abused child as a result of group counseling. They were better able to recognize and accept the child's feelings as an individual; were able to express love for the abused child; and had better relationships with the abused child, increased self-control, new disciplinary methods, and new and better relationships with spouses. No differences were found between potential and identified child abusers in the perceptions of the effectiveness of group counseling.

CR-00015

Houston Univ., Tex. Graduate School of Social Work.
Cullen Blvd.
Houston, TX 77004

A Survey of the Reporting of Child Abuse in Harris County, Texas by 3 Community Systems: Area Hospital Staff, Juvenile Police Officer and Harris Co. Child Welfare Staff.
Clemenger, F.
Sep 72-May 73.

Research Purpose: To (1) assess the need for change in the recording forms for Child Abuse by Harris Co. Child Welfare, and (2) assess the need for change in the criteria used to identify child abuse and in the procedures for reporting child abuse to the Harris County Child Welfare Unit by area hospital staff and juvenile police officers.

Research Methodology: Data were collected by two prestructured questionnaires administered through individual interviews by the researchers to the sample drawn from the three systems. One prestructured questionnaire was used for the collection of data from two reporting systems: hospitals and juvenile officers of the police department. A second prestructured questionnaire focused on data collection from the child welfare intake workers of the Harris County Child Welfare Unit regarding a series of child abuse recording forms currently in use.

Research Results: Hospital staff and juvenile police officers were inadequate in providing guidelines for the assessment of child abuse, and hospital staff reporting was adversely affected by the inadequacy of or absence of a form for reporting abuse incidents. Data obtained from the intake staff of the Child Welfare Unit indicated that the reporting system being used is not effective for measuring the scope and causes of child abuse.

CR-00016

Childrens Protective Services, Boston, Mass.
43 Mt. Vernon St.
Boston, MA 02108

Child Centered Problems and Their Movement in Families Served by Childrens Protective Services.

Cohen, M. I.

Aug 73-Aug 75

Massachusetts Society for the Prevention of Cruelty to Children, Boston.

Research Purpose: To identify the severity and status of abused and/or neglected children's problems at opening and closing of casework service and compare groups served through purchase-of-service contracts and nonpurchase, traditional delivery.

Research Methodology: The program evaluation consists of comparative analysis of answers to a questionnaire completed by protective service caseworkers after 1 month of service and then again at the closing of service. The survey covered the caseworkers' knowledge of the existence and severity of problems encountered in cases occurring in a 6-month period. Other research consisted of comparison of cohort movement and periods of service time in purchase-of-service versus traditional agency delivery clients.

Research Results: A final report is being prepared.

CR-00017

Berkeley Planning Associates, Calif.
2320 Channing Way
Berkeley, CA 94704

Evaluation, National Office of Child Development (OCD) and Social Rehabilitation Service (SRS) Joint Demonstration Program in Child Abuse and Neglect.

Cohn, A. H.

Jun 74-Jul 77

Health Resources Administration (DHEW), Bethesda, Md.

Research Purpose: To (1) measure both the progress toward and the cost of reaching the overall demonstration program goals and the goals of individual projects; (2) analyze the functioning of the projects with regard to client flow, organizational structure, and dynamics of service components; (3) determine the elements of quality case management in child abuse and neglect treatment programs; (4) determine the costs of different project activities and compare costs both across projects and over time to assess relative efficiency of projects; (5) assess the impact projects have on the abusive and neglectful parents and their children served by the projects; (6) determine the relative effectiveness and cost-effectiveness of alternative mixes of services both for parents and their children; and (7) assess the impact individual projects have on the communities in which they reside.

Research Methodology: Formative and summative evaluation is being made using identification, analysis, and assessment of program goals, service system strategies, costs, and client impact. This assessment has been used mostly for demonstration projects including the following: Parent and Child Effective Relations (PACER), Family

Treatment Center for Child Abuse, Union County Protective Services Demonstration Project Evaluation, Makah Child Development, Analysis of the Psychological Characteristics and Service Needs of Abused Preschool Children, Child Abuse and Neglect Demonstration Unit, Coordinating Community Concern for Child Abuse, Pro-Child: A Child Abuse and Neglect Demonstration Project, Family Learning Center, Arkansas Child Abuse and Neglect Project, and Baton Rouge Child Protection Center.

Research Results: The projects' implementation process has been studied in depth; the kinds of implementation problems encountered in the first year of such treatment programs have been identified; initial analysis of the cost structure of each project has been completed; descriptive statistics about the caseloads have been produced; and baseline data describing the community system in which these projects operate have been analyzed.

Publications: Cohn, A. H.; Ridge, S. S.; Collignon, F. C. "Evaluating Innovative Treatment Programs in Child Abuse and Neglect." Children Today, May-June 1975.

DeGraaf, B.; Ridge, S. "Report on Quality Assessment Instrument Testing, Evaluation, Demonstration Program in Child Abuse and Neglect." Berkeley Planning Associates, Calif., 1975.

CR-00018

Berkeley Planning Associates, Calif.
2320 Channing Way
Berkeley, CA 94704

Evaluation, Extended Family Center.

Cohn, A. H.; Collignon, F. C.

Sep 73-Jul 75

The Extended Family Center, San Francisco, Calif.

Research Purpose: The purposes of this evaluation are to (1) determine the extent to which the project achieves those goals it has identified for itself; (2) determine the costs and unit costs of the different project activities over time; (3) describe the process of each of the project components and different staff, client, and outsider attitudes toward the project; and (4) determine what impact services of the project have on the clients.

Research Methodology: Observation, record reviews, interviews with project staff, interviews with clients, group discussions with staff, and completion of various data collection instruments by staff and outside professionals are all used in the program evaluation. Fifty-one parents were compared with parents from the San Francisco Protective Services to assess the effectiveness of services. Comparison included type and frequency of services and demographic features.

Research Results: The project was found to have achieved its goals regarding demonstration of service delivery. Parents perceived the services as helpful and there was a notable decline in recidivism of primary problems. Costs were found to be similar to those of the comparison services, in unit terms, though more services are provided by the center. However, more intensive services and higher expenses could not be established as a factor in more favorable service outcomes.

Publications: Cohn, A. H.; Collignon, F. C. "Quarterly Reports." Berkeley Planning Associates, Calif. June 1975.
Cohn, A. H. "Assessing the Impact of Health Programs Responding to New Problems: The Case of Child Abuse and Neglect." Doctoral Dissertation, June 1975.

CR-00019

Urban and Rural Systems Associates, San Francisco, Calif.
Pier 1½
San Francisco, CA 94111

Development of Child Abuse and Neglect Training Materials.

Day, N. A.

Dec 74-Jun 76

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: To develop curriculum and materials on the identification, reporting, and referral of child abuse and neglect for a multidisciplinary audience of social workers, law enforcement and criminal justice personnel, educators, and medical and health personnel.

Research Methodology: A literature survey of existing training materials, curricula, and activities is being conducted.

Research Results: Data collection is in progress.

CR-00020

Saint Louis Univ., Mo. Cardinal Glennon Memorial Hospital.

1465 S. Grand St.

St. Louis, MO 63104

Child Abuse Management: An Operational Interdisciplinary Approach.

deCastro, F. J.

Jan 75-Dec 75

Saint Louis Univ., Mo. Cardinal Glennon Memorial Hospital.

Research Purpose: The research component of this program consists of an evaluation of the effectiveness of an interdisciplinary approach to child abuse management.

Research Methodology: Data will be collected from longitudinal followup of children handled by the team consisting of a physician, lawyer, and social service worker.

Research Results: Preliminary conclusions are that cooperation of the interdisciplinary team improves child abuse management.

CR-00021

Odyssey House, Inc., New York, N.Y.

Mabon Building, Wards Island

New York, NY 10035

Odyssey House Parents Program - Demonstration Project.

Densen-Gerber, J.

Sep 74-Sep 77

National Institute on Drug Abuse (DHEW), Rockville, Md.

Research Purpose: To (1) study the role of childhood physical abuse, neglect, and sexual abuse in drug addiction among women; (2) examine the failure of social agencies to intervene effectively in the prevention of abuse and neglect of the children of drug-addicted parents; and (3) assess quality parenting by drug-addicted women and develop tools for modifying parental abuse and/or neglectful behavior.

Research Methodology: Structured observations and psychological tests are used to show changes over periods of time on parents and children and specifically to check development in the child. Various subpopulations were determined within the group by sociodemographic and sociopsychological variables. Data were also collected on social agency response to child abuse by studying case reports and identifying decision points where alternative decisions might have been made. Women addicts in other programs and other nonaddict child-abusing parents were tested for comparison. Approximately 260 parents and 350 children were studied.

Research Results: These women addicts showed a high incidence of incest in their background and had very poor self-concepts as women and as parents. The children showed impaired development.

CR-00022

Texas State Department of Public Welfare, Austin.

Rebekah Baines Johnson Center

21 Waller

Austin, TX 78702

Child Abuse and Neglect Resources Demonstration (CANRED) Project.

Dinges, J. B.

Jan 75-Jun 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: Objectives of the evaluation component of the Child Abuse and Neglect Resources Demonstration (CANRED) project are to: (1) evaluate and improve current case identification methods, especially CANRIS and the Public Information Campaign; (2) develop a comprehensive profile of needs instrument; and (3) design specific models for the systematic identification, assessment, and coordination of child abuse and neglect resources.

Research Methodology: The CANRIS evaluation will involve survey research utilizing interviews, questionnaires, and case reading in an attempt to determine if the registry system complies with its legal mandate and stated purposes. The Public Information Campaign evaluation will involve an experimental research design comparing experimental and control groups to evaluate the effectiveness of the Public Information Campaign in reaching its 4 target groups. The needs and resource assessments will involve exploratory survey research utilizing self-administered questionnaires, interviews, and case readings to develop a data base which will be used to identify protective service needs and current and potential resources. These data will form the basis for design of community resource development models in 6 urban and rural counties.

RESEARCH PROJECTS

Research Results: The project is presently at the stage of completing instrument development and will begin data collection in October 1975.

CR-00023

Washington Univ., Seattle.

T 402 Health Sciences, SC-74

Seattle, WA 98195

Measures to Predict Child Abuse.

Disbrow, M. A.; Caulfield, M. C.; Doerr, H. O.

Jul 74-Dec 76

Community Health Services (DHEW), Bethesda, Md.

Research Purpose: To develop criteria for the assessment of parental potential for child abuse and neglect by investigating (1) parental response to infant, child, and social stimuli with respect to parental values, personality traits, age, sensitivity to juvenile needs, and childhood recall in addition to covariability with behavioral, physiological, and self report responses; (2) parental sensitivity to infant or child needs in terms of age, personality, and value relationships; and (3) the effect of age, sex, race, education, and marital status on the above considerations.

Research Methodology: There will be two testing sites, the subjects' homes and the university. In the home, each parent will be interviewed and videotaped while interacting with the infant or child. At the university, each subject will fill out a questionnaire and will have physiological testing (respirations, skin temperature, heart rate, blood volume, pulse, and galvanic skin response) while watching color television tapes of pleasant and stressful parent-child interaction. The taped parents will be of the same race as the subject with a child the same age as the subject's child. Both bivariate and multivariate analysis of data will be utilized including zero order and multiple correlations, factor analysis, and path analysis. The sample population will include 120 families.

Research Results: Data collection is in progress.

CR-00024

White (E. H.) and Co., San Francisco, Calif.

347 Clement St.

San Francisco, CA 94118

Development and Conduct of a System of Evaluation for Demonstration Centers in Child Abuse and Neglect.

Doty, E. F.; Houston, T. R.

Dec 74-Jun 78

Office of Human Development (DHEW), Washington, D.C.

Research Purpose: To conduct a formative evaluation of 12 demonstration centers established by the National Center on Child Abuse and Neglect.

Research Methodology: Management development assistance is being provided and a management information system (MIS) is being developed to collect baseline data (in standard form) on demonstration programs such as the Hawaii Child Abuse Demonstration Project at Kauaikeolani Children's Hospital in Honolulu and the Central Texas

Council of Government's Child Abuse and Neglect Organization in Belton. Reports based on the MIS will be chiefly computerized and their evaluation components will include organizational bases and service modes, service volume, unit costs, and some attempt to identify measures of impact upon coordination of services, abuse and neglect incidence, and recidivism.

Research Results: The first quarterly report will be released at the end of October, 1975. Many of the demonstrations are not yet operational.

CR-00025

Charles R. Drew Postgraduate Medical School, Los Angeles, Calif.

1620 E. 119 Street

Los Angeles, CA 90059

Family Treatment Center for Child Abuse.

Douglas, F. M.; Greenberg, R.

May 74-May 77

Office of Child Development (DHEW), Washington, D.C.; Los Angeles County Department of Public Social Services, Calif.

Research Purpose: To (1) demonstrate an alternative to separation and incarceration of the parent and placement of child in a foster home; (2) demonstrate viable and effective treatment methods for child abuse; and (3) train foster parents to care effectively for abused children.

Research Methodology: Children and their families will receive individual and group therapy and milieu therapy. Foster parents taking children who must be placed will participate in the center's activities and receive training to ease the child's entry into the foster home. Program evaluation of this demonstration project will be done by Berkeley Planning Associates.

Research Results: A staff including foster grandparents has been trained, and children are being screened for admittance to the program.

CR-00026

Case Western Reserve Univ., Cleveland, Ohio; Rainbow Babies and Children's Hospital, Cleveland, Ohio.

Adelbert Rd.

Cleveland, OH 44106

Mental Health Intervention in Infancy: A Case Study.

Drogar, D.

74-May 75

Case Western Reserve Univ., Cleveland, Ohio. Rainbow Babies and Children's Hospital, Cleveland, Ohio.

Research Purpose: To investigate the effects of intervention by a psychologist into a case of failure-to-thrive in infancy.

Research Methodology: A descriptive analysis of psychotherapeutic efforts with a mother on an individual counseling basis was used.

Research Results: A final report is in progress.

CR-00027

Minnesota Univ., Minneapolis.
548 Elliott Hall
Minneapolis, MN 55455

A Prospective Study of the Antecedents of Child Abuse.

Egeland, B.; Deinard, A.

May 75-Jul 78

National Center on Child Abuse and Neglect (DHEW),
Washington, D.C.

Research Purpose: To identify high risk situations for abuse and neglect by studying certain characteristics of a group of pregnant women, the temperament of their newborn, and the interaction of mother and infant during the first year of life; and investigate the hypothesis that in situations where mothers' expectations are unrealistic and rigid the mother and infant will not interact in a synchronous fashion which in turn will place the child in a high risk situation for abuse or neglect.

Research Methodology: This investigation is a prospective, longitudinal study. The child-rearing attitudes and expectations of the mothers are obtained prenatally and 3 months after the infant is born in order to determine what effect the infant's behavior has in modifying these attitudes and expectations. Comparisons will be made between mother-infant pairs when abuse and neglect have taken place versus pairs where normal interaction and development are occurring. A sample of 225 mother-infant pairs will be studied.

Research Results: Data collection is in progress.

CR-00028

Children's Hospital of Buffalo, N.Y.
219 Bryant St.
Buffalo, NY 14222

Recognition and Followup of Child Abuse and Neglect Cases Requiring Hospitalization.

Ellerstein, N. S.

Dec 74-Sep 75

Children's Hospital of Buffalo, N.Y.

Research Purpose: To determine patterns of recognition and followup in abused and neglected children.

Research Methodology: The study consists of 312 cases recognized as possible abuse or neglect according to the discharge diagnosis on the hospital chart from a 13-year period. The cases are evaluated in terms of many parameters effecting recognition and followup of children hospitalized for child abuse and neglect and include children up to 17 years old. Comparisons will be made with children hospitalized for reasons other than abuse.

Research Results: Data analysis is in progress.

CR-00029

Pittsburgh Child Guidance Center, Pa.
201 DeSoto St.
Pittsburgh, PA 15213

Child Abuse: An Interdisciplinary Training Model.

Elmer, E.

Jul 74-continuing.

Research Purpose: The research aspect of the program lies in the evaluation of the criteria which will be used to develop and test a model for the simultaneous training of representatives of the various professions which have primary responsibility for the identification and management of child abuse.

Research Methodology: A multidiscipline staff developed the training model and tested it in 3 different communities. The evaluation of the test model concentrated on assessing the short-term impact on the 65 participants, using a before and after technique and adapting certain well-known instruments. Future intentions are to conduct a more in-depth evaluation; compare methods of case management before the training with methods after the training; and assess the communications between the relevant agencies in the community before and after the training program.

Research Results: Reception was uniformly positive with the accent on increased respect for the reporting law and the role of the police and the law. In each of the 3 communities the trainee group has continued to meet and to pursue better methods of dealing with children's problems, particularly abuse.

CR-00030

Pittsburgh Child Guidance Center, Pa.
201 DeSoto St.
Pittsburgh, PA 15213

Follow-up Study of Traumatized Children.

Jul 74-Oct 75

Elmer, E.

Health Services Administration (DHEW), Bethesda, Md.

Research Purpose: To compare 3 groups of children: (1) those abused as infants less than 13 months of age; (2) those suffering accidents when less than 13 months of age; and (3) a matched group with no history of abuse and no history of accident before the age of 13 months.

Research Methodology: The mothers were interviewed at home to obtain demographic material, information as to the mother's health, perception of the child, and methods of reward and punishment. The children were seen in the laboratory and anthropometric measures, health history, and physical evaluation were obtained. Speech and hearing were evaluated. Selected psychological tests were performed; activity was measured; and assessments of impulsivity and aggression were made. Records were collected from schools, health resources, social agencies and courts concerning the 59 children and their mothers.

Research Results: Very few differences appeared when the following groups were compared: abuse vs. accident; abuse vs. their controls; accident vs. their controls. Most of the children in each diagnostic group had problems in every area studied. Among the abused children, one subgroup stood out, those who had been both abused and neglected as infants. Their chief difficulty at present lies in poor intellectual achievement in school. The findings suggest that the environment of the entire sample, which is mostly lower class, has been harsh and non-supportive.

RESEARCH PROJECTS

CR-00031

Children's Home of Pittsburgh, Pa.
918 S. Negley Ave.
Pittsburgh, PA 15232

Parental Stress Center.

Elmer, E.; Reinhart, J. B.

Feb 75-80

Office of Child Development (DHEW), Washington, D.C.;
Children's Home of Pittsburgh, Pa.

Research Purpose: The research component of this program is an evaluation to be performed in an effort to develop more effective instrumentation and practices concerning judicial disposition of abused children. The program is a collaborative effort of child welfare services, juvenile court, Children's Hospital of Pittsburgh, Pittsburgh Child Guidance Clinic, and the University of Pittsburgh Departments of Pediatrics and Psychiatry.

Research Methodology: Data concerning experiences in making judgments and disposition and outcome of treatment for both child and parents will be collected and analyzed.

Research Results: The study is in a preliminary phase.

CR-00032

Case Western Reserve Univ., Cleveland, Ohio. Human Services Design Laboratory.
Cleveland, OH 44106

Child Welfare Training Program -- Evaluation.

Fein, A.; Holloway, R.

Nov 74-May 75

Social and Rehabilitation Service (DHEW), Washington, D.C.

Research Purpose: This program evaluation was conducted as a research effort to determine the levels of achievement of the training program objectives, which are basically to enhance knowledge and understanding of child welfare problems including prevention and treatment of child abuse and neglect.

Research Methodology: A questionnaire for each of the 3 training subprograms was developed from interviews and lectures of university staff, and was conceptualized so that positive responses would correspond with achievement of proposed objectives. The questionnaires were administered to trainees in each subprogram and responses were recorded separately. To measure change in response, questionnaires were completed before and after the program. Comparisons of pre- and post-test data and analysis of subjective statements were made separately for each program and these results were then compared.

Research Results: Subjective responses indicate a high satisfaction with the training programs. Objective responses in the child abuse and neglect subprogram indicate more changes in response to the post-test in the child abuse and neglect subprogram than in the other subprograms. Improvements were especially indicated in areas of self confidence, understanding, and awareness of the variety of aspects in child care.

Publications: "Child Welfare Training Program - Evalua-

tion." Case Western Reserve Univ., Cleveland, Ohio. Human Services Design Laboratory. June 1975.

CR-00033

Denver Dept. of Health and Hospitals, Colo. Developmental Evaluation Center.
646 Delaware
Denver, CO 80204

A Prospective Study in Child Abuse.

Fitch, M. J.

Jul 72-Jul 76

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To identify the incidence of child abuse and neglect in Denver; follow the developmental (emotional and intellectual) progress of abused children; and test the outcome of coordinated, personalized services to abusive families.

Research Methodology: All abused and nonorganic failure-to-thrive children are tested while in the Pediatric Ward at Denver General Hospital. They are assigned randomly to experimental and control groups. Each child is evaluated upon entrance and then re-evaluated (cognitively and physically) 6 months later, and again in another six months. A completely normal control group is tested on the same schedule for further comparison. Intervention for the experimental group is provided by a social worker and a public health nurse who coordinate services needed by each family while providing necessary psychotherapy. The sample consists of 160 children from birth to 6 years old and 300 parents.

Research Results: Indications are that the study children score significantly lower on cognitive tasks than do the normal control children. The study families have a higher percentage of Anglo-Americans than in the general patient population of Denver General Hospital. Data collection is in progress.

CR-00034

Louisiana State Univ., Baton Rouge. Dept. of Psychology.
P. O. Box 21677 LSU
Baton Rouge, LA 70803

Personality Characteristics of Abusing and Neglecting Mothers.

Floyd, L. M.

Apr 74-May 75.

Research Purpose: To (1) define and clarify further current descriptions of abusing and neglecting mothers; (2) isolate variables which distinguish mothers in these groups from control comparisons; and (3) contribute to developing formulations concerning early identification and treatment of abusing and neglecting mothers.

Research Methodology: Twelve abusive mothers, 12 neglectful mothers, and 32 normal controls were tested individually either at home or in an office. All printed materials were read to them and they indicated their answers on a separate form. Instruments employed included (1) a semi-structured interview concerning mother's back-

ground, current responsibilities, attitudes toward children, and demographic data; (2) the family concept inventory (Van der Veen, 1964); (3) Manifest Rejection Scale (Hurley, 1965); (4) Fundamental Interpersonal Relations Orientation-Behavior scale (FIRO-B) (Schultz, 1967); and (5) 4 Thematic Apperception Test (TAT) cards (Murray, 1938).

Research Results: The abusive and neglectful mothers were significantly different from the controls on the TAT in need dependency, frustration, interpersonal satisfaction, family adjustment, and aggression. Abuse differed from neglect on the FIRO-B in wanting and expressing affection. Blacks and whites differed on the FIRO-B in wanting control. The Manifest Rejection Scale scores and FIRO-B expressed inclusion (across all groups). No effects between welfare vs. nonwelfare were found. Effects due to place of testing were found on Manifest Rejection Scale Scores and FIRO-B in wanting control.

CR-00035

Children's Mission, Inc., Boston, Mass. Parents' and Children's Services.
329 Longwood Ave.
Boston, MA 02115

Parents' Center Project for the Study and Prevention of Child Abuse.

Galdston, R.; Bean, S. L.

Sep 68-continuing

Children's Mission, Inc., Boston, Mass.; Grant Foundation, New York, N.Y.

Research Purpose: To (1) develop new techniques to improve the services to young abused children and their parents; (2) train personnel to pursue further studies into problems related to child abuse; and (3) study the origins and fate of violence as a force within the family.

Research Methodology: This descriptive analysis uses data collected from the worker's initial assessment, weekly charts of progress and developments, weekly conferencing on each case, observations of children and of parent-child interaction, and followup studies on terminated cases. The sample population includes 31 males aged 21 to 34 years; 51 females aged 19 to 37 years; and 80 children ranging in age from 3 months to 4 years, 6 months.

Research Results: A final report is in preparation.

Publications: Galdston, R. "Preventing the Abuse of Little Children." *American Journal of Orthopsychiatry* 45(3), April 1975.

Bean, S. L. "Use of Specialized Day Care in Preventing Child Abuse." *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., 1975.

CR-00036

San Francisco Child Abuse Council, Calif.

1304-A Castro St.

San Francisco, CA 94114

Child Abuse: Why Physicians Don't Report It.

Garcia, H.; Garrison, J.

Nov 74-May 75.

Research Purpose: To (1) determine if physicians in San Francisco are hesitant to report abuse; (2) determine (a) reasons for hesitancy, and (b) how many cases of child abuse are reported; (3) compare characteristics of physicians; (4) determine (a) if there is a relationship between the way cases are handled, (b) the sex of the reporting doctor, (c) type of experience with public agencies (positive or negative); and (5) determine followup procedures used.

Research Methodology: Forty physicians were interviewed to determine attitudes and practices.

Research Results: It was determined that most physicians do not report abuse for fear of litigation, ruining rapport with the family, uncertainty of diagnosis, and other reasons, such as negative experiences with agencies dealing with child abuse.

CR-00037

Judge Baker Guidance Center, Boston, Mass.

295 Longwood Ave.

Boston, MA 02115

Child Abuse: Formal and Informal Decision-Making Processes.

Garinger, G.

Jul 74-Sep 75

Alcohol, Drug Abuse, and Mental Health Administration (DHEW), Washington, D.C.

Research Purpose: To (1) describe the official and unofficial bases for case handling; (2) identify the key stages in the decision-making process and the criteria invoked at each of these stages; and (3) assess the pro's and con's of policies and procedures of the juvenile court petition system and the Dept. of Public Welfare System which separately handle child abuse cases in Massachusetts.

Research Methodology: The research consists of 5 main tasks: (1) analysis of past and present statutory, regulatory, and organizational framework for handling child abuse in Mass.; (2) analysis of the Dept. of Public Welfare and court structure and their respective guidelines for child abuse management in Greater Boston; (3) analysis of contracts and other agreements for case handling; (4) analysis of decision-making dynamics and outcome on case-by-case basis in each of two systems; and (5) analysis of pro's and con's of management in each of the two systems.

Research Results: The study has documented the considerable confusion which surrounds child abuse decision making and the dire need to clarify the roles and responsibilities of the respective agencies in terms of legal mandates, and a final report is in preparation.

CR-00038

Rutgers Univ., New Brunswick, N. J. Graduate School of Social Work.

New Brunswick, NJ 08901

Abuse and Neglect Among Low-Income Families: A Comparative Study of Adequate and Inadequate Child Care.

Geismar, L.; Horowitz, B.

Jun 75-continuing

RESEARCH PROJECTS

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: To clarify the factors which, interactive with poverty, may make families more likely to neglect or abuse their children.

Research Methodology: Four hundred families who have neglected and 100 families who have abused their children will be compared with 300 families who care adequately for their children. Factors to be assessed in each family include family structure and functioning; unemployment; child-rearing knowledge, attitudes, and practices; child and parental health; drugs and alcohol; and awareness and use of available community resources.

Research Results: The project is in planning stages.

CR-00039

Rhode Island Univ., Kingston. Dept. of Sociology.

Kingston, RI 02881

The Social Construction of Child Abuse.

Gelles, R. J.

Apr 74-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: To examine labeling and classification processes employed by individuals dealing with suspected causes of child abuse in an attempt to determine a common definition of abuse.

Research Methodology: Physicians', social workers', elementary school principals', and elementary school counselors' opinions were assessed through questionnaires and in-depth interviews.

Research Results: Data gathered in initial stages have been used to construct the funded project questionnaire.

Publications: Gelles, R., "The Social Construction of Child Abuse." *American Journal of Orthopsychiatry*, April 1975.

CR-00040

Rhode Island Univ., Kingston. Dept. of Sociology.

Kingston, RI 02881

An Exploratory Study of Intrafamily Violence.

Gelles, R. J.; Straus, M. A.

Jun 72-Jun 75

National Inst. of Mental Health (DHEW), Rockville, Md.

Research Purpose: To examine incidence, meanings, and causes of violence between family members.

Research Methodology: In depth, unstructured interviews were conducted with 20 families selected from files of a private social work agency, 20 families selected from a police log (1972-1973), and 40 neighbors of these families randomly selected. Information was obtained on age, education, income, occupation, number of children, religion, years of marriage, family status, differences, neighbor status differences, and violence between family members.

Research Results: A final report is in preparation.

Publications: Gelles, R. J. "The Violent Home." Beverly Hills, Calif., Sage Publications, 1974.

Gelles, R. J., and Straus, M. A. "Family Experience and Public Support of the Death Penalty." *American Journal of Orthopsychiatry*, July 1975 (in press).

Gelles, R. J. "Abused Wives: Why Do They Stay?" (in preparation).

CR-00041

Brandeis Univ., Waltham, Mass.

Waltham, MA 02154

Holistic Perspective On Child Abuse and Its Prevention.

Gil, D. G.

May 74-Apr 75

National Inst. of Child Health and Human Development (DHEW), Bethesda, Md.

Research Purpose: To (1) reconceptualize child abuse and neglect in order to identify all levels of manifestation and determine causal relationships; (2) derive a model for primary prevention; and (3) establish basic theories for prevention-oriented research.

Research Methodology: Testing the model for primary prevention developed by the study was done in a setting relatively free of supposed causal factors of child abuse. Independent variables were value premises of society, institutions built on these premises, and the quality of human relations based on these institutions and values.

Research Results: The causal factors of child abuse are intrinsic to the basic institutions of society. Changes in societal attitudes toward violence and the status of children are essential in preventing the child abuse problem.

Publications: Gil, D. G. "A Holistic Perspective on Child Abuse and Its Prevention." *Journal of Sociology and Social Welfare*, 11(2), Winter 1974.

Gil, D. G. "Unravelling Child Abuse." *American Journal of Orthopsychiatry* 45(3), April 1975.

Gil, D. G. "Primary Prevention of Child Abuse: A Philosophical and Political Issue." *Psychiatric Opinion*, 1975 (in press).

Gil, D. G. "Child Abuse-Roots Of." *International Encyclopedia of Neurology, Psychiatry, Psychoanalysis and Psychology*, 1976 (in press).

CR-00042

California Univ., Los Angeles. School of Social Welfare.

405 Hilgard Ave.

Los Angeles, CA 90024

Early Warning Signals of Severe Neglect and Abuse.

Giovannoni, J. M.

Jun 74-Jun 77

Community Services Administration (DHEW), Washington, D.C.

Research Purpose: To (1) elucidate differentiating factors in the psychosocial, circumstantial, and ecological fabric of child abuse and neglect protective service cases; (2) validate these factors through analysis of families involved; (3) identify elements necessary for or injurious to healthy

growth and development of children, and the relative degree of certainty upon which such information is based; and (4) develop a rationale for studying specific situations or populations at varying degrees of risk.

Research Methodology: Procedures include (1) a survey of sustained and unsustained cases of child neglect and abuse, in 4 California counties, sampled at various stages of entrance into the protective service system; (2) an intensive interview of a sample of families involved; (3) a literature review; and (4) a survey of experts in which respondents are asked to judge the seriousness of a list of incidents and a second list of types of intervention they would prescribe.

Research Results: Data are being collected and analyzed.

CR-00043

National Center for Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.

1001 Jasmine St.
Denver, CO 80220

Denver Predictive Study.

Gray, J.; Kempe, C. H.

Nov 71-Jan 76

Grant Foundation, New York, N.Y.

Research Purpose: To study the predictability of abusive or neglectful parenting from high risk factors evident during prenatal care, labor and delivery, or post-natal hospitalization.

Research Methodology: During a 16-month period, 350 mothers delivering their first or second child at Colorado General Hospital were screened for high-risk parenting factors. One hundred mothers identified as high risk were randomly divided into an intervene and a nonintervene group. A group of 50 mothers identified as low risk were selected as controls. Twenty-five mothers were randomly selected from each group and were interviewed and observed with their child during a home visit and a DDST was administered to the child. The average age of the child at evaluation time was 36.8 months.

Research Results: The data are being analyzed.

CR-00044

Washington Univ., Seattle. School of Social Work.

1417 N.E. 42nd St.
Seattle, WA 98195

Performance Based Instructional Development Project for Child Protective Service (CPS) Workers.

Green, J.; Bryant, V. E.

Jul 74-Jun 77

Washington State Dept. of Social and Health Services, Olympia.

Research Purpose: To determine what a Child Protective Service (CPS) worker must know and do to function effectively on the job; create a performance based instructional development program for child protective workers;

and develop a technology for the development of performance-based instructional programs.

Research Methodology: The procedures to be used are: (1) systems analysis of CPS worker functions or documentation of all events which occur in the system and environment which contribute to or inhibit the accomplishment of the child protective service goals; and (2) literature search and review of approximately 1500 citations, including reading, indexing, and abstracting of 700 citations to the present. A literature review and information retrieval system has been designed and checked for reliability.

Research Results: Preliminary findings indicate ambiguity as to child protective service worker functions and lack of definition. It is one of the more emotionally taxing functions in the Social Work professions. Average tenure on the job is 18 months. The foregoing has implications for training and staff development. At present there is little available in CPS training. There is little nonprint media and printed material is either very medical or dramatic.

CR-00045

New York City Board of Education, Brooklyn, N.Y.

District 18,
545 Utica Ave.
Brooklyn, NY 11203

School and Community Program for the Abused and Neglected Child (SCAN).

Gross, N.; Kaplan, D.

Jul 74-Jun 76

Office of Education (DHEW), Washington, D.C.; New York City Board of Education, Brooklyn, N.Y. District 18.

Research Purpose: To (1) identify as early as possible students who manifest symptoms of neglect or abuse; (2) evaluate the most appropriate method and approach to removing neglect or abuse; (3) enlist and coordinate the resources of the schools and other social agencies in the correction and remediation of the problems and deficiencies suffered by involved families; (4) change parental attitudes toward themselves and their methods of child handling; (5) develop a more satisfactory level of self esteem for the child which would improve self image; and (6) increase motivation and meaningfulness of education for victimized children.

Research Methodology: Specific methods include observations of staff orientation or training meetings; analysis of referral data; pre- and post-test administrations of a locally prepared Likert-type summated rating scale to measure self-concept, peer interaction skills, attitudes toward home and school, and relationships with guardian adults; pre- and post-test administrations of a locally prepared Guardian's Attitude Rating Scale (Likert-type) to measure the case workers' impressions regarding guardians' attitudes during initial contact and at termination of intervention; and interviews with participants and staff.

Research Results: Descriptive data have been obtained for the 167 abused and or neglected children referred. The data have been categorized by types of abuse and neglect, ethnic background, and sex.

RESEARCH PROJECTS

CR-00046

Calif. Univ., San Francisco. Dept. of Pediatrics.

San Francisco, CA 94143

Battered Child Syndrome, Eight Year Follow-up.

Grossman, M.; Ten Broeck, E.

73-75

California State Dept. of Health, Sacramento. Maternal Child Health Div.; California Univ., San Francisco.

Research Purpose: To evaluate the current status of 83 out of 130 abused children studied 8 years ago.

Research Methodology: A longitudinal study will review the hospital, court, coroner, and welfare records of 83 abused children to determine incidence of death, recidivism, removal from home, foster home placement, and multiple placement.

Research Results: A final report is in preparation.

CR-00047

Kauaikeolani Children's Hospital, Honolulu, Hawaii.

226 Kuakini St.

Honolulu, HI 96817

Hawaii Child Abuse Demonstration Project.

Hammar, S. L.

Jan 75-Jun 78

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: The evaluation component of this project will assess increased agency participation, utilization, and coordination; and effectiveness of service delivery. The overall goal is to demonstrate a model for organization and mobilization of resources to prevent the occurrence of or alleviate the consequences of child abuse and neglect.

Research Methodology: Data will be gathered by monitoring various agency records, interviewing agency personnel, and analyzing joint agency conferences. Control groups of serviced and nonserviced families will be tested and compared to assess effectiveness of service delivery. Evaluation will be performed by E. H. White and Company, San Francisco.

Research Results: The project is in a preliminary phase.

CR-00048

Michigan State Univ., East Lansing. Dept. of Human Development.

B240 Life Sciences Building

East Lansing, MI 48854

Service Project to Determine the Reliability and Validity of the Child-Rearing Questionnaire.

Helfer, R.

Jun 75-May 77

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To assess the reliability and validity of the child rearing questionnaire (Helfer; Pollock; Schneider) through analysis of data collected by participating groups and agencies.

Research Methodology: The study will use data composition and analysis for assessment and attempt to develop new scoring techniques and instrumentation.

Research Results: The questionnaire is still in use. Scoring and instrumentation will not start until all data have been gathered.

CR-00049

Baton Rouge Child Protection Center, La.

5825 Airline Highway

Baton Rouge, LA 70805

Baton Rouge Child Protection Center.

Hendrix, J. L.; Plauche, L.

May 74-Apr 77

Office of Child Development (DHEW), Washington, D.C.; Social and Rehabilitation Service (DHEW), Washington, D.C.; Louisiana State Health and Human Resources Administration, Baton Rouge. Div. of Family Services.

Research Purpose: The research component of this demonstration program will consist of program evaluation to determine the effectiveness of such a cooperative service program in reducing child abuse and neglect incidence, helping problem families, and modeling for other similarly proposed programs.

Research Methodology: Data are being collected on the number of hospitalized children, source of referral, number of case confirmations, and geographic location. This information along with program descriptive data is being evaluated by Berkeley Planning Associates.

Research Results: Data collection and analysis are in progress.

CR-00050

Lehigh Univ., Bethlehem, Pa. Center for Social Research.

10 West Fourth Street

Bethlehem, PA 18015

Family Style and Coping in Child Abusing Families.

Herrenkohl, R. C.; Herrenkohl, E. C.

Jun 75-Nov 77

National Inst. of Mental Health (DHEW), Bethesda, Md.

Research Purpose: To identify characteristic types of interaction between abusing parents and their abused children; characteristic coping behaviors of abused children; and characteristic attitudes of abusing parents toward discipline, child care, spouses or partners, themselves, and the outside world which represent specific family styles.

Research Methodology: Parents and children of middle and low socioeconomic status who have not been cited for abuse or gross neglect will be compared to cited abusive parents and abused children. The nonverbal and verbal interactions of structured parent-child interactions will be observed and scored. Parents (550 females, 140 males) will be interviewed extensively to determine current status on the social and psychological dimensions hypothesized to be related to abuse, with considerable attention given to discipline methods. Children (550) will be observed in peer group settings and their behavior in these settings will be

coded. Individual testing of a portion of the sample of children will also be done.

Research Results: The study is in a preliminary phase.

CR-00051

Lehigh Univ., Bethlehem, Pa. Center for Social Research.
10 West Fourth Street
Bethlehem, PA 18015

An Investigation of the Effects of a Multidimensional Service Program on Recidivism or Discontinuation of Child Abuse and Neglect.

Herrenkohl, R. C.; Herrenkohl, E. C.

Jun 75-May 77

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To identify and investigate recidivism or discontinuation of abuse or gross neglect in families who have received varying types of intervention services through a child abuse prevention program in the Lehigh Valley, Pa., since 1968. The research is broadly focused in assessing the social, psychological, and ecological conditions of parents cited in the past for abuse or neglect.

Research Methodology: All families cited for abuse or neglect since 1968 who have received service from the Children's Bureaus of Lehigh and Northampton counties will be interviewed extensively to determine current and past status on the social and psychological dimensions hypothesized to be related to abuse or neglect. Considerable attention is devoted to discipline methods. The types and amounts of services received are also determined as well as respondent's perception of the usefulness of these services. Approximately 380 adults will be interviewed.

Research Results: The study is in a preliminary phase.

CR-00052

Lehigh Univ., Bethlehem, Pa. Center for Social Research.
10 West Fourth St.
Bethlehem PA 18015

State Demonstration Grant on Child Abuse.

Herrenkohl, R. C.; Herrenkohl, E. C.

Oct 74-Sep 77.

Research Purpose: To (1) establish a systematized record-keeping system for use by both Children's Bureaus involved in the project; (2) initiate systematic and periodic use of a rating system for each client and his or her family to assess present and projected status on personality dimensions, family interaction dimensions, child development dimensions, and environmental stress dimensions; and (3) develop a unified service accounting system for each component of the program.

Research Methodology: The project includes an analysis of underlying dimensions or goals upon which service programs are based; the development of an evaluational rating scale based upon those objectives; a survey of the literature to determine the various hypotheses regarding etiology of

abuse and neglect; and the development of a record-keeping system which would incorporate data relevant to those hypotheses. Approximately 240 families will be studied.

Research Results: Data collection is in progress.

CR-00053

Berkeley Planning Associates, Calif.

2320 Channing Way
Berkeley, CA 94704

Arkansas Child Abuse and Neglect Project.

Hill, J. W.

May 74-Apr 77

Office of Child Development (DHEW), Washington, D.C.;
Arkansas State Dept. of Social and Rehabilitative Services,
Little Rock.

Research Purpose: To demonstrate the use of a volunteer-based model for protective services in a four-county area.

Research Methodology: The volunteers will receive training, professional supervision, and consultation from multidisciplinary teams. The volunteer model is designed to expand the capacity of professional agencies both through the services of the volunteers and community involvement.

Research Results: Data collection is still in progress.

CR-00054

Case Western Reserve Univ., Cleveland, Ohio. School of
Applied Social Science.
Cleveland, OH 44106

A Study of the Attitudes of Child Care Workers Toward
Use of Force.

Holland, T.

Jul 74-Dec 75.

Research Purpose: To (1) study one group of child caretakers (child care workers) omitted from reporting systems and from other studies of the problem of child abuse to date; (2) investigate the influence of certain demographic, organizational, and sociopsychological factors on the attitudes of child care workers toward use of force; and (3) develop a model involving several interacting causal contexts that would have utility for understanding of the structural dimensions of the use of force.

Research Methodology: The study utilizes an ex post facto design and field methods of data collection. Data are being gathered in the natural setting of 15 children's homes. Analysis of variable pairs is being done through use of correlation analysis techniques, and control of known alternatives is being sought through use of multivariate methods of data analysis. Data are being gathered through use of a five-part questionnaire: three parts are self-administered by the respondents; and in the other two parts, data are being gathered through structured interviews. Independent variables include demographic features, psychological attitudes, and participation in the specific organizational

RESEARCH PROJECTS

framework. The sample population consists of 100 child care workers.

Research Results: Data collection is in progress.

CR-00055

Community Research Applications, Inc., New York, N.Y.
1560 Broadway, Suite 1214
New York, NY 10036

Survey of Child Abuse and Neglect Service Programs.

Holmes, M.

Jul 74-Oct 75

National Inst. of Mental Health (DHEW), Bethesda, Md.

Research Purpose: To (1) develop program case studies of eight child abuse and neglect projects; and (2) synthesize the literature and the field experience in terms of criteria and definitions of abuse and neglect, characteristics and dynamics of abusers and neglecters, characteristics of the abused and neglected child, identification, case management, and treatment, social service, health, child care, educational, and law enforcement systems.

Research Methodology: Procedures include on-site visits by a clinical psychologist and a program analyst; interviews with program staff and with cooperating community agencies and systems; and description of program start-up, objectives, auspices, costs and sources of funding, facilities, community and participant characteristics, staffing, services, service delivery system in the community, and community and professional education.

Research Results: The final report, a 2-volume monograph, is in preparation.

CR-00056

New Jersey State Div. of Youth and Family Services,
Trenton, Bureau of Research.
1 South Montgomery St.
Trenton, NJ 08625

Union County Protective Services Demonstration Project
Evaluation.

Horowitz, B.

May 74-Apr 77

Office of Child Development (DHEW), Washington, D.C.;
New Jersey State Div. of Youth and Family Services,
Trenton.

Research Purpose: To determine the effectiveness of a comprehensive network of tangible services for families in which abuse or neglect occur.

Research Methodology: The program will be evaluated by reviewing casework, and studying the effectiveness of the program's implementation. Further study will be done by compiling data on the number and duration of child placements and through community and professional surveys on attitudes and practices regarding child abuse or neglect. Change in abuse or neglect problems over a period of time will be assessed. Program evaluation will be done by Berkeley Planning Associates.

Research Results: A preliminary data analysis on 38 cases provided the basis for revision of data collection instruments.

CR-00057

George Washington Univ., Washington, D.C. Social Research Group.
2401 Virginia Ave.
Washington, DC 20036

Data Systems for Planning Children's Research: Interagency Panels on Early Childhood and Adolescence.

Hurt, Jr., M.

70-continuing

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To collect federally sponsored research data on early childhood and adolescence including projects that deal with child abuse and neglect.

Research Methodology: Each federal agency is screened for projects which deal with children. The proposals which qualify are abstracted and coded. The principal investigators, institution, addresses, funding level, sample description, general objectives, and test instruments are recorded. The coding allows for computerized retrieval on any combination of 400-plus descriptors. Data collection is not the major emphasis of this research but this is the only source of information on the federal effort in this area.

Research Results: Data on FY 74 projects are available and data collection for FY 75 is in progress.

Publications: Hurt, M. "Child Abuse and Neglect: A Report on the Status of the Research." DHEW Pub. No. (OHD) 74-20, 1974.

CR-00058

Texas Migrant Council, Laredo.
2220 Sta. Ursula
P.O. Box 917
Laredo, TX 78040

Migrant Child Abuse and Neglect Project.

Ibarra, A.

Jul 75-Jun 78

National Center on Child Abuse and Neglect (DHEW),
Washington, D.C.

Research Purpose: To test and evaluate the feasibility of using the extended family in solving the problem of child maltreatment.

Research Methodology: Data will be compiled from general case profiles and extensive followup both at home and at work.

Research Results: The study is in a preliminary phase.

CR-00059

Makah Tribal Center, Neah Bay, Wash.
P.O. Box 115
Neah Bay, WA 98357

Makah Child Development.

Ides, E. L.; Denney, L. M.

Office of Human Development (DHEW), Washington, D.C.

Research Purpose: To (1) change the existing delivery of services for child abuse and neglect from a haphazard to an orderly, coordinated, and effective system; and (2) imple-

ment and test a comprehensive and positive child development program that is designed and developed by and for Makah parents and administered by the Tribal community. **Research Methodology:** The coordination of case management and the training of community workers was done in an attempt to utilize all available community resources as effectively as possible. Child management classes are taught and counseling or therapy is available to both children and adults. The effectiveness of planning with the parents and community on a comprehensive basis will be evaluated by Berkeley Planning Associates.

Research Results: Data collection is in progress.

CR-00060
Georgia Univ., Athens. Regional Inst. of Social Welfare Research.
Tucker Hall
Athens, GA 30601
A Comparative Evaluation of Two Community Protective Service Systems.
Johnson, C. L.
Dec 73-75
Social Rehabilitation Service (DHEW), Washington, D.C.; Georgia Univ., Athens. Regional Inst. of Social Welfare Research.

Research Purpose: To (1) determine the organization and structure of protective services at the local level; (2) assess the nature and content of services delivered; (3) determine the effectiveness of the protective service delivery systems; and (4) develop models for training and service delivery systems based on the findings.

Research Methodology: The research project was conceptualized in two levels. Level 1 sought to delineate the mechanism for handling child abuse and neglect cases. Data were obtained through interviews, observations, written reports, and developed instruments. Level 2 sought case data from which a determination of the effectiveness of service intervention could be made.

Research Results: Data analysis is in progress.

CR-00061
Education Commission of the States, Denver, Colo. Dept. of Planning and Development.
1860 Lincoln St.
Denver, CO 80203
The Educational System's Role in Child Abuse and Neglect.
Jones, C. D.
Jun 74-continuing
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: The research aspect of this project is to develop a data base concerning child abuse in regard to teacher preparation in this area and school policies at state and local levels on abused and neglected children and to establish a National Advisory Committee to seek alternative methods of identification and prevention in public schools.

Research Methodology: Trend analysis will be performed on data collected from state and local boards of education, PTA's, and other educational organizations. Teacher education and preparation in the area of abuse will also be researched.

Research Results: Data collection is in progress.

CR-00062
Western Michigan Univ., Kalamazoo. School of Social Work.
Kalamazoo, MI 49008
Child Neglect. Labeling, Response, Outcome.
Joslyn, D.
Dec 74-Apr 75
Western Michigan Univ., Kalamazoo. Faculty Research Fund.

Research Purpose: To explore the process of labeling families as neglectful, the agency response to the label, and the outcomes.

Research Methodology: This research is descriptive and explanatory in nature. Data will come from caseworkers' records of family labels, the service plan, and family outcome. Operational definitions are derived from disorganization factors including (1) housekeeping standards, (2) financial problems, (3) family routine, (4) parental selfishness, (5) mutual affection, (6) family isolation, and (7) child development functioning. More than 2,000 cases will be covered.

Research Results: Data analysis is in progress.

CR-00063
Rainbow Babies and Childrens Hospital, Cleveland, Ohio.
2040 Adelbert Rd.
Cleveland, OH 44106
Mother to Infant Attachment.
Kennell, J. H.
Jul 74-continuing
Maternal and Child Health Service (DHEW), Rockville, Md.

Research Purpose: To determine if the infant's contribution to a perceived reciprocal interaction by the mother is necessary to formation of mother-infant attachment; determine if close mother and infant contact after birth increases maternal attachment thus insuring better health for the child; and investigate situations in which the new born infant is malformed.

Research Methodology: The first of 3 studies is a comparative analysis of infants and mothers who receive experiences in the first week after birth and a matched group that do not. The second study was in Guatemala and compared a group in which mothers were separated from their infants for 24 hours and a group in which they were not. The third study looks at infants with congenital anomalies and compares a group receiving intervention with one that is not.

Research Results: The pilot research of these 3 studies has been completed. Significant findings in the first study show that babies looked at by their mothers tended to have

higher I.Q. test results than babies deprived of that experience. Findings in one hospital in Guatemala show significantly more weight gain and breastfeeding with infants not separated from their mothers, but the other hospital study did not show this. Preliminary findings in the third study show a higher incidence of mother-child interaction with the group receiving intervention.

CR-00064
Children's Hospital, Los Angeles, Calif. Div. of Psychiatry.
4650 Sunset Blvd.
Los Angeles, CA 90054
A Longitudinal Study of Physically Abused Children.
Kent, J.
Jun 74-continuing
National Inst. of Mental Health (DHEW), Rockville, Md.

Research Purpose: To assess the effectiveness of a community program of services for physically abused and neglected children and their parents.

Research Methodology: Abused and neglected children undergoing treatment at Children's Hospital, and their parents, are being observed, tested, and questioned regarding their psychological and social attitudes at periodic intervals. These data will be used to determine the impact of the increasingly coordinated availability of medical, legal, and social assistance in the community.

Research Results: Data analysis is in progress.

CR-00065
Children's Hospital, Los Angeles, Calif. Div. of Psychiatry.
P.O. Box 54700 Terminal Annex
Los Angeles, CA 90054
Behavior, Parenting, and Outcome of High-Risk Infants.
Kent, J.
Oct 74-continuing
Bureau of Community Health Services (DHEW), Washington, D.C.

Research Purpose: To investigate the developmental outcome of infants who are at high risk because of prolonged hospitalization after birth and thus separated from normal parent-infant experiences; and develop a profile of risk factors.

Research Methodology: The profile will consist of specific combinations of factors that increase outcome risk in 2 groups: (1) infants kept hospitalized because of their prematurity, and (2) those kept hospitalized because of congenital anomalies. The study population will consist of infants who fall into these categories at Children's Hospital and whose parents volunteer. Data will be collected by observation, questionnaire, and psychological evaluation.

Research Results: Data collection is in progress.

CR-00066
Utah State Univ., Logan. Dept. of Special Education.
UMC 65
Logan, UT 84322

Educational and Psychological Problems of Abused Children.
Kline, D. F.; Christiansen, J. L.
Apr 75-Sep 75
Bureau of Education for the Handicapped (DHEW), Washington, D.C.

Research Purpose: To determine the extent to which abused children were likely to have educational and psychological problems.

Research Methodology: Potential subjects were identified by obtaining a list of abused children from the Utah State Juvenile Court. Abuse data were obtained from Division of Family Services confidential files. The incidence of special education placement, type of educational placement, academic achievement, and institutional placement of abused children were compared with the nonabused school-aged population. A list of psychological descriptors was also compiled from the narratives in the confidential files. The sample population included 138 children between the ages of 6 and 17 years.

Research Results: Statistical significance was obtained for the following variables when the advised population was compared with the population not reported as abused: more abused children were in special education classes; more were in institutions; a large number were below grade level in academic achievement; the average achievement level was below the normal; and it was shown that certain psychological problems seemed to be associated with the type of abuse or injury.

CR-00067
Central Texas Council of Governments' Child Abuse and Neglect Demonstration Organization, Belton, Tex.
302 E. Central
Belton, TX 76513
Child Abuse and Neglect Demonstration Organization (CAN-DO).
Knox, J. C.; Phillips, Y.; Eyman, N.
Dec. 74-Jun 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: The research component of this regional demonstration program consists of descriptive data collection for formative evaluation; information regarding identification, reporting, referral, and coordination will be gathered.

Research Methodology: Formative evaluation will be conducted by E. H. White and Company in San Francisco.

Research Results: This is the project's first operational year.

CR-00068
Saint Louis Children's Hospital, Mo. Family Resource Center.
4386 Lindell Blvd.
St. Louis, MO 63108

Analysis of the Psychological Characteristics and Service Needs of Abused Preschool Children.
Lange, M.; Rapoff, M.
Jan 74-Jun 77
Office of Child Development (DHEW), Washington, D.C.;
Social Rehabilitation Service (DHEW), Washington, D.C.

Research Purpose: To explore the characteristics and service needs of abused preschool children through the use of developmental screening tests.

Research Methodology: Behavior disturbance and developmental lags exhibited by the children will be examined with particular attention to their relationship with the socioeconomic status of the parents, the type and severity of abuse, and the length of time the child has been placed away from the natural parents as a result of abuse. All children of parents who apply for services at the Family Resource Center will be tested regardless of whether or not the children are placed into a classroom program. The following tests will be used: (1) The Vineyard Scale of Social Maturity; (2) Peabody Picture Vocabulary Test, (3) Denver Developmental Screening Test, and (4) Preschool Behavior Questionnaire.

Research Results: Data collection is in progress.

CR-00069

Educational Testing Service, Princeton, N.J.
Rosedale Rd.
Princeton, NJ 08540

The Effect of Birth Order on Mother-Child Relationship.
Lewis, M.
Jul 75-continuing
National Inst. of Child Health and Human Development (DHEW), Bethesda, Md.

Research Purpose: To investigate the effects of birth order, sex, and socioeconomic status upon mother-infant interaction and upon psychological development of the infant up to 2 years.

Research Methodology: At 3 months of age, infants and their parents are observed at home for 2 hours. Scan sheet technology is used to permit computer analysis of types of minute to minute stimulus-response, chains of behavior, and behavior density measures. At 1 year and 2 years of age infants and their mothers are videotaped in the laboratory. Infants are measured for cognitive, intellectual, and emotional development, and mothers are tested on social and psychological attitude. The study population consists of over 200 infants and their families from 2 economic groups.

Research Results: Observation of the 3-month-old infants is nearing completion. Preliminary indications show significant effects of birth order and birth spacing on interaction. The first born usually gets most response, the second less, the third even less with largest change between first and second born. Birth spacing of less than 18 months shows highest equality response by mother while space of 18 to 54 months shows highest unequal response.

CR-00070

Idaho State Univ., Pocatello. Dept. of Sociology.
Box 8374
Pocatello, ID 83209

Inter-agency Child Welfare Training for Rural Areas.
Lingren, H. C.; Lovald, R.
Jul 74-Oct 75
Social and Rehabilitation Service (DHEW), Washington, D.C.

Research Purpose: To develop training materials in child welfare areas including child abuse and neglect. The materials are designed to heighten awareness of child welfare problems and to train welfare workers, police, teachers, and others concerned with child welfare problems.

Research Methodology: A literature survey and analysis of Idaho statutes formed the basis for development of training materials and programs. Use of materials in workshops followed by evaluation by participants assisted in refining the final training package.

Research Results: Training materials in child welfare areas including child abuse and neglect have been developed. A final report is in preparation.

CR-00071

JFK Child Development Center, Denver, Co. D.
4200 E. 9th
Denver, CO 80220

Follow-up Studies of Abused Children.
Martin, H. P.

71-continuing
Bureau of Community Health Services (DHEW), Bethesda, Md.; Grant Foundation, New York, N.Y.

Research Purpose: To determine effects of abusive environment on children.

Research Methodology: The children are given neurological exams and IQ tests in conjunction with personality assessment.

Research Results: Preliminary conclusions for the final report are being formulated.

CR-00072

JFK Child Development Center, Denver, Colo.; National Center for Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.
Univ. Colo. Medical Center
4200 E. 9th
Denver, CO 80220

Psychotherapy of Abused Children.

Martin, H.; Beezley, P.; Rodeheffer, M.; Kempe, R.
73-75

Bureau of Community Health Services (DHEW), Bethesda, Md.; Grant Foundation, New York, N.Y.

Research Purpose: To learn more about psychic conflicts of abused children.

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Research Methodology: Twenty children, 4-8 years old, will be analyzed by diagnostic play therapy in a descriptive report.

Research Results: Data are being collected and analyzed for the final report.

CR-00073

Washingtonian Center for Addiction, Boston, Mass.
Boston, MA 02130

An Investigation of the Relationship Between Substance Abuse and Child Abuse.

Mayer, J.; Black, R.

Jun 75-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: To (1) examine the distribution and frequency of child abuse and neglect within a sample of alcohol and drug abusers; (2) investigate child abusers and substance abusers to see if there are common factors; (3) compare types of abuse within 2 samples; and (4) develop more specific hypotheses for testing.

Research Methodology: Structured interviews and questionnaires will be administered to a population of 100 drug addicts and 100 alcohol abusers to identify abusive or neglecting parents and factors which they have in common.

Research Results: The questionnaire is being developed and the pilot study will begin in January.

CR-00074

Texas State Dept. of Public Welfare, Austin.
Special Projects Bureau
3000 S. Interregional
Austin, TX 78704

Project Care: Child Advocacy Resources Expansion.

McCoy, C. D.; Tallerico, B. S.

Jul 75-78

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: The research aspect of this demonstration project is to perform a policy study on the Bexar County military community's response to the problems of abuse and neglect.

Research Methodology: The policy study, based on the social policy model of Gil (1973) and consisting of description and statute analysis, will define (1) focus of policy; (2) policy objectives, underlying values and hypotheses, target population, short and long-term effects; (3) consequences on military careers; and (4) interactions between military and civilian policy; and will develop alternative policy and recommendations.

Research Results: The study is in a preliminary phase.

CR-00075

National Center for Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.
1001 Jasmine St.
Denver, CO 80220

Crisis Nursery for Abused Children and Their Siblings.
McQuiston, M.; Rodeheffer, M. A.
Dec 74-Dec 76

National Center for Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.; Commonwealth Fund, New York, N.Y.

Research Purpose: The purpose of this program's research aspect is to (1) evaluate the effectiveness of outreach efforts to inform abusive parents of the services available at the Crisis Nursery; (2) assess the use of the Crisis Nursery by parents to whom its services are offered; (3) examine the incidence of reabuse in families who use the Crisis Nursery compared to those who elect not to use it; and (4) identify alternative arrangements made by abusive families for child care.

Research Methodology: Questionnaires will be used to determine the number of families in each county of a 5-county area who actually received written information from caseworkers regarding the Crisis Nursery. The use and failure to use the Crisis Nursery will be assessed for each county. Variables that affect potential use by abusive or neglectful parents will be studied by comparing such parents who used the Crisis Nursery with those who did not and comparing the incidence of reabuse in these families. Questionnaires will be sent to caseworkers to ascertain differences between families that use the Crisis Nursery and those that do not use it within the same caseworker's families.

Research Results: The study is in a preliminary phase.

CR-00076

Illinois Valley Community Coll., Ottawa.
412 W. Madison St.
Ottawa, IL 61350

Training for Strengthening of Parenting Skills.

Mohamoud, J.

Sep 74-Aug 75

Department of Health, Education, and Welfare, Washington, D.C.

Research Purpose: The research aspect of the training program consists of assessment of levels of parent functioning before and after the program to determine effective impact.

Research Methodology: Interviews and home observations were made prior to the training workshop to determine the current level of functioning. After the training sessions on child growth and development, parent-child interactions, proper methods of discipline, and home management skills, a second interview was conducted utilizing the identical measures in order to determine the impact of the training sessions on the parents. Pre- and post-tests were also incorporated into the training and evaluation.

Research Results: Positive attitudinal and behavioral changes were observed from pre- to post-interviews and pre- to post-tests. The training approach can best be utilized to effect positive changes in child rearing techniques, parent-

child relationships, and basic beliefs regarding child growth and development.

Publications: Mohamoud, J. "Training for Strengthening of Parenting Skills, A Training Workshop for Parents." Illinois State Dept. of Children and Family Services, Springfield 1975.

CR-00077

John Hopkins Medical Institutions; Baltimore, Md. Psychohormonal Research Unit.
601 N. Broadway
Baltimore, MD 21205

IQ Change Following Change of Domicile in the Syndrome of Reversible Hyposomatotropinism. (Psychosocial Dwarfism).

Money, J.; Anecillo, C.

Apr 74-continuing

Public Health Service (DHEW), Washington, D.C.

Research Purpose: To ascertain the amount and direction of IQ change following change of domicile in a population of patients with reversible hyposomatotropinism (Psychosocial Dwarfism); and investigate determinants of these changes.

Research Methodology: This longitudinal study consists of comparison of IQ measurement of children suffering from psychosocial dwarfism performed in close proximity to and long after changes in these children's domiciles. Other data are being accumulated from interviews of involved personnel, patient observation, and case history analysis. There are 40 cases from which a test group and a control group consisting of patients with irreversible hyposomatotropic dwarfism will be studied.

Research Results: Data collection is in progress and a pilot investigation has been performed.

CR-00078

John Hopkins Medical Institutions, Baltimore, Md. Psychohormonal Research Unit.
601 N. Broadway
Baltimore, MD 21205

Reversible Hyposomatotropinism (Psychosocial Dwarfism): Behavioral Data in Cases and Their Families.

Money, J.; Werlwas, J.

Sep 74-continuing.

Public Health Service (DHEW), Washington, D.C.

Research Purpose: To develop a phenomenological account of behavior in families who have children suffering from psychosocial dwarfism in an attempt to determine etiological factors which may be related to child abuse.

Research Methodology: Information is accumulated from retrospective case history analysis, patient and family observation, and interviews with persons connected with the patients including hospital and social service personnel.

Research Results: Data collection is in progress, and a pilot investigation has been performed. However, sampling procedures have yet to be chosen.

CR-00079

Puerto Rico State Dept. of Social Services, Santurce.
Research and Evaluation Div.

Box 11398

Santurce, PR 00908

Child Abuse and Neglect Demonstration Unit.

Moreno, N.

Sep 74-Apr 77

Social and Rehabilitation Service (DHEW), Washington, D. C.; Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To (1) identify correlates of child abuse and child neglect, (2) identify characteristics that differentiate abusing families from neglecting families and each one of these from adequate families, and (3) assess the effectiveness of a specialized protective services unit.

Research Methodology: Scales will be developed for measuring characteristics which seem to differentiate between abuse, neglect, and adequate groups of 200 families. The data will be analyzed through discriminant and chi square analysis. Characteristics or variables differentiating the groups will be utilized in developing instruments for diagnostic purposes. Program evaluation will be performed by Berkeley Planning Associates.

Research Results: Development of instrumentation is still in progress.

CR-00080

Ohio State Univ., Columbus. Mershon Center.

1250 Chambers Rd.

Columbus, OH 43212

Structure and Performance of Programs of Child Abuse and Neglect.

Nagi, S. Z.

Jul 74-continuing

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To develop an analytical picture of the layout of child-abuse-related services and control programs representative of the U.S., and the performance of these programs; and create a set of models for improving these programs that can be used to demonstrate evaluation of their feasibility and performance under varying conditions.

Research Methodology: Intensive interviews of professionals in communities chosen by their variability were conducted to gain understanding of issues and develop a national survey of agencies in 129 counties aimed at identifying the most effective structures and performances for rendering protective services.

Research Results: Extensive and complex data have been collected and analysis is in progress.

Publications: Nagi, S. Z. "The Structure and Performance of Programs on Child Abuse and Neglect. Interim Report." Ohio State Univ., Columbus, March 1975.

CR-00081

Children's Hospital Medical Center, Boston, Mass.

300 Longwood Ave.

Boston, MA 02125

RESEARCH PROJECTS

Family Development Study (Phase I).

Newberger, E. H.; Janeway, C.

Apr 72-May 75

Children's Bureau (DHEW), Washington, D.C.

Research Purpose: To test the hypothesis that factors affecting the capacity of a family to nurture and protect a child under four years of age might be a common part of the etiology of pediatric social illnesses.

Research Methodology: Five hundred and sixty cases of child abuse, child neglect, failure to thrive, or accident are compared. The principal approach is a closed-ended interview with the mother given in the hospital as soon after the child's admission as possible. It is designed to focus on a selected number of ecological variables suggested by clinical experience and a review of the literature, such as physical and developmental characteristics of the child, maternal and paternal childhood experiences, current functioning of the family, support networks, and impinging environmental stresses on the family. From these interviews a set of epidemiological risk indicators will be developed.

Research Results: Only a small number of items significantly differentiated children with social pediatric illnesses from controls. These children tended to come from families without phones, without family doctors, where the mother had a history of a broken family, where the mother had moved frequently in the recent past, and where there were a number of childrearing problems. Variables which did not distinguish cases from controls included family size and composition, health, pregnancy issues, and paternal characteristics. There were significant differences among the individual classes of pediatric social illnesses.

Publications: Newberger, E. H.; Reed, R. B.; Daniel, J. H.; Lyde, N. N.; Kotelchuck, M. "Toward an Etiologic Classification of Pediatric Social Illness: A Descriptive Epidemiology of Child Abuse and Neglect, Failure to Thrive, Accidents and Poisonings in Children Under Four Years of Age." (in press).

CR-00082

Children's Hospital Medical Center, Boston, Mass.

300 Longwood Ave.

Boston, MA 02115

Family Development Study (Phase II).

Newberger, E. H.; Kotelchuck, M.

Apr 72-Dec 77

Children's Bureau (DHEW), Washington, D.C.

Research Purpose: To test and expand hypotheses associating various environmental factors and experiences involved with nurturing and protecting young children with causes of pediatric social illness; and estimate extent of possible misclassification from an earlier phase of research.

Research Methodology: Interviews with the mother and father will be constructed to assess the contribution of the following variables to the etiology of pediatric social illnesses: developmental characteristics of the child, maternal and paternal childhood experiences, current functioning of the family, current environmental stresses. In addition, adaptations of the Chess, Birch, and Thomas research on

child temperament and of the Vineland social maturity scale will be used. The sample includes families of 380 children aged birth to 4 years.

Research Results: Data collection is in progress.

CR-00083

National Council for Black Child Development, Inc.,
Washington, D.C.

490 L'Enfant Plaza East

Suite 3204

Washington, DC 20024

An Exploratory Investigation of Potential Societal and Intrafamilial Factors Contributing to Child Abuse and Neglect.

Oyemade, U.; Simms, N.

Jun 75-continuing

National Center on Child Abuse and Neglect (DHEW),
Washington, D.C.

Research Purpose: To (1) determine the role of cultural bias in current agency labeling practices; (2) identify stressful conditions and institutions which, impacting on the Black community, may lead to child abuse; (3) isolate dominant familial characteristics involved with child abuse; (4) describe potential correlations which may illuminate child abuse variables; and (5) assess the effectiveness of agency intervention strategies.

Research Methodology: Data on families will be obtained from court records, police files, and the Department of Human Resources. The probable study population will be 450 families, 150 of which are known abusers, 150 in agency files for other reasons and 150 normal families. Comparative analysis will determine significant differences.

Research Results: Analytical and evaluative instruments are in the process of development. An agency profile has been conducted to determine information sources for the next phase of the study which is data collection.

CR-00084

California Univ., Los Angeles. Center for the Health Sciences.

Neuropsychiatric Institute

760 Westwood Plaza

Los Angeles, CA 90024

University of California at Los Angeles (UCLA) Child Trauma Intervention Project.

Paulson, M. J.

Jan 70-Jun 80

Health Resources Administration (DHEW), Bethesda, Md.

Research Purpose: To assess the rehabilitative effectiveness of group therapy intervention for abusive parents consisting of either group psychotherapy alone, or group psychotherapy plus child management training; and to evaluate changes over time.

Research Methodology: The study group will consist of one sample of abusive parents receiving traditional group psychotherapy; a second matched sample receiving group psychotherapy plus child management training; and a

matched control group receiving only traditional casework supervision and followup by the Los Angeles County Department of Public Social Services. Incidence of abuse or recidivism within the family, and change in pre-post therapy psychological test data are the dependent variables to be assessed at the end of 12 months treatment. Data analysis will allow cross validation and refinement of psychological procedures designed to identify parental attitudes and behavior that may create a high risk for child maltreatment.

Research Results: The great majority of identified abusive parents are amenable to psychotherapy. Group psychotherapy and group psychotherapy augmented by child management information are procedures that have shown clinical usefulness but which have not been demonstrated by methodologically sound, statistically analyzed data. Theoretical constructs and descriptive psychological test findings have been formulated and published in professional journals.

Publications: Paulson, M. J., et al. "An MMPI Scale Identifying At Risk-Abusive Parents." *Journal of Clinical Child Psychology* 4(1), 1975.

Paulson, M. J.; et al. "A Discriminant Function Procedure for Identifying Abusive Parents." *Suicide* 5(2), 1975.

CR-00085

The Panel for Family Living, Tacoma, Wash.
1115 S. 4th St.

Tacoma, WA 98405

Coordinating Community Concern for Child Abuse.

Perry, M.

Apr 74-Apr 77

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To study various treatment intervention styles and their effect on abuse and neglect in hopes of ameliorating the problem.

Research Methodology: Procedures are currently being developed. It is expected that methods consistent with single individual research will be employed, for example, multiple baseline or reversal designs. The research will employ multiple measures adapted to this research style. Independent variables will include types of treatment intervention, while dependent variables will include incidence of abuse and neglect and patterns of parent-child interaction.

Research Results: The project is in a preliminary phase.

CR-00086

Georgia Univ., Athens. School of Social Work.

Athens, GA 30602

State of Knowledge of Child Neglect.

Polansky, N. A.

Jan 74-Jan 75

Community Services Administration (DHEW), Washington, D.C.

Research Purpose: To analyze relevant literature and formulate a comprehensive review of the state of knowledge of child neglect in this country including the definition, prevalence, etiologies, and possible preventions or remedies.

Research Methodology: The literature was reviewed and unpublished correspondences were collected for the study.

Research Results: Information was abstracted into an annotated bibliography and synthesized into a monograph.

Publications: Polansky, N. A.; Hally, C.; Polansky, N. F. "Profile of Neglect: A Survey of the State of Knowledge of Child Neglect." Social and Rehabilitation Service (DHEW), Washington, D.C., 1975.

CR-00087

Arlington County Dept. of Human Resources, Va. Div. of Social Services.

P.O. Box 4310

Arlington, VA 22204

Pro-Child: A Child Abuse and Neglect Demonstration Project.

Ragan, C. K.; Moss, M.

May 74-May 77

Office of Child Development (DHEW), Washington, D.C.; Arlington County Dept. of Human Resources, Va.

Research Purpose: To conduct evaluation and followup studies and participate in research to determine the effectiveness of Pro-Child which has as its goals the development of public and professional awareness of the problem of child abuse and neglect; identification and treatment of abusive families using the most effective measures; and development of efficient coordination of community resources and services.

Research Methodology: Data are evaluated by Berkeley Planning Associates. Pro-Child worked with 524 families and approximately 1,048 children in fiscal year 1975.

Research Results: Data collection and analysis are in progress.

CR-00088

Arizona State Univ., Tempe. Dept. of Psychology.

Tempe, AZ 85281

Assessment of a Parent-Aide Project.

Reich, J. W.

Jan 75-Jan 76.

Research Purpose: To assess the effectiveness of a Parent-Aide program for child abusing parents; and investigate attitudinal and behavioral variables that might be effectively changed by the program.

Research Methodology: A quasi-experimental pre-post design will assess attitudinal and behavioral changes in abusing parents. Social agency personnel assign referred abusing parents either to a Parent-Aide or to regular social worker contacts. A questionnaire assesses the quality of family life, home environment, and attitudes of both groups immediately upon referral and after roughly 6 months of contact. Changed scores for both abuser groups

RESEARCH PROJECTS

are compared to each other and, in the case of the attitudinal data, with similar age parents who are not referrals (normal controls). The sample population will include 15 parents.

Research Results: Preliminary indications show an improvement in home environment as rated by the Parent-Aides, and improvement in the interaction patterns between the parents and between the parents and the Parent-Aide. The questionnaire (70 items) has been factor analyzed and 4 or 5 relatively clean factors have been determined. In some cases, they appear to separate the normals from the abusers. Reliabilities vary from .50 to .80.

CR-00089

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.

1001 Jasmine St.

Denver, CO 80220

Circle House Therapeutic Playschool for Abused Children.

Rodeheffer, M. A.; Mirandy, J. A.

Dec 74-Dec 77

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.; Commonwealth Fund, New York, N.Y.

Research Purpose: The research undertaken within this program will focus on the development, personalities, and behavior of young children who have been physically abused; and assess the effects of a therapeutic playschool environment upon the development, personalities, and behavior of young children who have been abused.

Research Methodology: The developmental level of 20 children who experience physical abuse between the ages of 2.5 and 4 years of age is assessed. The subsequent development of a sample of these abused children who are enrolled in a therapeutic playschool is compared to that of a matched sample of abused children who either attend regular day care facilities or are cared for in their own homes. Standardized measures of cognitive speech and language and motor functioning provide data for these comparisons. The effects of the therapeutic playschool environment are further documented through behavioral observations of both the teachers and the children in the classroom.

Research Results: A pilot study is in progress.

CR-00090

Family Learning Center, Westminster, Colo.

P.O. Box 669, 4195 W. 72nd Ave.

Westminster, CO 80330

Family Learning Center.

Schneider, C.; Hudson, P.

Aug 74-May 77

Office of Child Development (DHEW), Washington, D.C.; Colorado State Dept. of Social Services, Denver.

Research Purpose: To (1) determine an effective, community-based multidisciplinary approach to the detection, treatment, and prevention of child abuse; to (2) determine

effective treatments that can be provided to abused or potentially abused children within the context of a social services department; and (3) determine speech and language deficits of the abused or potentially abused child population.

Research Methodology: To determine overall effectiveness of the program, each of the project's components are evaluated through compilation and analysis of statistics and through survey questionnaires. The speech and hearing of the abused child are being evaluated through the use of standardized speech and hearing tests administered by trained speech pathologists. The effectiveness of treatment for parents and child is being evaluated through the use of standardized development tests, telephone survey questionnaires, and observational scales administered under the direction of a research psychologist. The program is also being evaluated by Berkeley Planning Associates.

Research Results: Preliminary data on speech and hearing development of abused or potentially abused children have shown that abused children have a much higher degree of language or speech delay and the delays are, in general, more severe than in the normal population. Children most affected are the younger ones who were seen during the critical periods of language development. Development in the older children seems to be less delayed.

CR-00091

Boston Univ., Mass. Center for Community Resource Development.

710 Commonwealth Ave.

Boston, MA 02215

Prescriptive Package on Physical Child Abuse.

Schuchter, A.

Mar 75-Sep 75

Law Enforcement Assistance Administration (Dept. of Justice), Washington, D.C.

Research Purpose: To (1) synthesize the best programs, methods, and procedures now being used by communities across the country to reduce the incidence of child abuse; (2) provide communities with operational guidelines on the legal, organizational, programmatic, and evaluative elements necessary for the optimal delivery of services to families and children involved in child abuse; (3) provide an annotated bibliography; (4) encourage further research; and (5) provide a manual for educational and training purposes.

Research Methodology: Analysis of available research, project reports and evaluations, and various statutes will be done through literature review. Experts in the field and representatives of professions involved in handling child abuse will be interviewed for suggestions and appraisals. Observations will be made of the 10 community systems of child abuse handling visited with a focus on reporting, investigation, and provision of services. Finally an advisory committee and a larger ad hoc advisory group will be established for consultation.

Research Results: Results will be presented in a prescriptive package after September 30, 1975.

CR-00092

Washington Univ., Seattle. Center for Social Welfare Research.

1417 N.E. 42nd St.
Seattle, WA 98195

Child Abuse and Neglect Measurement and Evaluation Planning Project.

Seaberg, J. R.

Jun 75-May 77

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: To develop an evaluation design(s) for the summative (outcome) evaluation of the series of demonstration programs currently funded by the National Center on Child Abuse and Neglect (NCCAN).

Research Methodology: Measurement instruments, data collection procedures, and analytic models for program evaluation are in the development process.

Research Results: The study is in a preliminary phase.

CR-00093

The National Inst. for Community Development, Inc., Washington, D.C.

2021 K St., N.W.

Washington, D. C. 20006

Technical Assistance in the Development and Improvement of Child Abuse and Neglect Reporting Systems and Central Register-Systems.

Shelton, Q. C.; Morgan, R. D.

Jun 75-Dec 76

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To support the National Center on Child Abuse and Neglect in providing assistance to those states desiring such aid in the development or further development of their child abuse and neglect central registers and reporting systems.

Research Methodology: State central register systems are surveyed and analyzed. Boundary conditions for 3 model systems are identified. Central register systems and plan implementation are designed. Technical assistance, as well as training, is offered to regional or state personnel to effect implementation.

Research Results: Findings to date have yet to be formalized.

CR-00094

Child Welfare League of America, New York, N.Y.

67 Irving Place

New York, NY 10003

Identification of the Factors Effective in the Discontinuation of Parental Abuse and Neglect.

Shyne, A. W.

May 75-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: To assess the effectiveness of social services in improving the parenting ability of abusive or neglecting parents.

Research Methodology: Parents from 200-250 families who were previously treated in 1972 at 6 centers in various parts of the U.S. will be interviewed as to their current status. Case records will also be reviewed.

Research Results: Data collection is in progress.

CR-00095

Child Welfare League of America, Inc., New York, N.Y.

67 Irving Place

New York, NY 10003

New York State Preventive Services Project.

Shyne, A. W.; Jones, M. A.

Dec 73-Jan 76

New York State Dept. of Social Services, Albany.

Research Purpose: To (1) assess the effectiveness of intensive service in preventing or shortening foster care for children deemed in need of placement compared to longer placement in the absence of such service and (2) determine the case and service characteristics associated with a favorable outcome.

Research Methodology: Families (including 985 children) are eligible if intensive service is judged likely to avert or shorten placement. One third are randomly assigned to a comparison group served in the usual way. Extensive data on case characteristics, service input, and outcome are obtained through schedules completed by caseworkers. Experimental and control groups will be compared on placement experience and on several qualitative outcome measures. The case characteristics and service characteristics associated with differential outcome will be identified.

Research Results: Preliminary data suggest positive findings.

CR-00096

Family Service Center, Honolulu, Hawaii.

2319 Rose St.

Honolulu, HI 96810;

Kapiolani Hospital, Honolulu, Hawaii.

1319 Punahou St.

Honolulu, HI 96814

Hana Like Home Visitor Project.

Souza, B.; Frenza, L.

May 75-Jun 78

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To identify newborns and their mother and father who are at high risk of abuse and demonstrate the feasibility of utilizing one-to-one training in parent-child interaction as an early intervention technique.

Research Methodology: A prenatal and postnatal check list will be utilized by clinic personnel at the hospital to screen mothers for certain psychosocial stress factors. Interviews will be conducted for mothers identified by the first screen, to ascertain risk of abuse via a high risk check list developed

RESEARCH PROJECTS

by Dr. Barton Schmitt of the National Center for Prevention and Treatment of Child Abuse in Denver. High risk mothers and infants will be assigned to the Home Visitor Program or control groups on a voluntary basis. Outreach aides teach parents infant interaction while providing emotional support for them. Pre- and posttesting of mother-infant interaction will also be conducted. The sample population consists of 45 children and 45 family units.

Research Results: The project is in a preliminary phase.

CR-00097

Kauaikeolani Children's Hospital, Honolulu, Hawaii. Child Protective Services Center.

226 N. Kuakini St.

Honolulu, HI 96817

A Study of Selected High-Risk Cases for Abuse or Neglect. Starbuck, G. W.; Costello, G. R.

Jan 74-Feb 76

Johnson and Johnson Inst. for Pediatric Service, New Brunswick, N.J.

Research Purpose: To design a multidisciplinary program that will prevent child abuse or neglect in an identifiable high risk population, the low birth-weight infant; and assess the effectiveness of the program.

Research Methodology: Twenty-seven low birth-weight infants were randomly assigned to 3 groups which were subsequently checked to insure balance in sex, socio-economic, and ethnic variables. One group constituted the experimental (treatment) group; one constituted a control group for the reactive effects of measurement; and the third group received neither treatment nor measurement of current status. Three major preventive treatment strategies were applied to the experimental group: (a) infant stimulation, (b) home health-care program, and (c) parent education program. Four major dependent variables were selected: (a) developmental status of the child; (b) quality of maternal care; (c) mother-child behavioral interactions; and (d) reported incidents of abuse or neglect. Measurements will include child's developmental status, medical and social histories of the children, nursing assessment, observation, and confirmed reports of abuse or neglect.

Research Results: Data collection and analysis are in progress.

CR-00098

Children's Hospital of Michigan, Detroit.

3901 Beaubien Blvd.

Detroit, MI 48201

Census Study.

Starr, R. H., Jr.

Sep 74-Dec 75

Children's Hospital of Michigan, Detroit.

Research Purpose: To evaluate relationships between reported child abuse and neglect and census tract characteristics and to determine areas of under-reporting.

Research Methodology: Correlation coefficients will be used to examine the relationship between incidence of child abuse and neglect in each census tract and tract characteristics based on cases reported to the Michigan State Department of Social Services.

Research Results: The data are being analyzed.

CR-00099

British Columbia Univ., Vancouver. Div. of Child Psychiatry. Vancouver, B.C. V6T 1W5, Canada

Project Toddler: Early Intervention With High-Risk Children and Their Families.

Stephenson, S. P.

Apr 72-78

Dept. of National Health and Welfare, Ottawa (Canada).

Research Purpose: The research component of this program consists of evaluation of the effects of various preventative mental health techniques upon problem families.

Research Methodology: Twenty-four children and their families were randomly and secretly assigned to experimental or control groups, and were initially evaluated medically, developmentally, and psychologically by a psychologist and a pediatrician. Tests included the parental Attitude Research Inventory, Cattell Infant Test, Piaget Object Scale, and the Peabody Picture Vocabulary. Reassessment was made 2 to 2.5 years later using similar tests.

Research Results: Much descriptive material is available on the demonstration project. Evaluation has been difficult owing to massive social service reorganization in British Columbia. Present data show that children who stayed with the demonstration project more than 1 year showed a significant increase in I.Q. (14 points) when tested 6 months after the completion of the demonstration project, and significant improvement on other variables when compared with the central group and children and their families who stayed in the demonstration program for less than a year.

CR-00100

New Hampshire Univ., Durham. Dept. of Sociology.

Durham, NH 03824

Physical Violence in American Families.

Straus, M. A.; Gelles, R. J.; Steinmetz, S. K.

Jul 75-Sep 78

National Inst. of Mental Health (DHEW), Bethesda, Md.

Research Purpose: To (1) place the study of child abuse within the context of all uses of physical violence within the family; and (2) test the subjective meaning of acts of violence to those involved as well as test certain theories about the etiology of intrafamily violence.

Research Methodology: All forms of violence within the family will be studied. Data will be gathered on the frequency and modality of violence. A national sample of approximately 1,000 families will be used. Comparisons will be drawn between families using a high level of violence

and those which do not, particularly as it affects the children in these families.

Research Results: The study is still in preliminary stages.

CR-00101

Institute of Judicial Administration, New York, N.Y.
40 Washington Sq. South
New York, NY 10012

Model Child Abuse Reporting Law Project.

Sussman, A.; Cohen, S.

Jan 74-Mar 75

Office of Child Development (DHEW), Washington, D.C.

Research Purpose: To devise a model law for the reporting of child abuse and neglect.

Research Methodology: All state reporting laws; copies of existing model laws; available state data on the incidence of abuse and neglect; and current operation of these laws in California, New York, West Virginia, and Colorado will be examined. A survey of opinions of potential reporters in 50 states and a review of the literature will be undertaken.

Research Results: A review of the literature, a report on child abuse incidence, and guidelines for reporting legislation were prepared and published.

Publications: Sussman, A. "Child Abuse Reporting: A Review of the Literature." Family Law Quarterly Fall 1974.

Cohen, S.; Sussman, A. "The Incidence of Child Abuse in the United States," Child Welfare 54, June 1975.

Allen, M. "Child Maltreatment in Military Communities." Juvenile Justice 26, May 1975.

CR-00102

Development Associates, Inc., Washington, D.C.
1521 New Hampshire Ave., N.W.
Washington, D.C. 20036

Assessment of Training and Technical Assistance Requirements of Child Abuse and Neglect Programs and Activities.

Taylor, E. A.; Johnston, L.

Jul 75-Jan 76

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: To assess the training and technical assistance needs of programs and agencies throughout the U.S. who are involved in child abuse and neglect program activities; identify training and technical assistance resources throughout the U.S. that may be available to these programs and agencies; and produce a 2-year strategy and a 1-year operational training and technical assistance plan to be implemented by each of the ten federal regional offices, and the Indian and Migrant Program Division of the Office of Child Development.

Research Methodology: This research effort will consist of (1) a literature review on child abuse and neglect; (2) sampling of selected sites and programs for on-site needs

assessment; (3) a survey of approximately 200 sites in the U.S.; (4) individual interviews with program officials; (5) analysis of data; and (6) development of strategies for training and technical assistance for each Federal region.

Research Results: Data collection is in progress.

CR-00103

Kansas State Dept. of Social and Rehabilitation Services,
Topeka.

State Office Bldg.

Topeka, KS 66612

Kansas State Grant Child Abuse and Neglect Training Program.

Thompson, M.

Jun 75-continuing

National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

Research Purpose: To improve the quality of services in connection with child abuse and neglect to children and families through education to the community and to professionals.

Research Methodology: Individual training modules including videotapes, aimed at specific groups, including individual professions, interdisciplinary groups and community organizations dealing with abuse, will be designed. The modules will cover material relating directly to the discipline of the audience as well as a general overview.

Research Results: The project is in a preliminary phase.

CR-00104

Children's Hospital Medical Center, Boston, Mass.
300 Longwood Ave.
Boston, MA 02115

Sexual Abuse of Children.

Tisza, V.

Jul 74-Sep 75

Children's Hospital Medical Center, Boston, Mass.

Research Purpose: To (1) determine the nature of cases of sexual abuse coming to a pediatric emergency room; (2) identify modes of response of professionals; (3) develop new modes of intervention; and (4) increase personnel awareness.

Research Methodology: Data were gathered from a search of emergency room logs for cases involving rape, sexual abuse (inappropriate sexual stimulation), genital infection, irritation, and trauma. Fifty-one cases involving 50 females between the ages of 4 and 16 and 1 male aged 11 years were analyzed.

Research Results: The cases were found to cover a continuum ranging from subtle misuse of the child within the family to violent attack on a child. Many cases of sexual abuse were overlooked in the emergency setting because of anxieties and social taboos. Because of this, a group of children are not obtaining proper treatment.

RESEARCH PROJECTS**CR-00105**

Illinois State Dept. of Children and Family Services, Peoria.
Peoria Area Child Abuse Team.

5415 N. University

Peoria, IL 61614

A Study of Reported Child Abuse in the Peoria Area - 1974.

Van Dyke, V.

Jan 74-Sep 75

Illinois State Dept. of Children and Family Services, Peoria.

Research Purpose: To describe accurately abused children and their families currently being reported to the Peoria Area Department of Children and Family Services Child Abuse Team; assess the nature and scope of child abuse in the area; and document what occurs in child abuse cases during investigation stages.

Research Methodology: Descriptive data were gathered from agency files and interviews with staff; a researcher used the information in completing a questionnaire on each of 105 children in the study population.

Research Results: A final report is in preparation.

CR-00106

Tennessee State Dept. of Human Services, Nashville.

410 State Office Bldg.

Nashville, TN 37219

Services Needed and Services Available to Tennessee Children and Their Families With Emphasis on Child Abuse, Dependency and Neglect.

Walker, J.; Patterson, G.; Cruthirds, C. T.

Dec 73-Mar 75

Tennessee State Dept. of Human Services, Nashville.

Research Purpose: To study and identify the scope of community problems in the provision of adequate protection and social services; and gather statewide information as to the service needs of children in Tennessee and the extent to which present programs, serving each county, meet those needs.

Research Methodology: Effort was focused on collecting data from a 100 percent sample of defined protective services cases, a specified sample of general services cases in the Department of Human Services (D.H.S.), and a mailed questionnaire to professional groups and agencies which may have worked with abused and neglected children. A survey form was developed to collect the data and was completed by D.H.S. social service workers in all 95 counties of the state.

Research Results: A service gap exists in Tennessee between the level of need for specific services and the actual level of availability of needed services and the gap is more pronounced in certain areas of the state. The greatest volume in terms of needed protective services is in cases of neglect, rather than abuse.

CR-00107

Virginia Commonwealth Univ., Richmond. Dept. of Social Work.

Richmond, VA 23284

Role Analysis of Members of Families in Which Child Abuse Has Occurred.

Wells, M. G.

Jan 74-Sep 76.

Research Purpose: To (1) demonstrate that, while child-rearing is burdensome to all parents, some have the physical, social, and psychological supports to alleviate the burden and that abusive parents lack these supports; (2) identify these supports to make better plans for prevention; and (3) demonstrate that preventive measures should take a wider view instead of focusing upon the individual families.

Research Methodology: In-depth interviewing with content analysis of the narrative recordings will be used to identify common aspects of 30 families determined to have abused their offspring and to be lacking in social and emotional supports in childrearing.

Research Results: Families interviewed so far are isolated from the community, have few friends, have lost close contact with generative families, or had no close ties in the first place. Some parents were the victims of abuse or neglect themselves as children. These coincident features apply to the parents who are currently involved with authorities because of abuse to their children. These families are also having difficulty defining their roles within the family and in relation to society.

CR-00108

Oklahoma Univ., Norman. School of Social Work.
1005 Jenkins

Norman, OK 73069

Physicians' Attitudes and Knowledge of Child Abuse.

Young, M. H.; Kagan, M.

Sep 74-Sep 75

Oklahoma Univ., Norman. School of Social Work.

Research Purpose: To determine the use that has been made of a central registry and measure changes in knowledge and attitudes of physicians since inception of the registry in 1970.

Research Methodology: A questionnaire was mailed to a 50 percent stratified random sample of physicians taken from the directory of the county medical society on the basis of medical specialty. Data were secured on the incidence of child abuse treated and reported; presence of physician during abuse; agency to whom abuse was reported; attitudes toward intervention to prevent abuse; removal of the abused child from the home; disposition of perpetrators of abuse; support of proposed central registry (1969) and use of central registry (1974); and identifying characteristics observed by physicians and osteopaths in 1974 of abusive parents. The sample population totaled 224 physicians.

Research Results: The final report is in preparation.

CR-00109

Oklahoma Univ., Norman. School of Social Work.

1005 Jenkins

Norman, OK 73069

Alienation and Child Abuse.

Young, M. H.; Bohn, C.
May 74-75.

Research Purpose: To examine the relationship between alienation and child abuse. Powerlessness and social isolation were measured in families treated by Oklahoma Public Health Nurses in 6 months of 1974-5 and abusive and nonabusive families were compared. An attempt was made to test empirical hypotheses with data to support claims of reliability and validity and form a sample large enough to allow generalization.

Research Methodology: A 2-part survey was made of 191 Public Health Nurses regarding families they had treated in 6 months prior to February 1975. An 80 percent return was received of mailed questionnaires providing information on 155 perpetrators of abuse and 149 victims. Instruments used were FIRO-B to measure social isolation and I-E Scale to measure powerlessness. Demographic data were also secured on race, age, religion, occupation, marital status, type of abuse and injury, location, relationship of perpetrator to abused child, integration in the community, and previous history of abuse. A 5-point Likert-type scale was used to secure data on social relationships, support systems, communication with spouses, ability to deal with child's behavior, and unrealistic expectations of child by parent. Statistical analysis used chi square and Cramer's V.

Research Results: Abusive families were significantly more alienated than nonabusive families on both powerlessness and social isolation.

Publications: Young, Marjorie. "Some Selected Dimensions of Alienation in Abusive and Non-Abusive Families: A Comparative Study." Master's Thesis. University of Oklahoma, Norman, 1975.

CR-00110

Texas Univ., Austin. School of Law.
2500 Red River
Austin, TX 78705

Regional Child Abuse and Neglect Center.

Yudof, M. G.
Jul 75-Jul 78.

Research Purpose: To (1) survey the statutes, administrative regulations, and practices of five states; (2) compare

the different legal approaches in five states; (3) attempt to isolate the role of the law in shaping and changing child abuse and neglect approaches; (4) communicate the information gathered to professionals in the field (physicians, lawyers, social workers, and judges); (5) place law students in a children's hospital to enable them to respond better to child abuse and neglect problems; and (6) develop materials for use in the field.

Research Methodology: Procedures will consist of survey and analysis of cases and statutes; interviews; law intern papers based upon field experience; and collaboration with social scientists to isolate the influence of the law.

Research Results: This study is in a preliminary phase.

CR-00111

Iowa State Dept. of Social Services, Des Moines. Div. of Community Services.
Lucas State Office Bldg.
Des Moines, IA 50311

Increasing the Effectiveness of Foster Care Through the Use of a Service Contract.

Zober, E.

Sep 74-Aug 76

Children's Bureau (DHEW), Washington, D.C.

Research Purpose: To demonstrate that effective case planning will increase opportunities for children in foster care to receive the most appropriate services for their needs.

Research Methodology: A single group of 50 children between the ages of 5 and 18 years are being studied. Each child came from a living situation with at least 1 biological parent, was old enough to understand a contract, remained in foster care for 6 weeks or more. Data were collected at the time the child was identified as a prospective case. Followup data are collected at monthly intervals during foster care and for 1 year following termination of foster care. Data are collected regarding objectives to be achieved during foster care and achievement of intermediate goals.

Research Results: In the selection of cases for the project it was found that half the children who appear on the caseloads do not come from a living situation with a biological parent but move from one foster care placement to another. For the first 27 children in the project, the anticipated length of stay in foster care was 1 year or less. There may be an association between planning and length of stay in foster care. Data collection is in progress.

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This index lists principal investigators of child abuse and neglect research projects. When two or more project titles are listed under an investigator's name, they are listed in accession number order.

Accession numbers of projects have "CR" prefixes and are displayed beneath and to the left of the titles, as shown in the sample below:

Accession Number — ALFARO, J. D.
Study of the Relationship Between Child Abuse and Neglect and Later Socially Deviant Behavior.
CR-00001

ALFARO, J. D.

Study of the Relationship Between Child Abuse and Neglect and Later Socially Deviant Behavior.
CR-00001

ANNICILLO, C.

IQ Change Following Change of Domicile in the Syndrome of Reversible Hyposomatotropinism (Psychosocial Dwarfism).
CR-00077

ATTEMEIER, W. A., III

Causal Factors in Neglect and Battering: A Prospective Study.
CR-00002

BAKEMAN, R.

Abnormal Mother-Infant Behavior and Child Abuse.
CR-00008

BEAN, S. L.

Parents' Center Project for the Study and Prevention of Child Abuse.
CR-00035

BEDGER, J. E.

Child Abuse and Neglect Research Study.
CR-00003

BEEZLEY, P.

Psychotherapy of Abused Children.
CR-00072

BENNETT, G.

Parent and Child Effective Relations (PACER).
CR-00004

BLACK, R.

An Investigation of the Relationship Between Substance Abuse and Child Abuse.
CR-00073

BOHN, C.

Alienation and Child Abuse.
CR-00109

BOND, P. A.

10-Year Follow-up of Abused Children.
CR-00005

BRANDWINE, A.

Parent Lounge Project.
CR-00006

BROADHURST, D. D.

Project Protection—A Multidisciplinary Approach to Educational Problems Associated With Child Abuse and Neglect.
CR-00007

BROWN, J. V.

Abnormal Mother-Infant Behavior and Child Abuse.
CR-00008

BRYANT, V. E.

Performance-based Instructional Development Project for Child Protective Service (CPS) Workers.
CR-00044

BUBEN, J.

Child Abuse and Neglect Research Study.
CR-00003

BURGESS, R. L.

Social Interaction Patterns Relating to Child Abuse and Neglect.
CR-00009

CAIN, V.

Concern for Children in Placement.
CR-00010

CAULFIELD, M. C.

Measures to Predict Child Abuse.
CR-00023

CHABON, R. S.

Family Care Clinic of Sinai Hospital, Inc.
CR-00011

CHAPA, D.

San Antonio Child Abuse and Neglect Research Project.
CR-00012

CHRISTIANSEN, J. L.

Educational and Psychological Problems of Abused Children.
CR-00066

CLEMENGER, F.

Part I: A Study of the Effectiveness of the Reporting of Child Abuse by the City of Houston Public Health Nurses. Part II: Survey of the Available Service for the Prevention and Treatment of Child Abusers in Harris Co., Texas.
CR-00013

A Study of the Effectiveness of Group Counseling With Parental Abusers.
CR-00014

A Survey of the Reporting of Child Abuse in Harris County, Texas by 3 Community Systems: Area Hospital Staff, Juvenile Police Officer, and Harris Co. Child Welfare Staff.
CR-00015

COHEN, M. I.

Child Centered Problems and Their Movement in Families Served by Children's Protective Services.
CR-00016

- COHEN, S.**
Model Child Abuse Reporting Law Project.
CR-00101
- COHN, A. H.**
Evaluation. National Office of Child Development (OCD) and Social Rehabilitation Service (SRS) Joint Demonstration Program in Child Abuse and Neglect.
CR-00017
Evaluation. Extended Family Center.
CR-00018
- COLLIGNON, F. C.**
Evaluation. Extended Family Center.
CR-00018
- CONGER, R. D.**
Social Interaction Patterns Relating to Child Abuse and Neglect.
CR-00009
- COSTELLO, G. R.**
A Study of Selected High Risk Cases for Abuse or Neglect.
CR-00097
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Services Needed and Services Available to Tennessee Children and Their Families With Emphasis on Child Abuse, Dependency and Neglect.
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CR-00019
- DECASTRO, F. J.**
Child Abuse Management: An Operational Interdisciplinary Approach.
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- DEINARD, A.**
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- DENNEY, L. M.**
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- DENSEN-GERBER, J.**
Odyssey House Parents Program--Demonstration Project.
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- GIL, D. G.**
Holistic Perspective on Child Abuse and Its Prevention.
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- GRAY, J.**
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This index lists the names of the organizations performing the research. The organization names conform to the *COSATI Standard for Descriptive Cataloging of Government Scientific and Technical Reports*. When two or more project titles are listed under an organization name, they are listed in accession number order.

A project accession number has a "CR" prefix and is displayed beneath and to the left of the project title, as shown in the sample below:

Accession Number **BRANDEIS UNIV., WALTHAM, MASS.**
Holistic Perspective on Child Abuse and Its Prevention.
CR-00041

- ARIZONA STATE UNIV., TEMPE, DEPT. OF PSYCHOLOGY.**
Assessment of a Parent-Aide Project.
CR-00088
- ARLINGTON COUNTY DEPT. OF HUMAN RESOURCES, VA. DIV. OF SOCIAL SERVICES.**
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- Evaluation. Extended Family Center.
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- Behavior, Parenting, and Outcome of High-Risk Infants.
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CR-00081
- Family Development Study (Phase II).
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- CHILDREN'S HOSPITAL OF BUFFALO, N.Y.**
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- EDUCATION COMMISSION OF THE STATES, DENVER, COLO. DEPT. OF PLANNING AND DEVELOPMENT.**
The Educational System's Role in Child Abuse and Neglect.
CR-00061
- EDUCATIONAL TESTING SERVICE, PRINCETON, N.J.**
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- FAMILY LEARNING CENTER, WESTMINSTER, COLO.**
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CR-00009

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This index lists the organizations that provide financial support for the research projects. The organization names conform to the *COSATI Standard for Descriptive Cataloging of Government Scientific and Technical Reports*. When two or more project titles are listed under a sponsor's name, they are listed in accession number order.

Accession numbers of projects have "CR" prefixes and are displayed beneath and to the left of the project titles, as shown in the sample below:

Accession Number	<p style="text-align: center;">NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES, ALBANY. Study of the Relationship Between Child Abuse and Neglect and Later Socially Deviant Behavior. CR-00001</p>
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A project accession number has a "CR" prefix and is displayed beneath to the left of the project title, as shown in the sample below:

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ABSTRACTS OF PUBLISHED DOCUMENTS

CD-00001
Children's Hospital Medical Center, Boston Mass.
Kinky Hair Syndrome: Serial Study of Radiological Findings With Emphasis on the Similarity to the Battered Child Syndrome.
Adams, P. C.; Strand, R. D.; Bresnan, M. J.; Lucky, A. W. *Radiology* 117(2):401-407, August 1974.

Two cases of Menkes' syndrome (kinky hair disease) were studied by serial radiologic examination of the extremities and by selected studies of the central nervous system. The findings of flared and fragmented metaphysis as signs of trauma and evidence of brain damage are similar to those in cases of child abuse. 16 references.

CD-00002
Case, Western Reserve Univ., Cleveland, Ohio, School of Medicine.
The Battering Child.
Adelson, L. *Journal of the American Medical Association* 222(2):159-161, October 9, 1972.

Five case histories of infants less than 1 year old who were killed by children 8 years old or younger indicate an infant's frailty and consequent vulnerability to injuries inflicted by preschool children. All 5 infants died from cranio-cerebral trauma (only 2 had additional injuries) and none of the 5 showed signs of previous neglect, abuse, or battering. Of the assailants only 1, an 8-year-old mentally retarded girl, had displayed any violently aggressive tendencies. One boy had a below-normal I.Q. The other children were apparently normal boys who had displayed commonly encountered childhood hostility, jealousy, and playfulness. A sense of rejection, rivalry, or resentment apparently provoked the attacks. 7 references.

CD-00003
Repressive Parents and Violent Social Controls.
Adorno, T. W.; Frenkel-Brunswick, E.; Levinson, D. J.; Sanford, N. In: Steinmetz, S. K.; Straus, M. A. (Editors). *Violence in the Family*, New York, Dodd, Mead and Co., pp. 268-275, 1974.

Interviews were conducted with subjects who scored either extremely high or extremely low on a test of ethnic prejudice to investigate factors in child rearing that influence attitudes toward authority. The highly prejudiced subjects tended to display the "authoritarian" personality. High scoring subjects often recalled harsh, arbitrary discipline as part of a dominant-submissive rather than egalitarian relationship with their parents. Discipline tended to concern rigid externalized standards reflecting the parent's need to respect social convention rather than the child's

needs. This approach resulted in an exaggerated obedience and glorification of authority, conventional responses and quid pro quo exchange rather than spontaneous thought or the exchange of affection, and a despising of the weak. As with the Nazis, there was a potential for great destructiveness and a condoning of violence to achieve public control. Sex roles tended to be dichotomous, with poor identification with the parent of the opposite sex. Low scorers reported more egalitarian, less restrictive upbringing based on broad principles. They were less status ridden and conventional and showed a greater richness of emotional life and better identification with the parent of the opposite sex. Conflicts tended to be internalized or directed against authority rather than against the weak. Men showed a greater passivity and often desired unrealistic nurturance-succorance relationships to replace those of childhood.

CD-00004
Albany Medical Coll., N.Y.
Manifestations of the Battered-Child Syndrome.
Akbarinia, B.; Torg, J. S.; Kirkpatrick, J.; Sussman, S. *Journal of Bone and Joint Surgery* 56-A(6):1159-1166, September 1974.

A report summarizes the pertinent orthopedic and non-orthopedic aspects of the battered child syndrome based on a study of the case records and X-rays of 217 patients. Seventy-nine children (39 girls and 40 boys) required orthopedic treatment for a total of 264 fractures including 72, rib fractures; 42, humerus; 25, skull; 23, ulna and radius; 32, femur; 31, tibia; 15, hand; 9, spine; 2, pelvis; 8, clavicle; and 1, mandible. The age distribution of patients in this series was typical: 25 children less than 6 months old; 13, 6-12 months; 24, 1-3 years; and 17, over 3 years. That the majority of fractures occurred in infants was diagnostic, since fractures are relatively rare in this age group. One of the more characteristic lesions seen was symmetrical periosteal new bone formation secondary to metaphyseal periosteal avulsion and subperiosteal hemorrhage. Repeated batterings often result in multiple fractures in different stages of healing. Early recognition of the diagnosis and the initiation of proper social services, legal procedures, and medical procedures can prove rewarding. The suspected case should be hospitalized, reported, and given a skeletal survey and the benefit of consultation with specialists where appropriate. 13 references.

CD-00005
Alabama State Dept. of Pensions and Security, Montgomery.
Chapter V, Protective Services Manual for Administration of Services for Children and Their Families.
Alabama State Dept. of Pensions and Security, Montgomery. Bureau of Family and Children's Services, 15 pp., June 7, 1974.

A chapter on protective services to be incorporated in a state children and family services administrative manual discusses the statutory provision for protective services under the Alabama Department of Pensions and Security and outlines characteristics of and criteria for protective services and procedures for providing such services. Mandatory protection of the child is the main concern of the statutes. The agency is responsible for immediate and long-term relief of any situation in which a child's rights to adequate care and nurturing have been abrogated, including: physical neglect, physical abuse, denial of medical care (except Christian Scientists), failure to provide education, exploitation, exposure to demoralizing circumstances, and emotional neglect. Brief discussion of procedure delineates responsibilities in receiving and evaluating complaints; investigation; provision and coordination of educational, health, and rehabilitative services; use of the courts; use of law enforcement; use of substitute care facilities; and reporting child abuse. Legal forms for court petition and summons, foster care agreement, and child abuse reports are included.

CD-00006

Child Abuse. (Editorial).

Alberts, M. E.

Journal of the Iowa Medical Society 62(5):242, May 1972.

An editorial emphasizes the physician's responsibility to initiate agency intervention in child abuse cases. Guidelines relating to child abuse established by the American Academy of Pediatrics Committee on Infant and Pre-school Child are included.

CD-00007

The Social Worker and the Family.

Alexander, H.

In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*, Philadelphia, J. B. Lippincott Co., pp. 22-40, 1972.

Establishment of a therapeutic relationship with child abusing families is most difficult at the outset. The worker must avoid anger toward the parents and any attempt to play detective to determine who abused the child. Generally these parents are highly sensitive to being deserted, and the worker should avoid situations and actions which could be so interpreted. They should be encouraged to turn to the worker in times of crisis. Any number of small disappointments caused by the worker may produce anger on the part of the parents, and such feelings are better handled when more than one person is involved in the case. One of the worker's major tasks is to provide good mothering for the parent, and home visits are helpful in carrying out this role as well as giving some insight into the family's life and struggles. The worker should help the parent to refuse to take on the role of everyone's caretaker and assist the parent in finding some joy in life. Marital relationships are frequently superficial at best and parental ties may play an important part in the family's difficulties. Pregnancy intensifies the mother's needs, and the worker is urged to

increase her alertness and efforts during this time. 1 reference.

CD-00008

McGill Univ., Montreal (Quebec).

Maltreatment Syndrome in Children.

Allen, A. F.

Canadian Nurse 62(1):40-42, April 1966.

The range of injuries encountered in cases of child abuse is wide, and diagnosis is most often made by a discrepancy in history and physical findings and by radiologic bone changes. The victims are usually under 3 years old and come from all socioeconomic strata. Not infrequently they are the only child battered in a family with several children. Parents tend to be impulsive, immature, socially isolated, and frequently have experienced abuse or neglect in their own childhoods; most are in their twenties. Approximately 10 percent of abused children die, and 15 percent suffer permanent brain damage. Legislation is necessary to protect both the child and the parent and to protect the physician from liability. 19 references.

CD-00009

Minnesota Univ., Minneapolis. Dept. of Pediatrics.

The Battered Child Syndrome. Part II. Social and Psychiatric Aspects.

Allen, H. D.; Kosciolk, E. J.; ten Bensel, R. W.; Raile, R. B.

Minnesota Medicine 52(1):155-156, January 1969.

In a series of 37 abused children from 33 families, 10 were reported by the hospital, 10 by physicians, 9 by the social worker, and the rest by a variety of individuals. The mother was the most frequent abuser (16), and the father was next (11); stepparents accounted for 4 cases. The social and ethnic characteristics of the group paralleled the population served by the agency. Most were from low-middle or middle income groups. The average ages of the mother and the father were 26 and 30, respectively. Assaultants generally have no outward signs of neurosis or psychosis, but they generally have flat affect, are immature, demanding, hypersensitive, and egocentric and exhibit a propensity for impulsive behavior when their needs are not met. Some minor precipitating event is usually involved. Frequently child batterers have a childhood history of being beaten themselves. There is a high incidence of early marriage, unwanted pregnancy, marital instability, sexual promiscuity, minor criminal offenses, and occasional alcoholism, though these cannot be considered as causes of child beating. Sometimes they are classified as having character disorders. Possible reasons for physicians not reporting cases are proposed: not recognizing the syndrome, not knowing what to do or worrying about lack of proof, and not caring. 7 references.

CD-00010

Minnesota Univ., Minneapolis. Dept. of Pediatrics.

The Battered Child Syndrome. Part I. Medical Aspects.

Allen, H. D.; ten Bensel, R. W.; Raile, R. B.

Minnesota Medicine 51(12):1793-1799, December 1968.

A series of 18 cases of battered child syndrome is presented. Only 2 children were over 3 months of age; 3 died as a direct result of injury, and 10 had a previous history of assumed beating or physical neglect. In 16 cases the reported cause was incompatible with the extent of injuries. The presence of burns (especially from cigarettes), dislocations, and fractures (often multiple) of the long bones, particularly when the trauma is in different stages of healing, should alert the physician to the possibility of this diagnosis. The degree of abuse ranges from a severe spanking to homicide. Three cases are reported in detail. 12 references.

CD-00011

Minnesota Univ., Minneapolis. Dept. of Pediatrics.

The Battered Child Syndrome. Part IV. Summary.

Allen, H. D.; ten Bensel, R. W.; Raile, R. B.

Minnesota Medicine 52(3):539-540, March 1969.

The battered child syndrome is briefly described. Diagnosis should be considered in the face of a history of previous trauma, multiple injuries in varying stages of healing, a history disproportionate to the physical findings, and the absence of any new lesions after admission to the hospital. The incidence is far greater than reported cases would indicate; repeated trauma occurs in 30-50 percent, and the death rate is estimated at 10 percent. The abuser may come from any walk of life, socioeconomic group, race, or educational level. He is usually impulsive and has a low frustration threshold, and he may have been the victim of beatings as a child. The 1965 Minnesota reporting law should be changed to allow reporting without fear of liability by any individual. A Central Registry should be established in the state to help identify those who use different facilities each time the child is battered.

CD-00012

Minnesota Univ., Minneapolis. Dept. of Pediatrics.

The Battered Child Syndrome. Part III. Legal Aspects.

Allen, H. D.; ten Bensel, R. W.; Raile, R. B.

Minnesota Medicine 52(2):345-347, February 1969.

The primary purpose of the 1965 Minnesota child abuse law is the protection of the abused child who is unable to help himself. It covers physical abuse and neglect, but an area needing further definition and consideration is the emotionally neglected child. The law requires reporting by all health personnel, licensed or not, to the police and to the Welfare Department, first orally, then in writing. There is an immunity clause; privileged communication is waived; and there is a penalty clause for failure to report. Local experience indicates that reporting does produce action appropriate to the individual case. 11 references.

CD-00013

American Bar Association, New York, N.Y. Juvenile Justice Standards Project.

Child Maltreatment in Military Communities.

Allen, M.

Juvenile Justice 26:11-20, May 1975.

Child abuse occurs in military communities as it does in all other communities, but because of its tightly knit structure, the military community offers considerable potentials in attacking any social problem. On the other hand, deficiencies of military communities in terms of handling abuse cases include the absence of a welfare department and the presence of a system of justice which contains no family or juvenile courts and no civil provisions for domestic relations law. By 1970, two-thirds of the Army posts in the United States had established procedures for child protection, and currently virtually all have some program. The experience at the Beaumont Army Medical Center near Fort Bliss is recounted. Of 323 abuse and neglect cases seen over a period of 6 years, the highest rates of referral (17 to 10 percent) were from pediatrics wards, neighbors or friends, the state child welfare department, and the pediatrics clinic. The Center's reporting policy follows the Texas mandatory reporting law, and this is viewed as a significant factor in the high reporting rate. Using the Beaumont experience as a model, the Army is currently drawing up an Army-wide regulation to establish guidelines and procedures for dealing with problems of abuse and neglect. Four general categories of federal-state jurisdictions are described: exclusive, concurrent, partial, and proprietary. The absence of state agencies on bases where there is exclusive federal jurisdiction has created some problems. The situation of the Army base outside the United States is briefly considered, as are several possible solutions to the confusing problems resulting from complex jurisdictional issues. Numerous references.

CD-00014

Smith Coll., Northampton, Mass. School for Social Work. Exploration of a Program of Preventive Intervention in the Early Parent-Infant Interaction.

Allison, P. K.

Doctoral Dissertation, Ann Arbor, Mich., University Microfilms, 290 pp., 1974. 75-1649.

An extensive case study examines new ways to identify infants potentially at risk due to parental pathology and the usefulness of establishing a program of preventive intervention during the immediate postpartum period in potential child abuse cases. The caseworker observed 6 families during the 6-month period following the birth of the first child to determine whether the newborn infants were at risk with the parents. The guidance-oriented caseworker evaluated parent-child interaction, while offering child care techniques and psychotherapy. Cross-case comparisons supported family-centered intervention but no definite intervention model could be derived on the basis of so few cases.

CD-00015

Colorado District Attorneys' Association, Denver.

The District Attorney.

Allott, R.

In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*, Philadelphia, J. B. Lippincott Co., pp. 256-267, 1972.

Frequently in child abuse cases, the district attorney finds himself caught between clamoring for vigorous prosecution and his own knowledge that such prosecution may not protect the child from subsequent abuse or rehabilitate the abuser. When a decision to prosecute has been made, as in cases of death of the child or repeated and prolonged abuse, a thorough investigation is the first step. The district attorney may also have to act as a mediator between competitive and hostile attitudes of social workers and police. Sometimes the filing of charges encourages parents to obtain needed treatment, in which case, if the child is protected by the juvenile court, criminal charges may be dismissed. If prosecution is carried out, the corpus delicti is a major hurdle in most cases, but circumstantial evidence in the form of autopsy findings, x-rays of the long bones, prior severe whippings, exclusive custody and control of the decedent by the accused, and the implausible explanations for the injuries is frequently sufficient. A number of court decisions relating to these types of evidence are cited. Numerous references.

CD-00016

Tehran Univ. (Iran). Dept. of Neurosurgery.
Attempted Infanticide by Insertion of Sewing Needles Through Fontanels. Report of Two Cases.
Ameli, N. O.; Alimohammadi, A.
Journal of Neurosurgery 33:721-723, December 1970.

Two recent cases in which sewing needles were inserted into the fontanels of an unwanted baby, apparently an ancient practice in Iran, were observed in that country. The patients, a man of 32 and a woman of 31, had needles located in a vertical position near the midline of the convexity of the brain. The first patient had had epileptic attacks for 8 years, and the other headache and hemiparesis for 7 months. Removal of the needles resulted in amelioration of the symptoms. The needles obviously had been introduced when the anterior fontanels were still open. The long interval before the onset of symptoms is consistent with two other reported cases. 5 references.

CD-00017

American Academy of Pediatrics, Evanston, Ill.
Committee on Infant and Preschool Child.
Maltreatment of Children. The Physically Abused Child.
Pediatrics 37(2):377-382, February 1966.

A series of guidelines for legislation prepared by the American Academy of Pediatrics Committee on Infant and Preschool Child follows a brief review of the history of child abuse, the role of the physician in diagnosing, reporting, and treating cases of abuse, and a discussion of the role of the community in providing agencies to receive the report, investigate, and execute therapeutic programs. The recommendations for legislation include provisions for (1) mandatory reporting of child abuse cases by physicians to a local health or welfare agency; (2) adequate personnel and resources in the agency to take immediate action on the report; (3) prompt investigation and prompt service delivery; (4) child protection by hospitalization or home supervision; (5) maintenance of central registries, with the special provision for removal of a record in which abuse was found not to have occurred; and (6) immunity from suit for the reporting physician or hospital. Special emphasis is

placed on the role of the central registry, which would allow immediate access to available information regarding history of abuse in a suspected family situation. 24 references.

CD-00018

American Academy of Pediatrics, Evanston, Ill.
Committee on Infant and Preschool Child.
Maltreatment of Children—The Battered Child Syndrome.
Pediatrics 50(1):160-162, July 1972.

In a policy statement, the American Academy of Pediatrics Committee on Infant and Preschool Child reaffirms its policy to aid in the prevention, identification, and management of the child abuse problem. They predict an annual incidence of 250 cases of child abuse per million population. In order to manage this problem better, 6 new suggestions are added to their 1966 statement of recommendations. 10 references.

CD-00019

American Academy of Pediatrics, Evanston, Ill. Task Force of the Committee on Infant and Preschool Child.
A Descriptive Study of Nine Health-Based Programs in Child Abuse and Neglect.
American Academy of Pediatrics, Evanston, Ill., 110 pp., April 1974.

Data and impressions gathered from a questionnaire and a one-day visit to nine health-based child abuse programs throughout the U.S. are reported. Procedural guidelines for each program are outlined and discussed. Completed questionnaires are included along with summary descriptions of each program. A general discussion compares the programs in terms of community approaches and needs and treatment problems. Centers visited include Cook County Children's Hospital, Chicago; University of Colorado Medical Center, Denver; William Beaumont Army Medical Center, El Paso; CPSC, Kaulikeolani Children's Hospital, Honolulu; University of Iowa Hospitals, Iowa City; Children's Hospital of Los Angeles; New York Foundling Hospital; Children's Hospital of Pittsburgh; and St. Paul-Ramsey County Mental Health Center.

CD-00020

American Humane Association, Denver, Colo. Children's Div.
A National Symposium on Child Abuse.
Denver, Colo., American Humane Association, 72 pp., 1972.

Panel discussions held at a symposium in Rochester, New York, on October 19, 1971, cover medical service, protective service, and legal aspects of child abuse. Specific topics of discussion include (1) views of child abuse as seen by the medical social worker, psychiatrist, and pediatrician; (2) the protective service responsibility, role, and function; (3) due process in child-protective proceedings; (4) the role of the courts; and (5) problems in court processing of child abuse. Questions from the conference floor and professional answers concerning etiology of child abuse are also included.

CD-00021

American Humane Association, Denver, Colo. Children's Div.
Child Protective Services. A National Survey.
Denver, Colo., American Humane Association, 316 pp., 1967.

A nationwide survey was performed to determine what states and which communities have child protective services; identify auspices and legal bases of the programs; assess the size and scope of the programs; and evaluate the effectiveness of the programs. Analysis procedures are discussed and reports of data from each state are presented in terms of private agency responsibility; public agency responsibility; legal base; age limits of children serviced; policy considerations; scope of program; responsibility for case management; referral sources; staffing and training; 24-hour coverage; interagency coordination; and self-evaluation. A subsurvey of child abuse reporting laws was also conducted and the results are presented state by state in terms of definitions of abuse; nature of reports; report sources and receipt; mandatory reporting; immunity; abrogation of privileges; and special clauses. Major findings of the entire survey are highlighted.

CD-00022

American Humane Association, Denver, Colo. Children's Div.
4th National Symposium on Child Abuse.
Denver, Colo., American Humane Association, 91 pp., 1975.

A symposium held on October 23, 1973 commenced with a keynote address presenting an overview of the phenomenon of child abuse and neglect with emphasis on the interdisciplinary approach. The second discussion outlined the problems encountered in the interdisciplinary approach and suggests some solutions. The history of the Bowen Center in Chicago and its interdisciplinary operation are recounted. An Assistant Secretary of the Department of Health, Education, and Welfare detailed federal priorities on behalf of children who are neglected or abused. The use of community resources for prevention of neglect and abuse is explained, and the legislative role in reporting laws is discussed, with certain recommendations for improvements in existing laws. The role of the courts is presented in terms of the court acting as a positive force in the interest of children and in terms of guidelines for due process and the protection of rights. A physician views medical management from his professional vantage point, and a social worker gives her professional viewpoint of management. All agree that cooperation between disciplines can be improved.

CD-00023

American Humane Association, Denver, Colo. Children's Div.
Second National Symposium on Child Abuse.
Denver, Colo., American Humane Association, 60 pp., 1973.

Topics covered at the 1972 child abuse symposium of the American Humane Association emphasize the need for good coordination of complementary community services if effective child protection is to become a reality. The areas of community responsibilities which must be accepted and implemented are delineated. Proper coordination necessitates the integration of inputs of various disciplines, particularly medicine, law, and social work; two tested patterns of coordination are presented. The role and function of Child Protective Services in regard to services coordination and its special role in protecting the sexually abused child are analyzed. Legal entanglements involving the rights of the child vs. those of the parent are explored along with the role of the juvenile court in the abuse or neglect adjudication process. 13 references.

CD-00024

American Humane Association, Denver, Colo. Children's Div.
Speaking Out for Child Protection.
American Humane Association, Denver, Colo. Children's Div., 27 pp., 1973.

Testimony before a U.S. Senate subcommittee reviews the American Humane Association's involvement in child abuse, the role of the federal government in protection, proposed legislation, and an update on problems in protecting the abused child.

CD-00025

American Humane Association, Denver, Colo. Children's Div.
Guidelines for Schools to Help Protect Neglected and Abused Children.
American Humane Association, Denver, Colo. Children's Div., 6 pp., 1971.

School personnel have a unique amount of contact with and opportunity to observe children. They can be of major assistance in early case finding and reporting instances of abuse. The child's behavior may point to neglect or abuse (aggressive or destructive, shy, withdrawn, passive, or overly compliant; habitual truancy; very early arrival to and departure from the school grounds). Appearance may be another signal (inappropriate clothing, uncleanness, undernourishment, sleepiness, lethargy or listlessness, need for medical or dental care, the presence of bruises, welts, and other injuries). The attitude of the parents may be grounds for suspicion if they are aggressive and abusive when approached about problems concerning their child; or they may demonstrate apathy and little interest in how the child is doing or what his problems are.

CD-00026

Child Abuse in Schools.
Amiel, S.
Northwest Medicine 71(11):808, November 1972.

Nationwide, more than 4.5 million children may be in danger of abuse at the hands of seriously maladjusted teachers. A recent survey disclosed that 25 percent of teachers described themselves as unhappy, worried, or dissatisfied; 17 percent were unusually nervous; and 9 percent were "seriously maladjusted." In Washington State, a report recommending legislation to protect school children cited 20 pages of complaints detailing sadistic punishment, hazardous activities, and the neglect of sick children. Children, unaware that such abuse is not authorized by their parents, may run away rather than endure it. Suggested legislation in Washington State includes establishment of a child advocate counsel, greater control over the school environment, and the closing of noncomplying schools as unfit. 1 reference.

CD-00027

Pennsylvania State Dept. of Public Welfare, Harrisburg. Office for Children and Youth. **Making Family Life Safe for Children.** Anderson, C. W. *Public Welfare* 23(2):87-93, April 1965.

The past several decades have seen a marked change in the nature of services available for children through new skills and techniques and new approaches and programs. Fewer children leave their homes solely because of poverty or because of the illness, death, or desertion of a parent. Increased services to children in their own homes through protective services, day care, homemaker services, and counseling in the area of parent-child relationships has changed the nature of child welfare and greatly benefited the children. 9 references.

CD-00028

Izaak Walton Killam Hospital for Children, Halifax (Nova Scotia). Outpatient Services. **Attitudes of Nova Scotia Physicians to Child Abuse.** Anderson, J. P.; Fraser, F. M.; Burns, K. *Nova Scotia Medical Bulletin* 51(6):185-189, October 1973.

Results of a survey of Nova Scotia physicians regarding their knowledge of and attitudes toward child abuse are summarized. The physicians surveyed were in all types of medical practice, and 144 responded to the questionnaire. Based on their responses a set of recommendations was drawn up. A significant number of professionals favored the establishment of province-wide registries, with active inter-provincial communication and the elimination of corporal punishment from the schools. A series of preventive services was suggested, including family life education programs, day care services, crisis counseling, homemaker services, and family planning programs. The team approach to the treatment of the battered and abused children was favored. The use of public health nurses in identifying cases was urged, and the need for a higher index of physician suspicion was underscored.

CD-00029

Children's Bureau (HEW), Washington, D.C. Div. of Social Services. **Children in Limbo.** Arnold, M. *Public Welfare* 25(3):221-228, July 1967.

The child in limbo is defined as one in whom psychological growth and development are stagnant. Migrant children, some children of servicemen, children in search of parents, children drifting along in poor care, some institutionalized children, abused and neglected children, some children of working mothers, children in foster care, and children in need of unprovided services may be children in limbo. Retrieving these children from their status could be facilitated by increased federal funds, changes in state laws, permanent foster family care, and courageous innovation in child welfare.

CD-00030

Community Services Administration (DHEW), Washington, D.C. **What Situations Encourage Abuse and Neglect.** Arnold, M. In: Harris, S. B. (Editor). *Child Abuse: Present and Future.* Chicago, National Committee for Prevention of Child Abuse, pp.81-85, 1975.

The major ingredients of child abuse are social and environmental stresses, in addition to specific psychological and pathological aspects of the parent. Two of the more distinct personality weaknesses associated with abuse are the apathy-futility syndrome, where parents are withdrawn, powerless, and depressed; and the impulse-ridden syndrome where an immature parent has an exceptionally low frustration level. Often the parents are part of a multiproblem family which needs a number of social services. Community programs must be ready to provide these services but the magnitude of the problem calls for a federal and state commitment as well, if these children are to be protected and their families helped.

CD-00031

Dynamics of Separation and Placement. Arvanian, A. L. In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*, Acton, Mass., Publishing Sciences Group, Inc., pp. 117-122, 1975.

Separation and placement can be terrifying experiences for a child, and these are intensified when there is a series of workers and a series of placements. A number of significant changes take place associated with separation and placement. Family roles shift, and another child may become the scapegoat. The foster family may have functioned well before accepting the new member, but this event may precipitate unforeseen crises. Competition between the real and the foster parents is another element of the situation. The end result may be the production of another adult who, because he never experienced effective parenting, will

come to neglect or abuse his children. The continuity of care and the continuity of some parenting persons are essential to minimize the difficulties. New ways of treatment should be sought so that placement will not be so frequent.

CD-00032

Treatment of Abusive Parents. Arvanian, A. L. In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*, Acton, Mass., Publishing Sciences Group, Inc., pp. 93-101, 1975.

Three case histories illustrate a personal anecdotal account of the treatment of abusive parents. The social worker should address the parents' needs, and it is not necessary to ascertain which one is the battering parent. These parents often become very dependent; one case is related in which the child at risk was placed in foster care for the duration of the worker's vacation, because the parents felt sure they would harm the child during this period without the help of the worker. It is important for the worker to realize that all members of the family should be involved in treatment, and that the clients need a dependent relationship. These isolated, depressed people who feel worthless need a great deal of caring and acceptance.

CD-00033

Mount Sinai Hospital, New York, N.Y. Dept. of Psychiatry. **Crib Deaths: Their Possible Relationship to Post-Partum Depression and Infanticide.** Asch, S. S. *Journal of the Mount Sinai Hospital* 35:214-220, 1968.

The etiology of Sudden Unexpected Death in Infants (SUD or crib death), which accounts for between 20,000 and 30,000 deaths a year, has never been adequately described. These deaths usually occur within the second or third postpartum month during a time in which many mothers suffer from postpartum depression, and its seasonal variation parallels that of suicide in the whole population. These facts suggest that an undetermined portion of crib deaths are actually covert infanticides resulting from postpartum psychosis. Even normal women often feel severely depressed shortly after giving birth due to the psychological disorientation of pregnancy. During pregnancy the mother has experienced a fantasy relationship with the fetus, which is a simultaneous identification with her own child and her own mother. Because birth terminates these associations it is accompanied by a profound sense of loss. Most mothers quickly compensate for this loss by forming a meaningful relationship with the actual (as opposed to fantasy) infant. Others, whose relationships with their mothers were painful and whose separation from them was unsatisfactory, reexperience the aggressive impulses associated with that separation and express them either against herself (suicide) or the infant (infanticide). Psychiatric evaluation of the parents in crib death is needed. 18 references.

CD-00034

City Univ. of New York, N.Y. Dept. of Psychiatry. **Postpartum Reactions: Some Unrecognized Variations.** Asch, S. S.; Rubin, L. J. *American Journal of Psychiatry* 131(8):870-874, August 1974.

Typical cases of four postpartum syndromes which are often overlooked are presented and discussed: (1) infanticide and child battering, (2) the grandmother syndrome, (3) the adoptive mother reaction, and (4) the father reaction. In infanticide cases many mothers experience some withdrawal from the child usually in fear of harming it while others react with obsessive concern over the baby's care and health. The grandmother reaction occurs when a mother does not separate her identity from the child when it is born but reexperiences her postpartum reaction when her child's child is born. The adoptive mother begins by feeling inadequate, since she has not been able to fulfill the biological function of bearing a child. The case presented had a typical postpartum psychosis. 21 references.

CD-00035

Children's Aid Society of the County of Halton, Milton (Ontario). **Authority, Prevention, and a New Child Welfare Act.** Askwith, G. K. *Child Welfare* 46:407-409, July 1967.

The 1965 Child Welfare Act in Ontario, Canada, requires the operation of a child aid society that would provide guidance, counseling, and protection for abusive families as well as preventive counseling for nonabusive families. The importance of the element of authority in implementing the preventive aspects of the law is essential. Some question is raised concerning the rights of parents in being forced to accept guidance, counseling, and other services, but it is suggested that there is a need to extend a milder form of authority in keeping with more marginal problems to meet the needs of children in marginal families. The chronic multiproblem or abusive family can benefit from an authoritative preventive service. 4 references.

CD-00036

College of Physicians and Surgeons, New York, N.Y. Pediatric Ambulatory Care Div. **Gonococcal Infections in Children. (Letter).** Asnes, R. S.; Grebin, B. *Journal of Pediatrics* 81:192-193, July 1972.

The question was raised as to whether the possibility of transmission by sexual contact (or sexual abuse) had been correctly ruled out in several cases of reported nonvenereal transmission of gonococcal infections in children. The authors of the report reply that the possibility of transmission by sexual contact was thoroughly investigated and dismissed and that the infection did occur by means of contaminated fomites.

CD-00037
The Battered Child: A Shocking Problem.
 Avery, J. C.
Mental Health 57(2):40-43, Spring 1973.

Some of the problems of management of the battered child syndrome are discussed. Reluctance of the physician to report cases continues to be a problem. Communities need to develop a multi-disciplinary network of protection to act on reports of abuse. Even when convictions are obtained, fines or imprisonment really do little to alleviate the problem; indeed, imprisonment may be damaging not only to the child's psyche but to the community relations of the parents. Legal guidelines regarding removal of the child from the family are in general lacking. Effective treatment demands that the family be considered as a unit. Child care centers could provide for partial separation of parents from children for 8- to 10-hour periods, 5 days a week. The child would be safe while the parents could seek professional help and guidance. The ultimate solution to the problem of abuse must be legal, in the form of legislation, judicial decisions, and the machinery of state and community protective services.

CD-00038
Viewing Child Abuse and Neglect as Symptoms of Family Dysfunctioning.
 Avery, N. C.
 In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*, Acton, Mass., Publishing Sciences Group, Inc., pp. 87-93, 1975.

Abusing families must be evaluated on 2 levels: the individual interpersonal and the family dynamic. A neutral position is essential on the part of the worker if treatment is to be effective. The greatest barrier to developing a trusting relationship is the parents' fear of rejection or abandonment, and frequently this will be intensified when the parent exposes himself during a time of crisis. These difficulties are demonstrated in a case history. Problems of relationships within the family also abound. Sibling rivalry, with one child acting out the parent's abusive behavior toward another child, is not uncommon, and hostility between the parents is frequently encountered. It is important to remember that these parents do love their children.

CD-00039
Treatment of Families in Protective Services.
 Avery, N. C.
 In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*, Acton, Mass., Publishing Sciences Group, Inc., pp. 103-107, 1975.

Parents are often resentful, fearful, and openly hostile to workers in protective services agencies, and these traits impede the in-depth understanding of all family members necessary to successful treatment. Sometimes, when there are too many therapeutic relationships to be handled, a single worker cannot handle a case, and the cooperation of another agency is indicated. In deciding on a mode of

treatment and in establishing the goals with the client, the worker must take into account the parents' abilities to make changes, the needs of the children, and the resources available.

CD-00040
 Hawaii State Dept. of Social Services and Housing, Honolulu. Children's Protective Services Center.
An Interdisciplinary Approach to Protecting Children.
 Awana, R.
 Hawaii State Dept. of Social Services and Housing, Honolulu. Children's Protective Services Center, 10 pp., (1972).

An interdisciplinary team for child protection services in Hawaii is discussed. The team consisted of the public welfare social work supervisor, and the hospital's pediatrician, psychiatrist, and psychologist. In some cases a legal counsel participates. The social worker's most complex cases were presented to the team. In cases where team members are not in agreement on the need for court intervention, legal consultation indicates whether there is a sound legal base on which to proceed. Results of the program indicated more rapid family service in crisis situations, more healthy family functioning, and enlarged mutual perspective of team members. A second team is being formed.

CD-00041
The World of the Abused Child: A Phenomenological Report.
 Babow, I.; Babow, R.
Life-Threatening Behavior 4(1):32-42, Spring 1974.

A study of an interview of a 21-year old suicidal woman who had a history of abuse by her mother, includes brief discussion of theoretical issues concerning the scientific and clinical usefulness of phenomenological reports in understanding child abuse. A questionnaire was given to the woman after the interview to determine her needs. Data from the interview and the questionnaire, based on the patient's own experience and perception of her needs, were considered useful in determining treatment. The interview is quoted in full.

CD-00042
 Children's Bureau (DHEW), Washington, D.C.
Child Abuse and Injury. (Symposium).
 Bain, K.; Milowe, I. D.; Wenger, D. S.; Fairchild, J. P.; Moore, H. L.
Military Medicine 130(8):747-762, August 1965.

A former Deputy Chief of the Children's Bureau (DHEW), a child psychiatrist, a military lawyer, a pediatrician, and a U.S. Army Provost Marshall discuss child abuse and injury. Early identification of cases must be followed by intensive multidisciplinary action to restore family stability. Legislation can only assist in the early identification of cases. The frequency of a history of childhood beatings in at least one parent and the family nature of the process are discussed.

Characteristically the child is a difficult problem for any of several reasons. The victims are seen as psychiatric as well as medical emergencies, and massive emergency mothering can be most rewarding. Criminal proceedings and institutionalization of the child can contribute strongly to what is considered battering of the parents, and the general therapy of the family is stressed. The incidence among military personnel, while not systematically documented, seemed on the basis of personal experience to be relatively slight. The need for continued legal reform is stressed. 8 references.

CD-00043
 York Univ., Downsview (Ontario). Dept. of Psychology.
Slaughter of the Innocents.
 Bakan, D.
Journal of Clinical Child Psychology 2(3):10-12, Fall 1973.

A discussion covers the hypothesis that child abuse is an evolutionary mechanism relating to population-resource balance. Child abuse is not a natural behavior; traumatic experiences in childhood can lead to sexual deviations and a reduction in procreation. Modification of child abuse practices requires increased awareness of the rights of children as human beings and community support for protecting these rights in order to benefit society in general.

CD-00044
Slaughter of the Innocents. A Study of the Battered Child Phenomenon.
 Bakan, D.
 Boston, Mass., Beacon Press, 128 pp., 1971.

This book covers the subject of child abuse and infanticide from several interesting points of view. The opening chapter defines the problem in detail and discusses the psychodynamics of the principals and of society. In the second chapter the history of child abuse and infanticide are considered from antiquity through the present. The account of the modern awareness in the last 30 years is detailed and complete. No distinction is made between infanticide and child abuse in terms of the basic nature of the phenomenon. A revealing insight into the nature of the disorder as presented to children forms the core of the third chapter, which deals with songs, nursery rhymes, and fairy tales in which the theme recurs again and again. The next 2 chapters consider infanticide in the context of the larger problem of balance of resources and population. If the Universal Declaration of Human Rights of the United Nations were adopted universally in man's consciousness, law, and custom, substantial progress would have been made.

CD-00045
 Columbia Univ., New York, N.Y. Dept. of Radiology.
Special Trauma Problems in Children.
 Baker, D. H.; Berdon, W. E.
Radiologic Clinics of North America 4(2):289-305, August 1966.

Trauma in abused children presents distinctive radiologic signs, which may however, be confused with normal structural variations or mimetic diseases. Fractures of the long bones are generally accompanied by separation of the periosteum from the shaft leading to subperiosteal bleeding, metaphyseal avulsion, and eventually periosteal new bone formation. Alternately, traumatic slippage of the epiphysis may occur without periosteal involvement. This condition is difficult to detect, may be mistaken for infection, and may lead to serious deformity. Injury to growing epiphyseal cartilage may also lead to severe deformity. Among diseases which predispose to fractures and thus mimic trauma are osteogenesis imperfecta, DeLange syndrome (infantile muscular hypertrophy), congenital syphilis, leukemia, metastatic neuroblastoma, Gaucher's disease, eosinophilic granuloma, unicameral bone-cysts, enchondroma, congenital bowing of the tibia, and stress fractures. Differential diagnosis includes observing the symmetry of the lesions and the involvement of metaphyseal fragmentation and should be mastered. Some normal infants display periosteal bone formation in the absence of trauma. Head injuries to children frequently produce subdural hematoma indicated by widening sutures and bulging fontanelles. Linear non-depressed fractures are common and usually heal without sequela, while depressed and comminuted fractures are treated as they are in adults. A dural rent may lead to a growing fracture capable of causing brain atrophy; this syndrome requires surgical intervention. Care must be taken not to mistake intracranial pressure stemming from various sources including drug therapy and normal variation of the calvaria for trauma. In the case of the cervical spine, normal variations in alignment such as "pseudosubluxation" of C2 and C3 and synchondrosis of C2 and the dens may be mistaken for fractures. Abdominal trauma may also be recognized radiologically. Trauma to the liver and spleen appear as the displacement of the bowel, the blurring of the peritoneal line, and sometimes as pleural effusion and parenchymal densities within the lung. An intravenous pyelogram is useful in making the differential diagnosis where, for example, preexisting neuroblastoma or leukemia or hemophilia leading to periovascular bleeding of the bladder are present. 21 references.

CD-00046
A Question of Witness.
 Baker, H.
Nursing Times 691-694, June 10, 1971.

In recent years, British nurses have become increasingly involved in the detection of child abuse and in testifying when such cases reach the courts. A questionnaire administered to 18 nursing officers and 26 home visitors and augmented by personal interviews evaluated nurses' attitudes toward giving such evidence. The nurses expressed mixed feelings over testifying, believing, on the one hand, that such a role would impede relations with their patients, but, on the other that such testimony was often indispensable. All said that a subpoena was essential. In response to this dilemma some authorities have shielded nurses or provided that testimony should be given only by a medical

officer placed in charge of a case and not by the health visitor. Nurses said that they desired instruction in court procedure, cross examination, legal terminology, and statement writing. The importance in the nurses' roles of accurate record keeping and noticing the first signs of family stress were emphasized. 12 references.

CD-00047

Court Ordered Non-emergency Medical Care for Infants.
Baker, J. A.
Cleveland-Marshall Law Review 18(2):296-307, May 1969.

Arguments for and against the state's privilege to extend nonemergency medical care to infants are discussed. It is suggested that discretionary privilege may be invoked when certain factors are operative, (1) the probably adverse consequences to the infant and to others of refraining to invoke the privilege; (2) the probability of the operation materially improving the child's condition; (3) the reasonable choice of the parent(s) in any discretionary matters; (4) the degree of danger and uniformity of competent medical opinion regarding the proposed treatment; and (5) the need for and availability of cooperation of the child. Numerous references.

CD-00048

Pennsylvania Univ., Philadelphia. Outreach Supportive Services Project.
Attempting to Build a Fail-Safe Program.
Ballard, C. M.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 245-262, 1975.

A review of a case of child abuse by a substitute parent describes the effectiveness of the Outreach Supportive Services' Family Health Worker in using Antecedents, Behavior, Consequences (observation of active-reactive social behavior) and goal attainment objectives to achieve behavior modification and ultimate improvement of the situation. Assessment and status sheets used in the case are included.

CD-00049

Creighton Univ., Omaha, Neb. Dept. of Pediatrics.
Child Abuse and Neglect. A Study of Cases Reported to Douglas County Child Protective Service From 1967-1973.
Banagale, R. C.; McIntire, M. S.
Creighton Univ., Omaha, Neb. Dept. of Pediatrics. 39 pp., 1973.

Between August, 1967, and December, 1973, 2,570 cases of child abuse and neglect were reported to the Douglas County (Nebraska) Child Protective Service. Reporting rates for individual years beginning in 1967 were 79, 257, 176, 380, 375, 451, and 634. About 47 percent of the abuse victims were under the age of 6, and more females

were abused than males; the perpetrator was also more usually female than male, and a majority of cases were in the lower socioeconomic group. The highest rate of reporting was in central Omaha, followed respectively by south and north Omaha. Contusions, abrasions, or hematomas were the most common injuries, and the incidence of sexual abuse was greater than fractures. Neglect cases constituted 72 percent of the total reported cases. Private physicians accounted for only 3 percent of the reported abuse cases and 0.4 percent of the neglect cases. Termination of parental rights by court action ensued in 6.4 percent of the abuse cases and 10 percent of the neglect cases. Recommendations include improved legislative definition of the problem, better initial investigative methods, and more accurate screening of cases to be reported to the registry. More widespread education about the problem and earlier identification of abuse potential would be helpful. 28 references.

CD-00050

Hahneman Medical Coll., Philadelphia, Pa.
Environmental Failure to Thrive: A Clinical View.
Barbero, G. J.; Shaheen, E.
Journal of Pediatrics 71(5):639-644, November 1967.

The clinical types of failure to thrive children are divided into (1) those without systemic symptoms, (2) those with systemic symptoms, (3) those with concurrent signs of inflicted injury, and (4) those with primary systemic disease accompanied by failure to thrive. A case history is presented for each clinical type. Diagnostic criteria and the management of such cases are discussed. 10 references.

CD-00051

City Univ. of New York, N.Y. Graduate Center.
The Prevention of Family Violence: Dilemmas of Community Intervention.
Bard, M.; Zacker, J.
Journal of Marriage and the Family 33(4):677-682, 1974.

Efforts to prevent intrafamilial violence (which accounts for between 35 and 50 percent of all homicides) have been thwarted by the absence of effective intervention programs. Lower class families, for whom intrafamilial violence presents the greatest problem, will generally not seek out a social agency for long-term treatment of their difficulties; they tend instead to wait until a violent situation arises and call the police. The police, limited by civil libertarian considerations and lack of relevant training, cannot generally offer the kind of preventive measures that are desired. Police cannot arrest an individual merely because they suspect that intrafamilial violence will eventually occur, and they are seldom trained to mediate family disputes without causing further friction. The result is that many foreseeable homicides and assaults are not prevented and many intervening police officers are needlessly injured. A program in which 18 police officers serving an inner city received special training from a university psychological center in mediating family disputes resulted, during a 22 month period, in 1,388 interventions involving 962 families (a

control unit made 492 interventions during the same period). No homicides occurred among the 962 families nor were any of the specially trained officers assaulted despite the high statistical probability of injury. The special unit seemed well received by the community. In one case, unit officers were called on several occasions by a woman whose estranged husband was jealous of her dating other men; the man had threatened and assaulted both the wife and a daughter during family arguments. The unit persuaded the woman to obtain a protective order for herself and her children but had no justification for detaining the husband. The husband subsequently killed a man he suspected of being his wife's lover. 15 references.

CD-00052

Shenley Hospital, Herts (England). Dept. of Psychiatry.
Mother and Baby Unit: Psychiatric Survey of 115 Cases.
Bardon, D.; Glaser, Y.I.M.; Prothero, D.; Weston, D. H.
British Medical Journal 2:755-758, June 22, 1968.

A group of 115 mothers with a mental illness that arose during pregnancy or within 12 months of childbirth were admitted to a mother-baby unit in a psychiatric hospital; 131 infants were admitted along with the mothers. Thirty-two mothers were schizophrenic, 12 manic, 69 depressive, and 2 neurotic. Antidepressants, tranquilizers, E.C.T., and group therapy were used and the mothers were encouraged to cook, clean, and care for their babies themselves with help as needed from the staff. The mothers were discharged after an average of 7 weeks, a period shorter than that in published literature where the mothers were hospitalized without their children. The mother's ability to care for her child did not correspond to the severity of her illness. On discharge, 89 percent of the mothers were able to care for their children adequately; and 85 percent showed moderate to good adjustment in a follow-up survey, an average of 32 months after discharge. 22 references.

CD-00053

Woodbourne Center, Baltimore, Md. Child Abuse Project.
Team Treatment for Abusive Families.
Barnes, G. B.; Chabon, R. S.; Hertzberg, L. J.
Social Casework 600-611, December 1974.

The Sinai Hospital (Baltimore) Child Abuse Team consists of 2 full-time community aides, a half-time nurse, a consulting pediatrician, a consulting psychiatrist, a full-time social worker, and a full-time secretary. The community aides are paraprofessionals who play key roles with referred families. They function as empathetic listeners and behavior models to the abusive parents. The social worker is the team coordinator and primary therapist for family members as well as supervisor and consultant to the aides and nurse; he is also the liaison person with community agencies and the juvenile court system. The pediatrician provides medical evaluation and care, and the psychiatrist provides consultation to the social worker and defines the psychodynamics of each family at the start of treatment. Two cases illustrative of the team's functioning are presented. The team is deemed to function well, but is limited by financial shortages.

CD-00054

Charing Cross Hospital, London (England). Dept. of Obstetrics and Gynecology.
Rape and Other Sexual Offences.
Barnes, J.
British Medical Journal 2:293-294, April 19, 1967.

A British physician may be called upon to examine the parties to an alleged rape, indecent assault (assault stopping short of penetration), or act of sodomy. Consent must be obtained from the patient (written consent if the patient is the accused) and chaperones must be provided. Taking a history is an integral part of the examination, as it may shed some light on the credibility of the parties; however, this may not be possible in the case of the accused. The physician should take notice of the patient's general appearance (including apparent age) and the location of any injuries, foreign hairs, or stains. Samples of blood, stains, or hairs should be taken as appropriate and analyzed. The vagina or anus, as the case may be, should be examined for dilatation and the presence of spermatozoa. Having completed this type of examination, the physician should prepare a two-part report giving medical findings in part 1 and subjective impressions in part 2. The physician's role is especially important in all sexual offenses involving children under 16 (especially in incest and sodomy) since these individuals are incapable of legally consenting to sexual contact and medical evidence of such contact may be probative.

CD-00055

Pennsylvania Univ., Philadelphia. Dept. of Pediatrics.
What's Wrong With the Hip?
Barnes, L. A.
Clinical Pediatrics 9:467, August 1970.

A 10-week-old Negro boy was hospitalized with a spiral fracture of the left femur after being thrown across the room by his mother for crying. Diagnosis was delayed and several false etiologies were considered before an intern's penetrating history-taking revealed the battering. The importance of the initial history is illustrated.

CD-00056

Battered Babies. (Letter).
Barnett, B.
British Medical Journal 4(5680):432, November 15, 1969.

Battered babies can best be aided by long-term treatment and active social intervention. For this to occur, greater communication between physicians and social workers is necessary. The urgency of the need and the small possibility of misuse outweigh the possible ethical problem involved in giving confidential information to a member of another profession.

CD-00057

Battered Babies. (Letter).
Barnett, B.
Lancet 2(7662):567-568, July 4, 1970.

Hospitals are not the best institutions for preventing child abuse. Instead, effective family service incorporating the family physician must be established to identify high-risk families and offer family support.

CD-00058

Violent Parents. (Letter).

Barnett, B.

Lancet 2:1208-1209, April 8, 1972.

The role of the general practitioner in cases of child mistreatment has not been adequately defined. Better programs of prevention and intervention should be devised in conjunction with hospital and social service personnel. In a recent case, fraternal twins (one male and one female) were born to a family with three daughters. The female twin was subsequently neglected despite the fact that, in retrospect, it was foreseeable she would be neglected relative to her brother. In addition, the family physician was not involved in early medical-social service contacts in the case, and effective case conferences were not conducted. 6 references.

CD-00059

Valley Forge General Hospital, Phoenixville, Pa.
Neurologic Manifestations of the Battered Child Syndrome.
Baron, M. A.; Bejar, R. L.; Sheaff, P. J.
Pediatrics 45(6):1003-1007, June 1970.

An infant with no external signs of trauma and a picture closely mimicking organic brain disease was treated from the age of 3 weeks to 9½ months before battering was considered as a possible cause of her difficulty. The similarity of her symptoms to neurologic disease was so striking that battering continued undetected until she finally showed external bruises. Neurologic findings, which included exaggerated startle, hyperreflexia, vomiting, and increased muscle tone, were not due to organic neurologic disease, and all disappeared within 1 week after hospital admission. Symptoms also included retarded development and growth failure, which similarly responded to hospitalization. The battered child syndrome must be included in the differential diagnosis of developmental failure with diffuse or nonfocal neurologic signs; and, all infants who show these symptoms should be hospitalized. 13 references.

CD-00060

How to Help Abused Children--and Their Parents.

Bassett, L. B.

RN Magazine 1-8, October 1974.

A review of the nurse's role in child abuse casefinding and treatment covers descriptions of typical behavior patterns in abusive parents and of injury and behavior patterns in the child, reporting requirements, and common factors in abuse-prone parents. When abusive parents bring their children in for medical treatment, they often (1) hesitate to offer information; (2) avoid handling the child; (3) claim fault of the child; (4) show little concern; (5) leave quickly

after the child's admittance; and (6) do not visit the child in the hospital. Abused children usually have fresh and old injuries, show decreased appetite, and exhibit apathy or fear of physical contact. Abuse-prone parents usually had oppressive childhoods themselves and lack trust; social relations between the parents and their families or the community are minimal. Predisposition of abuse-prone women can be evaluated during prenatal visits by questioning them about their attitudes. Unnecessary visits to the doctor, perception of the child as abnormal, illegitimacy, and failure to thrive syndrome are other warning signals. Nurses are often in a position to recognize these factors and are urged to understand the needs of parents and children. Questions used to identify difficulties in parent-child relationships, methods for inducing the abused child to eat, and sources of 24-hour support services are listed.

CD-00061

Child Abuse Court From the Inside.

Baumgart, F.

In: *Professional Papers: Child Abuse and Neglect*, Chicago, National Committee for Prevention of Child Abuse, pp. 68-87, 1973-1974.

The child abuse law of Illinois and the mechanics of action in the Child Abuse Court are reviewed. A neglected minor is defined as anyone under 18 who is neglected in terms of proper or necessary support, education, medical, or other remedial care, or who is abandoned by his parents, or whose environment is injurious to his welfare. A case generally comes to court 3 times: temporary custody hearing, trial, and dispositional hearing. The court is a civil court, and all of the Assistant State's Attorneys are assigned voluntarily, not as prosecutors, but on behalf of those people in the state who are interested in child welfare. Hearsay evidence is allowable at the temporary custody hearing, the purpose of which is to determine whether there is probable cause for urgent and immediate removal from the home. At the trial hearsay evidence is not admissible and only actual witnesses may testify. Disposition is based in part on a psychiatric evaluation of the home situation. Child abuse is cyclical in that abusing parents were usually abused children. It is emphasized that only the court can forcibly intervene to break this cycle.

CD-00062

Parents' Center Project, Boston, Mass.

The Parents' Center Project: A Multiservice Approach to the Prevention of Child Abuse.

Bean, S. L.

Child Welfare 50(5):277-282, February 1971.

In 1968, Parents' and Children's Services of the Children's Mission, Boston, after consultation with state officials, established the Parents' Center in order to coordinate the various services needed to aid the families of battered children. The Center, funded by both public and private sources, conducts weekly group therapy for male and female cotherapists and a day care center for the abused children and their siblings. In addition, the center furnishes

medical care for the children and individual psychiatric consultation for emergency situations. Parents are encouraged to participate in the day care activities. After a slow start caused by numerous administrative difficulties, the center received in the first 22 months of its existence 72 inquiries leading to 42 applications; 23 families with 42 children were accepted for treatment. Experience revealed that parents participating in the program initially displayed a high degree of defensiveness particularly when they felt their love for their children was being questioned. Children from these families were frequently timid and withdrawn. In addition to its therapeutic program, the center plans a program of research on the causes and treatment of child abuse. 1 reference.

CD-00063

The Use of Specialized Day Care in Preventing Child Abuse.

Bean, S. L.

In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*, Acton, Mass., Publishing Sciences Group, Inc., pp. 137-142, 1975.

The need to offer innovative preventive services to a growing number of families where abuse to children was suspected or developing spawned a project known as Parents' Center. One of the most difficult jobs was finding child care workers who could be helped to respond to the testing-out on the part of parents without defensiveness and without anger. After a staff of volunteers was assembled, 36 families with 59 children were seen by the Center. The group offered parents an opportunity to fill the gaps in their social and emotional relationships with other people while playing at the same time a large role in the growth and development of the children by exposing them to a different quality of interaction. Progress was more readily apparent with the children, although the parents, too, responded to the situation. The need to serve entire families is stressed.

CD-00064

Due Process in Child Protective Proceedings -- Intervention on Behalf of Neglected Children.

Becker, T. T.

Denver, Colo., American Humane Association, 24 pp., 1971.

The implications of the new juvenile court climate as it relates to the neglect proceeding is discussed, with special emphasis on the application of the due process concept. Because an adjudication of neglect may seriously and substantially interfere with the parent-child relationship, the court must base its ruling on procedures which observe due process of law. However, it is suggested that in neglect hearings, due process need not conform to all the formality required in a criminal trial or in a delinquency hearing. In the adjudicatory part of the neglect hearing, due process must be more strictly observed, but in the dispositional phase, rules of evidence are relaxed. In balancing the rights of the parents against the rights of the child (rights which are in conflict in neglect cases), public policy seems to dictate favoring the child's rights. Numerous references.

CD-00065

New York Society for Prevention of Cruelty to Children, New York.

Child Protective Services and the Law.

Becker, T. T.

Denver, Colo., American Humane Association, 24 pp., 1968.

The history of the legal aspects of child protective services is reviewed, the landmark decisions of the Supreme Court *Kent vs. U.S.*, 383 U.S. 541, and in re *Gault*, 387 U.S. 1, are discussed; the 2 cases are summarized. From these 2 decisions it is clear that the accused is entitled to a hearing; his attorney is entitled to access to probation records used by the court in making its decision; and the court must state the reasons for its decisions if it decides to waive jurisdiction to the criminal court. Also, the accused must receive proper notice; he may invoke the privilege against self-incrimination; he has a right to confront and cross-examine the witnesses against him; and he has the right to counsel whether or not he or his family can afford one. There are still unresolved questions, not the least of which is which of these rules apply to proceedings to determine child neglect. It is suggested that representation of respondents in neglect cases will be the rule in the future. The new juvenile court's climate is likely to be initially uncomfortable for both lawyers and social workers. The importance of cooperation and mutual trust between the law and the social sciences is reiterated. Numerous references.

CD-00066

A Medical Social Worker's View.

Beer, S.

In: Franklin, A. W. (Editor). *Concerning Child Abuse*, Edinburgh, Scotland, Churchill Livingstone, pp. 73-77, 1975.

The hospital is often the source of primary intervention for the battering family because of the less threatening setting of the emergency room compared to the private physician's office and because these people often do not have a general practitioner. Immediate hospitalization of a child suspected of battering achieves (1) removal of the child from a potentially dangerous situation, (2) removal of immediate pressure from the parents, and (3) allowing time for professional workers to intervene. The case conference involves all those involved with the family and is a useful tool for exchange of information and generation of ideas. One of the most important initial objectives in working with the family is the establishment of a relationship of trust. The parents need practical demonstration of the fact that the worker cares. A group for at-risk mothers (but not including any known batterers) is described; the experience seems to have been helpful to the mothers.

CD-00067

Alberta Univ., Edmonton, Dept. of Psychiatry.

Parents Who Abuse Their Children.

Bell, G.

Canadian Psychiatric Association Journal 18(3):223-228, June 1973.

Child abuse is a widespread problem leading to the serious, often permanent, physical and emotional injury of children. It is therefore essential to detect and treat families at risk. Although socioeconomic factors and environmental stresses contribute to child abuse, the heart of the problem appears to be a failure of the parents to develop a normal mothering relationship with their children, either because they lacked proper parental models themselves or because of a disruption in the neonatal relationship between mother and child. These parents tend to develop unrealistic expectations and beliefs, which result in a sense of rejection and frustration. Early recognition of such families can be achieved by assessing the parents' attitudes and upbringing; and in connection with an assessment of the child's vulnerability and family stresses children at risk can be identified. Whether the family is detected in this manner or identified after a pattern incident, a multidisciplinary team should be available to establish rapport with the family, bolster them emotionally, and increase their child rearing skills. Traditional approaches using physicians, pediatricians, psychiatrists, public health nurses, and social workers may be supplemented by para- and nonprofessional services such as Parents Anonymous and homemakers. Monitoring the welfare of infants at high risk may also be helpful. 34 references.

CD-00068

Hamilton County Welfare Dept., Cincinnati, Ohio. Children's Services Div.
Group Treatment of Mothers in Child Protection Cases.
Bellucci, M. T.
Child Welfare 51(2):110-116, February 1972.

Weekly group therapy sessions for 10 mothers involved with the local welfare department in child protection cases were conducted by a male-female cotherapist team. The mothers (average age 34) were screened for their motivation for parenting and their ability to discuss feelings; once in the group the mothers were required to attend the weekly meetings as a condition for keeping the family together. All of the families were deprived; 3 were self-supporting; 4 contained an average of 5 children and were intact. In addition to the meetings, the program provided activities for the children and a homemaker service; other attempts to involve the families in community activities proved unsuccessful. The group enthusiastically focused on their common problems from the start; however, they also demonstrated a tendency to collude in each other's denials of reality. They soon began to discourage any absenteeism by the members and were also somewhat resentful of new members. From the sessions, a psychodynamic picture of the abusive mother has emerged. Such a mother feels a sense of worthlessness, abandonment, and rage stemming from her own painful experiences with parents or parent surrogates. To assuage these feelings these mothers entered into early marriages producing many children. Their relationships with their husbands tended to be masochistic and that with their children symbiotic, infantilizing, and rigid. Through group therapy these women have been helped into seeing this pattern. They have become more self-assertive and have learned to see their relationships with men on a

nonsexual level. Many of the sick marriages show signs of breaking up. Cotherapy has been particularly useful with this group, since it provides a nonsexual male-female relationship for them to observe. The existence of two therapists also preserves the continuity of treatment when one is ill or on vacation, and gives the therapists a stamina and perspective that a single person could not muster.

CD-00069

Bendix Research, Berkeley, Calif.
Drug Modification of Behavior: A Form of Chemical Violence Against Children?
Bendix, S.
Journal of Clinical Child Psychology 2(3):17-19, Fall 1973.

The use of amphetamines for behavior modification in children raises many questions and problems. There is no clear-cut definition for minimal brain dysfunction which would determine candidates for drug therapy. Many especially creative, active, or independent children who have trouble conforming to adult norms could erroneously fall into this category by current definitions. Assuming that isolation of the hyperkinetic group is possible, there is a significant lack of evidence that the drugs do increase the child's learning ability or his ability to cope. Side effects are numerous and may be severe in children, and include physiological drug dependence. Also the child is conditioned to seek drugs as a solution to his problems during a formative period in his life. All too often the child's real problem goes unnoticed as the symptoms are masked by the amphetamines. 30 references.

CD-00070

Children Under Stress.
Bennett, A. N.
Journal of the Royal Naval Medical Service 60(1-2):83-87, Spring-Summer 1974.

After a brief review of the classical clinical situations in which the battered child syndrome should be diagnostically entertained, the frequently encountered features of mild battering are outlined: bruises, abrasions, fractures, periosteal bleeding, retinal hemorrhage, and subdural hematoma. History and physical findings typically do not coincide. Four categories of child abuse have been defined: true infanticide, the wasted and neglected child, deliberate cruelty (beating, burning, deprivation of essential drugs, cruel physical restraint), and the mildly battered child. For the latter, a team approach to management is indicated: physician, social worker, and visiting nurse. At least 60 percent of these children are subject to further injury if there is not adequate investigation and treatment. 10 references.

CD-00071

Eastern District Hospital, Glasgow (Scotland). Dept. of Psychiatry.
The Battered Child Syndrome.
Bennie, E. H.; Sclare, A. B.
American Journal of Psychiatry 125(7):975-979, January 1969.

Ten cases of battered child syndrome were reviewed to identify psychological variables in the assailants. Of the ten assailants, aged 21-41, 3 were male and 7 female, and 8 were the battered child's parents. All of the patients displayed inadequacy and impulsive behavior; 5 suffered depression; and 5 had aggravating physical conditions. All 3 men had criminal records and displayed mental deficiency. The assaults were against the youngest child in the family in 7 cases; 6 assaults were recurrent (all were by females) and 6 fatal (3 were by males). It appears that the assaults represented displaced aggression from marital or domestic conflicts in which the assailant was not in a position to obtain emotional support from family or outside sources. Attacks were usually carried out in intense fury on some small provocation by the child (e.g., crying, slow feeding, or incontinence). Afterwards the assailant attempted to conceal the event but most of them readily admitted responsibility, attributing the attack to circumstances beyond their control. Psychotherapy revealed that most assailants had experienced defective upbringing and many had emotional crises in late adolescence. The fact that in 5 cases the assailant had seen a physician shortly before the attack suggests that preventive measures might have been undertaken. 4 references.

CD-00072

Southport Hospital Group, (England). Dept. of Pathology.
Infantile Subdural Haematoma. (Letter).
Benstead, J. G.
British Medical Journal 3:114-115, July 10, 1971.

The etiology of infantile subdural hematoma in the absence of head injuries or injuries to other parts of the body presents an open question. In such cases the physician should, by tactful questioning, explore the possibility of child mishandling, particularly shaking.

CD-00073

Hadassah Univ. Hospital, Jerusalem (Israel). Dept. of Pediatrics.
A "Pseudo" Battered Child.
Berant, M.; Jacobs, J.
Clinical Pediatrics 5(4):230-237, April 1966.

A 2 year 8 month old male child of Iraqi descent, who was suffering from multiple nutritional deficiencies, notably those of ascorbic acid (scurvy), folic acid, and iron, exhibited symptoms similar to those of the battered child syndrome. He displayed swelling of the limbs, poor psychomotor development, generalized bone pain, a fractured humerus, irritability, apathy, high fever, pallor, anemia, costochondral protrusions, and pitting edema of the legs. His mother was pregnant at the time, was in a poor emotional state, and gave an inconsistent history. A differential diagnosis rejected the possibility of sepsis, leukemia, syphilis, and Still's disease because there was no rash, splenomegaly, lymphadenopathy, skin or retinal hemorrhages, joint involvement, or abnormal tongue. The diagnosis was made on the basis of routine blood chemistry tests. The condition apparently arose because the child was

fed a diet consisting almost completely of milk and porridge. In the hospital, the parents displayed affection for the child. Caffey's disease, hypervitaminosis A, and chronic lead poisoning may also mimic the battered child syndrome. 8 references.

CD-00074

Toward the Prevention of Neuromotor Dysfunction.
Berenberg, W.
Developmental Medicine and Child Neurology 11(1):137-141, February 1969.

Efforts must be made to correct the many conditions associated with brain damage, in particular, cerebral palsy which continues to be quite prevalent. This syndrome has been shown associated with (1) prematurity, which is on the increase, (2) respiratory distress syndrome, for which better oxygen monitoring techniques are required, and (3) bilirubinemia, a problem only partially elucidated. Eliminating high risks in highway accidents and child abuse should further reduce brain injury. Medical technology could be improved by developing new scanning techniques for brain lesions, corrective heart surgery techniques with a lower risk of cerebrovascular complications, better means of assessing risk factors in delivery, intrauterine corrective surgery, and safer drug therapy. The control of environmental poisons and infectious diseases would also lower the incidence of brain damage.

CD-00075

Family Law--Termination of Parental Rights--A New Standard for Balancing the Rights of Parents, Children, and Society.
Bergman, N. W.
Emory Law Journal 24(1):183-194, 1975.

Recent years have witnessed a gradual shift in the field of adoption and custody law away from the premise that the natural or biological parents have an inherent and superior right to the custody and control of their child. Georgia courts have tended to narrowly construe the laws to protect parent's interests, even though in termination cases they appear to focus more on protecting the child. Two recent decisions have been more forward-looking in terms of recognizing children's needs for stable environments, and these may serve as models in other states in enabling the courts to protect children without jeopardizing the rights of the parents unfairly. 51 references.

CD-00076

Berkeley Planning Associates, Inc.
Second Site Visit Report. Evaluation, Demonstration Program in Child Abuse and Neglect.
Prepared for: Health Resources Administration (DHEW), Washington, D.C., 78 pp., December 1974.

A report based on data gathered from visits to 10 of 11 child abuse and neglect demonstration projects reviews

their progress since an earlier visit. Summaries of each project's developments discuss specific activities in the areas of community and professional education, agency coordination, legislation, case management, community treatment and services, research and evaluation, and program administration and implementation. The following sites were visited: (1) Family Learning Center, Adams County, Colorado; (2) Pro-Child, Arlington, Virginia; (3) Child Protection Center, Baton Rouge, Louisiana; (4) Child Abuse and Neglect Demonstration Unit, Bayamon, Puerto Rico; (5) Arkansas Child Abuse and Neglect Program, Little Rock, Arkansas; (6) Child Development Center, Neah Bay, Washington; (7) Family Resource Center, St. Louis, Missouri; (8) Parent and Child Effective Relations Project, St. Petersburg, Florida; (9) Panel for Family Living, Tacoma, Washington; (10) Union County Protective Services Demonstration Project, Union County, New Jersey.

CD-00077

Berkeley Planning Associates, Calif.
First Site Visit Report, Part Two: Community System Evaluation, Demonstration Program in Child Abuse and Neglect.
Prepared for: Health Resources Administration (DHEW), Bethesda, Md. 80 pp., October 1974.

A report presents tables of overview data on the community setting of each of 11 child abuse and neglect demonstration projects, including population characteristics; readily available data on incidence and reported cases of abuse and neglect; and characteristics of applicable reporting laws. Brief discussion of agencies handling most cases and their approaches, interagency coordination and conflict, and treatment shortcomings in each community is also included.

CD-00078

Berkeley Planning Associates, Calif.
Cost Analysis Design and Pretest Results. Evaluation, National Demonstration Program in Child Abuse and Neglect.
Prepared for: Health Resources Administration (DHEW), Washington, D.C., 116 pp., April 1975

Cost analysis of the 11 demonstration projects within the National Demonstration in Child Abuse and Neglect is being performed to determine efficiency of and economics of scale in the projects; investigate the costs of generic activities in the field and related unit costs; develop information necessary for determining cost-effectiveness of alternative service strategies for abuse and neglect families; determine project resource increases; and provide cost management information. The system for collecting and analyzing project information, and the results of a pretest of the methodology carried out in January 1975 are described. Project comparisons are made in the following areas: (1) distribution of expenditures and time among service components; (2) project operation costs; (3) evaluation costs; (4) cost measures of case management and staff

development; and (5) staff costs. Summary computer printouts of project data are included.

CD-00079

Armed Forces Inst. of Pathology, Washington, D.C. Dept. of Pathology.
Recognition and Rescue of the "Battered Child."
Berlow, L.
Hospitals 41(2):58-61, January 16, 1967.

Although awareness of the battered child syndrome is increasing, definitive action often is not taken because members of the medical profession encountering possible cases of abuse are uncertain of their responsibilities or are reluctant to become personally involved in abuse cases. Most states have passed statutes requiring reporting of child abuse and granting some form of immunity from legal liability; however, criteria for reporting child abuse, persons who must report cases, and agencies designated to receive reports vary. A need exists for reeducating physicians and hospital personnel to recognize the syndrome and their legal responsibilities to report abuse. Lists of signals to assist in distinguishing accidental and intentional injuries are included. 12 references.

CD-00080

Nurturing and Ego Development.
Besdine, M.
Psychoanalytic Review 60(1):19-43, Spring 1973.

The importance of adequate mothering is reviewed by demonstrating the intellectual and emotional problems which develop without it. Very often inadequate mothering results in malformation of ego in the child or may even affect intellectual development. Negligent mothering is an outgrowth of socioeconomic and psychological circumstances that deprive children of trust and security. Such mothering is lacking in intensity, quantity, and quality. Reluctant mothering is a depriving type of nurturing but does not go to the extremes of negligent mothering. It exists in all populations but flourishes mostly in modern urban ghettos and in impoverished large families. Much of violence, crime, and educational retardation have roots in the sociopsychological conditions found in ghettos. Unstable and fatherless homes, insecurity, and reluctant mothering contribute greatly to the increasing crime and violence of our age. 147 references.

CD-00081

New York State Select Committee on Child Abuse, New York.
How Do We Work Together?
Besharov, D. J.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 187-193, 1975.

The importance of research on the causes of child abuse should not overshadow the urgency of answering practical questions on dealing with abusers and their families. The question of what a protective service is, what it does, and what it should do has many interpretations. It should be recognized that the individual protective services worker has the greatest influence on the investigation and the ultimate handling of any single case. The worker must gain enough knowledge of the family to effectively monitor the course of the family and be prepared to make appropriate decisions. The combination of skills a child protective worker needs to be effective is staggering. The development of a new concept for protective services workers and agencies might improve their therapeutic value and reduce the contradictions in their role in the family and to the community. 1 reference.

CD-00082

Abuse and Maltreatment: The Missing Legal Framework.
Besharov, D. J.; Besharov, S. H.
In: *Professional Papers: Child Abuse and Neglect*, Chicago, National Committee for Prevention of Child Abuse, pp. 2-29, 1973-1974.

This stern and broad-ranged condemnation of child protection services asserts that they are fraudulent. While more workers, legislation, facilities, and funds may be needed, existing resources could be utilized far more efficiently than they are at present. While there are many dedicated judges, attorneys, probation officers, social workers, and clerks, they are the exception. Much of this may be due to the problems of implementing such a complex system on a broadly based law. If humanitarian feelings cannot mobilize the effort to help victimized children, a cold dollar and cents view may; abused children often become aggressive, violent, and criminal, and the cost of child protection and rehabilitation is less than that of later deviant behavior. Numerous references.

CD-00083

Texas Rehabilitation Commission, Austin.
A Study of Father-Daughter Incest in the Harris County Child Welfare Unit.
Bethscheider, J. L.; Young, J. P.; Morris, P.; Hayes, D. D.
Criminal Justice Monograph 4(4):1-131, 1973.

A retrospective study of case reports on 30 incest families and 70 neglect families showed that mothers in the incest families tended to be older than mothers in neglect families. Both incest and neglect families had a high religious nonaffiliation rate. The incest parents were better educated than the neglect parents. Both types of families lived in overcrowded conditions. The incest victim was usually the oldest daughter in the family. Lack of cleanliness, inadequate clothing, and inadequate feeding were common problems for neglect families, and neglect parents constantly left their children alone for hours. Recommendations for the prevention of incest and neglect, tabulated data, and case histories are given. 19 references.

CD-00084

Should Reporting Be Mandatory?
Bevan, H.
In: Franklin, A. W. (Editor). *Concerning Child Abuse* Edinburgh, Scotland. Churchill Livingstone, pp. 133-135, 1975.

In a consideration of the question of whether reporting of child abuse cases should be mandatory, 5 questions are posed: should there be a legal duty to report, what should be the scope, on whom should the duty fall, how might it be discharged, and what would be the object. It is proposed that the interest of the child should be paramount in this question, and there should be some sanction for failure to report. Immunity would also have to be guaranteed, except in cases of malicious reporting. The medical community and perhaps a few others should bear the burden of reporting, and both law enforcement and child protective agencies should receive the report.

CD-00085

Case Western Reserve Univ., Cleveland, Ohio. School of Medicine.
The Role of the Child Care Worker in the Treatment of Severely Burned Children.
Bezzeg, E. D.; Fratianne, R. B.; Karnasiewicz, S. Q.; Plank, E. N.
Pediatrics 50:617-624, October 1972.

Experience with 57 children suggests that the physical and psychological rehabilitation of severely burned children is promoted in a positive and child-oriented environment. For this reason the children were moved from the hospital intensive care unit into the general pediatric ward rather than into the special burn ward, which housed adults. The child care worker, functioning as an integral member of the burn team, can help establish a more peaceful relationship between the child and his environment including the other medical personnel. The worker can help insulate the child, by means of repeated positive encounters, from the pain and trauma of the hospital experience, and foster improved relations with the child's parents and other children, while preparing him with tutoring and play activities to rejoin the outside world with enhanced emotional and intellectual functioning. In cases of willful abuse and accidents brought about by parental neglect, conflicts in the family relationship (usually involving very young children) must be resolved for successful long-range development. Similarly, self-provoked accidents in adolescents and preadolescents often involve personal conflicts. The child care worker must provide sympathy and limit-setting so that the child can accept his injury and associated trauma and return, prepared, to the outside world. 6 references.

CD-00086

Calcutta School of Tropical Medicine, (India).
Multiple Fractures.
Bhattacharya, A. K.
Bulletin of the Calcutta School of Tropical Medicine 14(1):111-112, January 1966.

Two siblings: a girl, aged 1 year 10 months, and a boy, aged 10 months, were hospitalized for recurrent painful swellings of the limbs, which they contracted on the same day. Aside from a slight fever and anemia no other pathological signs were observed. Radiological examination revealed old fractures of both humeri in each of the children; characteristic epiphyseal and subperiosteal reactions were present. The children's father had himself been hospitalized at the time of the injuries and the mother denied inflicting them; apparently a landlord to whom the mother had entrusted the children was responsible.

CD-00087

Calcutta School of Tropical Medicine, (India).
Battered Child Syndrome: A Review With a Report of Two Siblings.
Bhattacharyya, A. K.; Mandal, J. N.
Indian Pediatrics 4:186-194, April 1967.

Two young siblings, presenting simultaneously with recurrent painful swellings of limbs, apparently represent the first Indian report of the battered child syndrome. Multiple fractures, epiphyseal separation, and periosteal reaction were noted in both children. Subsequently it was found that the children were abused by a babysitter. The child abuse problem in the U.S. and U.K. is briefly reviewed. 9 references.

CD-00088

Children's Welfare Association of Victoria, North Carlton (Australia).
Custody of Children.
Bialestock, D.
Medical Journal of Australia 2(25):1128, December 22, 1973.

Australian law, in the name of protecting the adult's right to privacy, has failed to protect the child's right to normal development. This approach coupled with the break up of the extended family, which often stood in a position to protect the child, has left many children in a vulnerable condition. Australia should abandon the adversary principle in juvenile court proceedings. Interdisciplinary programs should be developed to train specialists in child custody matters. Increased interest should be taken in the more than 50 percent of children who are under 10 years old and are affected by divorce proceedings. Otherwise Australia will continue to face a high incidence of failures to thrive and battered children. 2 references.

CD-00089

California Univ., Berkeley. School of Social Welfare.
Agency Structure and the Commitment to Service.
Billingsley, A.; Streshinsky, N.; Gurgin, V.
Public Welfare 24(3):246-251, July 1966.

The public assistance and child welfare divisions of public welfare are compared in terms of the suitability of each to handle child protective services. The public assistance divisions are more highly rule-oriented, exhibit a lower level

of professionalism, and have a much narrower range of ancillary services available. They also have more restrictive workers' roles. It is concluded that child protective services should be considered part of child welfare rather than grafted onto public assistance function.

CD-00090

Royal Hosp. for Sick Children, Edinburgh (Scotland).
Battered Babies—A Social and Medical Problem.
Bird, H.
Nursing Times 69: 1552-1554, November 22, 1973.

The case of a 3.5-month-old boy who was hospitalized for the second time because of battering by the father is presented. On admission he was cyanotic, dehydrated, hypotonic, and had multiple fractured ribs but no skull fractures. He was highly irritable and had persistent vomiting. EEG confirmed a clinical suspicion of a left hemiplegia, but the extent of brain damage was not assessable at the time. During the course of the hospitalization the father beat upon the older sister, and a court order was issued for detention of the 2 children for 7 days. The father's history was that of an unhappy childhood, inability to keep jobs, and generally being put in positions of too great responsibility for his age.

CD-00091

Russell Street Police Headquarters, Melbourne (Australia).
"Where Death Delights to Help the Living." Forensic Medicine--Cinderella?
Birrell, J.H.W.
Medical Journal of Australia 1:253-261, February 7, 1970.

A general discussion of forensic medicine in Australia covers a wide variety of topics including police surgeon duties, drug addiction, alcoholism, murder, and maltreatment of children. The problem of maltreated children emerges as a major one in terms of numbers alone: 10,000 children under the age of 5 in Victoria are considered at risk of neglect. The need for reporting legislation is stressed, as is the need for increased numbers of health visitors. 31 references.

CD-00092

Royal Women's Hospital, Melbourne (Australia). Dept. of Pediatrics.
The "Maltreatment Syndrome" in Children.
Birrell, R. G.; Birrell, J.H.W.
Medical Journal of Australia 2:1134-1138, December 10, 1966.

A series of 7 maltreated Australian children aged 9 months to 9 years suffering injury and neglect involving 2 deaths is described. It is believed that the maltreatment syndrome is widespread in Australia. Neglect, fractures, soft-tissue injuries of varying ages, and an unsatisfactory history should give rise to suspicion of the syndrome, particularly where no new lesions appear during hospitalization. In most cases a disturbed family background is evident, and the high

probability of future injury exists. Any attempt at rehabilitating the family should not be undertaken at the risk of further harm to the child. The social philosophy that a bad home is better than no home is not necessarily correct. It is suggested that there should be legislation along American lines, so that suspected cases can be notified to a central social agency charged with maintaining the home intact when possible, but equally clearly charged with ensuring that no further harm befalls the child. 9 references.

CD-00093

Royal Children's Hospital, Melbourne (Australia): Medical Out-Patient Dept.
The Maltreatment Syndrome in Children: A Hospital Survey.
Birrell, R. G.; Birrell, J.H.W.
Medical Journal of Australia 2(23):1023-1029, December 7, 1968.

A 31-month study of 42 maltreated children, 24 boys and 18 girls, admitted to a hospital as medical and surgical inpatients, showed that the children accounted for a total of 98 admissions and had an average hospital stay of 6-7 weeks compared to a general inpatient average of 9-10 days. Thirty-four patients were under 3 years old on first admission. Twenty-five patients had evidence of physical violence; 10 showed violence and neglect in all senses; 7 showed simply gross neglect. Fourteen children had multiple fractures, 12 having fractures of the skull. Four of 12 with skull fractures and 5 others had significant intracranial bleeding. Ten patients have and probably 4 others will have permanent head injury sequelae such as mental retardation and spasticity. Mental illness or subnormality of at least one parent was known in 24 cases; alcoholism was present in at least 8 families. Out-of-wedlock pregnancy or birth occurred in at least 10 cases. Parental background was frequently disturbed, but only 2 mothers and 1 father were known to have been maltreated or institutionalized themselves. Eleven children (25 percent) had congenital abnormalities. The reluctance of medical practitioners to report cases and consequent need for a notification law with freedom from suit, diagnostic and radiological features of the syndrome, the importance of the medical social worker, and the need for an integrated professional team approach to dealing with case problems are discussed. A table summary of case records is provided. 4 references.

CD-00094

Children at Risk.
Bishop, F. I.
Medical Journal of Australia 1:623-628, March 20, 1971.

A new protocol for protection and management of child abuse cases includes psychiatric assessment of parents. In 70 cases of mistreatment managed by following the protocol, only 9 cases had clear-cut indications for issuing Care and Protection Orders, and no deaths from further abuse occurred. "At-risk" cases involve illegitimate children, premature babies, congenital malformations, twin

pregnancies, conception during depressive illness in the mother, and frequent pregnancies with excessive work loads. Suggestions for preventing abuse include closer attention by physicians to anxieties and doubts of expectant mothers. 11 references.

CD-00095

New York City Dept. of Health, N.Y. Infant and Preschool Div.
The Neglected Child and the Child Health Conference.
Bleiberg, N.
New York State Journal of Medicine 65: 1880-1885, July 1, 1965.

Case reports of 18 abused children were obtained in 1 year via a questionnaire administered by the New York City Department of Health. Most cases were voluntarily brought to a hospital by the parents, which probably indicates a large number of unreported cases, especially among groups that never take their children for medical check-ups. The causes of abuse are complex and varied. Often the parents were intellectually and emotionally unable to assume the responsibilities of parenthood. The fact that only 12 physicians out of 200 reported suggests that physicians need to be more aware of the problem. Four representative case histories, and the questionnaire format are presented. 10 references.

CD-00096

Some Dynamics of Suffering: Effect of the Wish for Infanticide in a Case of Schizophrenia.
Bloch, D.
Psychoanalytic Review 53(4):532-554, Winter 1966-1967.

Parental hatred of a child and the concealed wish to destroy him results in intolerable suffering in the child. Under such conditions the child bends all efforts toward creating the illusion of being loved. He represses the knowledge of the parents' feelings and searches for the defects within himself which cause their hatred; thus, he provides the hope without which he cannot live—that he may win their love by becoming more worthy. However, this is complicated by his own murderous feelings toward his parents, and he develops a sensitivity to criticism lest the acknowledgement of any fault within himself expose his inadmissible hatred. This need to assert both his worth and his worthlessness simultaneously becomes a major source of suffering; and he cannot let the conflict be solved. Success, which proves his worth, and failure, which affirms his worthlessness, may equally result in a return of his suicidal thoughts. He is therefore condemned to a life of perpetual suffering in order to survive. An understanding of the dynamics of his suffering, however, may make it possible for psychoanalytic intervention and cure. 35 references.

CD-00097

The Battered Child (Continued). (Letter).
Bloch, H.
Pediatrics 39(4):625, April 1967.

The isolation of children battered by parents from children battered by society is questioned. Active concern for all children abused by war, poverty, slum conditions, etc. is suggested as the means for preventing many instances of child abuse. 1 reference.

CD-00098

Downstate Medical School, Brooklyn, N.Y.
Dilemma of "Battered Child" and "Battered Children."
Bloch, H.
New York State Journal of Medicine 73(1):799-802, March 15, 1973.

Throughout history society has inflicted massive brutality on its children. In primitive society, children were expendable and could be discarded whenever shortage of food, superstition, or convenience dictated. Even in antiquity the occasional benevolence of rulers such as Hammurabi and some of the Roman emperors did not alter the fundamental pattern of child slaughter in both the East and West. Religious ritual, infant deformity, or economic encumbrance were all valid justifications for infanticide. The advent of Christianity condemned child abuse in theory (as had Islam in the Middle-East) but throughout the Christian world infanticide, child abandonment, and abundant incidental slaughter as part of religious conflict continued. Nevertheless, in the medieval period increasingly broad efforts to establish institutions for the well being of children advanced; as for example the homes for abandoned children established in Italy, France, and England. However, the background remained one of abandonment, maltreatment, and exploitation of children aggravated by the collapse of the feudal order. The 18th century brought in England the first massive social reforms aimed at helping poor and abandoned children, but it also brought the industrial revolution with its brutalizing child labor and a general disintegration of family life. Child labor was not abolished until the late 19th century in England and the early 20th century in the United States. Today, the lot of children has vastly improved, and yet millions are still menaced by war, economic exploitation, discrimination, hunger, and poverty. The battering of children by their immature or psychotic guardians is only a small part of this larger problem. Mankind remains conditioned to mass brutality. 33 references.

CD-00099

Royal Hosp. for Sick Children, Glasgow, (Scotland). Dept. of Orthopaedic Surgery.
Observations on Infantile Coxa Vara.
Blockey, N. J.
Journal of Bone and Joint Surgery 51-B:106-111, 1969.

Coxa vara in children may be divided into two categories: congenital coxa vara, characterized by a bowing or shortening of the femur and "infantile" coxa vara, in which the head of the femur has moved inferio-posteriorly to the neck. The traditional diagnostic feature of the latter category is a clear vertical line through the neck of the femur, distinct from the epiphyseal line, with which it

forms an inverted "V" enclosing between them a triangular piece of bone (possibly a flake of metaphysis). Cases have been observed in which infantile coxa vara was associated with severe trauma to normal bone in the battered child syndrome, and with shearing strain caused by normal walking in pathologically weakened tissue (atypical chondrodystrophy). There is no justification for considering infantile coxa vara as congenital, developmental, or due to interruption of ossification. 11 references.

CD-00100

Radiologic Seminar CXXXVII: The Battered Child.
Blount, J. G.
Journal of the Mississippi State Medical Association 15(4):136-138, April 1974.

Multiple fractures in varying stages of healing, exaggerated periosteal reactions, frequent metaphyseal fragmentation with epiphyseal separation, soft tissue injuries, and evidence of prior injury unexplained by history are indicative of a battered child. The findings are pathognomonic of the trauma but do not identify the perpetrator or his motive. The differential diagnosis includes birth injuries, infantile cortical hyperostosis, scurvy, osteogenesis imperfecta, congenital indifference to pain, epiphyseal changes in frost bite and electrical burns, and certain tumors, hypophosphatasia, and meningococemia. 5 references.

CD-00101

Dept. of National Health and Welfare, Halifax. (Nova Scotia). Div. Family Allowance.
The Battered Child Syndrome From a Social Work Viewpoint.
Blue, M. T.
Canadian Journal of Public Health 56:197-198, 1965.

A brief discussion of the battered child syndrome questions the necessity for additional specific child abuse legislation in Canada and stresses the need for cooperation of the professional disciplines (law, medicine, and social work) and welfare agencies to protect the battered child from abusive parents.

CD-00102

Jamaica Hospital, N.Y. Dept. of Pediatrics.
Psychopathology of the Abusing Parent.
Blumberg, M. L.
American Journal of Psychotherapy 28(1):21-29, January 1974.

Parental abuse of children has assumed epidemic proportions in recent years, partly because of increased societal pressures and other factors. Most of the severe cases occur in children under 3 years of age, and mothers are most frequently the abusers. Such parents almost always have a childhood history of abuse or neglect themselves, and have common personality traits of narcissism, poor self-image and self-esteem, uncontrollable hostility and aggression, rejection, denial, projection, and a strong need for mother-

ing. The child may consciously or subconsciously exhibit behavior which provokes abuse, and in some cases a cycle of abuse-retaliation-abuse is established. Therapeutic goals are centered on maintaining the family integrity, where possible, through psychotherapy for the abusing parent and rehabilitation for the parent and child. In untreatable families, the only alternative is removal of the child from the home, the physical danger to the child outweighing the potential emotional trauma of separation. Recently, group therapy sessions for abusing and potentially abusing parents, some with day and night hot-lines for crisis situations, have been meeting with some success. 9 references.

CD-00103

Protective Services for Neglected Children.
Boehm, B.
In: Davies, J. R., Smith, J. D., Jorgensen, J. D. (Editors). *Child Welfare Services. A Sourcebook*, New York, MacMillan Company, pp. 4-17, 1970.

A stratified sample of community groups which play a significant role in the referral and disposition of neglect complaints was surveyed by mail to determine the types of situations in which they would approve of protective intervention; regardless of the family's resistance to seeking help. There was a strong consensus for protective action in situations involving physical hazard to the child, but a large majority opposed protective action in cases of emotional neglect. Actual placement decisions were determined by examining protective agency records of 100 children who were separated from their families and 100 who were not. Protection as a total concept goes beyond the limitations of neglect and protective service, and calls for strong ties between protective service and other community health and welfare services. 9 references.

CD-00104

Youth Opportunities Upheld, Worcester, Mass.
The Battered-Child Syndrome.
Boisvert, M. J.
Social Casework 53(8):475-480, October 1972.

A group of 20 cases reported in accordance with the Massachusetts battered child reporting law were used to construct a typology of abusive parents. Four types were termed uncontrollable: (1) psychotic parents in which abuse was associated with a bizarre fantasy (1 case); (2) parents with an irresponsible, immature, impulsive personality (6 cases, children under 1-year-old); (3) parents with passive-aggressive personalities unwilling to meet the needs of others (2 cases); and (4) sadistic personalities (4 cases). In these cases separation of the child from the parents provided (voluntarily or involuntarily) the only effective treatment, although counseling and homemaker services were useful in protecting other family members in some cases. Two types of controllable abuse were also observed: (1) abuse representing aggression displaced from a marital conflict (5 cases, children over the age of 2); and (2) abuse representing discipline performed by a cold-compulsive personality (2 cases, children above the age of 7). In cases such as these, group therapy and home supervision were

effective in preventing further abuse. Each of the above categories comprises characteristic injury patterns and degrees of parental cooperativeness. The study also demonstrated that repeated abuse and permanent injury were serious problems among the reported cases; that physicians are generally reluctant to communicate with social workers or get involved in abuse cases; and that lawyers overzealous in their efforts to protect the parents may harm the children. 7 references.

CD-00105

Arizona Community Development for Abuse and Neglect, Phoenix.
The Impact of Family Therapy in the On-Going Treatment of the Self-Admitted Child Abuser.
Bolton, F. G., Jr.
Arizona Community Development for Abuse and Neglect, Phoenix, 15 pp., 1975.

A discussion covers various aspects of the rehabilitation of abusive parents through family therapy. Less than 10 percent of abusive or neglectful parents demonstrate extreme mental disturbance and therefore the majority remain in the community for treatment. Family therapy is significant in aftercare (the process of facilitating the patient's functioning at a maximal level which takes place after admission of an abusive behavior because abusive behavior is related to familial expectations and the family unit may make a significant contribution to the decay of mental health of an individual. Family members often hinder the rehabilitation process by their misunderstanding of the problem, unrealistic expectations of the patient upon return to the family, and overall lack of communication ability. Family therapists can provide crucial intervention at crisis points by: (1) providing simple education for the family on the patient's condition; (2) acting as a full partner in solution of family problems; and (3) offering new means of communication until the family is able to function fully as a stress-mediating unit. 22 references.

CD-00106

Dover Air Force Base Hospital, Del. Dept. of Surgery.
The Battered Child Syndrome.
Bolz, W. S.
Delaware Medical Journal 39(1):176-180, July 1967.

The autopsy of a 7-week-old girl who died of inflicted injuries showed that previous conditions and injuries were also the result of abuse despite previous contrary diagnosis. Abuse is often unrecognized or misdiagnosed, usually due to lack of awareness of its prevalence. Necessary distinctions, including clinical and radiologic findings, for differential diagnosis are discussed. 13 references.

CD-00107

Meadowbrook Hospital, East Meadow, N.Y. Dept. of Surgery.
Pancreatic Pseudocyst Occurring in the Battered Child Syndrome.
Bongiovi, J. J.; Logosso, R. D.
Journal of Pediatric Surgery 4(2):220-226, April 1969.

A pancreatic pseudocyst was found in a 5-year-old Negro boy whose mother had struck him with a clenched fist. The boy, who also presented malnutrition, hematoma, fractures, pneumonia, and bizarre behavior, had previously been treated for other battering incidents; he was the only child in the family who was so abused. Pancreatic pseudocyst was diagnosed on the basis of vomiting, fever, abdominal pain, serum amylase elevation, and radiographic examination showing displacement of the stomach and intestines. Because of the boy's generally weakened condition, treatment was by external drainage. Pancreatic pseudocysts are rare in childhood (only 35 cases have been reported) and are frequently the result of trauma. Greater attention should be paid to abdominal injury in considering the battered child syndrome. 11 references.

CD-00108

Booz-Allen and Hamilton, Inc., Washington, D.C.
An Assessment of the Needs of and Resources for Children of Alcoholic Parents.

Prepared for: National Inst. on Alcohol Abuse and Alcoholism, Rockville, Md. Available From National Technical Information Service, 162 pp., PB 241 119, November 30, 1974.

A report assesses the needs of and resources for children of alcoholic parents, and recommends strategies based on the identification of service gaps. The number, characteristics, life experiences including emotional neglect and physical abuse, feelings, coping mechanisms, and problems of children of alcoholic parents are discussed. Needs common to this group and factors which variably condition the impact of parental alcoholism on children are identified. A survey of actual and potential helping resources subsumes the nuclear and extended family, general community contacts, child and family agencies, alcoholism treatment programs, and specialized services for the children of alcoholic parents. Common characteristics of these helping resources are noted, as are the gaps between needs and resources and conditions which have created such gaps. Recommendations are provided for each potential resource system and for a national effort to address the current situation.

CD-00109

Georgia Univ. Asheville, N.C. Child Research Field Station.
Intelligence and Maternal Inadequacy.

Borgman, R. D.
Child Welfare 48(1):301-304, January 1969.

A group of 50 low-income mothers (most of whom were receiving Aid for Dependent Children) from a rural southern county were studied to determine the relationship between intelligence and adequacy of mothering. Of the 50, 34 had been referred to the County Welfare Agency for evaluation under the state eugenics law because of chronic severe child neglect. The other 16 had been referred to determine their fitness for employment; these served as a contrast group. Intelligence was measured using the full-

scale Wechsler Adult Intelligence Scale. Neglectful mothers appeared intellectually more limited than nonneglectful mothers (average I.Q. 62.7 vs. 72.9). More significantly, the neglectful mothers included a large number of moderately retarded individuals (I.Q. less than 60) for whom lack of intellectual capacity appeared at the root of their mothering inadequacy. These mothers will probably require perpetual supportive care. For the other women, inadequate mothering appeared unrelated to intellectual capacity. No significant distinction in age, number of children, or literacy level could be found between neglectful and nonneglectful mothers. It seems likely that attempts to rehabilitate these women through education and employment will be futile. 4 references.

CD-00110

Pennsylvania Univ., Philadelphia.
Developing an Appropriate Focus in Casework With Families in Which Children Are Neglected.

Bourke, W.A.F.
Doctoral Dissertation, Ann Arbor, Mich., University Microfilms, 253 pp., 1970. 70-19,583.

Case records of 50 families referred to the Intensive Service Project of the Philadelphia Society to Protect Children were investigated to determine the effect of experience with the service on individual families and to devise guidelines for providing further services to these families. Types of information analyzed include family characteristics, types of problems, forms of service problem solving, and outcome after the first 3 months of service. 84 references.

CD-00111

Charing Cross Hospital Medical School, London (England).
Dept. of Forensic Medicine.

The Role of Radiology and the Identification of Foreign Bodies at Post Mortem Examination.

Bowen, D. A.
Forensic Science Society 6(1):28-32, January 1966.

Radiology is useful in detecting foreign articles in the body, tracing lethal firearm missiles, identifying battered baby cases, identification in mass disaster situations, and finding evidence in strangulation cases. In the case of battered children, radiology is of great value in the diagnosis of unsuspected fractures of the chest and limbs and of healing fractures. Unexplained fractures of the long bones, particularly if repeated, and subdural hemorrhages offer fairly conclusive evidence of abuse. 13 references.

CD-00112

Does Due Process Require Clear and Convincing Proof Before Life's Liberties May be Lost?

Bowers, W. C.
Emory Law Journal 24(1):105-150, 1975.

The subject of whether clear and convincing proof is required for due process in other than criminal trial situations is considered. Not until 1970 did the Supreme

Court hold that proof beyond a reasonable doubt was a necessary element of due process in criminal prosecutions. In general, the required standard of proof in civil litigations is a preponderance of the evidence, or some equivalent phrase. The need for due process protection of a particular interest cannot be determined simplistically, as made clear by the Supreme Court recently. As applied to the termination of parental rights, the constitutional dimension of the right of a parent to the custody of a child is not as clear as that of the right to be free from illegal confinement (parole or probation revocation or civil commitment). An Illinois court has held that all parents are entitled to a hearing on their fitness before removal of a child from their custody. Various state courts have reached different conclusions as to what standard is necessary. It is suggested that due process should require at least clear and convincing proof when any liberty interest is at stake, and proof beyond reasonable doubt if the loss of liberty is total and there are no countervailing interest. Numerous references.

CD-00113

Syracuse Univ., N. Y. Clinical Psychology Training Program.

School-age Parenthood. A National Overview.

Braen, B. B.; Forbush, J. B.
Journal of School Health 45(5):256-262, May 1975.

Educational, medical, and social aspects of the epidemic problem of school-age parenthood as seen in 1962 are discussed and national steps to ameliorate the problem since that time are reviewed. The U.S. Children's Bureau advanced community-based comprehensive services by establishing the demonstration Webster School in Washington, D.C. This led to similar efforts and there are now over 300 such programs (nationwide) linked together by the Consortium on Early Childbearing and Childrearing in Washington, D.C. Advocacy for school-age parents was established with the creation of the nonprofit National Alliance Concerned With School-age Parents in 1969 and the federal Interagency Task Force on Comprehensive Programs for School-age Parents in 1971. Efforts from these 3 national bodies have produced major policies regarding educational discrimination of young mothers which can now be found in national legislation. Specific components of this legislation are explained. 55 references.

CD-00114

Willowbrook State School, Staten Island, N.Y. Behavior Modification Unit.

The Battered Child: A Definite and Significant Factor in Mental Retardation.

Brandwein, H.
Mental Retardation 11(5):50-51, October 1973.

In the absence of research into the effect of child battering on the incidence of mental retardation, a deductive-speculative approach is used to deal with 3 questions: What is the incidence of child abuse? To what extent is it associated with head trauma and brain damage? Are head trauma and brain damage related to mental retardation? The inescapable conclusion is that child abuse contributes to mental

retardation. Estimates of permanent brain damage resulting from child abuse run as high as 170,000 cases annually. The fraction of this number which becomes mentally retarded is incalculable at this time. 4 references.

CD-00115

Hospital of St. Raphael, New Haven, Conn. Dept. of Pediatrics.

Jejunal Hematoma, Child Abuse, and Felson's Sign.

Bratu, M.; Dower, J. C.; Siegel, B.; Hosney, S. H.
Connecticut Medicine 34(4):261-264, April 1970.

A case has been observed of a 22-month-old Negro female whose intramural jejunal hematoma was related to physical abuse by her mother. The child's symptoms included bile stained vomiting, constipation, a palpable mass in the epigastric region, metabolic alkalosis, and dehydration. A barium contrast study of the small bowel revealed the coiled spring appearance of Felson's Sign. Treatment consisted of correcting the dehydration and alkalosis and surgically evacuating a subserosal hematoma encircling the jejunum. After hospitalization the child was placed in a foster home, her mother having admitted abuse. Unlike the present case, most intramural jejunal hematomas in children occur in male school age children and are associated with their vigorous physical activity. No fatalities have been reported and surgical intervention is often unnecessary. The syndrome may be confused with acute appendicitis, peritonitis, volvulus, or intussusception. Symptoms appear 3 or 4 days after the injury trauma. 15 references.

CD-00116

Worcester City Hospital, Mass.

Child Abuse Control Centers: A Project for the Academy? (Letter).

Brem, J.
Pediatrics 45:894-895, 1970.

The establishment of child abuse control centers, similar to poison control centers, is recommended to provide 24-hour information, reporting, and assistance services to a community. Such centers would provide the opportunity of dealing with child abuse problems by a team approach including pediatricians, nurses, and the social, psychiatric, and public health services. 2 references.

CD-00117

Alaska Native Medical Center, Anchorage.

Battered Child Syndrome.

Brenneman, G.
Alaska Medicine 10:175-178, December 1968.

Physicians should be aware that child abuse is as great a problem in Alaska as elsewhere. Two recent Alaska cases, a general history of child abuse, and a general discussion of clinical aspects all illustrate the seriousness of the problem. No statistics have been collected for the State of Alaska but Anchorage public schools report 10-20 cases of abuse per year. Studies have shown that child abuse carries high mortality and morbidity rate, has a number of distinctive

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diagnostic features, and is associated with a broad spectrum of social problems. Alaska's reporting law should help reverse the physician's customary reluctance to report suspected abuse. The law directs physicians, health personnel, social workers, and school teachers to report instances where they have cause to believe abuse has occurred. An oral report should be made immediately and a written report is required within 24 hours of detection. No penalty is specified for nonreporting and the law is silent on the physician-patient privilege and immunity from liability. 26 references.

CD-00118
California Univ., Los Angeles. School of Public Health.
Session IV--Proposals for Achieving More Adequate Health Care for Children and Youth.
Breslow, L.
American Journal of Public Health 60(4):106-122, January 1970.

The incidence of malnutrition, defective dental care, defects of speech, and the battered child syndrome indicates serious inadequacies in the health care system for children in the United States. The pediatrician, who is peculiarly aware of these problems, bears a responsible role in rectifying the situation. The federal expenditure per child in this country amounts to only 5 percent of that expended per senior citizen and Medicaid, the channel for these expenditures, has deficiencies which compromise the quality of and access to care under this program. The principles of a national program of child health should include: (1) equal access to services by all children; (2) emphasis on quality of care; (3) reasonable payment to physicians, hospitals, and other providers of care to assure quality care; (4) a stable system of financing; and (5) consistency with the general trends of health care in America. Financing of such a program of child health care could be accomplished through reallocation of general tax revenues and an increase in the Social Security tax. 12 references.

CD-00119
The Battered and Abused Child Syndrome.
Brett, D. I.
Doctoral Dissertation, Ann Arbor, Mich., University Microfilms, Inc., 150 pp., 1966. 67-8510.

A study explores family behavior that may be associated with neglect or abuse. Social characteristics and behavior patterns of families in which children were physically abused were compared with those of nonabusing families to determine factors relevant to understanding parental violence and to identify potential at-risk populations. The 79 cases studied represent a socioeconomic and racial cross-section and include 23 cases of child abuse in preschool age children and 56 cases of no abuse. Interviews with the mothers provided the major instrument of data collection with medical and social services records a supplemental source. The material was evaluated to determine family

social characteristics and behavior problems. More studies are needed before potential child abuse situations can be identified and abusive behavior controlled. 114 references.

CD-00120
Ill. Dept. of Children and Family Services, Springfield.
Emergency Protective Service in Illinois.
Brieland, D.
Child Welfare 44:281-283, May 1965.

The emergency after-hours protective service for neglected or abused children in Illinois is outlined. The central ingredient in the program is an answering service in the state capital to receive calls from throughout the state; calls are then referred to the local or regional branch or office for investigation of the situation. Pending the outcome of the investigation the child may be removed from the home (a serious step, and one for which the local jurisdiction must have adequate provisions) or homemaker and other stand-by services may be indicated.

CD-00121
Protective Services and Child Abuse: Implications for Public Child Welfare.
Brieland, D.
Social Service Review 40:369-377, 1966.

In recent years, social workers and lawyers have favored divesting the courts of administrative functions concerned with children's services and transferring these functions to social agencies. The agency charged with development of protective services faces a number of problems in providing services of high quality throughout a large geographical area. Twenty-four hour emergency service must be available; manpower shortages require implementation of staff development programs; and community organization skill is required to provide the necessary specialized services. Because of its legal status, the public agency providing protective services should have an excellent basis for cooperation with the courts in developing the philosophy of the protective service. Early intervention requires early reporting, but reluctance of all reporting segments of the population makes this difficult. The child abuse laws have given impetus to child protection, but, again, the necessary first step is reporting. The delicate balance between keeping a family together and protecting the child is pointed out, as is the hazard of an understaffed agency not being able to conduct an investigation before a child is actually killed. To date most public agencies have not interpreted the difficulty of their task to interested citizens, nor have they sought the financial support required to provide effective programs. 24 references.

CD-00122
Sudden and Unexpected Death. (Letter).
Brings, E. G.
Pediatrics 39(5):792-793, May 1967.

The use of alcohol or nasal decongestants may be operative, in rare instances, in sudden unexpected death in infants (S.U.D.I.). In one case, a 4-month-old boy who, since the age of 4 days, had been underfed and repeatedly given a mixture of whiskey and water to pacify him, was hospitalized with pneumonia, chronic malnutrition, dehydration, delayed physical and mental development, and neurologic signs. A 2-year-old girl who drank beer since infancy was admitted to the same hospital in a moribund condition apparently related to her alcohol consumption. It appears that an alcohol-produced stupor in a child with nasal congestion can result in asphyxiation. Frequent or prolonged use of nasal decongestants not dosaged for age can lead to a similar result due to rebound nasal congestion. Diagnosis of alcohol or decongestant-induced asphyxia would be difficult without a history of use. 2 references.

CD-00123
British Medical Journal.
"The Battered Baby." (Editorial).
British Medical Journal 1(5487):601-603, March 5, 1966.

The diagnosis and recommended treatment of the battered baby syndrome are reviewed. Hospitalization, detailed history, skeletal survey, and careful examination for subdural hematoma are indicated. If the diagnosis is strongly suspected, photographs should be taken and the children's officer notified, as well as the family doctor. Notification of the National Society for the Prevention of Cruelty to Children will depend on local circumstances. The decision to notify the police is ethically difficult, and may vary from case to case. The doctor's obligations to the community are fulfilled by informing the children's department, and the children's officer then may decide whether to inform the police. Excerpts of appropriate acts through 1963 are presented.

CD-00124
British Medical Journal.
Battered Babies. (Editorial).
British Medical Journal 3(5672):667-668, September 20, 1969.

The National Society for the Prevention of Cruelty to Children (Great Britain) recently reported, based on 78 cases of child abuse observed within a 1-year period, that where the first child in a family is abused there is a 13:1 chance that a subsequent child will be abused. The parents of these children generally had long-standing emotional problems and were aged between 20 and 30. Fathers were often unemployed or had criminal records. Many of the victims were extremely young. In too many instances physicians fail to appreciate the nature of a child abuse case, and thus, fail to protect the child or its siblings from subsequent abuse. Where child abuse is discovered the local children's department rather than the police should be notified. 5 references.

CD-00125
British Medical Journal.
Events of Puberty.
British Medical Journal 4(5626):317-318, November 2, 1968.

A syndrome of deviation from normal growth due to intrafamilial deprivation has been observed in 16 children. Characteristic features included a perversion of appetite accompanied by ravenous eating, dwarfism, low body weight, and abdominal distension. In addition, there were disturbances in peripheral circulation, blotchy discoloration, and even ulceration. The patients were depressed and indifferent to separation from their parents. Alopecia and catatonia were also observed. Characteristically the features disappeared on hospitalization. Mothers had rejected their children in 10 cases, were depressed in 3, and were inadequate or incompetent in 3. Levels of growth hormone were abnormally low in a series of related American cases. A similarity has been noted to anorexia nervosa.

CD-00126
British Medical Journal.
Social Salvage. (Editorial).
British Medical Journal 1(5480):121, January 15, 1966.

Family Service Units (FSU) have been set up in Britain to help those families who, because of subnormal mentality, temperamental instability, ineducability of the parents, a squalid home, and numerous children, have a potential for child neglect. FSU employ intensive casework to relieve squalor, give personal help to the mother, and establish friendship with all family members. Casework may involve the use of health visitors, social workers, or home helps to train and assist the family in the home, or the mother may be taken to a hostel for protracted training. Some problem families can be reclaimed, while others require perpetual assistance. The number of problem families is large and not declining, causing FSU considerable financial hardship. 2 references.

CD-00127
British Medical Journal.
Maria Colwell and After.
British Medical Journal 1:300, February 23, 1974.

In the management of nonaccidental injury and child abuse, both primary prevention and the prevention of further injury depend first of all on identification of families at risk. An improved relationship of mutual trust and respect among physicians, social workers, and police is essential. Three reasons for failure to deploy all resources in handling cases may be reluctance of the busy doctor to be disturbed, a misunderstanding on the part of the social worker as to how medical information can be secured, and a reluctance of doctors to refer their own patients. Proposed solutions both in prevention and management of nonaccidental injury must be tested by follow-up studies conducted on the basis of highly professional assessment. 5 references.

CD-00128
British Medical Journal.
Looking After Children.
British Medical Journal 4(5624):136-137, October 19, 1968.

In Great Britain, the Nurseries and Child Minders Regulation Act of 1948 requires all persons looking after children for pay to register with the local health authorities. Most authorities exercise strict control over approved premises, but will make efforts to help applicants meet the statutory requirements, which include adequate staffing, feeding, medical supervision, and facilities. All accidents must be reported to the local health authorities. Play groups must be separately registered and are not subject to the same requirements. Gross neglect by illegal day care facilities is rare and where it does occur is due to carelessness rather than unkindness. A greater problem is posed by parents who informally turn their children over to neighbors for a nominal fee. These neighbors often lack adequate facilities or training to provide activities and proper nutrition for large numbers of children.

CD-00129
British Medical Journal.
Infanticide Cases Before Magistrates.
British Medical Journal 2(5453):118, July 10, 1965.

A bill has been introduced in Parliament to reform the British infanticide law under which approximately 20 mothers per year are tried before assize courts. Under the current law, carrying a maximum penalty of life imprisonment, the prosecution must prove that the act was willful and not the result of mental disturbance caused by childbirth or lactation; a sick woman would be treated as though she had committed manslaughter. At the time the bill was introduced, no imprisonment had been ordered under the law for 5 years, with sentences usually involving probation with conditional or unconditional hospitalization. The proposed bill would change the law by giving jurisdiction to the magistrates, eliminating imprisonment and formalizing the hospitalization option, and restricting the publicity that may be given to an infanticide case. The bill's sponsor eventually hopes that infanticide would be dealt with by a special noncriminal Family Court.

CD-00130
British Medical Journal.
Sexual Offences Against Children.
British Medical Journal 2(5488):626, March 12, 1966.

The perpetrators of sexual offenses against prepubertal children generally fall into one of three categories: the mentally subnormal, the chronically inhibited, and those precariously adjusted heterosexuals who regress towards infantile behavior in the face of stress. Pedophiliacs are frequently first arrested in late-middle age and do not usually become recidivists. In 1964, 5,571 people in Great Britain were found guilty of sex offenses in a population of 50 million; there were also 30 child murders, 4 of which were probably sexually motivated. Most of the offenders in

each category of crime were relatives of their victims and there was little relationship between the characteristics of the murderers and the pedophiliacs. Many of the victims were willing. The effects on children of a sexual experience with an adult are difficult to assess; the consensus seems to be that if the child was normal to begin with, no permanent harm ensues. Aggravating factors include protracted family or legal conflicts, shocked reactions by the parents, and guilt resulting from willing participation. Out-patient psychotherapy has been found to be an appropriate treatment for pedophiliacs. Probation, institutionalization, imprisonment, and castration have also been suggested. 7 references.

CD-00131
British Medical Journal.
Refusal of Parental Consent to Blood Transfusion.
British Medical Journal 2(5476):1494, December 18, 1965.

A juvenile court, convened in the casualty department of a British Hospital, removed parental powers from an injured child's mother who had forbidden the transfusion of whole blood in an automobile accident case; the child, however, died despite the court-ordered transfusions. At a subsequent coroner's inquest the mother was not charged with négllect, since her action was prompted by religious belief. The juvenile court proceeding was the first of that type in five years. 1 reference.

CD-00132
British Medical Journal.
Child Bereavement. (Editorial).
British Medical Journal 1(5538):445-446, February 25, 1967.

Retrospective studies on the effects of childhood bereavement have yielded contradictory results partly because of an inability to control for socioeconomic factors. Prospective studies of bereaved children are necessary to resolve these uncertainties. One series of 1,020 mental patients in 3 London hospitals showed higher than expected incidence of parental loss among depressives, schizophrenics, alcoholics, and drug addicts. The age and sex of the child and the identity of the parents varied between the different categories of illness. These findings have been supported by a number of studies but contradicted by others including one that appears to refute any influence of the age of bereavement. Increased parental loss among delinquents has been found in retrospective studies of delinquents but not follow-up studies of bereaved children. The effects of neglect and distorted parental relationships in these studies cannot be discounted. A study of London Child Guidance Clinic suggests that divorce, illegitimacy, adoption, and the presence of a stepparent contributes to conduct disorders but that none of these are associated with neurosis. It appears that the effect of parental loss may vary widely depending on the family's ability to draw together and compensate, with the help of society, for the lost parent. These factors may determine whether childhood bereavement is a temporary trauma or a permanent emotional handicap. 27 references.

CD-00133
British Medical Journal.
Burnt Children. (Editorial).
British Medical Journal 1(5646):790, March 22, 1969.

Cases of children being killed or seriously injured while left unattended in rooms with oil heaters or open grate fires have become very common in Great Britain. Criminal sanctions under the Young Persons Act cover such occurrences but are inadequate, since they penalize the parent of the unattended child only if the child has been seriously burned, the injury itself representing a greater deterrence than the penalty. The law could be made more effective by eliminating the requirement for injury, but the best approach would be a program of public education. 4 references.

CD-00134
British Medical Journal.
Non-Accidental Injury to Children.
British Medical Journal 4:96-97, October 13, 1973.

A series of recommendations for dealing with the phenomenon of nonaccidental injury to children is listed. Hospitalization should be the first step with the establishment of close links between the children's department and the emergency department. Health visitory, the social service department, the N.S.P.C.C., and the police should be notified. Unilateral action is not recommended though the establishment of case conferences and area review committees with newly defined functions is endorsed. Specialized groups to act as the focus for consultation, research, training, and treatment are suggested. Legal reform is needed concerning procedures to be followed in abuse cases, and a census of children treated in accident and emergency departments would be advantageous. Since the incidence is reportedly high in low birth weight babies, those personnel associated with obstetrics and pediatrics should be more aware of the importance of early mother-child interaction and its implications.

CD-00135
British Medical Journal.
Disputes Over Children. (Editorial).
British Medical Journal 4(5677):182-183, October 25, 1969.

Judges have sometimes expressed distrust of evidence given by psychiatrists in child custody cases, since the psychiatrist is generally retained by one of the parties in interest. Several suggestions have been made to remove any possible bias from psychiatric testimony. A psychiatrist could be jointly chosen by both parties or else by a court-appointed guardian. Courts could refuse to accept the testimony of any expert witness who had not interviewed all opposing parties. In Great Britain, it has been suggested that a new Family Division should be added to the High Court to deal with child custody cases.

CD-00136
British Medical Journal.
Deliberate Injury of Children. (Editorial).
British Medical Journal 4(5884):61-62, October 13, 1973.

A brief review covers aspects of the battered child syndrome. The common injuries include fractures, bruises, burns, bites, soft tissue injury, and emotional and nutritional deprivation. Incidence in the U.K. has been estimated at 4,600 new cases annually; a general practitioner might see 5 cases a year. Most batterers are not psychotic, and a large percentage were battered themselves as children. Many are poor, immature, and in emotional and financial stress. Typical findings which make the diagnosis include a disparity between physical findings and history, a delay in seeking medical help, injuries (particularly fractures), in different stages of healing, and characteristic radiologic changes. Management includes immediate hospitalization of the child for both his immediate medical problems and his safety from further immediate battering, and a multidisciplinary attack on rehabilitation of the home situation. Methods of prevention might include better family planning, protection of siblings, and instruction in schools about the development and needs of children. 6 references.

CD-00137
British Medical Journal.
Children in Care. (Editorial).
British Medical Journal 3(5564):512, August 26, 1967.

The Children's Department of the British Home Office reports that between 1959 and 1966 the total number of children in the care of local authorities and voluntary organizations in England and Wales rose from 78,648 to 79,996, an increase of 1.7 percent. The rate per 1,000 in the population aged 18 and under, however, decreased from 6.5 to 6.1. Illness or confinement of a parent remained the major cause of coming into care. Desertion by the mother, the second largest cause, increased by 31 percent between 1963 and 1966. Removal because of unsatisfactory home conditions increased during the same period by 81 percent (1,319-2,283). Between 1959 and 1965 adoptions (which are preferred over institutionalization) rose 50 percent to 21,000. Of the total, 80 percent of the children were illegitimate. These figures indicate that factors influencing the physical and emotional health of children in care deserve more study.

CD-00138
British Pediatric Association, London (England). Standing Committee on Accidents in Childhood.
"The Battered Baby."
British Medical Journal 1(5487):601-603, March 5, 1966.

A memorandum by the Special Standing Committee on Accidents in Childhood of the British Pediatric Association covers the recognition and management of the battered child syndrome. The need for increasing child abuse awareness among doctors, social workers, and hospital

casualty officers is stressed. Recommended procedures for determining and reporting suspected cases of child abuse are outlined and extracts of the relevant British legislative acts are appended.

CD-00139

Catholic Social Services of Wayne County, Detroit, Mich.
Some Observations on Abusive Parents.
Brown, J. A.; Daniels, R.
Child Welfare 47(2):89-94, February 1968.

Characteristic psychodynamic patterns were observed among abusive parents whose children were referred to a midwestern social service agency for placement. The abused children were generally infants or toddlers and were the only child in the family. Typically, only one of the parents committed the abuse while the other passively permitted it. The abuse was likely to be repeated. The parents tended to be intellectually limited, emotionally empty people with an inability to conceptualize. Often they were the children of passive, overindulgent parents who left them with unfulfilled needs, particularly for nurturance. These needs, reawakened by the child's behavior, aroused feelings of frustration, helplessness, and rage, which the parents displaced onto the child. Resentment of a spouse or rejection of the parental role also figured prominently in the psychodynamics of child abuse. The child may even be seen as a rival. Despite the abusing parent's tendency to show hostility and denial, the social worker should avoid the temptation to become authoritarian and punitive and realize that abuse is a manifestation of a larger problem. Day care, a homemaker, or temporary placement may be required while the parents are being treated. It appears that in some instances the parent cannot even remember the abusive incident. 1 reference.

CD-00140

Cook County Hospital, Chicago, Ill.
Child Abuse: Attempts to Solve the Problem by Reporting Laws.
Brown, R. H.
Women Lawyers Journal 60(2):73-78, Spring 1974.

Growing concern over the child abuse problem resulted in many states enacting child abuse reporting laws designed to identify children who are being abused so that they may receive required therapy and protection and so that the magnitude of the problem might be demonstrated. Mandatory reporting is now required in all but 6 states. The primary responsibility is placed on the physician or other medical practitioners, though a variety of other professionals are included in some states. In most states immunity is granted to those required to report. This new legislation has vastly increased the number of child abuse cases reported. Social agencies and protective services have been unable to keep up with the demand for services. Adequate appropriations are necessary to provide requisite preventative, protective, and rehabilitative services. Without these the effectiveness of child abuse reporting laws in preventing

abuse is greatly reduced. The injuries indicating abuse of a child, agencies to which reports are made, the keeping of a central registry, and liability for failure to report are also discussed. Numerous references.

CD-00141

Cook County Hospital, Chicago, Ill.
Controlling Child Abuse: Reporting Laws.
Brown, R. H.
Case and Comment 80(1):10-16, January-February 1975.

A review covers provisions of the state reporting laws relating to cases of child abuse. All but 6 states require reporting, and permissive reporting is suggested in Alaska, Missouri, New Mexico, North Carolina, Texas, and Washington. All states specify physicians as the persons to report, and many states require or suggest reporting from a variety of additional health professionals, social workers, teachers, and other concerned persons. Reporting to the police stresses the punitive aspects of abuse, and many have proposed that reports should be made to welfare agencies. The function of central registries is an important one, but only 4 states established such registries by statutes. Only 3 states (Minnesota, Oregon, and Wisconsin) have no immunity clause for reporting physicians. Thirty of the states waive the physician-patient privilege, and many of them provide for punishment for failure to report. Suggested future action includes greater definition of the authority and responsibilities of the child welfare agencies, more adequate child protection services, and financial support for these service units. Numerous references.

CD-00142

Cook County Hospital, Chicago, Ill.
The Battered Child.
Brown, R. H.
Medical Trial Technique Quarterly 20:272-281, 1974.

Aspects of the battered child syndrome, drawn from the Cook County Hospital experience, are summarized for a legal audience. The injuries encountered range from welts and bruises to fractures, burns, malnutrition, subdural hematomas, and ruptured viscera. The victims are too young to defend themselves and may suffer permanent mental or physical handicap as a result. The death rate is approximately 10 percent, with subdural hematomas and ruptured viscera being the most common cause. Mothers have been the worst offenders, and come from all strata of society. Only a few are overtly psychotic or mentally retarded. The diagnosis is suggested when multiple injuries belie the history, and characteristic x-ray findings confirm the diagnosis. Immediate treatment of the child depends on the nature of the injury; treatment of the overall syndrome requires a multidisciplinary approach to the family. In abuse cases brought to criminal trial the evidence must be beyond a reasonable doubt, but in a civil suit a lesser degree of evidence will suffice. Funding of special facilities, research, and additional trained personnel are necessary to combat the problem. 14 references.

CD-00143

Cook County Hospital, Chicago, Ill.
Medical and Legal Aspects of the Battered Child Syndrome.
Brown, R. H.; Fox, E. S.; Hubbard, E. L.
Chicago-Kent Law Review 49(2):45-84, Fall-Winter 1972.

An extensive review covers the history of the medical aspects of child abuse, including diagnosis, prognosis, psychological aspects of the abuser, and the legal aspects of the battered child syndrome. The details of the Illinois Child Abuse Law are summarized and the advantages and disadvantages of reporting statutes are discussed. Types of evidence for the child abuse case (medical records, X-rays, slides, and photographs) are described, and the importance of preparing such witnesses as physicians and social workers is stressed. It is suggested that more lawyers be assigned by the state's attorney to represent abused children, that private law firms donate personnel for this purpose, and that lawyers and judges be especially educated in terms of the psychology of abusing parents. A Bill of Rights for children should be developed, the passage of which would be a milestone in the progress of children. Numerous references.

CD-00144

New York School of Psychiatry, Ward's Island.
Brain Damaged Adolescents: Their Miseducation in a Rehabilitation Center.
Brown, R. J.
American Journal of Orthopsychiatry 42(1):326-327, January 1972.

A prevocational-educational-therapeutic program for brain injured adolescents jointly written by a major city public school system and a voluntary rehabilitation agency resulted in multiple instances of child abuse. Vocational training consisted of only the most menial activities, many of which were monotonous and repetitious. No adequate facilities were provided for physical activities and recreation. Administrative antagonisms, clinical ignorance, fear of change, interdisciplinary rivalries, professional elitism, and interdepartmental power struggles have all contributed to petrify the program against the wishes of its staff. The program will only serve to salve the consciences of its innovators and provide welfare agencies with a future clientele.

CD-00145

Willful Abuse of Children.
Browne, K. M.
Nebraska State Medical Journal 50(1):598-599, December 1965.

The recognition of the existence of child abuse is the first step in detection and diagnosis. Besides the obvious physical manifestations the possibility of previous abuse should be checked and x-rays taken for diagnosis. Child abuse cases should be reported promptly to avoid further injury to the child.

CD-00146

State Univ. of New York, Brooklyn. Dept. of Psychiatry.
Neonaticide. Clinical and Psychodynamic Considerations.
Brozovsky, M.; Falit, H.
Journal of the American Academy of Child Psychiatry 10(4):673-683, October 1971.

The killing of a newborn by its mother at birth (neonaticide) presents a specific clinical entity, to be distinguished from the murder of an older infant by the mother. Through a consideration of two cases and of the literature, the clinical characteristics associated with neonaticide can be discerned, and psychodynamic formulations made. These mothers were usually immature, poor, unmarried adolescents or young adults. Feeling themselves to have been deprived by their mothers, they were dominated by a fear of abandonment. This fear is heightened by their becoming pregnant and was dealt with by massive denial. The actual birth of the baby suddenly confronted them with reality; unable to use denial any longer, they became acutely disorganized, identified with the aggressor mother, and murdered the infant. 10 references.

CD-00147

All Saints' Hospital, Birmingham (England). Midland Centre for Forensic Psychiatry.
Parents With Emotional Problems.
Buglass, R.
Nursing Times 67(32):1000-1001, August 12, 1971.

Experience at a psychiatric clinic in Great Britain has led to a typology of mothers who abuse or threaten to abuse their children. Most are below the age of 25, have immature, unstable personalities, have had unrealistic fantasies about child rearing, and are the children of abusive parents. Many come from large but not necessarily poor families and live in new high rise developments. When the husband is often absent, life in a high rise results in a situation where the mother is lonely and socially isolated with only a demanding infant to serve as an adult substitute. No differentiation was observed between the characteristics of mothers who abused and mothers who merely threatened to abuse their children. Health visitors must learn to recognize the potentially abusive mother, who often, in subtle ways, appeals for help. The visitor should evaluate the mother's social environment and her complaints for signs of dangerous stress. Personality factors such as extroversion, depression, and low intelligence should also be noted. Abusive mothers frequently respond to psychotherapy aimed first at treating acute symptoms, then offering long term emotional support, and finally changing the environment as much as possible. The case history of Joan illustrates these points.

CD-00148

Oregon Univ., Portland. Dept. of Pediatrics.
Violent Parents. (Letter).
Buist, N. R.
Lancet 1:36, January 1, 1972.

Psychological abuse may in the long run cause more damage to children than the more dramatic but relatively short-lived effects of physical abuse. The intangibility of psychological injury makes such abuse difficult to detect, and furthermore, it is difficult to draw the line between sadistically motivated punishment and punishment motivated by legitimate authoritarian attitudes. The full range of medical, social, psychological, and legal resources will be necessary to clarify the problem.

CD-00149
Oregon Univ., Portland. Dept. of Pediatrics.
Deliberate Injury of Children. (Letter).
Buist, N.R.M.
British Medical Journal 4:739, December 22, 1973.

A plea is made for an awareness of the problems of psychological abuse often inflicted on children by their parents. This form of abuse is just as real and damaging as physical abuse, although it is perhaps less apparent at the time. However, the emotional turmoil produced by a vindictive parent may persist into adult life, long after the trauma has occurred.

CD-00150
Failure to Thrive in the "Neglected" Child.
Bullard, D. M.; Glaser, H. H.; Heagarty, M. C.; Pivchik, E. C.
American Journal of Orthopsychiatry 37(1):680-690, January 1967.

Of 151 children admitted to a hospital over a 7-year period for failure-to-thrive syndrome, 50 had no primary organic illness. These children did not grow in height or weight, were in general mentally slow, and had frequent problems with vomiting or diarrhea and feeding. In a follow-up study of 41 of these children, more than one-half of the follow-up group showed evidence either of continued growth failure, emotional disorder, mental retardation, or some combination of these. A number of these cases showed a variety of social and psychological conditions, one of the most common being parental neglect. Though some of these cases can easily be defined as neglect by the state laws, others may be indistinguishable due to contradictory or inadequate data gathering by physicians or caretaking agencies, or the lack of a clear-cut assessment procedure. The subtleties of emotional, social, or mental neglect or maternal deprivation are difficult to distinguish but may be a major factor affecting failure-to-thrive children. Several illustrative case reports are presented. 13 references.

CD-00151
Children's Aid Society of Pennsylvania, Philadelphia.
Child Abuse: One Tree in the Forest.
Burland, A.; Andrews, R. G.; Headsten, S. J.
Child Welfare 52(9):585-592, November 1973.

A review was made of the records of 28 abused and neglected children recommended for placement by the

Children's Aid Society of Pennsylvania. The children (16 male, 12 female; 18 white, 10 black; from a variety of social classes) had a median age of 7 years at the time of placement and were generally the first or second child in the family. An abused child was usually the only child in the family abused, whereas a neglected child's siblings were also likely to be neglected. When the family of the mistreated child was considered as a whole, patterns of emotional disturbance falling into 6 categories could be discerned. These are: (1) primitive, unsocialized parents with primitive, unsocialized children; (2) hostile, self-righteous parents with bossy, provocative children; (3) depressed mother and emotionally absent father with self-contained, pseudomature children; (4) intensely anxious and chaotic parents with intensely anxious and chaotic children; (5) inadequately masculine fathers with provocative sons; and (6) mothers devoid of narcissistic resources with psychopathic children. In these cases, abuse was only a part of a more pervasive pattern of inadequate family life and could not be treated in isolation. Inadequate mothering seemed more serious than inadequate fathering. Most of the children were placed in foster homes, where they could receive the warmth, kindness, and expectations of foster parents. Others with more severe emotional damage were placed in residential treatment centers, an environment providing the consistency, predictability, and continuity in life that they needed. Experience with the parents showed that no progress could be made in helping the family until the parents accepted the caseworker as a friend and the caseworker accepted the childlike needs of the parents without censure. The caseworkers worked on the problems of the parents and other family members in a supportive way. Parents who abused children tended to view them as older than they were, were frequently oversensitive to rejection, and were often reared under harsh circumstances themselves. Most of the children required long-term care.

CD-00152
The System for Neglected and Abused Children in the District of Columbia: A Policy Analysis.
Burt, M. R.
Burt Associates, Inc., Bethesda, Md., 55 pp., October 21, 1974.

A study focuses on means of improving the care of neglected and abused children in the District of Columbia and on prospective policies that may be adopted by the D.C. government. The recommendations of the study are based on experience in model programs operating in selected communities and include features for a broader reporting law, establishment of an officially sanctioned, publicly supported child abuse treatment program, and changes necessary for more effective disposition and treatment of children. Existing methods of dealing with cases of abuse and neglect are described; objectives and criteria that should be pursued in government programs for these children are defined; and various available program options for change in reporting, intake, emergency care, and long-term care are analyzed in terms of cost-effectiveness and applicability to the D.C. situation. 26 references.

CD-00153
Burt Associates, Inc., Bethesda, Md.
A New System for Improving the Care of Neglected and Abused Children.
Burt, M. R.; Balyeat, R.
Child Welfare 53(3):167-179, March 1974.

A demonstration program to improve the care of neglected and dependent children in Nashville and Davidson County, Tenn., is described. Based on an analysis of the deficiencies of the available program, the demonstration program instituted 24-hour emergency intake services, emergency caretaker service, emergency homemaker service, and emergency foster homes. Initial results of the program indicate a reduction in the number of neglect and dependency petitions filed and in the number of children removed from the home, an increase in the number of children placed in foster homes, and a sharp decrease in the rate of institutionalization. The latter was particularly marked in the case of children under 6 years of age. The preliminary conclusion is that the plan is achieving the desired goals. 6 references.

CD-00154
Options for Improving the Care of Neglected and Dependent Children. Program Analysis Applied to Local Government.
Burt, M. R.; Blair, L. H.
Urban Institute, Washington, D.C., 136 pp., March 1971.

A study of the neglected and dependent children-welfare system of Nashville-Davidson County, Tennessee, based on data from 1,200 case reports, analyzes the program's available services and details shortcomings including the unnecessary abrupt removal of children from families; routine filing of neglect and dependency petitions; failure to prevent neglect, abuse, or dependency; duplication of effort by several agencies; and the lack of 24 hour emergency services; proposals for improvement. General recommendations for local governments are offered. Evaluation criteria, proposed intake and emergency care programs and their financing, and proposed long-term care programs are discussed. Numerous tables are included.

CD-00155
Forcing Protection on Children and Their Parents: The Impact of Wyman vs. James.
Burt, R. A.
Michigan Law Review 69(7):1259-1310, June 1971.

In this critical evaluation of the Supreme Court's Wyman vs. James decision, the case is compared to Gault, with special emphasis on the government's power to force assistance for the protection of children, when they or their parents are unwilling to accept that assistance. The Wyman court felt compelled to assume that the caseworker possessed at least some qualifications and some dedication to duty, but these assumptions are questioned. While neither Wyman nor Gault apply directly to child abuse and

neglect laws, each has some implications. It is felt that the Supreme Court should have required precise definition and justification to force substantiation of the benevolent conceits of the welfare home visit at stake in Wyman. Further, the Court should do the same for all state-coerced assistance. It is asserted that the basic failure in Wyman was that the Court neither saw the case in its broadest context nor understood that it must address that broadest context in order to advance vitally important judicial goals. While Wyman does not disable the Court from undertaking this task in the near future, it does intimate that a majority of the Court is unlikely to do so. Numerous references.

CD-00156
St. Vincent Hospital, Indianapolis, Ind., Dept. of Orthopedic Surgery.
The Battered Child Syndrome.
Bussey, K. L.; Rapp, G. F.
Journal of the Indiana State Medical Association 67(6):383-385, June 1974.

A plea is sounded for physician awareness of the battered child syndrome. A typical case is reported involving an 8-month-old boy who had fallen from an automobile according to his 16-year-old mother. The child was malnourished and had multiple bruises about the head, bilateral periorbital ecchymosis, a bruise on the anterior chest wall, bilateral sixth nerve palsies, and bilateral retinal hemorrhages. Focal seizures were noted. Skeletal survey revealed a variety of fractures in various stages of repair. The clinical course was characterized by its length and difficulty: several subdural taps to control intracranial pressure and an emergency ventriculoperitoneal shunt were necessary. Early optic atrophy was apparent. The characteristic radiologic features of the syndrome and their differential diagnosis are reviewed. Indiana law requires reporting of suspected cases and has an immunity clause. 6 references.

CD-00157
Bureau of Indian Affairs (Dept. of Interior), Aberdeen, S. Dak.
Lend the Client an Ear.
Butler, R. V.
Public Welfare 23(2):105-110, April 1965.

A sample case of marital discord resulting in child neglect on an Indian reservation illustrates a brief discussion of family unit casework with neglectful parents. Suggestions for proper interaction by the caseworker stress (1) listening and passive action rather than overt control of the situation; (2) home visits made quickly after initial contact with the child to prevent development of hostilities; and (3) the use of separate interviews to understand each client's feelings until they initiate joint interviews on their own. It is strongly recommended that caseworkers be aware of individual feelings as they are expressed in family interaction and the social value system operating within the family unit to avoid misinterpretation of a family's needs. 2 references.

CD-00158
California State Univ., Fresno. Dept. of Psychology.
Some Antecedents of Felonious and Delinquent Behavior.
Button, A.
Journal of Clinical Child Psychology 2(3):35-37, Fall 1973.

The theoretical basis for a study on the role of punishment in 180 delinquent and nondelinquent boys is that violence begets violence. Clinical data indicate that abusive physical punishment and severe psychological abuse are strong elements in the background of delinquents, but rarely occur in nondelinquents. A negative attitude toward children often generates a self-fulfilling prophecy of evil and is often the major factor involved in delinquency at a later age.

CD-00159
Kansas Univ., Kansas City. Dept. of Psychiatry.
Obsessions of Infanticide. A Review of 42 Cases.
Button, J. H.; Reivich, R. S.
Archives of General Psychiatry 27:235-240, August 1972.

Obsessions of infanticide were a central psychopathologic feature in 42 of 1,317 consecutive patient evaluations at a university medical center. Among these 42 patients (6 men, 36 women), diagnoses were made of 17 as schizophrenic, 11 as depressive, and 7 as obsessive-compulsive. Patients were often firstborn, only, or adopted children, and they often had experienced childhood trauma or displayed childhood behavioral difficulties. Sexual, religious, and health problems were frequently observed among the patients. In nonpsychotic patients, the obsessional thoughts were typically experienced not so much as an impulse to harm the child but as an apprehension that such an impulse might occur. Supportive psychotherapy as well as chemotherapy or convulsant therapy produced relatively prompt remission of symptoms. Clinical and actuarial data suggested that premorbid character structure of the borderline type on one hand or severely obsessive-compulsive style on the other and biological stress, perhaps hormone related, were important determinants of the behavior disturbance. In more than half the women emotional symptoms developed in conjunction with pregnancy or delivery. 37 references.

CD-00160
Nairobi Univ. (East Africa). Dept. of Pediatrics.
Battered Child Syndrome.
Bwibo, N. O.
East African Medical Journal 49(11):934-938, November 1972.

Eight cases of child battering, including 2 deaths, in East African children are presented. Sex distribution was even and the age range was from 1 month to 8 years; only 3 were under 1 year, and 4 were 6-8 years. The types of injuries were not unlike those in other series and included superficial injuries and multiple bone fractures. Tense home situations with poverty and social deprivation were frequently encountered. The differential diagnosis includes scurvy, congenital syphilis, osteogenesis imperfecta, infantile cortical hyperostosis, mongolian spots, and accidental injuries. Suspicious clinical features and management are summarized. 13 references.

CD-00161
Makerere Univ., Kampala (East Africa). Dept. of Pediatrics and Child Health.
Battered Child Syndrome.
Bwibo, N. O.
East African Medical Journal 48(2):56-61, February 1971.

A case of battered child syndrome in an 8-year-old Muganda boy is described. He presented with multiple bruises and edematous swellings on the face, hands, and trunk. History included a recent sore throat and gross hematuria. The boy eventually indicated that he had been beaten by his uncle, with whom he had been staying. The differential diagnosis in East Africa includes congenital syphilis and osteogenesis imperfecta. 14 references.

CD-00162
Louisville Univ., Ky. Dept. of Psychology.
Interaction Patterns in Families of Autistic, Disturbed, and Normal Children.
Byassee, J. E.; Murrell, S. A.
American Journal of Orthopsychiatry 45(3):473-478, April 1975.

Six families with autistic children were compared with 6 families with disturbed children and 6 with normal children by means of a family interaction task (the Ferreira and Winter Unrevealed Differences Task). There were no differences between the families with autistic children and those with normal children, but families with disturbed children were observed to have less agreement between father and mother than the other 2 family types. The results do not support the view that the severity of deviant behavior of children will be reflected in the severity of family abnormality. The results also raise questions about the psychogenic hypothesis of autism. 20 references.

CD-00163
New Clues to the Causes of Violence.
Bylinsky, G.
Fortune 87:134-142, 146, January 1973.

A discussion of social and physical causes of violent behavior includes a comparison between mother-deprived rhesus monkeys and abusive parents. Monkeys who were reared with mother surrogates failed to develop maternal affection and seemed indifferent to their own children. Like abusive parents, these monkeys frequently attacked and sometimes killed their infants. Similarly, the only common characteristic of human parents who batter and abuse their children, regardless of social or economic class, apparently is that they themselves had suffered from lack of mothering and affection. The physiology of violence-controlling parts of the brain, and the lack of violence in cultures outside of the United States, are briefly discussed.

CD-00164
Indiana State Dept. of Public Welfare, Indianapolis.
A Report on the Battered Child—Indiana, 1966.
Bynum, A. S.
Journal of the Indiana State Medical Association 60(4):469, April 1967.

The state of Indiana passed legislation in 1965 protecting social and medical personnel who recognize and report cases of child abuse. In 1966, 242 suspected cases were reported to the Indiana Department of Public Welfare in 50 of 92 counties. Fifty-two cases were rejected as showing no evidence. One hundred and seventeen children were made public wards. Preliminary data indicate increased reporting of suspected cases of child abuse.

CD-00165
Children's Hospital, Pittsburgh, Pa.
On the Theory and Practice of Shaking Infants.
Caffey, J.
American Journal of Diseases of Children 124(1):161-169, July 1972.

The prevalence and unrecognized potential danger of whiplash-shaking and jerking of infants are shown in the characteristic bone lesions (particularly traumatic involucra, metaphyseal avulsion fragments) found in the battered child. These injuries generally result from indirect, stretching, shearing, acceleration-deceleration stresses on the periosteum and articular capsules rather than direct impact stresses such as smashing blows on the bone itself. Subdural hematoma, usually bilateral and almost always traumatic in origin, and retinal hemorrhages are extremely common manifestations of shaking incidents. Various syndromes and conditions, including mental retardation, which may be precipitated by either habitual, relatively mild whiplash shakings or individual more violent shakings are reviewed. 24 references.

CD-00166
Pittsburgh Univ., Pa. Dept. of Radiology.
Traumatic Cupping of the Metaphyses of Growing Bones.
Caffey, J.
American Journal of Roentgenology, Radium Therapy and Nuclear Medicine 108(3):451-460, March 1970.

Metaphyseal cupping residual to trauma to the legs of 5 children has been described. Two of the children had been abused. The roentgenographic signs of metaphyseal cupping consisted of: shaftward depression of the metaphyses; spreading and shortening of the shaft; hypertrophy of the epiphyseal ossification center (EOC); thinning of the cartilage plate, and in some cases premature fusion with the metaphyses; and deepening of the contiguous joint spaces. The intercondylar notch was deepened when the femoral EOC was affected. The condition developed slowly over several months or years and seemed to be due to prolonged regional immobilization of the affected parts. Immobilization due to tuberculosis, osteomyelitis, poliomyelitis, and vitamin A poisoning has also been associated with meta-

physeal cupping, as has sickle cell anemia without the involvement of immobilization. The direct cause of metaphyseal cupping appears to be local oligemia of proliferating epiphyseal cartilage from thrombosis secondary to stagnation of blood and slowed blood flow in the terminal epiphyseal arteries to the terminal epiphyseal plate. The condition appears similar to several disorders caused by chronic congenital oligemia. In the injured children, metaphyseal cupping appeared at the distal ends of the femur (3 cases) and tibia (2 cases). 13 references.

CD-00167
Pittsburgh Univ., Pa. Dept. of Radiology.
Significance of the History in the Diagnosis of Traumatic Injury to Children.
Caffey, J.
Journal of Pediatrics 67(5, part 2):1008-1014, November 1965.

A discussion covers 4 sources of evidence of trauma in diagnosing child abuse: history, physical examinations, laboratory tests, and radiologic examinations. Pediatric radiology identifies metaphyseal infractions and traumatic involucra as diagnostic of traumatic injury. However, the absence of history of trauma is usually a significant deterrent in diagnosing an injury as resulting from abuse. Parental withholding of information is not always indicative of inflicted trauma and many traumatic injuries are not due to parental abuse. Better diagnostic techniques are needed to identify children's injuries. A new field of pediatric traumatology could study medical, social, and epidemiologic aspects of the problem. 13 references.

CD-00168
Children's Hospital of Pittsburgh, Pa.
The Parent-Infant Traumatic Stress Syndrome; (Caffey-Kempe Syndrome), (Battered Babe Syndrome).
Caffey, J.
American Journal of Roentgenology, Radium Therapy and Nuclear Medicine 114:218-229, February 1972.

A thorough review of the history of parent-infant traumatic stress syndrome (PITS) and the conception of the battered child syndrome problem is presented. Certain traumatic lesions and radiographic changes are distinctive to PITS. Subdural hematomas and cerebral contusions, two of the more serious complications of the syndrome, may be caused by shaking or rapid changes in head position, and may result in mental retardation or cerebral palsies. Optimal contraceptive methods, prenatal training for mothers, and recognition and correction of the maternal, psychological, and social stresses of motherhood are all necessary to prevent abuse. 19 references.

CD-00169
Center for Early Development and Education, Little Rock, Ark.
The Effects of Psychosocial Deprivation on Human Development in Infancy.
Caldwell, B. M.
Merrill-Palmer Quarterly 16(3):260-277, July 1970.

There is little scientific evidence to allow conclusions to be made about the effects of psychosocial deprivation on human development in infancy. The studies which have been carried out have been of the enrichment type, and they do not point to any specific conclusions. In order to collect and analyze data in this area there must be improved techniques of assessing a psychosocial environment, and change-sensitive measures of early child development need to be developed. The relationship between constitutional factors and the susceptibility to the influence of deprivation needs to be explored as well as research utilization of the clinical single case model. 59 references.

CD 00170

Mount Zion Hospital and Medical Center, San Francisco, Calif.

The Unconscious Fantasy of Infanticide Manifested in Resistance.

Calef, V.

Journal of the American Psychoanalytic Association 16:697-710, 1968.

A case has been observed in which a woman experienced resistance to psychoanalysis and infanticidal impulses because of a repressed oedipal conflict. The nature of this conflict did not become apparent until an external event (her purchase of a house) triggered an overt manifestation of the conflict: an accidental pregnancy with a concomitant desire for an abortion. Purchasing the house represented a symbolic victory over the woman's mother, who never anticipated such material success for her daughter. This victory activated the daughter's ambivalent feelings toward her mother; she had initially despised the mother in favor of her gentle father and then sympathized with the mother in condemning the father's ineffectual character. Reactivating this conflict caused the daughter unconsciously to perceive the purchase of the house (a symbol of fertility) as an incestuous gift. Her reaction was to lose the ability to make the basic decisions about furnishing the house and feel anxiety about possibly hurting her children whom she also perceived as incestuous gifts. In psychoanalysis, the woman's oedipal conflict caused her to resist insight, alternately insisting that she had no need for psychoanalysis and denigrating herself, and yet insisting that the analysis helped her. Previously, the conflict had caused her to conceal her first pregnancy from her mother, who was then dying, and to become pregnant a second time on the death of a sister-in-law. She had become pregnant a third time shortly before buying the house, and a fourth time (due to neglected contraceptive precautions) during analysis. Her immediate desire to abort the fetus, which she feared loving because of its incestuous associations, revealed the psychodynamics of her condition, which is common among women "wrecked by success." 7 references.

CD-00171

Adelaide Children's Hospital Inc. (Australia). Dept. of Child Health.

Practical Management of the Battered Baby Syndrome.

Callaghan, K. A.; Fotheringham, B. J.

Medical Journal of Australia 1:1282-1284, June 1970.

In a child abuse management program developed at the University of Adelaide, any child who presents with features suggestive of the battered child syndrome is immediately admitted to the hospital. The medical clinic registrar then (1) arranges for interviews with the parents; (2) carries out a complete physical examination of the child; (3) arranges for a clinical photograph; (4) initiates certain routine investigations, such as x-rays or blood tests; (5) ensures retention of the child in the hospital until the social investigations are completed; and (6) reports the case to the department of social welfare. The parental interview protocol is described in detail and data from 17 cases are tabulated. 3 references.

CD-00172

London Hospital Medical College (England). Dept. of Forensic Medicine.

The Battered Baby Syndrome.

Cameron, J. M.

Practitioner 290(1251):302-310, September 1972.

A review of the child abuse and neglect problem shows that a major problem is emotional rejection of violence toward children. Despite a physician's reluctance to become involved, however, he should be aware that 60 percent of battered children are reinjured if the problem is not diagnosed and reported. The parents' inadequate explanation of the child's injury may create suspicion of violent trauma; however, the major feature in diagnosing child abuse is past history discrepant with clinical findings. Subdural hematomas, abdominal visceral trauma, laceration of the mucosa of the inside upper lip, and radiological examinations which reveal various injuries differing in age of occurrence are considered almost pathognomonic of the battered child syndrome. Other evidence of trauma and neglect is described. Child abuse can be classified as infanticide, neglect, intentional sadistic-like cruelty, battering, or repetitive injuries. Parental abuse or neglect is not always attributable to psycho- or sociopathic personalities, but does occur most often in lower-income families where socioeconomic deprivation places stress on the family. The Children and Young Persons Act of 1963 is cited as an example of legislation which seeks to protect the child and remedy undesirable family conditions by promoting local agencies to provide counseling and material assistance. 12 references.

CD-00173

London Hospital Medical College (England).

The Battered Baby.

Cameron, J. M.

Nursing Mirror 134(23):32-38, June 9, 1972.

The battered baby syndrome is an important and apparently increasing cause of sudden death in children. Physicians should be alert to the possibility of this syndrome when treating any injuries in patients where there is a discrepancy between the clinical findings and the history. The parents of abused children come from all social classes and do not necessarily have psychopathic or sociopathic personalities; they, as well as the children, need help. Close

cooperation between physicians and social agencies is imperative in all phases of the treatment of this syndrome. 23 references.

CD-00174

London Univ. (England). Dept. of Forensic Sciences.

Infanticide.

Cameron, J. M.

Nursing Times 67(44):1371-1372, November 4, 1971.

Although condemned in many cultures, infanticide has been widely practiced in others for superstitious or economic reasons. In Great Britain, the killing of an infant is generally punishable as murder, but a number of lesser related offenses exist. Scottish law (Concealment of Pregnancy Act, 1809) provides that a mother who has concealed her pregnancy and the birth of the child may be charged with manslaughter if the child is found dead or missing. In England and Wales the mother who kills her child while suffering postpartum emotional disturbance may be convicted of manslaughter (Infanticide Act, 1938) and is likely to receive no more than psychiatric treatment or probation. Two additional offenses, the concealment of a birth (Offences Against the Person Act, 1861) and criminal abortion (Infant Life Preservation Act, 1929) are on the books. Prosecution under all of the above laws is frequently complicated by the difficulty of proving (1) whether the infant was capable of separate existence and (2) whether the infant died before or after birth. The former question may be answered by radiological examination but the latter is complicated by the fact that in the absence of maceration a variety of decomposition effects make the hydrostatic and other tests of separate existence unreliable. Further difficulty arises because signs of asphyxia and skin lesions may arise from either deliberate or accidental injury. 3 references.

CD-00175

London Hospital Medical College (England). Dept. of Forensic Medicine.

The Battered Child Syndrome.

Cameron, J. M.; Johnson, H.R.M.; Camps, F. E.

Medicine, Science and the Law 6(1):2-21, January 1966.

An analysis of cases from the London Hospital Medical College over a ten-year period demonstrates the frequency of child abuse and how readily it may escape detection. In only one of the 29 proven cases of child abuse did a parent admit to ill-treatment in his original story. Marked discrepancy between clinical findings and the story given by the parents is a clear indication of abuse. A list of initial explanations is paired with the probable truth in each case. Radiographic and pathologic findings may clarify any suspicion of battering. Bony injuries (old and new), soft tissue injuries, and ruptured viscera are listed by frequency and percentages for all cases. Five case histories, including outcome, are detailed, and extensive data on all 29 cases are tabulated. Social and psychiatric aspects are discussed including their role in prevention. 12 references.

CD-00176

New York State Dept. of Social Services, Albany. Child Protective Services.

Role of the Child Protective Organization.

Cameron, J. S.

Pediatrics 51(4, part 2):793-794, April 1973.

The history of child protection service dates to the late 1800's with the development of the Society for the Prevention of Cruelty to Children, but as a public social service its existence dates only to the 1960s. One of the problems has been the lack of definition of the role of the protective service agency in some communities, and because such a variety of community segments is involved with the child it is possible for him to fall between the jurisdiction of several agencies unless there is a single focus of responsibility and authority. In New York State, protective services on behalf of neglected and abused children are legally mandated services to be initiated by the Public Social Services Department. There is no option regarding whether or not to offer services, which must continue until there is no longer danger to the child. Not only is investigation indicated, but the Department must see to family stabilization where possible. The responsibility for effective coordination between the Protective Service Agency and other resources rests with the Protective Services worker. The dual responsibility to the child and to the family is stressed.

CD-00177

The Neglected Child: His and His Family's Treatment Under Massachusetts Law and Practice and Their Rights Under the Due Process Clause.

Campbell, C. E.

Suffolk University Law Review 4(3):632-688, Spring 1970.

An extensive legal discussion covers the application of the doctrine of *parens patriae* (the state's power to determine the best interests of a child) in Massachusetts, and the constitutional rights of children in neglect hearings. Specific topics of discussion are the evolution of the doctrine and its court usage; Massachusetts care and protection statutory policy and its administration; the decision-making powers of the caseworker; notice of charges and right to a hearing; right to and waiver of counsel; and suggestions for meeting the neglected child's need for counsel. Numerous references.

CD-00178

When Infant Death Occurs.

Camps, F. E.

Nursing Mirror 133(20):14-15, November 12, 1971.

The repetitive nature of child abuse demands that the child be removed or the situation otherwise corrected, or the result may be infant death. Consequently those in medical and welfare service have the enormous responsibility of striving for early recognition of abuse cases to prevent such occurrences. The phenomenon of sudden and unexplained infant death affects 1,600 infants annually, usually between

the ages of 3 and 4 months. A foundation has been established in England to study the cause of sudden deaths and to alleviate the psychological burdens on the parents of these infants.

CD-00179
Canada's Mental Health.
Child Abuse: Family Social Disease. (Editorial).
Canada's Mental Health 21(6):16-17, November-December 1973.

A discussion of causes and treatment of the child abuse syndrome suggests that the problem consists not only of physical abuse, but also emotional, nutritional, and physical neglect; it further suggests that the basic cause of the syndrome is a mothering deficiency in one or both parents. Mothering is defined as a symbiotic process whereby a mature, capable person cares for a helpless, dependent, immature person with appropriate emotional interaction. Abused children are reared for parents' emotional gratification without regard to their needs; they grow up with the same emotional failures and tend to treat their children as they were treated. Initial management of the problem is the physician's responsibility; effective follow-up of child abuse problems requires interagency coordination and cooperation. The government is seen as responsible for continued protection of the child and rehabilitation of the family.

CD-00180
Canadian Medical Association Journal.
Battered Babies. (Editorial).
Canadian Medical Association Journal 101(7):98, November 1, 1969.

The 1969 stance of the National Society for the Prevention of Cruelty to Children regarding treatment of the battered child syndrome is briefly described. Rather than simply prosecuting the parents, which has no constructive effect, it is suggested that the child be maintained in the home where possible, with enlightened support from the various medical, welfare, and other people who come into contact with the parents. Legislation requiring more diligent detection and reporting on the part of Canadian physicians is suggested.

CD-00181
Ohio State Univ., Columbus. Coll. of Law.
The Parent-Child Dilemma in the Courts.
Carpenter, J. W.
Ohio State Law Journal 30:292-309, 1969.

Ohio has taken a number of steps to intervene on behalf of children who are mistreated by their parents and to solve the difficult legal problems this task entails. A statute requires all physicians, nurses, teachers, and social workers who notice evidence of mistreatment in a child under 18 to report to a municipal peace officer. Despite the fact that many physicians are reluctant to report under the statute, no criminal penalty for nonreporting should be imposed;

a proper understanding of the immunity-from-liability guarantee by the statute should be sufficient. Another statute provides for the removal of children from inadequate homes (dependent children) and the prosecution of the parents where the inadequacy is deliberate (neglected children). However, the precise definition of what constitutes grounds for dependency and neglect is only partially given by the statute and partially left to the courts. All told, it appears that failure to provide an adequate education or adequate medical care, and exposing the child to immoral conduct either of the parents or others, constitutes actionable grounds under the statute as do the more obvious classes of physical neglect. As a matter of policy, the state should refrain from prosecuting abusive or neglecting parents unless the removal of the child from the family is also desired. Ohio has helped alleviate the evidentiary problems in child neglect cases by admitting circumstantial evidence of a pattern of abuse to establish mens rea, by abolishing the physician-patient relationship in neglect cases, by abolishing the husband-wife privilege, and by allowing the testimony of a child under the age of 10 to be introduced if the child's competency is established by a voir dire examination or if his utterances are res gestae. 80 references.

CD-00182
Maternal Drug Dependence Incidence, Drug Use Patterns and Impact on Children.
Carr, J. N.
Odyssey House, Inc., New York, N.Y., 18 pp., 1975.

Recent data indicate that maternal drug dependence constitutes an extremely high risk to a significant population of children. Estimates of the children at risk range from 1.5 to 10 percent of the total population, indicating a menace of epidemic proportions. The combination of antenatal drug exposure and poor prenatal care with distortion of the early mother-child relationships could lead to severe and irreversible impairment of the children. Early identification of cases and provision of immediate and follow-up services are indicated. Some degree of external coercion of the mother in accepting services can be anticipated. This condition knows neither geographic nor socioeconomic barriers. 7 references.

CD-00183
Grand Rapids Child Guidance Clinic, Mich.
Prevention and Detection of Emotional Disturbances in Preschool Children.
Cary, A. C.; Reveal, M. T.
American Journal of Orthopsychiatry 37(1):719-724, January 1967.

A 10-week series of tandem nursery school and mother-group-guidance sessions have been conducted at the Well Child Center of the Grand Rapids Child Guidance Clinic, to prevent and detect mental illness in well children. The program is voluntary. During the nursery school sessions 12-15 children, under the supervision of one-fourth that many teachers, participate in play activities geared to their

particular needs to aid their ego development. The teachers are also alert for the presence of disturbances requiring further forms of intervention. Simultaneously, the mothers meet in groups to hear lectures on child development and discuss their individual childrearing experiences including means of handling hostility. Clinic personnel also observe interactions between the child and mother when the two are separated for the session and reunited afterward. At the end of 10 weeks the parents are given an evaluation of their child's development. The dominant approach to the program is psychoanalytic, and the tandem approach with simultaneous observation and access to both mother and child, allows the modification of developmental lags and ego defects not responsive to contact with only the mother or only the child. In a test year, 33 percent of the children were judged healthy with good growth potentials, 32 percent as receiving specific help from the program, and 35 percent as needing further study. Of the mothers, 50 percent felt their child had a specific adjustment problem at the time of enrollment and many maintained sporadic contact with the center over the years. During a 7 year period in which 1,100 children participated in the program, 40 were referred to the Clinic for treatment; this represents half of the total number of children treated at the clinic. 5 references.

CD-00184
Texas Tech Univ., Lubbock. Dept. of Education.
Understanding and Helping Child-Abusing Parents.
Caskey, O. L.; Richardson, I.
Elementary School Guidance and Counseling 9(3):196-208, 1975.

Although abusing parents come from all racial, religious, and socioeconomic backgrounds, poverty, unemployment, and overcrowding intensify the problem. Characteristically, abusing parents are lonely and isolated, have frequently been emotionally or psychologically deprived as children, abused, or have experienced intense parental demands and criticism. The parent thus turns to his child to fulfill some of his unmet gratifications. While psychopathology is disputed as a cause for child abuse, the sociologic and contextual variables associated with abusing parents deserve study. In general, treatment is directed toward having the parent learn to react realistically and to release the child as a source of gratification. In some cases group therapy has been preferred when individual treatment is too threatening. School systems are another avenue of assistance to abusing parents. In addition to acquiring a knowledge about all aspects of the problem, schools could inaugurate programs which would involve suspected parents and devise programs to help in identification and treatment of parents and their children more directly. School counselors should be aware of state or local programs, such as Service for Child Abuse and Neglect (SCAN); this multi-chapter organization provides referral services, therapy, day-care facilities, and parent group activities as well as a parents anonymous program. 30 references.

CD-00185
Family Service of Philadelphia, Pa.
Homemaker Service as a Component of Casework.
Cassart, H. P.
Social Casework 51(9):533-543, November 1970.

A discussion covers several constructive uses of a homemaker service in the process of family treatment. Case examples indicate that, if the caseworker understands and prepares the homemaker in each situation, homemakers can effectively provide models for child rearing practice; stability in a family during stressful periods; and valuable information concerning a family's immediate situation. Problems inherent to the use of homemakers include potential hostility caused by the presence of a mother figure in the family, and the process of termination which is often difficult because of the homemaker's extensive involvement with the clients. 9 references.

CD-00186
Providing a Service.
Castle, R. L.
In: Franklin, A. W. (Editor). *Concerning Child Abuse.*
Edinburgh, Scotland, Churchill Livingstone, pp. 113-119, 1975.

The Battered Child Research Department, established by the National Society for the Prevention of Cruelty to Children, has provided educational and consultation facilities to many agencies and bodies. Some of the findings of its studies include the very young age of afflicted children and the high risk to a subsequent child in families where a first-born had been battered. A rebattering incidence of 60 percent was found among children who remained at home after referral. Bruises and minor injuries, especially to the head and mouth, may signify the beginning of increasingly violent forms of injury. Referral rates from general practitioners were very low. As part of its clinical program, a 24-hour service is provided to the hospitals and community of 3 London boroughs. Facilities include a day nursery, a regular group meeting for some of the mothers, and an on-call service for the parents. Practical difficulties have derived from delays in referral, problems of coordination, and communication difficulties. In terms of community social services, it is pointed out that sometimes juvenile court magistrates send a child home under supervision without realizing the full implications for the child and the family. Guidelines from the Department of Health and Social Security to the juvenile court panels are suggested. In general the policeman's propensity for immediate investigation of anything suspicious of criminality has had a negative influence on progress in this area.

CD-00187
Ramsey County Mental Health Board of St. Paul, Minn.
Historical Development of Ramsey County Child Abuse Team.
Catlin, J. M.
In: *Professional Papers: Child Abuse and Neglect.* Chicago, National Committee for Prevention of Child Abuse, pp. 212-221, 1973-1974.

A description of an established cooperative effort dealing with child abuse include the legal foundations of the program; the philosophy behind the program; and a list of member institutions and personnel, and their responsibilities. Child abuse is a family mental health problem which ultimately affects the community. Effective resolution of the problem is therefore a responsibility of the community and requires multidisciplinary intervention and cooperation. Members of the child abuse team include representatives of the city police, the welfare department, the departments of pediatrics and social work of the county hospital, a children's hospital, a nursing service, the mental health center, and a child placement center. Investigation, evaluation, disposition, and treatment by these disciplines are coordinated and directed under the auspices of the community mental health center. Educational functions of the child abuse team are also briefly discussed.

CD-00188

Kansas State Reception and Diagnostic Center, Topeka. Dept. of Psychiatry.
Incestuous Fathers: A Clinical Report.
Cavallin, H.
American Journal of Psychiatry 122(10):1132-1138, April 1966.

A series of 12 cases of father-daughter incest, the most common variety, is presented. Fathers ranged from 20 to 56 years old (mean 39) and daughters from 3 to 18 years old (mean 13). Only 2 fathers had a record of previous convictions and none had been in a psychiatric hospital prior to arrest. They were of at least average intelligence, and only 4 drank to any excessive degree. Only one had been married more than once, and extramarital affairs were the exception; all but 2 had large families. In all cases the wife was seen as rejecting and threatening. An absence of adequate mothering in childhood characterized all but one of the men. Only 2 patients showed signs of psychotic disorders prior to the incident, but severe disorganization was manifest after incarceration. Borderline psychosis was suggested in 3. All cases showed a certain degree of projection, paranoid thinking, and unconscious homosexual strivings. Defective ego organization and sociological accessibility may have resulted in the incestuous behavior. 15 references.

CD-00189

Sinai Hospital of Baltimore Inc., Md. Dept. of Pediatrics.
The Problem of Child Abuse: A Community Hospital Approach.
Chabon, R. S.; Barnes, G. B.; Hertzberg, L. J.
Maryland State Medical Journal pp. 50-55, October 1973.

After a review of the history of child abuse and an outline of the general medical aspects of the problem, the Sinai Hospital Child Abuse Program in Baltimore is described. Development of the program grew out of reduced effectiveness of public agencies to handle the problem, and from the desire to provide therapeutic care for the children and their families rather than being involved in investigatory and

custodial areas. The multidisciplinary approach is used, with a team consisting of a pediatrician, social worker, nurse, psychiatrist, and community aide. The role of the aide is to act as a good friend and behavioral model for the abusive parents. The worker is the administrative coordinator, the family therapist for the parent(s), and supervisor for the aide. The pediatrician is the medical evaluator, and the nurse functions as a liaison with various clinics and social agencies. The psychiatrist provides consultation to the worker, interviews the parents, and evaluates the psychodynamics of the situation. In 30 families for which the team has provided services the potential for child abuse was deemed markedly reduced particularly as no further incidents of abuse had occurred. Further expansion of the project is anticipated. 14 references.

CD-00190

Columbia Univ., New York, N.Y. Coll. of Physicians and Surgeons.
Health and Legal Services in a Disadvantaged Community.
Challenor, B.; Onyeani, L.
American Journal of Public Health 63(9):810-815, September 1973.

Legal and social services play an important role in the management of sociomedical problems, particularly, in low income communities. Child abuse is one prevalent problem in such communities, and a case report from Harlem Hospital, New York City, illustrates the difficulties in providing and coordinating adequate protective services. Recommendations for providing disadvantaged communities with more complete social services include development of the concept of a legal advocacy program as a component of health care, and coordination of the efforts of social, medical, and legal professions. 44 references.

CD-00191

A Coroner's View.
Chambers, D. R.
In: Franklin, A. W. (Editor). *Concerning Child Abuse*, Edinburgh, Scotland, Churchill Livingstone, pp. 69-70, 1975.

The role of the coroner in child abuse cases is briefly described. All such cases are reported to the coroner through one of his officers usually by the police. The presence of the CID at autopsy is almost routine in apparently accidental deaths of young people. If there is good reason for suspecting that death was criminal, the coroner is bound by law to hear the inquest with jury, and if the jury concurs, the person(s) named are committed for trial. Procedurally it is better that a charge be brought in the magistrates' court than as a result of a coroner's jury finding. When the cause of the child's death clearly cannot result in a charge of murder, manslaughter, or infanticide, the coroner can sit alone and bring in a verdict which leaves no doubt.

RESEARCH PUBLICATIONS

CD-00192

The Battered Child.
Chandra, R. K.
Indian Journal of Pediatrics 35(246):365, July 1968.

Psychological considerations are as important in dealing with child abuse as physical trauma. For example, detection depends as heavily on recognizing a stressful environment and abnormal upbringing or other emotional problems in the abusive parent as it does on radiological examination. If the physician responds to a case of abuse in a harsh punitive fashion, lasting harm may be done to the child. The child and the parents need sympathy and possibly, psychotherapy. Removing the child from the home may be the only solution. Society must be careful not to lose sight of the physically abused child in the vast background of other social problems.

CD-00193

Child Victims of Sexual Offenses.
Chaneles, S.
Federal Probation 31(2):52-56, June 1967.

The Child Victim Study of the American Humane Association was designed to investigate the etiology of sex crimes against children and propose new programs to prevent these crimes and reduce their traumatic impact on the victims. It is estimated that 360,000 sex crimes against children occur annually in the United States. Preliminary evidence suggests that these crimes leave their victims with long-term feelings of bitterness, hostility, and distrust toward adults. Existing institutions, concerned mainly with prosecuting the offender while safeguarding his constitutional rights leave the victim further traumatized by the vicissitudes of interrogation by police and parents, the trial, and the vacuum caused by the disruption of the child's family relationships and normal routine. Shame, guilt, depression, and the intensification of existing family problems are the result. Preliminary data indicate that 80 percent of sex crimes against children are committed by the child's relatives or close acquaintances. Of the offenders, whose age was usually 35-40, 70 percent were employed and 90 percent were married, many having children. Offenders generally completed more than 10 years of schooling, had prior criminal records unrelated to sexual offenses, and a prior unrecorded history of sexual offense. Data also indicate that reported sex crimes are concentrated in the lower socioeconomic classes but that most offenses, particularly homosexual assaults against boys and incest, are seldom reported. Coercion or inducement are frequently factors in the reported crimes. New institutions designed to aid the victims of childhood sex crimes must be devised.

CD-00194

Safeguarding Legal Rights in Providing Protective Services.
Cheney, K. B.
Children 13(3):87-92, May-June 1966.

The basic goal of a neglect law is to prevent the social, physical, and psychological deterioration of children. But

there is no guarantee that social agencies will not intervene on grounds irrelevant to this standard, as some courts have done. Premature removal of a child from his parents may be regarded as punishment by the parents, may cause psychiatric harm to the child, and may reflect an error in judgment on the part of the worker. Emotional neglect should perhaps be legally recognized by more states, but intervention should take place only in cases of serious impairment of intellectual development. Protective services may be a deprivation of liberty. The best way to meet the legal obligation is to require a hearing within 60 to 90 days after services are offered the family on a voluntary basis under statutory authorization. A protective statute should make provision for counsel at the time of court review, and clients should be informed of this right on the initial contact. 28 references.

CD-00195

Juvenile Protective Association, Chicago, Ill. Louise DeKoven Bowen Center.
Obstacles to the Delivery of Medical Care to Children of Neglecting Parents.
Cherry, B. J.; Kuby, A. M.
American Journal of Public Health 61(3):568-573, March 1971.

The experiences of the Bowen Center, a demonstration program designed to provide multiple services for families who neglect their children, illustrate the difficulties of delivering medical care to the children of these families. The responsibility for securing the children's medical care usually falls on the mother; 2 types of neglecting mothers were distinguished: (1) those who attempted to secure medical service but were unsuccessful because of unrealistic expectations for immediate service and cure and because of inability to assume responsibility for keeping appointments and continuing treatments and checkups; (2) those who obstructed attempts to provide service by not seeking care for their children or competing for services when the child is brought to the clinic, by blaming the child for his illness, or by using medical care as a threat to the child. To ensure that the children received required care, the center kept an appointment calendar, dispensed medication, and provided transportation and baby sitting as well as emotional support. The neighborhood clinic is a start toward serving these families because the parents are more willing to let their children be involved when they see that a setting has something to offer. But these parents still require active pursuit, toleration, and understanding. Definite organizational and attitudinal changes are necessary if medical care is to reach this population effectively. 4 references.

CD-00196

Child Abuse Listening Mediation (C.A.L.M.), Santa Barbara, Calif.
Child Abuse Listening Mediation.
Child Abuse Listening Mediation, Santa Barbara, Calif. 1974.

CALM (Child Abuse Listening Mediation, Inc.) is a 24-hour listening, referral, resource center for the prevention of

child abuse in the Santa Barbara, California, area. Two Directors and a Staff Assistant receive telephone calls on a 24-hour a day basis from parents with child rearing problems or third parties who know of ongoing child abuse or neglect. The callers, whose cases are always handled in complete confidence, may be referred to appropriate community agencies or individuals or, in less urgent situations to a casework volunteer. These volunteers have no professional training but serve as compassionate, non-judgmental friends who help break down the parents' social isolation, give them reassurance in their child rearing role, and provide any specific help they may require. CALM also maintains a library of child abuse resource information and conducts a film and lecture program in local high schools. The program began as a pilot project in late 1970 and handles about 250 cases a year increasing through self-referral. Funding is accomplished through the county, foundation grants, and contributions raised through an auxiliary. (No references, but a collection of articles on child abuse are reproduced as part of the report.)

CD-00197

Child Welfare League of America, Inc., New York, N.Y. Committee on Standards.
Child Welfare League of America Standards for Child Protective Service.
New York, Child Welfare League of America, Inc., 85 pp., 1973.

In an attempt to set objectives and standards based on tested knowledge and approved practice in the various fields of service, the Child Welfare League of America has proposed new guidelines for Child Protective Services as a part of its periodic review of standards. The considerations of a protective service as a child welfare service and as a social work agency are carefully considered. A discussion of the selection and handling of cases, and of the organization and administration of the program is presented. Also discussed are the roles of the protective service in the court and in the community. Numerous references.

CD-00198

Children's Aid Society, New York, N.Y. Homemaker Service.
Nine- to Twenty-four-Hour Homemaker Service Project.
In: Kadushin, A. *Child Welfare Service. A Sourcebook*. New York, MacMillan Company, pp. 75-88, 1970.

A demonstration project is described in which the object was to prevent placement of children in shelters by providing homemaker service for more than the usual 8-hour day. Advantages of this program include maintenance of home, school, and neighborhood ties for the children, allowing the father to retain responsibility for his family and remain on the job, hastening the recovery of a mother by relieving her from worry over the care of her children, and keeping the family intact. Through this approach it was possible to keep 184 children at home who otherwise would have had to go to a shelter.

CD-00199

Children's Defense Fund, Cambridge, Mass.
Children Out of School in America.
Children's Defense Fund, Cambridge, Mass., 366 pp., October 1974.

A technical report on the problem of scholastic exclusion of children is based on data from the 1970 census indicating high percentages of unenrolled children, special education and school suspension data from the Office of Civil Rights, and a survey questionnaire developed to ascertain specific characteristics of children not attending school. Discussions cover the types of children and individual reasons for their exclusion, the numbers of children involved and their socioeconomic backgrounds; cultural and economic reasons for children not attending school; needs for specialized education; school discipline and its exclusionary impact on students; and recommendations for solutions to the overall problem. Tables of all data analyzed are included.

CD-00200

Children's Defense Fund, Cambridge, Mass.
Report of Second Year Activities of the Children's Defense Fund of the Washington Research Project, Inc.
Children's Defense Fund, Cambridge, Mass., 54 pp., October 1974.

An annual report of the activities of the Children's Defense Fund in 1974 describes successful legal actions and past and future publications and discusses program developments in the areas of (1) children's rights to education; (2) classification and labeling of children; (3) medical research and experimentation on children; (4) early and periodic screening, diagnosis, and treatment; and (5) juvenile justice. Briefs of significant pending cases are included.

CD-00201

Children's Hospital Medical Center, Boston, Mass.
The Myth of the Battered Child Syndrome.
Current Medical Dialog 40(4):327-334, April 1973.

The essential element of child abuse is not the intention to destroy a child but the inability of a parent to nurture his offspring—a failing which can stem from any number of socioeconomic factors and family crises. Children's Hospital in Boston has reformulated its definition of child abuse to include any illness resulting from disturbances in the family's "ecology of health." Its interagency, multidisciplinary consultation group has often been successful in finding the medical, legal, social, or homemaking services needed to preserve the functioning of families representing the 3-5 children referred each week. However, adequate resources do not exist to handle many of the cases, a situation aggravated by the fact that many of the pertinent welfare agencies are punitive and do not offer a full range of truly protective services. Specific vigorous activity directed at the causes of an individual family's particular crisis is needed. Child abuse must be treated as a complex ecological problem with many interacting variables rather

than an area for narrow definitions and isolated professional activities. 1 reference.

CD-00202

Ohio Humane Society, Columbus. Children's Protective Services.
Marshalling Community Resources for Prevention of Child Neglect and Abuse.
Christy, D. W.
In: 4th National Symposium on Child Abuse. American Humane Association, Charleston, S.C., October 23, 1973. Denver, Colo., American Humane Association, pp. 39-48, 1975.

After a brief review of the characteristics of battered children and the adults who abuse them, an outline of the reasons for parental abuse of children including physical handicaps of the child, excessive family size, parental immaturity, a projected distorted feeling of the parent, alcoholism and drug abuse, mental retardation, housing and financial difficulties, and unwed mothers, is presented. The importance of family treatment is stressed. Interviews with parents should not focus unduly on the child, but should be parent-oriented. Essential to successful treatment is the existence of community resources to provide essential services 24-hours-a-day. Legal and psychiatric services should be available to a child protective service. More emphasis should be placed on corrective mothering, a technique proven effective in treatment.

CD-00203

Ohio Humane Society, Cincinnati. Children's Protective Services.
Innovative Approaches in Child Protective Services.
Christy, D. W.; Paget, N. W.
Denver, Colo. American Humane Association, 24 pp., 1969.

The development of new and innovative approaches to child protective services includes the establishment of new programs and services and better utilization of existing ones. Volunteers, visiting nurses, physicians at adolescent clinics, and auxiliary personnel such as lawyers and psychiatrists have much to offer. Innovative approaches, including 24-hour emergency service with an emergency team on call, emergency homemaker service, emergency parent service, emergency foster homes, and an agency staff car with a radio-telephone for use at homes without a telephone can greatly increase effectiveness. Family Day Camps and Family Life Education programs have also demonstrated their effectiveness.

CD-00204

Ohio's Mandatory Reporting Statute for Cases of Child Abuse.
Ciano, M. C.
Western Reserve Law Review 18:1405-1413, 1967.

The amended Ohio reporting law requires not only physicians, surgeons, and other medical personnel to report cases

of child abuse but also school teachers and social workers acting in their official capacities. The 1965 amendment also directs reports to departments of welfare and child welfare boards for investigation. Two other significant provisions of the Ohio statute are (1) the grant of civil and criminal immunity to anyone participating in the filing of child abuse reports; and (2) the suspension of the physician-patient privilege. Comparisons between the first law and the amended law, and with other state laws are discussed. Numerous references.

CD-00205

Philadelphia Presbyterian Homes, Pa. Dept. of Social Service.
Attempting to Build a Fail Safe Program.
Clark, E. H.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 229-236, 1975.

The Outreach Supportive Services program at the Presbyterian-University of Pennsylvania Medical Center is designed to deliver services which are relevant to a client's problems. Until the establishment of this program, no services were available to child-abusing families that did not have some punitive element. During the first year of operation 18 families were served by two family health workers and one program coordinator, who was a registered nurse with public health experience. This interdisciplinary team, combining public health nursing and social service disciplines, has been one of the program's strong points. A second strong point was an agreement with the Philadelphia Department of Public Welfare to leave the Outreach program with sole jurisdiction of these 18 families so that there would be no overlap in services or contradiction in purposes. The family health workers were to deliver two kinds of services; the first being concrete, such as housing, education or any type of resource seen as unavailable by the client; and the second being subjective aid such as emotional support and warmth. In the future more concrete objectives will be established by the program so that it can be more readily assessed and more easily replicated. 2 references.

CD-00206

Boston City Hospital, Boston, Mass.
Historical Data in the Evaluation of Violent Subjects.
Climent, C. E.; Ervin, F. R.
Archives of General Psychiatry 27:621-624, November 1972.

Data obtained on a group of emergency room patients (40) with a presenting complaint of violence were compared with data on an age, sex, and race matched control group of relatives of other emergency room patients. The comparison was made on selected neurological and sociopsychiatric variables. The results show that severe head injury before the age of 10 is not associated with violent adult behavior; there is no difference discernible as to many neurotic

childhood traits; the violent subjects acknowledge a greater number of suicidal thoughts than do the controls; and no difference in violent criminal history exists between the groups. Violent subjects reported a significantly higher incidence of stubbornness, temper tantrums, and physical assaults by their mothers in childhood. Fathers of these subjects were more frequently alcoholic than those of the nonviolent subjects. Severe headaches and convulsions before age 10 were frequent in the violent group. No significant difference in drug use was found between the two groups. 9 references.

CD-00207

Clinical Pediatrics.
The Intricacies of Violence Against Children in American Society. (Editorial).
Clinical Pediatrics 10:557-558, October 1971.

Selected conclusions of a nationwide analysis of incidence and type of child abuse found in the United States in 1967-1968 by D. Gil are presented. A checklist of 7 major background factors or causes of child abuse is given.

CD-00208

Clinical Proceedings.
Reflections on Child Abuse and Neglect. (Editorial).
Clinical Proceedings 30(2):31-58, February 1974.

The proceedings of the June 1973 National Conference on Child Abuse are presented. The conference, sponsored by the Children's Hospital National Medical Center and the National Institute of Mental Health in June, 1973, under the chairmanship of C. Henry Kempe, focused on 5 major topics: identification, legislation, prevention and rehabilitation, education, and research. The Identification Work Group adopted 2 definitions, one for the identification of children for reporting purposes, and one for identification of those in need of services. The Legislative Work Group discussed the legislative aspects of reporting, investigation, followup, the judicial process, and coordination among and between state and local agencies. The Rehabilitation Work Group discussed the multidisciplinary approach, comprehensive services for both child and parents, the coordination of private and public agencies, the evaluation and documentation of programs, and several approaches to prevention. The Education Work Group was concerned with education of the general public, and made several recommendations in that direction; they also discussed the role of special public contacts, legislators, the police, judiciary personnel, educators, social service agencies, and health professionals. The Research Work Group made recommendations regarding multi-level research, and emphasized that research must be long-range, multi-disciplinary, and begun immediately. A summary of Senator Mondale's Keynote Address is included.

CD-00209

Children's Hospital, Halifax, (Nova Scotia). Dept. of Pediatrics.
The Battered Child Syndrome.
Cochrane, W. A.
Canadian Journal of Public Health 56:193-196, May 1965.

A brief review outlines the clinical appearance and family background characteristics of the battered child and describes 8 cases seen during a 14-month period at one hospital. In the 8 illustrative cases (7 children less than 3 years old, 1 child 4 years old), the most common physical findings were injured extremities with bruising and tissue injury. Two patients had subdural hematomas; 3 showed signs of retarded growth and development. In all cases the parents described accidents insufficiently to explain the injuries. Typical radiologic findings of recent and old injuries and epiphyseal-metaphyseal trauma, an unstable family history, and unexplained injuries should alert the physician to a possible diagnosis of child abuse. 4 references.

CD-00210

Massachusetts Society for the Prevention of Cruelty to Children, Boston.
Neglecting Parents. A Study of Psychosocial Characteristics.
Cohen, M. I.; Mulford, R. M.; Philbrick, E.
Denver, Colo., American Humane Association, 28 pp., 1967.

A study was undertaken among 1,401 neglecting parents to identify their psychosocial characteristics. Economic deprivation was pervasive, and low educational level and poor housing were also prevalent. Parents were rated poor as disciplinarians in 59 percent, as caretakers of their children in 47 percent, and as regarding their children's education in 46 percent. Regarding interpersonal relations, 39 percent were generally supportive of others; 33 percent were generally isolative; and 29 percent were generally destructive. Only 28 percent were judged adequate in the area of social problem-solving skills. Regarding coping with typical everyday situations, 33 percent could cope only with support, and 34 percent could not cope even with support. Over 50 percent were considered to have social and personal values and goals to a typical degree. Self-evaluation regarding success-failure revealed only 6 percent regarded themselves as having more success than failure, and 40 percent felt that their failures were greater than their successes. Appropriate emotional patterns were seen in only 36 percent of the group. Anxiety was continuous in 29 percent, appeared when appropriate in 50 percent, and was relatively absent in 21 percent. Perception of reality was present in 42 percent; reality was distorted in 31 percent, and denied in 22 percent, and 5 percent were considered psychotic. The client can neither be considered to fit into any one mold nor be subsumed under any single classification. Regarding treatment, methods must be matched to the individual personality and social situation. 3 references.

RESEARCH PUBLICATIONS

CD-00211

Air Force Hospital, Forbes AFB, Kans. Pediatric and Psychiatric Services.
Psychologic Aspects of the Maltreatment Syndrome of Childhood.
Cohen, M. I.; Raphling, D. L.; Green, P. E.
Journal of Pediatrics 69(2):279-284, August 1966.

Case histories of 12 families in a military environment treated at a psychiatric outpatient clinic for behavior involving child abuse were reviewed. A majority of the children were under 3 years of age and a majority of parents were under 25; both sexes were represented among the children with equal frequency. Soft tissue injuries, head injuries, and fractures of various ages were frequently present; one child died. Although the parents did not display overt neurosis or psychosis they could be characterized as immature, egocentric, demanding, and impulsive. Many were embroiled in marital or economic conflicts, while some were themselves the victims of parental abuse or were involved in postpartum despondency or reaction to an unwanted child. Incidents of child abuse were often precipitated by irritating behavior by the abused child. 6 references.

CD-00212

Dept. of the Army, Washington, D.C. Psychiatric Consultant Branch.
Psychiatric Criteria for Compassionate Reassignment in the Army.
Colbach, E. M.
American Journal of Psychiatry 127(4):508-510, October 1970.

Army regulation 614-6 provides for permanently reassigning a serviceman (usually for one year) to a duty station near a relative who, for psychiatric reasons, is in need of his presence. This compassionate reassignment is distinct from the 30-day emergency leave and the hardship discharge and is ordinarily granted only when the serviceman's wife has been hospitalized and the serviceman's presence is needed for legal or medical reasons, or the wife's condition is such that their children are being grossly neglected and will otherwise be made wards of the court. In 1969, 3,000 requests for compassionate reassignment were received, 75 percent from Vietnam, of which 15 percent were granted. This low granting rate exists despite the fact that the request could be granted whenever the serviceman's presence was deemed essential by a military or private psychiatrist even in the absence of the two specific criteria. Reasons for the low rate include skepticism of any request involving Vietnam, skepticism of the validity of suicide threats, a feeling that war requires sacrifices, the conviction that the serviceman's presence may only fixate emotional disturbances, and the belief that private psychiatrists cannot readily decline a patient's request to recommend a reassignment without losing face. 5 references.

CD-00213

Monash Univ., Melbourne (Australia). Dept. of Pediatrics.
Victorian Government's Report on Child Abuse. A Reinvestigation.
Colclough, I. R.
Medical Journal of Australia 2(15):1491-1497, October 7, 1972.

Contrary to findings of an earlier government committee study, the results of a hospital survey reveal that the battered child syndrome is a significant problem in Victoria, Australia. The Committee's incomplete methods of investigating medical records yielded inadequate results. The results of the later hospital survey which covered more hospitals are given, including a summary of 26 case records and determination of an index for suspicion of abuse. Survey recommendations include compulsory child abuse reporting laws, legal immunity for the reporter, a system for protecting the child, a team approach to provide family treatment, and a central register to coordinate records. 8 references.

CD-00214

The Police Role.
Collie, J.
In: Franklin, A. W. (Editor). *Concerning Child Abuse*.
Edinburgh, Scotland, Churchill Livingstone, pp. 123-126, 1975.

In cases of child abuse the police consider it essential that they be informed of suspected cases at an early stage through an accepted and adequately known system of reporting. Only experienced officers trained with an understanding of these cases should be assigned to investigate them. The establishment of recognized and open consultation among all disciplines concerned is urged. The decision as to proceedings must remain with the police at a senior level in cases not dealt with by the Director of Public Prosecutions, but account should be taken of all the attendant circumstances, and police of senior rank should attend at review committees.

CD-00215

Children's Hospital of Pittsburgh, Pa.
On the Dangers of Shaking Young Children.
Collins, C.
Child Welfare 53(3):143-146, March 1974.

Case studies of 27 infants showed that whiplash shaking may produce serious injury or death. Such shaking or jerking has often been used by parents oblivious to its danger as punishment for minor misbehavior, a form of playing with the child, a burping technique, and as a response to a child's coughing or choking. Injuries may also be inflicted by some toys, rough travel, or by the infant's own movements. Overvigorous shaking may produce retinal or intracranial hemorrhaging, subdural hematoma, and blood clots on the brain, as well as bone and joint damage to the limbs. Blood clots on the brain, almost always the

result of outside force, are frequently observed in children younger than 24 months with a peak incidence during the sixth month. Premature infants are most susceptible and the vulnerability of full-term infants varies inversely with age. Male infants are twice as vulnerable as female. Most cases of whiplash injury probably remain undiagnosed and may be a significant source of mental retardation and brain damage. 1 reference.

CD-00216

The Role of the Law Enforcement Agency.

Collins, J. G.

In: Helfer, R. E.; Kempe, C. H. (Editors). *The Battered Child*, Chicago, University of Chicago Press, pp. 179-187, 1974.

A policeman's view of the role of the law enforcement agency in cases of child abuse is presented. It is pointed out that the police and the child welfare agencies are not only the 2 institutions most important in solution of the battered child problem, but they are often in conflict in terms of philosophies, functions, and techniques, and frequently demonstrate little knowledge of each other in these areas. The contention is offered that arrest of an abusing parent serves temporarily to effect a change in environment and thus to protect the child. Frequently prosecution is impossible because of lack of admissible evidence. Sometimes it is necessary to take the victim into protective custody, as, for example, when both parents are involved in the abuse either actively or through tacit approval. It is suggested that reporting should be to the police because of their 24-hour-a-day availability and because people are accustomed to turning to the police for help; they also have legal authority to enter a home on reasonable grounds. Greater mutual understanding of police and social workers is urged.

CD-00217

Columbia Journal of Law and Social Problems.

Representation in Child-Neglect Cases: Are Parents Neglected?

Columbia Journal of Law and Social Problems 4:230-254, 1968.

The procedures and powers of the New York Family Court that give rise to the need for representation of parents in neglect proceedings are examined in light of a study of the court records in the Kings County Family Court which indicate the extent and effect of parents' lack of representation. The present scheme for supplying legal counsel for parents in neglect cases in New York City is seen as totally inadequate, for while parents are informed of their right to counsel, little is done to effect representation. The procedure for obtaining free counsel is obscure and time-consuming. An amendment to the Family Court Act is recommended which would allow a member of the law guardian staff to represent the parent rather than the child at neglect hearings, since the parent is in greater need for counsel than the child. If experience indicates that the child is not adequately represented, or if the Supreme Court

requires representation for the child, then the Legislature should adopt a scheme which provides for complete representation of child, parent, and petitioner. Numerous references.

CD-00218

Columbia Law Review.

Child Neglect: Due Process for the Parent.

Columbia Law Review 70(3):465-485, March 1970.

Implications of the fourteenth amendment on selected substantive and procedural rights currently denied to respondent-parents in neglect proceedings are considered. Fundamental rights require that the law of neglect be kept within appropriate bounds, leaving room for individuals to raise children as they see fit without fear of state interference. The due process clause provides that a parent-respondent in a neglect proceeding be supplied with counsel if indigent, and be permitted to confront and cross-examine witnesses against him. This does not mean that neglect laws and proceedings, along with the compassionate ideal of the juvenile court movement, must be discarded. It means only that parents brought before the juvenile court, as well as their children, will be accorded a fair hearing on issues appropriate to a court of law. A short statistical review of neglect proceedings and a presentation of historical development and constitutional scope are given. Numerous references.

CD-00219

Connecticut Child Abuse Committee, New Haven.

Position Paper on Protection of Children and Child Abuse.

Connecticut State Dept. of Health, 4 pp., December 1, 1974.

In order to effectively implement the Connecticut policy of protecting children in danger of abuse or neglect, a number of changes must be made in the existing mandatory reporting and protective service laws. A separate state agency for child and youth services should be given responsibility for the program and qualified personnel given reasonable compensation and caseloads. Increased communications between state and local agencies should be fostered and 24-hour-a-day emergency service should be provided. The Child Abuse Registry should be modified to permit the removal of names and to establish a toll-free reporting telephone number. In Juvenile Court termination of parental rights proceedings, the lower age limit of the children should be increased to 18; a counsel for the child should be required; and additional parties should be allowed to file in behalf of the child. The law should also allow temporary custody for up to 96 hours without the consent of the parents of children suspected of being abused. Finally educational programs directed at parents, potential parents, and professionals should be established.

CD-00220

Connecticut Child Welfare Association, Inc., Hartford.

The Care Line. (Report.)

Connecticut Child Welfare Association, Inc., Hartford, 41 pp., 1974.

The Care Line was established in October 1973 by the Connecticut Child Welfare Association, Inc., as a statewide 24-hour-a-day, 7-day-a-week information and referral service for callers concerned about child mistreatment. During the first year of operation, the Care line received 2,359 calls concerning 3,099 children. The staff consisted of a psychologist on duty during the day and nonprofessionals with professional backup during the night. Callers requested information (43 percent), referral (47 percent), and help in a crisis (11 percent). A total of 1,012 contacts with outside agencies were made. Friends and relatives of mistreating families were the most frequent callers and parents (usually the mother) called in 15 percent of the cases. Professionals who called were often unaware of their responsibilities under the Connecticut reporting law. Most calls came during the summer and most crisis calls came after office hours. The Care Line offered no direct service, making most of its referrals to protective agencies; about half of the referrals were listed as active cases on follow-up. Children involved in mistreatment were most frequently 2-5 and 5-8 years old. Abusive mothers tended to be single (or relatively unsupported), in their mid-twenties or thirties, with one or more preschool children whom they perceived as overly demanding and frustrating to their own life style. Emotional problems and social isolation were also observed. In cases of sexual abuse, the caller (frequently the mother) was interested in helping the victim but generally refrained from incriminating the perpetrator. Funding of the Care Line came from both public and private sources, and a wide-spread publicity campaign has been in operation.

CD-00221

The Doctor's Dilemma. A Paediatrician's View.

Cooper, C.

In: Franklin, A. W. (Editor). *Concerning Child Abuse*, Edinburgh, Scotland, Churchill Livingstone, pp. 21-29, 1975.

The Newcastle guide to the diagnosis of injuries to children begins with a high index of suspicion and awareness of the mortality and morbidity in child abuse cases. Four areas require complete investigation: physical signs of the child, a full history of the injury, the personality of the parents, and the social circumstances of the family. Bruises, fractures, joint signs, burns and scalds, mouth lesions, eye and brain damage, and visceral damage are all important signs. Poisoning may not be accidental, and repeated injuries, delay in reporting injury, failure to thrive, repeated consultation for trivial symptoms, and incongruous history are also important. The importance of a pediatrician attending children on other specialty services, especially surgery, is emphasized. The necessity of removing a child from the home often supercedes the notion that he should be kept with his parents except as a last resort. Consultation with the police should preferably involve specially trained senior members, and should begin as soon as there is

strong suspicion or certainty. The legal aspects of place of safety orders, care orders, supervision orders, and evidence in court are briefly mentioned. Lawyers will be more helpful when they do not view the matter so much as a game of advocacy which they hope to win.

CD-00222

Martland Hospital Unit, Newark, N.J. Dept. of Pediatrics and Social Work.

Management and Followup of Child Abuse.

Cosgrove, J. G.

Journal of the Medical Society of New Jersey 69(1):27-30, January 1972.

The experience with child abuse at Martland Hospital in Newark, N.J., over a period of 1 year is summarized. Fifteen cases were reported as possible abuse victims. There was no seasonal pattern, and children represented all segments of the population served by the hospital. Three children sustained skull fractures, 6 other fractures (multiple in 4), 2 burns, 1 severe malnutrition, and 13 children sustained soft tissue injuries. Of 9 children placed in foster care, 1 returned to the parents during the study period. During this time there was only 1 case of reabuse. Initial treatment and protection of the child is only the first step in proper management; long-term follow-up is essential. There was little about these children that would have permitted a prediction of risk.

CD-00223

Experts and Child Abuse. (Letter).

Court, D.; Lister, J.; Franklin, A. W.

British Medical Journal 3(5934):801-802, September 28, 1974.

The relative roles of the medical and welfare agencies in Britain for the day-to-day responsibility for children known to be at risk for child abuse is commented upon in 2 letters. The welfare worker has a statutory responsibility for child protection, and it would be an invasion of the worker's function if the doctor tried to perform her duties; it is equally an invasion of the doctor's function if the social worker always makes assessments of health and progress in the confines of the social service department. Because of the inherent difficulties, hospitalization of the child is recommended in suspected cases, even when not required medically, unless a doctor experienced in abuse, deprivation, and battering takes responsibility for leaving the child at home. A health visitor describes her responsibility to at risk children and its discharge through frequent supportive visiting.

CD-00224

The Battered Syndrome. 1. The Need for a Multidisciplinary Approach.

Court, J.

Nursing Times 67(22):659-661, June 3, 1971.

The battered child syndrome is a potentially lethal condition, with mortality estimated at 5-10 percent. Immediate hospitalization is indicated in suspected cases to allow more thorough examination not only of the child, but of the home situation as well. The index of suspicion still remains too low among health professionals. It must be understood that not all parents are capable of mothering. The importance of early multidisciplinary intervention is emphasized. 11 references.

CD-00225

Battering Parents.

Court, J.
Social Work 26(1):20-24, January 1969.

Child-battering parents do not fall into any particular psychiatric category, being variously described as psychopathic, character disordered, psychotic, or emotionally immature. A variety of superficial events can trigger the individual battering episode. The extent to which the infant activates the episode is unresolved. Treatment is aimed at creating a safe environment for the child through helping the parent to understand his or her feelings. An empathetic approach on the part of the worker is essential to successful therapy. 22 references.

CD-00226

Nurture and Nature: the Nurturing Problem.

Court, J.
In: Franklin, A. W. (Editor). *Concerning Child Abuse*.
Edinburgh, Scotland, Churchill Livingstone, pp. 107-112, 1975.

The nurturing of young children is a complex phenomenon dependent in part on the mothering experience and maturity of the parents and their ability to empathize with the infant's needs and respond to his dependency. This in turn is likely to be affected by the degree to which they are emotionally prepared for the parental role and the extent to which the helping professions and the community can respond to the relative isolation and loneliness of the nuclear family. Every attachment between mother and infant is a theme of primary importance in good obstetric practice. The part played by stress and crisis, particularly when there are frequent childbearing and premature births, emphasizes the need for skilled preventive services. The possibility of identifying parents with diminished nurturing capacity is likely to emerge from current studies, which may in time lead to a more general recognition of the problems of emotional deprivation in parents, and the intergenerational implications of such deprivation. This in turn may help in the development of better services for abusive parents and their children.

CD-00227

The Battered Syndrome. 2. A Preventable Disease?

Court, J.; Kerr, A.
Nursing Times 67(23):695-697, June 10, 1971.

The battering of young children is an extreme symptom of parental pathology. Health personnel should be alert to early warning signs and symptoms such as the young mother who makes repeated visits to the physician's office with insignificant and unfounded complaints. Parents usually have a history of deprived mothering, and mothers frequently have been poor attenders at antenatal clinics. A crisis, sometimes trivial in itself, usually precipitates the battering episode. Treatment involves some mothering of the parent, as well as a multidisciplinary approach to the entire situation. In some cases temporary removal of the child from the home will be necessary. Both the hospital nurse and the health visitor can play important roles in helping the mother form a more realistic relationship with her child. 7 references.

CD-00228

The Battered Child Syndrome.

Court, J.; Robinson, W.
Midwives Chronicle and Nursing Notes 83(990):212-216, July 1970.

Psychosocial characteristics of parents in child abuse situations include loneliness, isolation, fear of social relationships, lack of roots in the community, and suffering from parental rejection. Midwives are frequently in a position to note these characteristics and to help abusive mothers to develop normal relationships with their babies by demonstrating a loving relationship with the mother. This relationship may strengthen the mother's confidence and feeling of worth, and give her a better attitude toward her baby. 13 references.

CD-00229

Physicians Must Cooperate in Child Abuse Cases.

Courter, E. M.
Michigan Medicine 72(15):361-362, May 1973.

The 16,000 abuse and neglect reports in 1972 are believed to represent only a small percentage of such cases. Michigan physicians are urged to assist in the identification of child abuse cases. The Michigan law not only requires reporting, but it also provides immunity from criminal liability. The law specifies that injuries in children under 17 which may have been inflicted by another person are reportable; in the case of hospital personnel, the physician should notify his supervisor who initiates reporting.

CD-00230

Office Treatment of Childhood Hip Conditions. Part 1.

Cozen, L.
Medical Times 99(11):150-152, 154, 156, 163, 166, November 1971.

A general discussion of childhood hip conditions and their treatment includes hip injuries of the battered baby syndrome. The child may present with pain in the hip region, will have a limited range of motion of the hip joint, and, if walking, will display a limp. Ecchymoses may be present

over the area. Radiologically metaphyseal fractures in the hip area will be present in the region of the epiphysis of the femoral neck. Treatment is as for any other cause for fracture. There may be other injuries throughout the body.

CD-00231

Royal Victoria Infirmary, Newcastle upon Tyne (England). Dept. of Neurology.

Head Injuries in Children.

Craft, A. W.; Shaw, D. A.; Cartledge, N.E.F.
British Medical Journal 4:200-203, October 28, 1972.

Two-hundred children (131 boys, 69 girls, mean age 5.7 years) with head injury admitted consecutively to pediatric wards in the two main hospitals in Newcastle upon Tyne have been studied. Eight children required neurosurgical operation. There were 2 deaths. Details of the cause and consequences of the accidents have been analyzed and an attempt has been made to identify psychological or physical factors that may predispose to injury. Thirty-three percent of the injuries resulted from road accidents, 27.5 percent from home accidents, and 4 percent from deliberate abuse. The last category included 1 death and 1 subdural hematoma. There was a slightly higher proportion of children with neurotic and antisocial personality factors among the head injuries than in a control group, and there were more left-handed children than would be expected in the general population. The results suggest that the modern "high-rise" bicycle may carry a special risk of head injury, and that despite the fact that the average child required hospitalization of less than 48 hours large numbers of head injured children should be admitted for observation as a precautionary measure. 12 references.

CD-00232

Red Cross Children's Hospital, Cape (South Africa). Dept. of Pediatric Radiology.

Battered Baby Syndrome. (Letter).

Cremin, B. J.
South African Medical Journal 44(36):1044, September 1970.

A discussion covers the important role played by the radiologist in diagnosing victims of child abuse. Multiple fractures differing in age of occurrence, pulled peripheral epiphyses, rib fractures, and abdominal trauma are suspicious conditions identified through x-rays by the radiologist. Recognition of the possibility of accidental trauma as opposed to intentional battering is important; however, the radiologist should advise the clinician when injuries are suspected results of abuse. 5 references.

CD-00233

Why Do They Beat Their Child? (Commentary).

Criswell, H. D., Jr.
Human Needs 1(9):5-7, March 1973.

A review describes child abusers and discusses rehabilitation of abusers and possible prevention of abuse. Abusers come

from all levels of socioeconomic background. They are frequently passive, impulsive, and expect too much from their children. It is estimated that 80 percent of children can safely return to their homes after counseling of the parents. The role of the Denver Center for the Study of the Abused and Neglected Child as a training and treatment facility is described. Counseling sessions may be daily at first, then weekly, and, as parents respond, taper off to monthly or bimonthly. A punitive attitude toward the parent must be avoided. In most states treatment is voluntary, but in Maryland, for example, the parent must submit to treatment or lose the child. Most states have laws which require physicians to report suspected cases of child abuse, and in California the state was awarded \$600,000 recently in a case against 4 physicians who failed to report. The role of obstetricians in possibly predicting potential abusers is discussed.

CD-00234

The Battered Child Syndrome. Responsibilities of the Pathologist.

Curphey, T. J.; Kade, H.; Noguchi, T. T.; Moore, S. M.
California Medicine 102(1):102-104, January 1965.

In cases of suspected battered child syndrome, pathologists must perform complete autopsies, including external examinations, x-rays, and dissection and microscopic study of osseous lesions. Complete documentation of all findings must be made and the medical history reviewed. Areas not prone to local swelling should be checked by examining the subcutaneous fat layer for repeated tearing. Four case histories provide illustration of evidence essential to detection. 2 references.

CD-00235

Harvard School of Public Health, Boston, Mass.

The Revolution in American Criminal Law: Its Significance for Psychiatric Diagnosis and Treatment.

Curran, W. J.
Journal of Public Health 58(7):2209-2216, July 1968.

Revolutionary judicial decisions of the 1960s have altered the interaction between the psychiatrist and the law in criminal cases. In juvenile court procedure, the Supreme Court seems to have retreated from a purely therapeutic philosophy and reintroduced some of the adversary and due process aspects of a judicial proceeding. Expansion of the right to counsel and freedom from self incrimination mean that the psychiatrist will find criminal defendants less accessible for examination. More and more, the psychiatrist will find that his decisions must be reviewed and justified. In the Baxstrom case the court decided that a criminal mental patient could not be kept in correctional detention beyond the duration of his criminal sentence but must be transferred to civil detention when the sentence expired. This has meant that psychiatrists (in civil facilities) have had to deal with an influx of dangerous (although far less dangerous than anticipated) patients. Another Supreme Court decision had declared it unconstitutional to make the status of being a drug addict a crime. New state laws have

redefined the criteria for criminal insanity and broadened the basis for allowing abortion and contraception. The unanimous adoption by the states of mandatory child abuse reporting laws should indicate to psychiatrists that lawmakers are willing to legislate against previously untouched forms of violence. 30 references.

CD-00236

Currents in Public Health. Columbus, Ohio. Ross Laboratories.

Protecting Children From Abuse and Neglect: Phase II.
Currents in Public Health 7(10):1-4, November-December 1967.

A brief review of child abuse discusses the lack of adequate reporting by physicians, their moral responsibility to report, and the need for further education of physicians regarding child abuse and legal and community procedures for handling cases. After a case of abuse is discovered, protective services for the abused child must be provided. These include community programs such as 24-hour service and central registries. The goal of protective services is neither to remove children from their homes nor to keep them there, but rather to protect them while assisting parents in developing and testing out their parental abilities. When the parents cannot fulfill even minimal responsibilities of parenthood, then society must be willing to terminate the parental rights. Prevention can be accomplished primarily through breaking the chain of child abuse from generation to generation, by family planning, and by increased case identification. The need for research in this area is obvious. 21 references.

CD-00237

Groote Schuur Hospital, Capetown (South Africa). Dept. of Psychiatry.

A Psychiatric Assessment of the Battered Child Syndrome.
Currie, J.R.B.
South African Medical Journal 44:635-639, 1970.

A survey of psychiatric aspects of the battered child syndrome includes formulation of a psychodynamic theory of the syndrome and suggestions for treatment. Abusive parents should not be considered social deviants. Their violence motivation may be an unconscious anxiety from the threat of annihilation by a persecutory object. This paranoia may be caused by an excess of bad experiences from the parent's own childhood. Abusive parents may project their shortcomings to the child, using him as a scapegoat for their unconscious sense of self-loathing. A mother's attainment of motherhood may revive her childhood feelings of despair. She may then try to rid herself of the infant symbolizing these feelings. All abusive parents show inadequate control of hostile impulses. Multidisciplinary coordination in treatment of cases and long-term followup stressing psychiatric rehabilitation of the children and parents are suggested. Two case histories are given. 24 references.

CD-00238

Eastern Pennsylvania Psychiatric Inst., Philadelphia.

Violence Breeds Violence--Perhaps?

Curtis, G. C.

In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*, Morristown, N.J., General Learning Corp., pp. 74-75, 1974.

The psychological effects of child abuse on the victim have important social implications beyond the victim. Both empirical and theoretical evidence exists to support the notion that children so treated, if they survive, become future perpetrators of violent crime including murder. A study of 6 first-degree murderers indicated that 4 of them had suffered parental brutality as children. Other studies of persons exhibiting violent and murderous behavior have revealed similar findings. It is suggested that psychiatrists could make invaluable contributions to progress in this problem. 5 references.

CD-00239

Strains and Stresses in Protective Services.

D'Agostino, P.

In: Ebeling, N. B., Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*, Acton, Mass., Publishing Sciences Group, Inc., pp. 41-45, 1975.

Workers in child protective agencies are subject to many strains and stresses. Many of these stem from the relationships with the families served and with the agencies with which the worker works. The quality of the initial contact with the family will often set the tone of the relationship, and this calls for constructive and supportive interagency communication. Extended family members often feel threatened and attempt to sabotage the relationship as gains are made. Other problems of the family contribute to the relationship, as do other problems of the worker. Greater interagency cooperation, and mutual trust and respect are essential. The team approach to decision making is more efficient than agencies acting on their own.

CD-00240

Massachusetts State Dept. of Public Welfare, Boston.

Battered Child Unit.

Dysfunctioning Families and Child Abuse: The Need for an Interagency Effort.

D'Agostino, P. A.

Public Welfare 30(4):14-17, Fall 1972.

Boston has taken two steps to facilitate the interagency and agency-public communication needed to combat the problem of child abuse. First, the Department of Public Welfare, to which all cases of suspected child abuse must be reported, has established a Division of Family and Child Services to handle this responsibility. The experience of this division has shown the need to deal promptly, but respectfully, with those families, who while earnestly desiring to raise children, lack the proper parental skills to do so. In response, the Division, in conjunction with two private agencies, the Junior League of Boston, Inc., and

Parent's and Children's Services, has founded centers providing group therapy for referred mothers and day care for their infants. Particular attention has been given to Aid to Families with Dependent Children (AFDC) mothers. A second program is Children's Advocates, Inc., a private nonprofit corporation composed of public and private agencies in Boston. This organization has worked to standardize the administrative procedures and aims of the various agencies; facilitate communication; gather epidemiological data; followup and cross reference cases of child abuse; train volunteers; establish a hotline, registry, day care center, and a psychiatric consultation service; and accumulate and disseminate educational materials.

CD-00241

Due, Whiteford, Taylor and Preston, Baltimore, Md.

Willful Child Abuse and State Reporting Statutes.

Daly, B.

University of Miami Law Review 23(2-3):283-346, Winter-Spring 1969.

After a general review of the child abuse problem, including characteristics of the battered child and the abuser plus approaches toward solving the family problem, the legal aspects of the phenomenon are considered, in particular facets of the Florida reporting statute. A number of recommendations are proposed for improving reporting status: (1) the class of persons required to report should include teachers, nurses, and social workers; (2) guessing the identity of the perpetrator should be avoided; (3) guessing whether injuries were intentionally or accidentally inflicted should be avoided; (4) the authority designated to receive the report should be located in the county in which the child resides; (5) central registries should be maintained at both county and state levels by agencies operating 24 hours a day; (6) both oral and written reports should be required; (7) guidelines for inter-agency cooperation should be stated; (8) immunity should be provided for physicians and institutions; (9) minor injuries should be reportable; (10) funds should be appropriated for implementation; (11) children should be protected; (12) family courts should be established to replace juvenile courts for handling these cases; and (13) in custody hearings the state should have the burden of proving unfitness the first time, but in subsequent hearings arising out of additional injuries, the parents should have the burden of proving their fitness. A model statute is proposed. Numerous references.

CD-00242

Albert Einstein College of Medicine, Bronx, N.Y. Dept. of Surgery.

Pancreatic Pseudocysts in Childhood.

Dargan, E. L.

Journal of the National Medical Association 58(3):179-181, May 1966.

Although rare, pancreatic pseudocysts should be considered in the differential diagnosis of abdominal masses in children with a history of trauma and may be of significance in

battered children. A case of pancreatic pseudocyst not involving child battering is presented. The treatment consists of surgical decompression, preferably with internal drainage. 13 references.

CD-00243

South Dakota State Dept. of Public Welfare, Pierre. Div. of Child Welfare.

When the Agency Must Intervene.

Davies, J.

Public Welfare 23(2):102-105, April 1965.

A discussion of the social worker's role in cases of child neglect focuses on the diagnosis of neglect by the case-worker, and the professional responsibility he has to the child, the parents, himself, his agency, and his community. Usually neglect is detected first by a complaint, and an evaluation of the complaint must be made before intervention is indicated. The worker must proceed with a noncoercive, personally felt authority. The social worker must be convinced that a child is suffering before he enters the home. A sympathetic and understanding attitude on the part of the worker is certainly to be desired from the child's point of view. 5 references.

CD-00244

Case Western Reserve Univ., Cleveland, Ohio. School of Applied Social Sciences.

Battered, but Not Defeated: The Story of an Abused Child and Positive Casework.

Davies, J. F.; Jorgensen, J. D.

Child Welfare 49(2):101-104, February 1970.

Martin, a 4-year-old, had experienced beatings, isolation in a subzero garage, and exposure to the destructive rampages of a paranoid guardian before he was placed with a foster family by the state social agency. Since Martin lived in a rural state with few specialized child welfare services, statewide coordination and communication at every level was necessary to locate the best service available to meet Martin's specific needs. Placement in a foster home was chosen on the theory that contact with rational, consistent, and giving people would allow Martin to unlearn the bizarre behavior patterns he had developed, break his pathological symbiotic relationship with his mother, and attain the vital balance necessary to normal development. Such an approach was judged superior to psychiatric treatment in that it taught Martin that the inadequacy was in his previous guardians and not in himself. Martin appeared to have improved markedly by the time he was put up for final adoption 15 months after placement in the foster home. 3 references.

CD-00245

A Health Visitor's Viewpoint.

Davies, J. M.

In: Franklin, A. W. (Editor). *Concerning Child Abuse*, Edinburgh, Scotland, Churchill Livingstone, pp. 78-81, 1975.

The health visitor, because of her frequent and regular contact with families with young children, is in a unique position to detect early signs of injury. She should not try to manage a suspected situation alone, but rather should call on the members of a liaison committee of representatives of various pertinent disciplines. Greater use could be made of the health visitor. Recommendations for future management and prevention in cases of suspected battering are presented.

CD-00246

The Role of the Social Worker.

Davoren, E.

In: Helfer, R. E., Kempe, C. H. (Editors). *The Battered Child*. Chicago, University of Chicago Press, pp. 135-150, 1974.

A review discusses the role of the social worker working with battering parents, drawing on experiences from a project which involved intensive patient observation and therapy. Abusive parents are like any cross section of the population in terms of education, intelligence, economic situation, and religious background. They have in common an inability to see their children as immature humans without capacity for adult perception and behavior patterns; they treat their children as they were treated. In dealing with these parents the worker must learn to recognize and overcome resistance to help in such forms as flight or avoidance or superficial submission to the workers presence. Few, if any, managerial tendencies should be manifest in the worker. He should be willing to put himself out for patients, but should not go around sacrificing himself much to everyone's discomfort. He should have a reasonable number of sources of satisfaction in his life apart from his job so that he will not be looking to the patients to provide these gratifications. And he should have a strong working knowledge of child behavior that can be shared with abusive parents at appropriate times. Workers should be good listeners and observers, and not need to draw strength for themselves by feeling superior to the people with whom they work. The advantages of having 2 therapists (a case worker and a psychiatrist) available to each patient are discussed. When adoption is contemplated, it is imperative to avoid another abusive situation. 17 references.

CD-00247

The Battered Child in California: A Survey.

Davoren, E.

San Francisco Consortium, Calif., 17 pp., March 1973.

A survey report discusses information gathered from a questionnaire sent to all California county welfare and probation departments and hospitals reporting more than 1,000 births per year and from telephone interviews of key people interested in child abuse. Responses indicated that many people were unaware of the child abuse problem and many of the people who were aware were reluctant to confront cases because of cultural traditions accepting

corporal punishment, ignorance of reporting procedures, and/or fear of involvement. The consensus on what needs to be done about the problem of child abuse included: (1) better public information and support; (2) education and training programs; (3) more awareness of the physicians role; (4) changes in legal emphasis and the court role; (5) nonpunitive help for parents; (6) family services; (7) and a central registry. Current programs and projects in California are listed and briefly described.

CD-00248

Royal Children's Hospital, Parkville (Australia). Medical Social Work Dept.

Maltreated Children at Home and Overseas.

Dawe, K. E.

Australian Paediatric Journal 9(4):177-184, August 1973.

In a series of 261 cases of suspected child maltreatment seen over a 6-year period at the Royal Children's Hospital in Melbourne, 63% were boys. Injuries ranged from a few bruises to severe bone fractures, bites, and internal injuries; there were 16 deaths. Some of the danger signals for diagnosis include facial bruising, retinal hemorrhages, failure to thrive, and repeated visits to the doctor. The difference between the child with a minor injury and one who dies as a result of serious injury is not necessarily related to the intention of the parent, as there is a large element of chance in determining the extent of injury. Battering parents are often immature, frequently have a history of battering in their own childhood, have poor self images, and hold unrealistic expectations for the child. The 4 factors of the abusive pattern include the potentially abusing parent, the different child, the precipitating crisis, and the absence of a life-line for the parent. Prediction of the potential for abuse in the parent may become possible through observations at the obstetric clinic, during labor and delivery, and in the immediate post partum period. The importance of hospitalization of the child suspected of having been abused during the investigative period is stressed. A variety of means is available for helping the parent: social welfare agencies, parent aides to provide warm mothering for the abusing parent, and such organizations as Parents Anonymous. Long-term follow-up is an important aspect of treatment, particularly in terms of preventing the development of abusing parents among abused children. 12 references.

CD-00249

American Humane Association, Denver, Colo. Children's Div.

Termination of Parental Rights. Balancing the Equities.

De Francis, V.

Denver, Colo., American Humane Association, 20 pp., 1971.

Justification for an order terminating the rights of parents must be found in the existence of conditions which have produced serious, substantial, and continuous damage to the health and welfare of the child. Additionally it must be

demonstrated that termination will be in the best interest of the child. Severance of parental rights, frequently irreversible, is a serious act which affects not only the rights of parents but those of children as well. But unless ties are severed in appropriate cases, the children will be doomed to a series of temporary placements, without roots, family, and hope, and frequently separated from siblings. It is suggested that in a large number of cases the community has a responsibility to strengthen parents' ability and resolve in living up to their obligations to their children.

CD-00250

Child Abuse. The Legislative Response.

De Francis, V.

Denver Law Journal 44:3-41, 1967.

The reporting laws in cases of child abuse are tools for discovering and identifying abused children. A full complement of services to treat the problem, protect the child, and preserve the family must evolve if the problem is to be solved. The area of child protective services, essential to the investigation, diagnosis, and treatment of the abused child and his family, demands immediate attention. Lack of adequate child protective services may be attributed to the absence of a legal base, a permissive rather than mandatory legal base, or insufficient funds to implement the program where the base exists. By 1967 only 10 states had required this service by law. In the 1962 amendments to the Social Security Act, Congress required that child protective services be a part of all public child welfare programs, but it failed to appropriate the necessary funds for implementation. With or without federal assistance, the states and communities must promote creation and expansion of child protective services. 50 references.

CD-00251

American Humane Association, Denver, Colo. Children's Div.

The Status of Child Protective Services. A National Dilemma.

De Francis, V.

In: Kempe, C. H., Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Company, pp. 172-145, 1972.

A survey of the status and availability of child protective services in the 50 states revealed that the program was grossly underdeveloped. No state or community was considered to have a program adequate in size to meet the needs of all reported cases of abuse and neglect. Mature, experienced personnel should be recruited and caseloads should be reduced to allow optimum application of the worker's skills. Greater cooperation from other agencies, the courts, and schools has been suggested in many areas. Permissive reporting laws should be changed to mandatory laws, and departments of welfare should be designated as the recipients of such reports. Reporting, however, is just the first step, and it is meaningless unless there are adequate protective social services in the community. 3 references.

CD-00252

American Humane Association, Denver, Colo. Children's Div.

Protecting the Child Victim of Sex Crimes Committed by Adults.

De Francis, V.

Federal Probation 35(3):15-20, September 1971.

A review was conducted of more than 9,000 cases of sex crimes against children reported in New York City over a 3 year period. Rape, carnal abuse, sodomy, impairing the morals of a minor, and incest were the most commonly observed offenses. In 60 percent of the cases, the crime comprised a single instance of abuse; in the other 40 percent, the offender was frequently a family member, thus permitting the repeated contact. Of the offenders, 75 percent were either members of the victim's household, or relatives, neighbors, or friends of the victim. Virtually all offenders were male and their median age was 31. Most were immature, grossly disturbed individuals. Among the victims, whose average age was 11, girls outnumbered boys 10:1. Approximately one-third of the victims participated in the sexual act in some sense of the word, but 60 percent of the cases involved physical coercion, 15 percent involved bribery, and 25 percent involved the exploitation of a previous close relationship. In some cases involving emotionally deprived victims, seductive behavior occurred. It is apparent that reported cases represent only a fraction of those actually occurring, and even among those that are reported, the report was often delayed until the offender antagonized the reporter, particularly when both were members of the same family. In incest, family members frequently knew of the offense but kept silent. Pre-existing family problems were found associated with most of the cases. Prior psychosocial disturbances were observed in 41 percent of the victim's parents and in 25 percent of the victims. Fifty percent of the households contained illegitimate children and one-third of the households were involved in prior sexual incidents. Evidence of neglect appeared in 79 percent of the households and abuse in 11 percent; in 72 percent of the cases, parental action contributed either directly or indirectly to the offense. Despite the magnitude of this problem, society has done very little to intervene on behalf of the child vulnerable to sexual abuse, especially when one considers that 50 percent of the affected households had prior contact with welfare authorities. Instead, the victims are often further traumatized by exposure to nightmarish police interrogation and judicial proceedings and the continuing trauma of parental recrimination or abandonment.

CD-00253

American Humane Association, Denver, Colo. Children's Div.

Protecting the Child Victim of Sex Crimes.

De Francis, V.

Denver, Colo., American Humane Association, 13 pp., 1965.

The child victims of sex crimes perpetrated by adults are also victims of neglect by the community. The community

should protect the child from the consequences of the crime and should attempt to minimize the emotional impact of the crime and of the legal process used against the offender. While the general incidence of such crimes is not known, the annual rate in New York County is something over 1,000 cases per year. Children are often required to recount the incident several times to different people during the investigation, and then are subject to further trauma in the courtroom. Research is needed to document the need for a reaching-out protective service program for child victims of sex crimes, to demonstrate the consequences of failure to diagnose and treat the emotional problems of these children, and to demonstrate a need for modification of laws dealing with sex offenders and the procedures used to prosecute them. 6 references.

CD-00254

American Humane Association, Denver, Colo. Children's Div.
Child Protection--A Comprehensive, Coordinated Process. De Francis, V.
In: 4th National Symposium on Child Abuse. American Humane Association, Charleston, S.C., October 23, 1973. Denver, Colo., American Humane Association, pp. 5-14, 1975.

In this overview of the general phenomenon of child abuse and neglect, special emphasis is placed on interdisciplinary roles and relationships. Primary prevention is of special importance, and may be achieved through education of young people about family structure and operation, and through better case finding before abuse or neglect takes place. A series of historical models for handling identified cases is reviewed, beginning with the Child Protective Service of 1875, the medical model of the early 1960s, and the truly interdisciplinary model of recent years, the latter coming closest to the ideal model. There still exists a need for improved reporting of cases and for the availability of 24-hour services.

CD-00255

American Humane Association, Denver, Colo. Children's Div.
Marshalling Community Services on Behalf of the Abused Child. De Francis, V.; Ireland, W. H.; Oliphant, W.
Denver, Colo., American Humane Association, 30 pp., 1966.

Laws for reporting represent only the first step toward controlling the problem of child abuse. A network of community services encompassing a range of human needs is required for optimum protection of children. The Illinois child abuse program is described as representative of a state-administered child welfare program, and the corresponding situation in New York State is discussed as an example of a state with locally administered services. 5 references.

CD-00256

American Humane Association, Denver, Colo. Children's Div.
Child Abuse Legislation in the 1970's. De Francis, V.; Lucht, C. L.
Denver, Colo., American Humane Association, 200 pp., 1974.

A study provides a comprehensive summary and analysis of the laws of the 50 states, the District of Columbia, Guam, and Puerto Rico relating to child abuse. Each law is summarized individually regarding citation, purpose clause, reportable conditions, definition of abuse, age, nature of report, who reports, how reporting is to be done, to whom the report is made, the mandate, immunity, waivers, penalty, provision for a central registry, and special clauses. In a series of tables the laws are compared regarding important aspects. Analysis indicates that the base of those required to report has been broadened and that the concept of abuse as defined has been enlarged. As of 1973 all states made reporting mandatory. There is a slowly growing trend through recent amendments to designate welfare agencies as the recipients of reports. There is also an increase in the number of states requiring central registries (33 in 1973); registries are maintained by administrative policy in 13 additional jurisdictions. Some of the shortcomings of the laws are the exclusion of cases involving spiritual healing, requirements for written (in addition to the oral) report, too many receivers of reports, and dual legislation for physicians and for other persons in 2 states. The Michigan law curiously requires examination by a physician before a report can be made by a non-physician.

CD-00257

American Humane Association, Denver, Colo. Children's Div.
The Status of Child Protection. A National Dilemma. De Francis, V.; Oviatt, B.
Denver, Colo., American Humane Association, 28 pp., 1971.

A report on the status of child protection describes the inadequacies of child protective services in every state and community, and asserts that much of what is available renders only "lip service" to the concept of child protection. A survey revealed that two-thirds of the states expressed an urgent need for more adequate financing of the service, and almost every state indicated a need for more and better-trained staff. The inconsistencies in the state reporting laws are lamented, as are the permissiveness of 6 of them and religious exclusions in 7. The reporting laws constitute merely a first step. The states have failed to recognize child neglect as a major social problem. An attempt is made to define what constitutes adequate child protection service. Seven propositions are advanced: (1) commitment of every state to a public policy to insure availability of services; (2) designation of the state public welfare agency with the authority to develop and administer protective services; (3) definition of the relationship between law enforcement and protective agencies; (4) a strong leadership role by professionals; (5) increased private

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and public funding; (6) modifications of current practices of personnel in terms of the impact on clients' lives; and (7) controlled research in service methodology. 36 references.

CD-00258

Foster Family Care for Disturbed Children. A Nonsentimental View. De Fries, Z.; Jenkins, S.; Williams, E. C.
In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, MacMillan Company, pp. 193-209, 1970.

Routine foster home care was compared with a special program involving weekly psychotherapeutic sessions, remedial help, and biweekly visits by the caseworker in 2 groups of 27 disturbed foster children each, matched for age, sex, IQ, ethnic background, and diagnosis. Testing and psychiatric evaluation were conducted before and after treatment in the 2 groups. During the course of the study 17 of the children (11 experimental and 6 control) were institutionalized because of acute disturbances. Provision of total services in the experimental group did not produce significant results while a child was in an inappropriate home setting, but institutionalized children fared better. It is recommended that foster home care is contraindicated for disturbed children because in many cases it emphasizes rather than minimizes a feeling of difference; their yearnings for genuine relationships remain unfulfilled.

CD-00259

Berkeley Planning Associates, Calif.
Preliminary Quality Assessment Design Evaluation, National Demonstration Program in Child Abuse and Neglect. DeGraaf, B. J.; Ridge, S. S.
Berkeley Planning Associates, Calif., 51 pp., June 1975.

Development of quality assessment procedures for evaluation of case management and performance of treatment services of the 11 projects of the National Demonstration Program in Child Abuse and Neglect is described. Four project visits will be made in July to gather data for refining the quality assessment design. Chapter topics include (1) the rationale for selection of the 4 sites to be visited; (2) the roles of experts and Berkeley Planning Associates staff in design of the quality assessment component; (3) criteria for case management assessment; (4) sampling procedures; (5) steps in the development of performance of treatment services; (6) specific logistics of the site visits; and (7) types of analyses to be performed on data gathered from the visits.

CD-00260

Adams County District Court, Brighton, Colo. Div. D.
The Legal Process--A Positive Force in the Interest of Children. Delaney, J. J.
In: 4th National Symposium on Child Abuse. American Humane Association, Charleston, S.C., October 23, 1973. Denver, Colo., American Humane Association, pp. 62-69, 1975.

In a wide ranging discussion of the legal process, as it applies to cases of child abuse and neglect, the role of the law in child protection is stressed. The legal process is also available to protect the social and medical workers from various kinds of suits which might arise from child abuse cases. The importance of the social worker becoming familiar with legal jargon is growing as more cases come to court. Involvement with the court often has the effect of speeding action on the part of parents, and court action can take the form of some informal adjustment without a trial or confrontation. It is suggested that too often cases do not come to court attention because it is felt that sufficient evidence is lacking. It is also suggested that judges are a great potential power for achieving such needed improvements as legislative change, and that they can be of great help to the child protective services.

CD-00261

The Battered Child and the Law. Delaney, J. J.
In: Kempe, C. H., Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Company, pp. 187-207, 1972.

The criminal and civil statutes concerning child abuse are, by themselves, inadequate child protective measures. Community involvement and the provision of services are essential to effective treatment. Nonetheless, a judge, as a respected community member, may serve as a catalyst to bring together the various therapists and agencies necessary to treat cases of child abuse. It is suggested that the facilities needed to combat the problems are already present in the community: (1) the means to educate the public; (2) the various specialists, including social workers, police, and medical and behavioral specialists; (3) a children's home or its equivalent; (4) judicial and legal services; and (5) the financial support, although it is questioned whether additional funding is necessary or whether a shifted emphasis and more efficient spending of funds will be sufficient.

CD-00262

Georgia Univ., Athens. Regional Inst. of Social Welfare Research.
An Annotated Bibliography of Early Warning Signals of Child Abuse and Neglect. DeLay, D. R.
Georgia Univ., Athens. Regional Inst. of Social Welfare Research, 39 pp., November 27, 1973.

One hundred and five publications and their descriptions are listed under the major categories of child abuse and neglect. Each category is divided into sections concerned with a parent or parent substitute profile, child profile, parent and child profile, or a family profile. Each category is further subdivided into psychological, sociological, sociopsychological, sociocultural, medical, and legal orientations.

CD-00263

The Medical Center Child Abuse Consultation Team.
Delnero, H.; Hopkins, J.; Drews, K.
In: Kempe, C. H., Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Company, pp. 161-176, 1972.

The pediatrician, social worker, and coordinator, who comprise the child abuse consultation team within a given hospital, can work together with the hospital staff to implement the beginning of a smooth-flowing therapeutic program for the family and a meaningful educational experience for those in training within the hospital. The need for close cooperation with the community child protective service is stressed.

CD-00264

Pennsylvania Society to Protect Children From Cruelty, Philadelphia. Children's Protective Service.
Protective Casework for Abused Children.
Delsordo, J. D.
In: Leavitt, J. (Editor). *The Battered Child. Selected Readings*, Morristown, N.J., General Learning Corporation, pp. 46-51, 1974.

Five types of physical abuse of children are defined and used to classify 80 patients by category. Abuse by mentally ill parents accounted for 4 patients. Thirteen were categorized as overflow abuse, in which characteristically there is illegitimacy, paramour relationships, misuse of incomes, repeated evictions, excessive use of alcohol, and deplorable housing and housekeeping; abuse results from an overflow of parental frustration, irresponsibility, and lack of belief in anything. There were 8 cases of battered child syndrome. In 12 cases disciplinary abuse was diagnosed. These children were mostly adolescents who failed to comply with the expectation of a rigid, unfeeling parent or committed some forbidden act. Included in this category were all 5 cases in which the abusing adult was a parent substitute. Of the 80 cases studied, 43 fell into the misplaced abuse category, in which a parent's conflict is projected onto the child. Predisposing factors here include premarital conception, illegitimacy, brain damage, a child whose mothering process is interrupted by birth of a sibling, a child who has become a pawn in a parental conflict, and a child precipitously returned to the family after a badly managed separation. A multidisciplinary study of abused children is required. 1 reference.

CD-00265

Our Forebears Made Childhood a Nightmare.
DeMause, L.
Psychology Today 8(11):85-88, April 1975.

A review covers types of child abuse throughout recorded history. Infanticide was widely practiced by every known culture except for the early Christians. Even 19th-century East European baptisms in icy cold waters not infrequently resulted in infant death. Children have been used sexually

until the beginning of modern times, and countless numbers of good mothers and schoolmasters have inflicted immeasurable punishments in the name of discipline. Six evolutionary modes are described: (1) infanticidal (anti-quity); (2) abandonment (medieval); (3) ambivalent (renaissance); (4) intrusive (18th century), during which the child was no longer deemed dangerous and discipline was as much by imparting guilt as by beating; (5) socializing (19th century through the present), in which the child is considered as someone who needs continuous training and guidance; and (6) helping (just beginning), in which the child is considered to know better than the parents what its needs are and both parents are fully involved in the child's daily life as they help it with its expanding needs. It is important to realize that functional equivalents of earlier modes are still around today: children are sent off to nurseries, teachers, and camps; babies' movements are still restricted by intrusive parents; and parents continue to abandon emotionally, betray, manipulate, and hurt their children both overtly and covertly.

CD-00266

New York State Dept. of Probation, New York. Family Court.
The Good of the Child Versus the Rights of the Parent: The Supreme Court Upholds the Welfare Home-Visit.
Dembitz, N.
Political Science Quarterly 86(3):389-405, September 1971.

The U.S. Supreme Court's review and reversal of the New York court decision upholding a welfare mother's right to continue receiving welfare payments while refusing home visits by welfare workers is discussed. The welfare mother (Mrs. James) held that home visits were a violation of the Fourth Amendment guarantee against unreasonable searches. The Supreme Court majority opinion held that the visits were a security for the rights of the children involved and that visits made during working hours can not be viewed as unreasonable. The dissenting view was based on a recent popular view that because of present societal conditions, welfare payments are necessary to equalize social status, thus, welfare home visits are not legally necessary any more than home visits to nonwelfare recipients. Also, it was felt that removal of the child because of information gained from home visits constitutes a civil forfeiture by the parent. At present mandatory home visits have not shown many results in New York City. A new emphasis is imposed by the Work Incentive Training Act (WIN) which requires welfare recipients to seek work and train for work. This national measure is seen as beneficial for both the mother and the child and because day care becomes necessary, the problem of home visits to determine the welfare of the child is alleviated. 39 references.

CD-00267

New York State Dept. of Probation, New York. Family Court.
Welfare Home Visits: Child Versus Parent.
Dembitz, N.
American Bar Association Journal 57:871-874, September 1971.

The question of the need to visit welfare mothers' homes is discussed in terms of the recent decision of the United States Supreme Court regarding the home visit legality in the case of a New York woman. The high court upheld the state's right to home visits, and for the first time an issue of contradiction between the child's rights and the mother's rights was presented. In his dissent Justice Marshall questioned whether there was any more reason to visit homes of welfare mothers than any other class of parents for purposes of giving social work guidance and instituting a neglect proceeding if serious deficiencies in home care were not remedied. Justice Blackmun's majority assertion stated that the welfare mother is not forced or compelled to consent to the welfare worker's entry into her home, although a refusal jeopardizes her receipt of welfare payments. Justice Marshall asserted that a search warrant is constitutionally required. The separate rights of the child were ignored by the lower court as well as by the dissenters on the Supreme Court. The view has been advanced that welfare should be given with no strings attached. 6 references.

CD-00268

Odyssey House, New York, N.Y.
Drug-Addicted Parents and Child Abuse.
Densen-Gerber, J.; Rohrs, C. C.
Odyssey House, New York, N.Y., 16 pp., 1975.

The medical treatment available to newborn infants born to addicted mothers is seen as nothing short of scandalous and inhumane, at best fragmented and insufficient. Data indicated that in Newark, N.J. there may be up to 40,000 children (almost 10 percent of the population of the city) living in unsupervised addict homes. It has been determined that addicted parents do not alter their lifestyle to accommodate the new child; they fail to make responsible decisions regarding the child; and they are incapable of acting in the best interests of their child. Mental health professionals are called on to provide meaningful intervention and treatment for these children. If the mothers cannot be taught effective mothering, the children should be taken from them. The notion that as long as the mother is undergoing treatment the child can be assumed to be safe has been shown to be incorrect. It is suggested that addiction should be taken as a prima facie basis for unfitness as a parent. 13 references.

CD-00269

The Role of the Family Doctor in the Social Problem of Child Abuse.
Deweese, P. E.
North Carolina Medical Journal 27:385-388, December 1966.

The 1965 North Carolina child abuse law specifies that physicians and health, school, and welfare personnel may report suspected cases of child abuse to the county director of public welfare. The manner of reporting is not specified. An immunity clause is included. It is suggested that physicians should be equally alert to the neglected child. The Good Samaritan law is also briefly discussed.

CD-00270

Child Injury Intensive Monitoring System.
Diggle, G.; Jackson G.
British Medical Journal 3:334-336, August 11, 1973.

A 3-stage computer-based system for acquisition and recording of child injuries is described. Each stage covers increasingly wider geographical areas and provides correspondingly more comprehensive facilities. Stage 1 collects basic identification information on injured children and provides an intensive monitoring service which alerts appropriate agencies to repeated or suspicious cases. Misleading or suppressed information increases rather than limits the precision of diagnosis. More comprehensive details of those children thought to be at risk are collected when stage 2 is introduced. The printed, processed results are circulated to authorized agencies and they are organized for rapid retrieval. A central office receives weekly copies of this cross-referenced file and provides 24-hour information service. Stage 3 consists of a register containing fully structured, standardized case reports. The system is deemed to provide medical confidentiality and to respect the rights of both parents and children. 19 references.

CD-00271

Slaughter of the Innocents. (Letter).
Dine, M. S.
Journal of the American Medical Association 223(1):81-82, January 1, 1973.

Several cases have been observed in which child battering occurred when an infant was left in the care of an older sibling. In one case the sibling was only 2 years old and in another the sibling was 5 years old and mentally retarded. Further research is needed to elucidate the psychodynamics of the parent's neglect and the siblings' acts. Sibling hostility, jealousy, conspiracy, and aggression may play a role. 2 references.

CD-00272

Tranquilizer Poisoning: An Example of Child Abuse.
Dine, M.S.
Pediatrics 36(5):782-785, November 1965.

A case of deliberate perphenazine poisoning by the parent of a 19-month-old white male is presented as an example of child abuse. The symptoms of poisoning included prolonged sleep, convulsions, and hyperpyrexia. The correct diagnosis was delayed because the mother denied that the child had received any drug. Suggestions for making the diagnosis include a high index of suspicion (for example, if the symptoms spontaneously disappear on hospitalization) on the part of the physician and routine testing for phenothiazines and other psychotropic drugs in patients with convulsions of undetermined etiology. The mother in this case had received the perphenazine as part of treatment for post partum psychosis (she had twice attempted suicide with sleeping pills). She denied the poisoning even after it had been proven, but did commit herself to a psychiatric hospital. 17 references.

CD-00273
The Juvenile Court and Parental Rights
Dobson, M. V.
Family Law Quarterly 4(4):393-408, December 1970.

Attempts of the court to prevent cruelty and moral harm to children may actually destroy what little home life the child has by the stress of legal and agency intervention. The removal of children from the home by the juvenile court system is often the final unbearable stress that causes a family to disintegrate. Parents deprived of their children often go through the same emotional stages as the child, those of protest, despair, and detachment. This may cause the parents to reject permanently their parental roles and ruin all hopes of the children's successful return to the family. The state, acting *parens patriae*, cannot supply the love that even an extremely inadequate parent feels for his own child.

CD-00274
Guy's Hospital, London (England). Accident and Emergency Dept.
Suspected Child Abuse: Experience in Guy's Hospital Accident and Emergency Department.
Donnan, S.P.B.; Duckworth, P. M.
Guy's Hospital Reports 121(4):295-298, 1972.

A study of all children under 4 years of age attending the Accident and Emergency Department of Guy's Hospital with physical injury and also of children admitted to the hospital was made to determine whether there were missed cases of child abuse. Suspicious cases were selected on the following grounds: undue delay in appearance for treatment, unusual time of day, unusual stated cause for injury, unusual type of injury, and failure to attend a follow-up appointment. In retrospect 26 of 186 cases were suspect for child abuse, but only one was reported to the Medical Social Department at the time of attendance. It is suggested that while the retrospective index of suspicion may perhaps be high, there have certainly been missed cases of child abuse. A policy for closer cooperation between the Accident Division and Pediatric and Social Work Departments was established to cope more adequately with the problem. 5 references.

CD-00275
The Legal Response to Child Abuse.
Donovan, T. J.
William and Mary Law Review 11:960-987, 1969-1970.

A review covers legal aspects of the battered child syndrome and includes a detailed chart listing state child abuse laws and summaries of their provisions. Although the statutes serve to identify child abuse victims, the effectiveness of the law depends upon successful intervention. Community resources and cooperation are needed to provide adequate management of identified cases of abuse. Numerous references.

CD-00276
The Position of the Local Authority.
Drake, F. M.
In: Franklin, A. W. (Editor). *Concerning Child Abuse*, Edinburgh, Scotland, Churchill Livingstone, pp. 85-94, 1975.

It is asserted that there is a need to maintain a creative tension between an individual social worker's personal responses to a situation on one hand, and his functioning as an agent of the local authority on the other. The local authority has a statutory duty to act if certain conditions are found, and this inevitably limits the freedom of choice of its workers; its power may be viewed by clients and other professionals both as a help and a threat; and it may be under pressure from different groups to adopt a certain role which restricts its free functioning. Since the battered child syndrome may be recognized by any one of several professional groups, there is a need for free and open communication among such groups. Central registers and mandatory reporting by physicians are highly desirable. Social service departments should use their statutory duties to afford protection in an effective and progressive way which allows for proper development of the child while giving every help to the parents and the family unit.

CD-00277
The Child and His School.
Draws, K.
In: *Helping the Battered Child and His Family*, Philadelphia, J. B. Lippincott Company, pp. 115-123, 1972.

School personnel have a major responsibility in recognizing cases of child abuse and/or neglect, but in general the quality of their response to this need is disappointing. Only one-third of the school systems of the United States with more than 10,000 students responded to a questionnaire. One of the shocking results was that 49 percent of administrators responded that their system had a standard operating procedure to follow in case of abuse/neglect, but only 24 percent of principals, teachers, and nurses were aware of such a procedure. Based on this survey the incidence of abuse in the school-age child is estimated as about 40 per 100,000. The high degree of variability (from 120/100,000 to zero) indicates the range of quality of the identification programs. The concept of a well-handled case by some of the school districts was appallingly inept. Cooperation between schools and agencies was also found wanting in many cases. Vast improvement is indicated in the school systems in terms of educating teachers to recognize suspected cases and to report same. The school physician should be informed and the school should then communicate the information to the appropriate agency. The 66 percent of school systems which did not respond is a matter of perhaps even graver concern. 2 references.

CD-00278
Citizens Against Physical Punishment, Dallas, Tex.
"They Beat Children, Don't They?"
Duncan, C.
Journal of Clinical Child Psychology 2(3):13-14, Fall 1973.

A recent history of assaults on children in the Dallas school system is presented to emphasize that agencies are powerless to prevent such incidents within the school system. Many child care centers, mental institutions, and juvenile jails are equally abusive. Though institutional violence toward children in Texas is not uncommon, some groups are currently organizing anticorporal punishment legislation. National professional organizations could provide information and support for these organizations.

CD-00279
Minnesota State Dept. of Corrections, Minneapolis.
Murder in the Family: A Study of Some Homicidal Adolescents.
Duncan, J. W.; Duncan, G. M.
American Journal of Psychiatry 127(11):1498-1502, May 1971.

In five cases, a homicidal adolescent's abrupt loss of control was associated with a change in his interpersonal relationships with the victim, together with a sequence of events progressively more unbearable and less amenable to his control. In three cases a parent's brutality contributed to the adolescent's decision to kill, and in one of these cases the deceased had himself been abused as a child. Suggested criteria for assessing the danger of adolescent homicide are as follows: (1) The intensity of the patient's hostile destructive impulses are expressed verbally, behaviorally, or in psychometric test data. This assessment should include a detailed history of the patient's past life experiences. (2) The patient's control over his impulses are determined by history and current behavior, particularly in response to stress. (3) The patient's knowledge of and ability to pursue realistic alternatives determine a violent resolution of an untenable life situation. An apparently progressive development of explosive emotion accompanied by an attitude of hopelessness may warrant immediate intervention. (4) The provocativeness of the intended victim and the patient's ability to cope with provocation in the past and present show signs of instability. (5) A degree of helplessness of the intended victim is evident. (6) The availability of weapons is present. (7) Homicidal hints or threats are issued, warranting serious concern if they are specific with regard to the victim, means, details of fantasy, or measures to ensure escape. It appears that where the murderer is sane, the victim is the original hated parent and where immediate apprehension and control are established, the chances that the murder will kill again are minimal. 9 references.

CD-00280
Observations on the Establishment of a Child-Protective-Services System in California.
Eads, W. E.
Stanford Law Review 21:1129-1155, May 1969.

The California Child Protective Services Act (the Veneman Act) provides for the creation as rapidly as possible of a statewide system of welfare-administered social services designed to ensure adequate care and supervision for all children. A number of factors have created an atmosphere not conducive to the effective implementation of the nonpunitive, rehabilitative program of family services

embodied in the Veneman Act: the allocation of jurisdiction over dependent children to juvenile courts and probation departments early in the 20th century; the formation of a child abuse reporting system and central registry maintained by law-enforcement agencies; the lack of support for early efforts to enact child-protective services legislation; and the enormous publicity concerning the battered child syndrome. The Veneman Act does not delineate a program, but rather it provides the funds and the broad framework of a casefinding system, leaving the major task of organization of child protective services to the counties. The involvement of law-enforcement and juvenile probation officers in the child welfare system is distinctly disadvantageous. Abolishment of the child-abuse central registry kept by the Bureau of Criminal Identification and Investigation is recommended, and, in view of the development of the child protective services casefinding system, the need for the entire current child-abuse reporting system is questioned. Numerous references.

CD-00281
10,000 Children Battered and Starved. Hundreds Die: Some Parents Admit Guilt—Intensive Two-Year Study of Battered and Maltreated Children Reveals the True Story Behind Abused Youngsters.
Earl, H. G.
Today's Health 43(8):24-31, September 1965.

A survey of typical child abuse and neglect cases includes the kind of children who are battered, characteristics of abusive parents, and the age range of abused children. Repeated abuse of a child is frequently seen but not reported. Physical indications of child abuse include malnutrition, impaired eyesight, abrasions, contusions, bone damage, soft tissue swelling, pain in limbs, internal bleedings, and shock. Emotional problems of parents including mental illness, marital discontent, and alcoholism are causes of child battering. The age range of abused children is 2 months to 16 years or older with the highest percentage of victims 2 years old or younger. The U.S. Children's Bureau has drawn up a model law to make reporting of suspected child abuse mandatory in an attempt to alleviate the problem.

CD-00282
University of Southern California, Los Angeles. Medical Center.
Battered Child Syndrome at the Los Angeles County General Hospital.
Ebbin, A. J.; Gollub, M. H.; Stein, A. M.; Wilson, M. G.
American Journal of Diseases of Children 118:660-667, October 1969.

The social histories and significant medical findings of 50 parentally battered children were studied. The 50 children represented 1 percent of admissions to the Children's Division of the Los Angeles County-University of Southern California Medical Center over 1 year and about half of those suspected of being assaulted by an adult. Most of these children were less than 2 years old, about equally distributed as to sex, and represented a larger proportion of white children than expected. Most came from families

where both parents were not living together, but this may be a characteristic of the population from which the study families were obtained. Almost half of the children had serious fractures; a small proportion had been burned; and 1 child had been deliberately poisoned. The majority of the children had bruises and lacerations. Many of the children showed growth retardation or anemia. Three children died. Significantly, 25 children had been injured previously, and in eight instances, siblings had also been injured, thus indicating that in at least half the cases there may have been an opportunity to detect the family problem and to prevent subsequent child battery. In 26 cases legal action was initiated including criminal and juvenile court proceedings. California law provides for mandatory reporting to the police. Unless reporting mechanisms can bring the physician, the social worker, and others into the problem before the child is injured, current laws and practice will continue to prove inadequate to control this problem. 6 references.

CD-00283

Massachusetts Society for the Prevention of Cruelty to Children, Boston. Children's Protective Services. **Preventing Strains and Stresses in Protective Services.** Ebeling, N. B. In: *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 47-51, 1975.

Child abuse and neglect are emotionally charged subjects, but if the problem is to be dealt with effectively, workers' biases and personal conflicts must be put aside. During the relationship between worker and parents, transference may come into play, and this can be both a positive and negative factor. Counter-transference, while not healthy in the situation, is not uncommon, and the worker must be alert to this possibility. The tendency to rescue the baby and overlook the parents' needs benefits nobody in the long run. Self-awareness and insight into her own feelings is important in the worker if she is to be effective. Positive attitudes which do not include value judgments and vested interests are essential for a realistic and sensitive approach to families.

CD-00284

Massachusetts Society for the Prevention of Cruelty to Children, Boston. Children's Protective Services. **Thoughts on Intervention.** Ebeling, N. B. In: *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 3-9, 1975.

There is still a lingering reluctance of communities, both lay and professional, to recognize child abuse as a long-standing phenomenon. One factor is the prevalence of the view that parents' rights take precedence over children's. Another is that recognition means involvement and commitment to a serious and complex social problem. In spite of this, there is currently greater recognition and diagnosis, and improved provisions for intervention and prevention are beginning to be available. In some cases, however, no amount of skill will result in involvement of a family in a therapeutic plan. One of the most important aspects of an individual working with abusing families is his own attitudes and reactions toward the family; maintenance of objectivity is essential. 2 references.

CD-00285

Massachusetts Society for the Prevention of Cruelty to Children, Boston. Children's Protective Services. **Child Abuse: Intervention and Treatment.** Ebeling, N. B.; Hill, D. A. Acton, Mass., Publishing Sciences Group, Inc., 182 pp., 1975.

An interdisciplinary review of the social, medical, and legal aspects of child abuse is presented. Intervention and casefinding at the neighborhood health center, in the hospital setting, and in the suburbs are discussed. Emotional reactions to child abuse are considered in terms of professionals' attitudes, emotional responses in the hospital setting, and those in protective services. Medical treatment and diagnosis are examined in terms of the physically abused child, family dysfunctioning, treatment of the parents, treatment of families in protective services, the dynamics of separation and placement, and the social worker's use of the courts. The use of community resources and specialized day care in prevention, and the role of Parents Anonymous are treated in a special section. The legal aspects of the problems, including maintenance of a central registry, are examined. The development of Children's Advocates is briefly described.

CD-00286

Slaughter of the Innocents. Eckert, W. G. *Journal of the Florida Medical Association* 54(3):256, March 1967.

A rather typical case of child abuse in a 13-month-old child is briefly reported. The parents stated that the infant had fallen to the floor from a couch; they had delayed several hours before seeking medical help. The physical findings included absence of vital signs, fixed pupils, a head bruise in the right parietal region, several ecchymotic areas on the back, and teeth marks on the right buttock. The police were informed and an autopsy ordered. X-rays revealed multiple bone fractures in varying stages of healing. Death was from a subdural hematoma and brain contusions. Investigations revealed that the child was born 4 months after marriage, and that the father often beat the child for crying. The mother was helpless and in mortal fear of the father.

CD-00287

Royal Infirmary, Bradford (England). Dept. of Pathology. **Battered Baby Syndrome. (Letter).** Edgar, W. M. *British Medical Journal* 1(5439):924, April 3, 1965.

A 21-year-old British man pleaded guilty to manslaughter and was sentenced to 5 years imprisonment in the death of the 18-month-old son of the woman he had been living with. Reportedly, the man had discovered that the child's father was Black and begun mistreating him, eventually striking the child to keep it from crying. The child suffered a ruptured liver, internal hemorrhaging, a fractured arm, and extensive superficial bruising. 1 reference.

CD-00288

Education Commission of the States, Denver, Colo. Early Childhood Project. **Child Abuse and Neglect: Model Legislation for the States.** Education Commission of the States, Denver, Colo. Early Childhood Project, Report No. 9, 64 pp., July 1975.

The Education Commission of the States 1973 model legislation is presented in a form revised to meet the requirements of federal guidelines established in the 1974 enactment of Public Law 93-247 which has as its purpose the provision of financial assistance for the prevention, identification, and treatment of child abuse and neglect. To receive assistance, states or their subdivisions must first provide reporting, investigation, and protection procedures; an established administration and trained personnel; legislation giving immunity to persons reporting and insuring confidentiality of records; interagency cooperation; legal counsel for children in placement proceedings; assurance that total state support will not be reduced in the following year; dissemination of information on child abuse and neglect problems and their treatment; and assurance that parental organizations combating child abuse and neglect receive preferential treatment. 62 references.

CD-00289

Selly Oak Hospital, Birmingham (England). **Inadequate Mothers. (Letter).** Eickhoff, L.F.W. *Lancet* 2:1152-1153, November 9, 1974.

In women not predisposed to mothering at menarche, first parturition fails to initiate full maternal powers resulting in inadequate mothering and emotional damage to the child. Such mothers tend to be unresponsive to their infants, who in turn languish from lack of attention, slipping into bizarre patterns of behavior and emotional dullness. Intervention to rectify inadequate mothering and its associated damage will be more rewarding than efforts to eliminate battered child syndrome.

CD-00290

Walton Army Hospital, Fort Dix, N.J. Pediatric and Laboratory Services. **Jejunal Hematoma: An Unusual Manifestation of the Battered-Child Syndrome.** Eisenstein, E. M.; Delta, G. B.; Clifford, J. H. *Clinical Pediatrics* 4(8):436-440, August 1965.

A 38-month-old boy was treated for an intramural hematoma of the jejunum caused by trauma inflicted in willful child abuse. Symptoms included protracted vomiting, absence of bowel movements, and a palpable mass in the abdomen. Surgery revealed a ball-valve obstruction of the jejunum by a hematoma and a gangrenous loop. The condition was corrected by resection and jejunostomy without complications. Although no fractures were observed, and the parents denied abusing the child, the presence of earlier burn scars and other skin lesions indicated abuse. 30 references.

CD-00291

Children's Hospital of Pittsburgh, Pa. **Hazards in Determining Child Abuse.** Elmer, E. *Child Welfare* 45:28-33, January 1966.

A followup study of 33 children hospitalized with bone fractures in various stages of healing demonstrates the difficulties in diagnosing and handling cases of child abuse. The parents of each child were interviewed and given three questionnaires; the children were given physical and psychiatric examinations; medical records were reviewed; and additional data were obtained from pertinent social agencies. Contrary to the assumption that any young child (half were below the age of 9-months) with multiple fractures was almost certainly the victim of child abuse, review of the additional data indicated that 22 of the children had been abused; 4 had not been abused; and 7 were questionable. At the time of the injury 10 families (5 abused, 2 nonabused, and 3 questionable) had not been questioned regarding the possibility of child abuse, and 2 nonabusive families were erroneously accused of abuse. Twenty-two abusive families were correctly identified. Case histories also demonstrated unnecessarily belligerent accusations, confusion among physicians, social workers, and the courts over what constitutes abuse, and failures of parents to reveal crucial information due to stress at the time of the injury. Environmental stress frequently appeared to be a factor in the child's injury. 3 references.

CD-00292

Pittsburgh Univ., Pa. Dept. of Pediatrics. **Child Abuse: The Family's Cry for Help.** Elmer, E. *Journal of Psychiatric Nursing and Mental Health Services* 5(4):332-341, July-August 1967.

A case history illustrates a discussion of some of the problems encountered in medical practice when child abuse is suspected. A 6-week-old male infant had been taken initially to a hospital for evaluation of skull injuries allegedly sustained when he fell from a bed to the floor. Upon examining the infant at that time, the resident requested that the police be called. This request was not only directed to the wrong agency (Pennsylvania reporting law specifies the Child Welfare Services, which was contacted by neither the hospital nor the police in this case), but demonstrated a punitive attitude on the part of the physician and almost certainly ensured that the family would not return to that hospital for further treatment. At 3 months the infant was presented at a different hospital with multiple old fractures including a skull fracture. His hospital admission record included several diagnoses of battered child syndrome which had a prejudicial effect on the medical and nursing personnel. Battered child syndrome is not a medical diagnosis; the hospital leaves itself open to disagreeable experiences by allowing such a diagnosis to be entered on a medical chart including libel and the possibility of nonpayment by private insurance companies. The handling of child abuse cases has focused attention on

some of the stereotyped procedures and inadequate resources for children in the community at large. 6 references.

CD-00293

Children's Hospital of Pittsburgh, Pa.
Identification of Abused Children.

Elmer, E.
In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*. Morristown, N.J., General Learning Corporation, pp. 24-28, 1974.

A followup study is reported on 50 children who were hospitalized for injury and in whom x-rays revealed multiple bone injuries of different ages. Sex distribution was even, and 17 were under 3 months at the time of injury and 9 were between 3 and 6 months. Three patients died during hospitalization; 4 died after hospitalization, including 2 who were killed by the mother, one who died of malnutrition, and one from unknown causes. Three sustained new injuries after release from the hospital. Of 32 other patients who returned to the hospital as out- or in-patients, 19 showed no serious physical or mental problem; 2 were rehospitalized for prolonged treatment of chronic subdural hematoma; 7 had serious physical defects from their original injuries; and 4 were seriously mentally retarded. Eight patients were lost to followup. Multiple bone injuries occur in only the most severe cases of child abuse, and represent only a small number of the total number of abused children. 10 references.

CD-00294

Pittsburgh Child Guidance Center, Pa.
A Social Worker's Assessment of Medico-Social Stress in Child Abuse Cases.

Elmer, E.
In: 4th National Symposium on Child Abuse. American Humane Association, Charleston, S.C., October 23, 1973. Denver, Colo., American Humane Association, pp. 86-91, 1975.

One of the principal aims of two studies performed at Children's Hospital in Pittsburgh was to determine the impact of stress on the family. Abusive and nonabusive mothers were evaluated and compared in terms of medical stress, social stress, and support (religion, good income, support from relatives and neighbors). Many mothers had medical problems which they did not report and which were revealed through other sources. Nonabusive mothers had more medical stress around pregnancy than did abusive mothers. Abusive mothers reported much more medical stress to the social worker than to the pediatrician, and abusive mothers rated the stress more severely than did nonabusive mothers. The health of the abused babies was generally worse than that of the nonabused babies, partly as a result of poor nutrition. The rate of prematurity was higher among abused children. The importance of monitoring normal characteristics of development in early detection of cases is stressed.

CD-00295

Pittsburgh Univ., Pa. Dept. of Pediatrics.
Developmental Characteristics of Abused Children.

Elmer, E.; Gregg, G. S.
Pediatrics 40(4):596-602, October 1967.

A study was made of the developmental characteristics of 20 children who had suffered multiple bone injuries due to willful abuse. Most children were of low socioeconomic status; 13 were Caucasian and 7 Negro, with sexes equally represented. The children were divided into 2 groups for the study, which consisted of interviews and psychological testing: those without any medical abnormalities prior to abuse (B), and those with previous abnormalities (S). Of the 11 members of the B group (average age at hospitalization 13 months) 2 failed to thrive; 4 had I.Q.s below 80; 4 were emotionally disturbed; 3 displayed physical defects; and more than half had speech problems. In the 9-member S group (average age at hospitalization 25 months) 3 showed failure to thrive; 2 were obese; 6 were mentally retarded; 5 were emotionally disturbed; and 4 displayed physical defects. Caucasians had a higher percentage of ambiguous complaints on admission (indicating prolonged neglect), failure to thrive, and prematurity than Negroes. Children removed from their homes showed a lower percentage of persistent growth failure, and physical and emotional defects than those who remained in their homes. Many of the children appeared on their way to becoming a burden on society. 12 references.

CD-00296

Pittsburgh Univ., Pa. Dept. of Social Case Work.
Studies of Child Abuse and Infant Accidents.
Elmer, E.; Gregg, G.; Wright, B.; Reinhart, J. B.; McHenry, T.; Girdony, B.; Geisel, P.; Wittenberg, C.
Mental Health Program Reports (5):58-89, December 1971.

Factors determining whether a child will be abused were investigated in two studies. In the first study, characteristics of 50 families where abuse of the children was strongly suspected were analyzed and current interviews were attempted. In a large number of cases the children had died, or had become severely retarded or crippled and placed in institutions. The characterization of the families provides necessary information for preventive measures. The second study analyzed factors (including home situation) involved in childhood accidents and how to distinguish a true accident situation from an abusive one. The studies are described in detail. 13 references.

CD-00297

Children's Hospital, Washington, D.C. Dept. of Nursing Education.
The Nurse's Role in the Care of the Battered Child: Panel Discussion.
Elmore, J.; Alexander, B.; Lyman, L.; Groves, B. M.
Clinical Proceedings 24(11):364-374, December 1968.

Nurses can play an important role in the detection and early treatment of child abuse. In the emergency room, the nurse should be alert for physical signs characteristic of child abuse such as burns, scars, fractures, and failure to thrive and also behavioral disturbances in the child. Cold parent-child relations in the hospital may also be symptomatic of abuse. Potential abuse against the newborn may be anticipated by inquiring into the mother's feelings about

her pregnancy, her knowledge of childrearing and development, and her own health and environmental stresses. The nurse should attempt to discuss the matter with the parents, giving aid if possible, and notifying the proper authorities if necessary. It is often helpful for the nurse to establish a warm relationship with the abused child. It should not be forgotten that adolescents as well as infants may be abused and that abuse is not confined to any social stratum. A questionnaire administered to randomly selected mothers at baby clinics revealed that abusive mothers often perceive their infants as showing temper at unrealistically young ages and spank very young children even though they state they would prefer not to. 1 reference.

CD-00298

York Univ., Downsview (Ontario). Dept. of Psychology.
The Case for Person-Situation Interactions.
Endler, N. S.

Canadian Psychological Review 16(1):12-21, January 1975.

The complex personality issue of cross-situation consistency (stability) versus situational specificity (change) is discussed. Review of the literature indicates that personologists and clinicians have assumed that personality traits are the cause of behavioral variance, while social psychologists and sociologists have assumed situational factors to be the cause. There is little empirical evidence to support either view. A direction which has not received much attention is the assessment of the psychological significance of various types of situations. Research strategies have usually fallen into 3 categories: correlation measures, such as responses to questionnaires indicating personality traits; moderator variables in which determinations of variables and their relations with other variables are made; and behavioral measures. None of these strategies are reliable in light of the complexity of personality research. An interactionist approach, which examines how situations and persons interact in evoking behavior, is suggested and recent efforts to implement this strategy are briefly discussed. 78 references.

CD-00299

Social Class Differences in Parents' Use of Physical Punishment.

Erlanger, H. S.
In: Steinmetz, S. K.; Straus, M. A. (Editors). *Violence in the Family*. New York, Dodd, Mead, and Company, pp. 150-158, 1974.

A review of studies published between 1936 and 1970 indicates that possible relationships both between social class and the use of corporal punishment and between the use of corporal punishment and child abuse are weak. This contradicts an earlier review by Bronfenbrenner, which concluded that the lower and middle classes could be clearly delineated by the former's use of corporal punishment and the latter's use of reasoning, isolation, and love oriented discipline techniques. Only 3 of the 6 studies available to Bronfenbrenner showed levels of significance less than 0.05, and 2 samples showed correlations in the reverse direction to that expected. Two subsequent studies are equally problematic. A nationwide survey taken in

1968 only reinforces the finding that a small difference between the classes exists (11-16 percent when all studies are considered) but that this is not sufficient at a practical or theoretical level. Similarly unsupported is Gil's assertion that the prevalence of child abuse in the lower classes is due to their use of corporal punishment. Gil's own data appear to show that whereas the lower class as a whole is as concerned about child abuse as the middle class and that members of all classes agree that they are capable of abuse, child abuse occurs mainly within an underclass that is severely burdened by socioeconomic problems and lacking in the resources necessary to cope. Thus, the eradication of social problems rather than individual counseling in child rearing should be the most effective means of reducing abuse. 15 references.

CD-00300

Guy's Hospital, London (England).
Infanticide.

Evans, P.
Proceedings of the Royal Society of Medicine 61:36-38, December 1968.

Infanticide has been practiced for a wide variety of reasons throughout much of the world. Underlying this practice is the concept of the child as property to be disposed of as the parents (generally the father) see fit. British law recognizes this phenomenon by making infanticide a lesser crime than murder. That infanticide has long been practiced in the west seems to be indicated by the explicit prohibitions in Christianity, Islam, and by some of the Roman emperors. Many religions have justified child sacrifice in their rituals, particularly those with an oedipal theme in their mythology. Culling, the discarding of deformed infants, is sanctioned in some forms even in the modern delivery room. In cultures not employing contraception or abortion, infanticide may be used for family planning purposes either with economic or superstitious justification. Many infanticides have resulted from the shame of breaking a taboo, most often that of bearing an illegitimate child. Commerce in infants has led to still further infanticides. Cases have been observed where infanticides have resulted from parental anger either at the child itself or at a spouse. Puerperal psychosis represents yet another source of infanticide. 19 references.

CD-00301

Children's Hospital of Pittsburgh, Pa.
Failure to Thrive. A Study of 45 Children and Their Families.
Evans, S. L.; Reinhart, J. B.; Succop, R. A.
American Academy of Psychiatry Journal 2:440-457, 1972.

Three profile groups were established to classify 40 families in a retrospective study of failure-to-thrive children. The profile group determinants, centered on the mother, included her management of her children, her psychological makeup, her perceptions of the children, and recent or pervasive events in her life. General family characteristics as well as socioeconomic background were noted in all cases.

An illustrative case history is presented for each profile followed by a management plan designed for that particular group. Data are presented on the treatment and growth followup of these children. The characteristic profiles of the 3 groups, especially on followup, point to the necessity of aggressive, preventive intervention if failure-to-thrive children are to reach their optimal development. 16 references.

CD-00302

Tasmania Childhood Injury Investigating Committee, Hobart (Australia).
The Battered Baby Syndrome: The Tasmanian Approach. Everett, M. G.; Lewis, I. C.; Mair, C. H.; Smith, G. C.; Stranger, D. M.
Medical Journal of Australia 2(15):735-737, October 13, 1973.

The Tasmanian government has taken a number of steps to protect children from abuse. A section of the Defamation Act immunizes physicians reporting or testifying on child abuse from civil liability; while a section of the Evidence Act abolishes the physician-patient privilege in criminal cases, including those in which child abuse is involved. In 1970 the Tasmanian Minister of Health appointed the 5 member Childhood Injury Investigating Committee to formulate statewide policy for dealing with child abuse involving children under 7 years old. The committee replaced a haphazard system involving welfare authorities and the police. The Committee's mandate included receiving reports of incidents of child abuse to insure that all relevant state resources were called in, conducting educational programs, and initiating research. A mandatory reporting policy was not adopted. Where a physician suspects child abuse, the Committee recommends that the child be hospitalized and the pediatrician informed of the suspicion; the parents however, should not be confronted. The Committee has promulgated guidelines on who should receive reports and what the reports should contain. 4 references.

CD-00303

Post-Commitment Custody of Neglected Children. Fairlie, C.
Connecticut Law Review 4(1):143-153, Summer 1971.

Recommended changes in Connecticut law suggest that a child may be returned to his own home on a trial basis without a formal hearing but may not be removed again without a hearing before the Protective Services Supervisor. This would allow the parent a rebuttal to any charges of a worsening home situation. Reasons for the department's action should be presented in writing for use in Juvenile Court if the parents should wish to appeal the supervisor's decision. Evidence of positive steps taken to help the parents strengthen the home environment should also be presented. The court would then make the decision. A decision to allow the child to remain in the home would not imply a transfer of legal custody from the Department.

To allow a parent voluntarily to relinquish a child, procedures should be established whereby the parents would be advised in writing of their right to a hearing and a waiver and consent to removal would be implied if the right to a hearing were not exercised. Both parents' rights and children's best-interests would be protected more efficiently. Numerous references.

CD-00304

Case Western Reserve Univ., Cleveland, Ohio. Dept. of Pediatrics.
Follow-Up of Low Birth Weight Infants. The Predictive Value of Maternal Visiting Patterns. Fanaroff, A. A.; Kennell, J. H.; Klaus, M. H.
Pediatrics 49(1):287-290, January 1972.

The status of 146 infants who were confined to an intensive care nursery for longer than 14 neonatal days was followed up for 6 to 23 months after their discharge. The infants were divided into two groups: those whose mothers visited them more than 3 times in 2 weeks (group 1) and those whose mothers visited them fewer than 3 times in 2 weeks (group 2). During the followup period 2 of 111 group 1 mothers exhibited disorders in mothering: 1 abandonment and 1 involuntary fostering. In contrast, 9 of 38 group 2 mothers exhibited such disorders: 1 abandonment, 2 batterings, 5 failures-to-thrive, and 1 involuntary fostering. As compared to group 1 mothers, group 2 mothers were more frequently single, multiparous, and under 20 and tended to see staff rather than private physicians. Frequency of visitation appears to be a useful means of identifying infants at risk of abuse or neglect. 8 references.

CD-00305

Neglect and Abuse of Children. Fanshel, D.
 In: Maas, H. (Editor). *Five Fields of Social Service.* New York, National Association of Social Workers, pp. 134-147, 1966.

A brief review of child abuse and neglect studies includes the incidence of child abuse, medical responsibility, social status, and relationships of neglecting families, parent personality characteristics, types of abuse, types of injuries, and the decision-making role of the welfare worker. 7 references.

CD-00306

Columbia Univ., New York, N.Y. Child Welfare Research Program.
Dollars and Sense in the Foster Care of Children. A Look at Cost Factors. Fanshel, D.; Shinn, E. B.
 New York, Child Welfare League of America, Inc., 47 pp., 1972.

A study supported by the Community Services Administration of the Department of Health, Education, and Welfare examined cost factors associated with the foster care

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experience of 624 children from 467 families over the period from 1966 to 1970. Using fees paid to agencies from the New York City Charitable Institutions Budget as a measure of cost, the study establishes the variability in cumulative costs associated with such factors as: returning home versus remaining in care, size of family group, type of care provided, reason for placement, and ethnicity. It projects costs for the children who appear likely to spend their childhood years in care. Potential savings achieved through the return of children to their own homes or through obtaining adoptive homes are identified. An argument is developed for using cost factors as a vehicle for case planning. Case illustrations are presented of families where the cost of substitute care will eventually total hundreds of thousands of dollars. 21 references.

CD-00307

Wisconsin Univ., Madison.
Birth Order and a Two-Dimensional Assessment of Personality. Farley, F. H.
Journal of Personality Assessment 39(2):151-153, 1975.

Higher order personality dimensions of extraversion-introversion and neuroticism among 141 women were studied as functions of birth order in 2-sibling families, with control over sex of sibling and sibling age separation. All subjects were administered the Eysenck Personality Inventory on which high scores indicate extraversion or neuroticism. No significant correlations between scores and birth order were found, thus, indicating that these personality traits are not a function of family structure as represented in ordinal position. 8 references.

CD-00308

Armed Forces Inst. of Pathology, Washington, D.C.
The Role of Radiology in Forensic Pathology. Fatteh, A. V.; Mann, G. T.
Medicine, Science, and the Law 9(1):27-30, January 1969.

The routine use of postmortem radiological examination can help diagnose battered child syndrome and solve a number of other common medicolegal problems. Identity of the deceased may be established by comparison with antemortem X-rays. Examination of ossification centers and tooth eruption patterns aids in determining age and sex. Radiological examination greatly facilitates the detection and retrieval of bullets, and is useful in distinguishing suicidal hanging from other forms of strangulation. Battered child syndrome can be diagnosed by observing characteristic long bone fractures of varying age and subdural hematomas. All of these techniques are particularly crucial where the body has severely decomposed or burned. X-rays should be routinely preserved and micro-filmed if necessary. 14 references.

CD-00309

The Social Worker's Use of the Court. Fay, S. E.
 In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment.* Acton, Mass., Publishing Sciences Group, Inc., pp. 123-127, 1975.

Use of the courts should be undertaken in cases of abuse or neglect only when all attempts at treatment have been exhausted, although sometimes acute situations dictate immediate action. Such action must never result from the worker's frustration or anger, but must be seen as a positive tool. Some agencies feel that their image will be tarnished in the community by taking cases to court, but the reverse is usually true. Taking the case to court may generate in the family a sense of having been betrayed and deceived and the family may be angry; they must be assured that the action was taken in the best interests of their child. Involving the court must be viewed as a part of the continuum of the treatment services offered.

CD-00310

Group Therapy for Mothers With Infanticidal Impulses. Feinstein, H. M.; Paul, N.; Esmiol, P.
 In: Leavitt, J. E. *The Battered Child. Selected Readings.* Morristown, N.J., General Learning Corporation, pp. 62-65, 1974.

A study reports on the clinical experiences with 6 mothers with infanticidal impulses in group therapy (1 hour, 2 times a week). Shared biographical characteristics included (1) strong feelings toward their parents for not fulfilling their dependency needs during childhood; (2) one or both parents (or a significant parental figure) who had uncontrollable temper outbursts during which the patient was either the victim or observer of acts of violence; (3) a lifelong feeling of rivalry with or hatred for men, often stemming from male sibling rivalry in childhood; and (4) choice of motherly type men for husbands. The women ranged clinically from obsessional neurotics to borderline psychotics with a number of symptoms in common (1) disturbing thoughts about harming their children, especially sons; (2) multiple phobias; (3) depression; (4) disturbing suicidal impulses; and (5) intermittent or chronic frigidity. Advantages of group therapy were (1) realization that theirs was not a unique situation; (2) mutual encouragement and support in overcoming symptoms; (3) correction of transference distortions; (4) a mixing and borrowing of defenses; and (5) a meaningful social experience in an otherwise isolated life. 5 references.

CD-00311

Federation of Protestant Welfare Agencies, New York, N.Y.
A Lawyer's View of Child Abuse. Felder, S.
Public Welfare 29(2):181-188, Spring 1971.

The role of the lawyer in cases of child abuse involves the protection of all parties concerned; the child, the communi-

ty, and the respondent. Laws dealing with reporting and validating cases of abuse and with the provision of protective services have been enacted in all states, the District of Columbia, and the Virgin Islands. The 1969 New York law, hastily enacted, was inadequate to deal with the complexities of the situation, and its definition of the abused child was too limited in some respects and too broad in others. Corrections in this act were made 1 year later, and provided clear-cut indications for protection of the child. No new criminal legislation is required for the child abuse problem. The great need in this area is the appropriation of funds to effect the child protective services specified by the law. 22 references.

CD-00312

California Univ., Los Angeles. Dept. of Education.
The Effects of Violence in Childhood.

Feshbach, N. D.

Journal of Clinical Child Psychology 2(3):28-31, Fall 1973.

Corporal punishment of children is relatively ineffectual as a means of producing socially desirable behavior and may lead to undesirable consequences. Childrearing surveys indicate that physical punishment has little inhibitory effect on the proscribed behavior, and where the proscribed behavior is aggression, physical punishment may increase rather than diminish it. In the laboratory, punishment seems to effect a relatively transient suppression of behavior rather than a lasting extinction. Furthermore, a complex set of variables alters the effectiveness of punishment in any given circumstance. Other research indicates that exposure to pain creates generalized feelings of hostility and anxiety, which are difficult to extinguish. In personality studies, individuals with a high anxiety over aggressiveness tended to respond more aggressively than individuals with a low anxiety. Many perpetrators of crimes of violence can be characterized as having this type of over control of their aggressive impulses. A positive correlation has been shown between parental punitiveness and psychopathology in children. The use of corporal punishment is based on the outmoded theory of child development that sees a child's behavior as essentially antisocial and requiring repression. A more modern view is that children are capable of social behavior that should be reinforced. Reliance on the older theory sets up the parent as a model of primitive aggressive behavior to be followed by the child. In contrast, a program in which teachers ignore a child's aggressive behavior and reward cooperative behavior has been effective in reducing aggression in a nursery school setting. The elimination of corporal punishment may serve to make the parent-child relationship warmer and more creative and generally raise the level of moral development in society. 25 references.

CD-00313

California Univ., Los Angeles. Dept. of Psychology.
Alternatives to Corporal Punishment; Implications for Training and Controls.

Feshbach, S.; Feshbach, N. D.

Journal of Clinical Child Psychology 2(3):46-49, Fall 1973.

A discussion covers methods for disciplining children to produce positive social behavior. Instead of using corporal punishment, alternate techniques for behavior modification are emphasized. To control behavior effectively the source of behavior must be understood. Four major categories of determinants of infractions are inadequate ego controls, misappraisals of the rules or the consequences of deviation from the rules, specific habitual instrumental acts with minimal cognitive mediation, and cognitively mediated instrumental acts. 17 references.

CD-00314

Pioneer Laws for Child Protection.

Ficarra, B. J.

International Journal of Law and Science 7(2):68-71, April-June 1970.

A brief history of the law for protection of infants and children illustrates that a need for protection of children from their parents was a concern of law givers as early as 4 A.D. In more recent times England was the world leader in promulgating laws for the protection of children covering such subjects as registration and supervision of foster homes, prohibition of the adulteration of milk, and regulations regarding childbirth, and influenced other European nations and the United States to pass similar legislation. Laws dealing specifically with the battered child, which encourage the reporting of battered child cases are now in existence or are being considered in most of the states.

CD-00315

Montefiore Hospital, Bronx, N.Y., Div. of Pediatrics.
A Pediatrician's View of the Abused Child. (Letter).

Finberg, L.

Child Welfare 44(1):41-43, January 1965.

A pediatrician is qualified to recognize and treat some aspects of the results of the battered child syndrome, but frequently meets frustration when encountering unfamiliar legal proceedings. It is suggested that the problem is primarily a social rather than a legal one, and that work toward the resolution of it should involve a comprehensive interdisciplinary attack by the medical, legal, and social work professions.

CD-00316

Neglected Children and Their Parents in Indiana.

Fischer, M. S.

Indiana Law Review 7:1048-1063, 1973-1974.

The right of parents to rear children and the right of children to have a family have not received adequate consideration in the context of neglect. The power of the state as *parens patriae* to conduct juvenile proceedings loosely and without minimum due process standards has been curtailed in delinquency matters. The fundamental rights at stake in neglect proceedings call for rigid scrutiny of the *parens patriae* power in these proceedings. The best

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interests of the child should no longer serve as a rhetorical cloud to cover procedural abuse of neglected children and their parents by social agents, the courts, and the legislature of the state. The best interests of the child, the parents, and the state must be fairly and objectively determined in neglect proceedings. To require less is to make a mockery of the lofty purposes of child protection. Numerous references.

CD 00317

Michigan Children's Hospital, Detroit.

The Role of the Parents' Unconscious in Children's Antisocial Behavior.

Fischhoff, J.

Journal of Clinical Child Psychology 2(3):31-33, Fall 1973.

A review of the role of the parents' unconscious in producing antisocial behavior in their children shows that an individual parent is often unable to accept his own dependent needs, frustrations, or destructive impulses and unconsciously encourages the child to act these out antisocially. The child is then severely punished, more as an act of denial than of discipline. The conflicting signals the child receives result in emotional disturbance causing further behavior problems. This is also a problem in marriages with severe unresolved conflicts where the child is used as the scapegoat. Because of these psychological imbalances the child is often not only physically abused but also psychologically damaged. 8 references.

CD-00318

Michigan Children's Hospital, Detroit.

A Psychiatric Study of Mothers of Infants With Growth Failure Secondary to Maternal Deprivation.

Fischhoff, J.; Whitten, C. F.; Pettit, M. G.

Journal of Pediatrics 79(2):209-215, August 1971.

Psychiatric evaluations were conducted of the 12 mothers of 13 children diagnosed as suffering from nonorganic growth failure due to maternal deprivation. Evaluation consisted of 2 in-depth, unstructured interviews plus pertinent information gleaned from ward observations, interviews with the fathers, and observations by various social welfare and medical personnel. Of the mothers, 10 were diagnosed as suffering from character disorders as evidenced by (1) disturbed early childhood histories; (2) poor performance in current day-to-day activities; (3) disturbed appearance on initial contact; (4) intense needs for an anaclitic relationship; (5) literal, concrete thinking patterns with low ability for abstraction or future planning; (6) the use of denial, isolation, and projection as predominant defense mechanisms; and (7) a predisposition for acting out as opposed to thinking. In sum, these mothers displayed a rigid, inflexible character, exhibited poor adaptation, and were fixated on localized environmental stresses and circumstances. They also demonstrated poor object relationships. Two other mothers showed no character disorder but did show a psychoneurotic personality characterized by repression as the dominant defense mech-

anism and introspection. These data indicate, as does previous research, that character disorders are more closely linked to poor mothering ability than are other types of psychopathology. Psychotherapy, while effective in dealing with the psychoneurotic personality, is relatively ineffective in dealing with character disorders. The latter require active intervention and support; placement of the child in a foster home may be the only acceptable solution. 8 references.

CD-00319

Army Medical Research Inst. of Infectious Diseases, Frederick, Md.

Congenital Syphilis Mimicking the Battered Child Syndrome. How Does One Tell Them Apart?

Fiser, R. H.; Kaplan, J.; Holder, J. C.

Clinical Pediatrics 2(5):305-307, May 1972.

The importance of Venereal Disease Research Laboratory (VDRL) serological testing throughout pregnancy is emphasized for distinguishing congenital syphilis from the battered child syndrome in neonates. A case report is given of a 5-week-old girl presenting with colic, abnormally small size, and weight, and absence of arm movement. X-ray showed bilateral metaphyseal fractures with periosteal reactions which were interpreted as battered child syndrome. Later radiologic studies found multiple, symmetrically bilateral bone lesions indicative of congenital syphilis. Six weeks after treatment with penicillin, radiologic studies showed complete healing of bone lesions after which the child developed normally. Symmetry of bone lesions as well as elevated VDRL in neonates suggest congenital syphilis. 7 references.

CD-00320

California Univ., Los Angeles. School of Public Health.

Psychological Needs of Homosexual Pedophiliacs.

Fisher, G.; Howell, L. M.

Diseases of the Nervous System 31(1):623-625, January 1970.

Analysis of 50 subjects convicted of homosexual pedophilia revealed that they were of average intelligence, were an average of 40 years old, 84 percent were white, 88 percent were not married at the time, and 56 percent molested children unknown to them. Edwards Personal Preference Schedule scores suggest these men have somewhat similar need structures to heterosexual pedophiles and different need structures than adult normal males. They tend to be low in achievement orientation, unorganized, low in inner direction and assertiveness, are guilt-ridden, have a need to nurture, and are analytically introspective with respect to their own and others' motives. An inconsistent and unexplained finding is a higher heterosexual drive. 12 references.

CD-00321
Child Abuse.
Fleck, S.
Connecticut Medicine 36(6):337, June 1972.

The grossly abused child represents only the tip of an iceberg of unwanted children. Some 300,000 children await adoption in often inadequate foster homes; this, despite the fact that most states discourage removal of children from the home even where gross maltreatment has been discovered. Means of combatting this problem include: the dissemination of birth control information, liberalized abortion policies, educational programs in parenthood for adolescents, and career training for women (to give them alternatives to child rearing).

CD-00322
Home Office, London (England), Children's Dept.
Cruelty to Children.
Fleming, G. M.
British Medical Journal 2(5549):421-422,
May 13, 1967.

A review covers the nature, extent, and treatment of the battered child syndrome. Cruelty to children encompasses material and emotional neglect, deprivation, anxiety-producing situations, and physical violence. Identification of abuse injuries is discussed. Difficulty exists in evaluating the parents and their role in the child abuse problem. Rejection, indifference, and hostility rather than cruelty are important childhood factors influencing abusive parents. Five categories of potentially violent parents are (1) social problem families; (2) individuals with violence as a part of their cultural background; (3) irritable, emotionally labile individuals with episodic depression; (4) aggressive or schizoid psychopaths; and (5) psychotics. Physicians should cooperate with social agencies to decide treatment for the entire family, and provide for the child's health and protection. Although the number of legal convictions for child abuse offenses, social agencies prefer to take action outside the court system to prevent further cruelty. 11 references.

CD-00323
California Univ., Los Angeles. Dept. of Psychiatry.
Frontier Justice: A Contribution to the Theory of Child Battery.
Flynn, W. R.
American Journal of Psychiatry 127(3):375-379, September 1970.

Two cases involve young mothers who severely beat 1 of their children (a 6-month-old daughter and a 14-year-old stepdaughter) but engaged in no other bizarre or destructive behavior. They had no history of being themselves mistreated as children and had functioned throughout life within normal limits in every respect other than towards the one child. Each of the women were involved in bitter marital conflicts at the time of the child abuse, and it

appears that what specifically permitted them to abuse their children was their reliance on the ego defense mechanisms of repression, denial, and projection in dealing with these conflicts. Thus, despite their intelligence and perception, they were unable to see that what they interpreted as persecution by the children was really the anger they felt towards their husbands and other objects. In these women, the normal reality mechanisms for discharging anger and for appreciating the consequences of anger were impaired. 6 references.

CD-00324
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
Recognition of Maltreatment and Prevention of the Battered Child Syndrome.
Fontana, V. J.
Pediatrics 38(6, part 1):1078, December 1966.

The term battered child describes primarily the end result of the broader maltreatment syndrome which includes failure to thrive, malnutrition, poor skin hygiene, emotional deprivation, bruises, abrasions, burns, and, finally, the battered child. Prevention and decreased incidence of the last phase of the syndrome, the battered child, depend on educating physicians and pediatricians to recognize the broader and more insidious symptoms of the abused child and to assume the responsibilities of reporting cases of abuse, protecting the child, and alleviating factors responsible for parental abuse.

CD-00325
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
Somewhere a Child Is Crying. Maltreatment—Causes and Prevention.
Fontana, V. J.
New York, MacMillan Publishing Co., Inc., 268 pp., 1973.

An in-depth survey of the national child abuse problem, using numerous case illustrations, covers epidemiology; origins and basic causes of child abuse; patterns of injuries and types of abuse; psychological effects on the victims; social and psychological characteristics of abusive parents; public and professional failure to recognize the problem; suggestions and programs for prevention of child abuse; and legislative aspects of the problem.

CD-00326
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
Which Parents Abuse Children?
Fontana, V. J.
Medical Insight 3(10):16-21, October 1971.

Growing awareness of child abuse is only the first step in prevention. Recognition of the symptoms is essential and is the physician's responsibility. These symptoms are not only physical ones in the child but also emotional and situational aspects of the child and his family. A general outline of these symptoms and characteristics is given. 8 references.

CD-00327
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
Battered Child Syndrome and Brain Dysfunction. (Letter).
Fontana, V. J.
Journal of the American Medical Association 223(12):1390-1391, March 19, 1973.

The battered child syndrome is the last phase of a broader spectrum of symptoms described as the maltreatment syndrome. Recognition of the insidious signs of child abuse and neglect prior to battering (multiple minor physical symptoms, evidence of emotional, nutritional deprivation or neglect, etc.) and taking appropriate treatment measures with the child and parents can prevent the battered child syndrome. In addition, development of predictive questionnaires and techniques to identify potentially abusive parents and use of multifunctional professional and allied professional staff to strengthen the mothering capabilities and behavior of abusing and neglectful mothers should assist in alleviating this problem. 3 references.

CD-00328
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
To Prevent the Abuse of the Future.
Fontana, V. J.
Trial 10(3):14-18, May-June 1974.

A general discussion of child abuse suggests that the term, "battered child syndrome," represents only one aspect of a broader phenomenon, and that the term, "maltreatment syndrome," more precisely describes the clinical entity of child abuse and neglect. Maltreatment also includes emotional abuse, nutritional deprivation, and neglect. The maltreated child may present with failure to thrive, malnutrition, poor skin hygiene, irritability, repressed personality, and other signs of obvious physical neglect. Skeletal x-rays may reveal several old fractures in various stages of healing, but very recent bone damage may not appear radiologically for up to 2 weeks. Younger children are more prone to abuse, and the abusing adult often has a history of childhood brutalization. Various stress factors may be involved in precipitation of the abuse. Separating the child from the home is totally inadequate as treatment unless there is some adequate rehabilitation of the home situation. Mandatory reporting laws, such as the Child Protection Act of 1974 of New York, should be effective case finding tools.

CD-00329
St. Vincent's Hospital, New York, N.Y., Dept. of Pediatrics.
Factors Needed for the Prevention of Child Abuse and Neglect. (Letter).
Fontana, V. J.
Pediatrics 46:318-319, 1970.

The widespread passage of child abuse reporting laws has been ineffective in curtailing the mistreatment of children. In part, this is due to the failure of the medical, legal, and social disciplines to integrate their resources in implement-

ing the laws and the failure of government on all levels to adequately support the laws. Social service agencies require more workers trained to deal with child abuse. Furthermore, they should be less willing to send an abused child back into the abusive family. Juvenile courts require greater aid from social and medical personnel to overcome the court's slowness, evidentiary problems, and lack of information.

CD-00330
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
Physical Abuse of Children. (Letter).
Fontana, V. J.
Pediatrics 45:509-510, 1970.

An epidemiological study by Gil of the child abuse problem in the U.S. is criticized for its conclusion that the problem is relatively infrequent. Statistics from New York State are listed, and the need to consider child abuse from a pediatrician's viewpoint is discussed. 15 references.

CD-00331
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
The Maltreated Child. The Maltreatment Syndrome in Children.
Fontana, V. J.
Springfield, Ill., Charles C Thomas, 96 pp., 1974.

A textbook on the maltreatment syndrome in children includes chapters on historical data, clinical aspects of the maltreatment syndrome, statistics, diagnosis, social manifestations, preventative measures, model child abuse laws, recommendations, and case reports. 174 references.

CD-00332
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
An Insidious and Disturbing Medical Entity.
Fontana, V. J.
Public Welfare 24(3):235-239, July 1966.

In a general review of the clinical entity known as child abuse, it is pointed out that the range of abuse is broad and extends from deprivation (nutritional, clothes, shelter, parental love) to serious physical damage and even death. The condition is frequent, 4,000 cases of child neglect having come to the attention of the Children's Court in New York City in 1962. Signs and symptoms are as widely varied as are the degrees of abuse. The term maltreatment syndrome of children is suggested as an alternative to battered child syndrome, the latter being the last phase of a broader spectrum. X-ray examination is very helpful in making the diagnosis. Obtaining accurate information about inflicted trauma is often difficult since the abused child is usually less than 3 years old, and the parent is likely to be reticent or dishonest; social service investigations are essential. The lack of attention to this syndrome in medical education is lamented, and may partly be responsible for the low reporting rate. In spite of recent legislation in New

York protecting the reporting physician, physicians are apparently still reluctant to report cases. The courts are available to review petitions for prosecution.

CD-00333
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
The Diagnosis of the Maltreatment Syndrome in Children.
Fontana, V. J.
Pediatrics 51(4, part 2):780-782, April 1973.

The maltreatment of children may be recognized by a variety of characteristic symptoms of which the battered child syndrome represents an extreme example. A neglected child may show malnutrition, general lack of hygiene, emotional disorders, or careless appearance. Abused children show characteristic soft tissue injury (bruises, scars, or subdural hematomas) and bone lesions including both overt fractures and dislocations of the extremities and a variety of latent radiologically detectable lesions. A careful differential diagnosis must be undertaken to rule out other organic causes for these symptoms. A medical history may also raise a physician's suspicion. The parent's story may be evasive or, inconsistent with clinical manifestations. Admittance to the hospital may be delayed, or for an unrelated complaint. The parent may have brought the child to several hospitals in the past. The parents reaction to the injury may seem inappropriate. The medical history may reveal family stresses. Where maltreatment is suspected color photographs and radiograms should be taken as part of the child's record and the appropriate reports made.

CD-00334
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
Further Reflections on Maltreatment of Children. (Letter).
Fontana, V. J.
New York State Journal of Medicine 68(Part 2):2214-2215, August 15, 1968.

The high incidence of prematurity and low birthweights among maltreated infants suggests a conscious or unconscious rejection of this type of child by the parent. Divorce, alcoholism, unemployment, financial stress, and parents who are young, emotionally unstable, and immature are predisposing factors. A possible means of preventing child battering might be to identify adolescents who in their earlier childhood had either been abused or received deficient mothering and to provide them with appropriate care and treatment. Legislative action and required reporting are a first step in protecting the child, but an interdisciplinary approach to the entire phenomenon is required for effective treatment. 10 references.

CD-00335
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
Battered Children. (Letter).
Fontana, V. J.
New England Journal of Medicine 289(19):1044, November 8, 1973.

The battered child syndrome is not rare, is not confined to the ghetto, and is not limited to mentally ill people. The syndrome is inextricably linked with unbearable stress, with impossible living conditions, with material or spiritual poverty, with alcoholism, assaults, robberies, murders, and the other ills of our society. 3 references.

CD-00336
St. Vincent's Hospital, New York, N.Y. Dept. of Pediatrics.
The "Maltreatment Syndrome" in Children.
Fontana, V. J.; Donovan, D.; Wong, R. J.
New England Journal of Medicine 269:1389-1394, December 26, 1963.

The circumstances and signs of the maltreatment syndrome are typified in 3 case histories. In 2 infant siblings, serial injuries ranging from wrist and ankle fractures to signs of malnutrition were reported. Denials of deliberate violence were forwarded and investigations attributed the injuries to epileptic fits in the mother. The eldest sister expired at 2 years of age; autopsy revealed subdural hemorrhage; cerebral edema; contusions of the face, scalp, and extremities, with scab formation; old lacerations of the lip; and multiple contusions and abrasions of the body. Subsequent investigations of injuries sustained by the remaining sibling failed to uncover malicious intent; however, maltreatment in the first case was confirmed. Complete fracture of the right femur with posterior displacement of the distal fragment, incurred from an alleged fall and multiple contusions and abrasions, as a result of being thrown on the floor, were observed in a 6-week-old child. Presumably, multiple intercranial damage and subdural hematomas have resulted in blindness and mental retardation, which were noted at follow-up. 10 references.

CD-00337
Battered Child Legislation and Professional Immunity.
Foster, H.H., Jr.; Freed, D.J.
American Bar Association Journal 52:1071-1073, November 1966.

A brief survey of problems in battered child legislation discusses the theoretical and practical aspects of legal immunity granted to reporters of child abuse. Statutory immunity, found in most states having mandatory child abuse reporting laws, is not legally necessary because the concept already exists in common law. But, the effectiveness of immunity as a stimulus for full cooperation by child abuse reporters is a significant public policy consideration. Other problems briefly described are the legal definition of abuse and the misguided emphasis on criminal sanction rather than family rehabilitation. "Good Samaritan" statutes are also discussed. 21 references.

CD-00338
Adelaide Children's Hospital, Inc., North Adelaide (Australia).
Legislative Aspects of the Battered Baby Syndrome in the Various States of Australia.
Fotheringham, B. J.
Medical Journal of Australia 2(7):235-239, August 17, 1974.

The current legislation in the various states and territories of Australia covering the battered baby syndrome is reviewed. Most states do not have provision either for mandatory reporting or specific legal immunity for a doctor who does report. However, most states contain some provision in their criminal code, or have child, social, or community welfare acts dealing with the problem. Most set penalties for illtreating a child. South Australia, Queensland, and Tasmania have legislation requiring reporting or giving reporters immunity. Although legislation is not uniform throughout Australia, exact standardization of the law is not essential. A standard form of state approach to case management by means of multidisciplinary committees based on the Tasmanian model is desirable. In that state the Attorney-General acts as the committee chairman. Although it may not be possible for the Attorney-General in the other states to fill this role, at least one person of high standing in the legal profession should be included in each state committee. Such state committees, under the direct or indirect control of the Attorneys-General, would not only be of benefit in providing a local source of top-level legal advice, but they would facilitate better communication between the states concerning the legal, medical, and social problems involved in managing the battered child.

CD-00339
County Council of the West Riding of Yorkshire (England).
Child Health--Points of Concern.
Francis, H.W.S.
Public Health 81(1):245-251, November 1966.

Effective child health care requires coordination between the different branches of medicine and social welfare work impinging on the child. Child guidance workers, for example, should recognize the instances in which emotional disturbances are rooted in physical causes. All practitioners should be aware of the role poverty plays in placing a child at risk. Family physicians should be alert to indications of child neglect. All should keep informed of the various relevant branches of research. Local and general practitioners should coordinate their practices, perhaps even to the extent of establishing a register of children at risk. 11 references.

CD-00340
Miami Univ., Coral Gables, Fla.
The Role of the Family in the Development of Psychopathology.
Frank, G. H.
Psychological Bulletin 67:191-205, 1965.

The literature of the past 40 years relating to the influence of early family experiences, particularly with the mother, on the development of schizophrenia, neuroses, and behavior disorders is reviewed. It is concluded that the family of the schizophrenic is not uniquely different from that of the neurotic or from that of persons ostensibly free from evidence of patterns of gross psychopathology. The assumption that the family is the factor in the development of personality was not validated. Numerous references.

CD-00341
The Nature of the Task.
Franklin, A. W.
In: Franklin, A. W. (Editor). *Concerning Child Abuse*, Edinburgh, Scotland, Churchill Livingstone, pp. 1-3, 1975.

The overall aim of the treatment of child abuse must be prevention. To accomplish this the adequacy of the parents and the characteristics of the family setting must be diagnosed, requiring a psychiatric and a social approach. The scope of studies and observations must be wide, linking the subject of child abuse to accidents in general as well as to family pathology. The matter of crime and punishment must also be considered. The importance of a working system in each locality for the protection of children and relevant help for the families and the use of such a system by all professionals in the community is stressed. Three main areas of difficulty are the physician's problems with confidentiality, the policeman's reputed preoccupation with convictions, and the obstacles created when the social worker loses her objectivity by getting too closely involved with the family.

CD-00342
Concerning Child Abuse.
Franklin, A. W. (Editor).
Edinburgh, Scotland, Churchill Livingstone, 189 pp., 1975.

This volume is the written record of the papers presented by the Tunbridge Wells Study Group on non-accidental injury to children. After a brief outline of the nature of the task by the editor, the subject is considered in 5 sections: the medical aspects, the social service element, the police point of view, the legal aspects, and the need for education. Medical aspects are considered from the point of view of the emergency department physician, the pediatrician, and the psychopathology of the families. Parent characteristics are defined in a controlled study, including EEG results and personality factors. The problem is examined from the point of view of the neurosurgeon, the coroner, the family planning physician, the medical social worker, and the health visitor. The social service element is explored in terms of the position of the local authority, the social worker's role, the nurturing problem, and provision of service. Two views from the police are expounded by law enforcement officers. The legal aspects considered are the value of mandatory reporting and court proceedings available. The final chapters deal with the need for education of doctors, social workers, and the police, and a

report on the teaching of legal studies in social work courses. Appendices include a discussion of area review committees, the structure of case conferences, and a well documented note on the assessment of thriving. 74 references.

CD-00343

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.

A Pragmatic Alternative to Current Legislative Approaches to Child Abuse.

Fraser, B. G.

American Criminal Law Review 12:103-124, Summer 1974.

A review of child abuse legislation shows that, at present, all 50 states, the District of Columbia, and the Virgin Islands have statutes making mandatory the reporting of suspected abuse cases by some persons. These statutes vary, however, in definitions of abuse, age of persons protected by the law, kinds of legal immunity granted, requirements for abrogation of privileged communications, penal sanctions, and provisions for central registries of abuse reports. Probably future trends in reporting include a broadening of the definition of abuse to cover neglect and sexual and emotional abuse, an expansion of the classes of persons required to report abuse, an enlargement of the provisions for immunity granted, a restriction of privileged communication to the attorney-client relationship, and an increase in the number of states adapting the concept of a central registry. Further legislation should also consider adopting provisions for (1) the prima facie case allowing a standard of preponderance of the evidence; (2) the guardian ad litem which expands the child's right to counsel to include consideration of the child's best interests in a long-range perspective; and (3) a temporary hold which permits a hospital or physician to retain custody of the child without court order until appropriate authorities can be notified if there is reasonable cause to suspect abuse and danger to the child if he is released. Alternative therapeutic approaches which avoid criminal prosecution and concentrate on amending the parents' behavior should be considered. Lay therapists acting as friends of the family, Parents Anonymous self-help groups, and crisis nurseries are 3 of the most successful therapeutic approaches. Numerous references.

CD-00344

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.

A Summary of Child-Abuse Legislation, 1973.

Fraser, B. G.

In: Helfer, R. E.; Kempe, C. H. (Editors). *The Battered Child*, Chicago, University of Chicago Press, pp. 203-227, 1974.

The various state statutes (as of 1973) dealing with child abuse are summarized in terms of the title of the statute, the age of children concerning whom reports are to be made, the nature of reportable injuries, the designated

receiver of the report, the legislative directions respecting what is to be done when a case is reported, immunity for the reporter, the abrogation of evidentiary privileges, the existence of a central state registry, and the maximum penalty for failure to report. The New York State Law of 1973 is an entirely new piece of legislation, and it contains some of the most up-to-date thinking on the subject.

CD-00345

Baylor Univ., Houston, Tex. Dept. of Psychiatry.

On the Role of Coenesthetic Stimulation in the Development of Psychic Structure.

Freedman, D. A.; Brown, S. L.

Psychoanalytic Quarterly 37:418-438, 1968.

Case histories of 2 children confined in almost total isolation in infancy can be compared to those of 2 children in India reared during infancy by wolves, to differentiate the effects of an absence of coenesthetic experience and a distorted experience. In the former case, a psychotic mother had restricted her daughter to a single room for the first 6 years of her life and restricted a son for the first 4 years of his. The girl's only contacts were with an older brother and the mother when she fed the girl and changed her diapers; the son saw only the mother. On being discovered, the children showed growth failure and severe psychomotor retardation. They could not feed themselves, or talk; they were incontinent, exhibited aimless motion, and their walking was impaired. In addition, they were unresponsive to other human beings and the boy showed an absence of pain. Although the children improved after adoption, marked retardation persisted. The boy, hyperkinetic and violent, ate voraciously; along with the girl he exhibited impaired speech including echolalia, emotional unresponsiveness to other people, and an impairment of spontaneous play and ability to handle objects. The girl was extremely obedient and timid and like the boy showed difficulty in distinguishing herself from her environment. In contrast, 2 girls approximately 18 months and 8 years old, discovered by an Anglo-Indian priest in a wolf's nest displayed feral behavior; they ran on all fours, ate and drank voraciously in the manner of dogs, and possessed keen night vision and acute senses of taste, feel, and smell. Their only communication was howling and nonverbal activity. Initially, they showed great hostility to other humans—baring their teeth and huddling in a corner. After one of the girls died, the other showed a grief reaction and responded affectionately to the overtures of a nurse. She eventually learned several words and learned to walk upright. These observations support the notion that the feral children, who developed a distorted psychic structure, could develop emotionally and physically because of their coenesthetic stimulation, but required extensive relearning and suffered intellectual impairment. The isolated children, on the other hand, lacked the coenesthetic stimulation to develop adequate psychic structures of any kind and despite their superior (as compared to the feral children) intellectual development, remained emotionally and neuro-muscularly impaired. 30 references.

CD-00346

The Need for Intensive Follow-Up of Abused Children.

Friedman, S. B.

In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*, Philadelphia, J. B. Lippincott Co., pp. 79-92, 1972.

Early identification of abuse is only the first step in preventing further injury, since repeated abuse or gross neglect is a common phenomenon. It is important for those dealing with injured children to be fully educated regarding child abuse. Since the private physician usually does not have ready access to agents from other disciplines, it is suggested that every medical community have an individual or office which can give immediate guidance and help to a physician involved in managing a battered child. The establishment of a registry, particularly in metropolitan areas, may promote early detection. Emergency room child abuse teams are especially effective in dealing with the situation. Physicians are reminded that the law mandates the reporting of merely the suspicion of child abuse. 11 references.

CD-00347

Rochester Univ., N.Y. Dept. of Pediatrics.

A Psychiatrist's View of Child Abuse.

Friedman, S. B.

In: A National Symposium on Child Abuse. Rochester, N.Y., October 19, 1971. Denver, Colo., American Humane Association, pp. 21-23, 1971.

After studying 156 children seen by the emergency room over a 2-week period, 17 were identified as suspected abuse cases presenting such injuries as fractures, burns, dislocations, abrasions, bruises, and head injuries. Emergency rooms must update their care to recognize abuse cases and provide some type of protective service as well as coordinate with agencies that provide long term management. Public health nurses are often helpful in providing the at home support and child care information the affected families need. A countywide registry of all childhood accidents used as a base would provide information on children who experience recurrences and might be in need of family services. 4 references.

CD-00348

Children's Hospital, Washington, D.C., Dept. of Ophthalmology.

Ocular Manifestations of Physical Child Abuse.

Friendly, D. S.

Transactions of the American Academy of Ophthalmology and Otolaryngology 75(1):318-332, January-February, 1971.

Ocular injuries are a common manifestation of child abuse. This diagnosis should be carefully considered in any eye injury as it may be the only prelude to a fatal incident. Five

case histories, including 1 child who died, are presented in detail. In a study of 54 abused children 13 had sustained ocular injuries, of which the most common was retinal hemorrhage. The physician's responsibility for reporting is emphasized with a list, by state, of responsible agencies. 16 references.

CD-00349

Children's Hospital Medical Center, Boston, Mass. Dept. of Psychiatry.

The Burning and Healing of Children.

Galdston, R.

Psychiatry 35(1):57-66, February 1972.

Burning and healing were studied in 100 children between the ages of 10 months and 16.5 years, admitted to the surgical ward of a hospital. Most of the children were male, under the age of 5, and were burned directly due to their own activity. They came primarily from troubled middle-class homes. Four were deliberately burned by an adult and 1 by another child. All children sustained second and third degree burns necessitating hospitalization for several weeks to months. Older children frequently sustained burns while playing with open fires. Their homes were often characterized by marital strife; and the children had often assumed the role of man of the house. Low impulse control and a sense of guilt were common. Younger children's burns came from touching hot objects. The incidents involved lack of supervision either of a chronic variety or more frequently a sudden decrement of attention without warning to the child, leaving it to play with whatever hot object had previously occupied the parent's attention. These parents often lacked emotional energy and allowed their children to engage in inappropriate activities. Burn treatment consisted of metabolic support, protection against infection, debridement, skin grafting, and traction to prevent contractures. On admission, both children and parents displayed an initial sense of shock and denial of the injury. Later as the dressings were changed and the extent of the injury became evident, the burn was a source of extreme anxiety. It is recommended that the parents should not visit the child frequently during this period of maximum stress. Instead the nurse (and indirectly the child psychiatrist) must provide emotional support through familiar settings and activities and holding equivalents to give the child a feeling of human contact. The child should be allowed to remove dressings itself since removal by others tends to cause regression. Physical restraints (traction and casts) caused great frustration and compensatory activities were essential. Isolation tended to create acute regression. Once the skin grafting stage was reached, the child was generally encouraged, but emotional support was needed to counteract the effects of the intense itching associated with the grafts. Limited follow-up studies indicate that the overall effect of burns is an inhibition of thought and action and regression in both activities and human relations. 8 references.

CD-00350

Children's Hospital Medical Center, Boston, Mass. Dept. of Psychiatry.

Observations on Children Who Have Been Physically Abused and Their Parents.

Galdston, R.

American Journal of Psychiatry 122(4):440-443, October 1965.

Observations were made of 60 children (mostly between 6 and 18 months old) diagnosed as the victims of child abuse. Physical symptoms usually included failure to thrive, bruises and fractures of varying ages, and distinctive radiological signs. Both the children and their parents also displayed characteristic emotional signs. On admission, the children were often highly withdrawn, some displaying extreme fright, others profound apathy. Many exhibited severely depressed appetites leading to nutritional problems. Close but not necessarily continuous contact with a nurse was often helpful in improving the child's emotional state, increasing both spontaneous movement and appetite. Even after the acute phase has passed the child often showed extreme anxiety, clinging indiscriminately to hospital personnel, or else lingering depression in appetite and responsiveness. The pattern suggests that the development of ego skill may have been inhibited by the absence of gratifying human contact; in some cases the loss may be permanent. Parents frequently appeared disinterested in their children during hospitalization. Similar personality patterns appeared among many of the parents. Role reversal between the husband and wife was often seen. Parents frequently attributed adult capabilities to their infants, seeing them as hostile and demanding adults. Many transferred their own unpleasant childhood experiences to the child. Child abuse often occurred immediately following a family crisis; in some cases the parent had initially withdrawn from the child before the assault. Treatment should focus on dispelling the parent's unrealistic perceptions of the child; the therapist recognizing that the parent's feelings about the child are ambivalent. Aside from the abuse syndrome itself, neither psychosis nor autism was generally observed in either parents or children.

CD-00351

Children's Hospital Medical Center, Boston, Mass. Dept. of Psychiatry.

Preventing the Abuse of Little Children: The Parents' Center Project for the Study and Prevention of Child Abuse.

Galdston, R.

American Journal of Orthopsychiatry 45(3):372-381, April 1975.

A project is described in which 73 children of 46 abusing families were enrolled in a therapeutic day care unit and the parents attended weekly meetings of a parent group, thus preserving the integrity of the family while protecting the children from physical abuse. The children ranged in age from 6 months to 4 years at the time of enrollment, and they remained in the program from 4 weeks to 5 years.

Marked changes in behavior of the children was usually noticed within 2 weeks, with the appearance of appropriate expressions of emotion and purpose replacing their earlier bland and stereotyped behavior. Improvement was also observed in the "grabbing reaction," a term used to describe grabbing objects from other children, biting flesh, and shouting for attention. Growth and development rates of the children also improved. Common characteristics among the parents were abnormal relationships with their own parents, a feeling of failure in parenting, and persistent frustration of sexual appetites within the domestic context. The results of treatment were less clear for the parents than for the children, but it was felt that the treatment of the children over this prolonged period could not have been achieved without concurrent treatment of their parents. 11 references.

CD-00352

Children's Hospital Medical Center, Boston, Mass. Dept. of Psychiatry.

Violence Begins at Home. The Parents' Center Project for the Study and Prevention of Child Abuse.

Galdston, R.

Journal of the American Academy of Child Psychiatry 10:336-350, April 1971.

The Parents' Center Project for the Study and Prevention of Child Abuse, Boston, Mass., provides day care for abused children and directed group sessions for the parents. The adult program is designed to help the parents cope with their feelings toward their children and spouses as well as their feelings of inadequacy, special needs, or fears. Individually designed therapies are developed to cope with each distinct problem. The program is intended to relieve day-to-day pressure on the parents and provide a long-term cure by providing day care with psychological counseling. Results obtained with 23 families and 42 children over 2 years are described in detail. 7 references.

CD-00353

The Battered Child: Logic in Search of Law.

Ganley, P. M.

San Diego Law Review 8(2):364-403, March 1971.

Various aspects of the battered child syndrome are discussed to clarify legal issues involved. Specific topics include definitions and types of child abuse; problems in physicians' recognition of the syndrome; frequency of occurrence; age groups and familial characteristics associated with the syndrome; theories behind legislation concerning the battered child; criminal sanctions; juvenile court acts; central registries; the role of protective agencies; and necessary reforms in child abuse law. Numerous references.

CD-00354

Lewisham Hospital, London (England). Dept. of Pediatrics.

Battered Babies—How Many Do We Miss? (Letter)

Gans, B.

Lancet 1(7636):1286-1287, January 3, 1970.

The case of a 5-month-old infant observed in a London hospital in 1969 illustrates the fact that physicians and others are reluctant to diagnose battered child syndrome even when presented with abundant evidence. The child has been hospitalized 6 times over a 4-month period with injuries to his right hand including tenosynovitis and a fractured terminal phalanx. Each time the injury healed normally during hospitalization and each time the child was reinjured shortly after his release. On the final admission a needle was found embedded in the child's heel. Nevertheless, the hospital staff, the police, and the juvenile court all failed to deal with the abuse; in fact, the needle was not discovered until the (abusing) mother insisted on an x-ray, and the juvenile court would not terminate parental custody until one of the child care officers coincidentally attended a lecture on the battered child syndrome which influenced him. It was later discovered that one of the child's siblings had died of peritonitis after having a sewing needle inserted in her abdomen. Part of the reluctance of the authorities to make the diagnosis resulted because the parents were nice people.

CD-00355

Lewisham Hospital, London (England). Dept. of Pediatrics.

Unnecessary X-rays? (Letter)

Gans, B.

British Medical Journal 1:564, February 28, 1970.

Any injury to a child under 2 makes a complete skeletal survey mandatory. Such a child must be considered the victim of battered child syndrome until the absence of multiple fractures of various ages has been shown.

CD-00356

New York Foundling Hospital, N.Y. Community Development Program and Homefinding and Placement.

Neighborhood-Based Child Welfare.

Garber, M.

Child Welfare 54(2):73-81, February 1975.

A neighborhood-based group home for boys was established with 3 major functions: (1) a long-term facility for neighborhood boys who would profit from group placement; (2) emergency placement for children in time of family crisis; and (3) a half-way house for boys en route from institutional placement back to the home. The facility had good community support and made use of neighborhood resources. Family, peer, and community relationships were maintained as a result of the location of the home. The first 6 boys admitted are briefly described. Easy accessibility and recognition of neighborhood responsibility for its children are among the advantages of this approach.

CD-00357

The Gilday Center: A Method of Intervention for Child Abuse.

Gardner, L.

In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*, Acton, Mass., Publishing Sciences Group, Inc., pp. 143-150, 1975.

A wide variety of organizations and individuals worked with the Junior League of Boston to inaugurate the Gilday Center, a day care center designed to serve children at time of family crisis. Auxiliary facilities provided medical, psychiatric, dental, visual, and hearing assistance where indicated. After 18 months funding was transferred to Parent's and Children's Services. Monthly volunteer meetings provided further training and communication between staff and volunteers. Transportation services were provided. Consistent atmosphere and environment were provided for the children with one worker assigned to 4 children. A few case histories illustrate the effectiveness of the project.

CD-00358

Child Abuse and the Central Registry.

Garinger, G.; Hyde, J. N.

In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*, Acton, Mass., Publishing Sciences Group, Inc., pp. 171-175, 1975.

The concept of maintaining a central registry in abuse and neglect cases is explored in terms of its advantages and disadvantages. Traditionally, the registry has been viewed as an instrument for ascertaining the true incidence of abuse, assisting in the determination of whether abuse or neglect has occurred, and maintaining vigilance on abusive and neglectful parents. It has, thus, a preventive function. But parents are usually not informed when they are placed on the list, nor are they aware of the criteria for such listing or given the right to challenge listing. Further, the right of access to information in the registry constitutes a grave problem, and no statutory provisions govern the period that a name should remain listed. The problem is not one with clear-cut solutions. 1 reference.

CD-00359

Public Assistance Families: A Resource for Foster Care.

Garland, P.

In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook* New York, N.Y. MacMillan Co., pp. 159-168, 1970.

A demonstration project in which babies were placed in foster homes where the mother was receiving Aid to Families with Dependent Children funds in New York City is described. Thirty-four babies were placed in these selected homes, and experiences of 2 families are reported. While there are many unanswered questions, a general feeling of optimism about the program is expressed. There are many families among the recipients of public assistance who despite their economic dependency and associated problems have a stable, wholesome family life and a capacity to be of service to needy children. Many of these have a tremendous desire and capacity to give because of their closeness to the harsher realities of life. They also have increased sensitivity to the natural parents.

CD-00360

Westminster Hospital, London (England). Dept. of Psychiatry.

Wife Battering: A Preliminary Survey of 100 Cases.

Gayford, J. J.
British Medical Journal 1(5951):194-197, January 25, 1975.

A survey of 100 battered wives is presented. All subjects had bruising, and in 44 this was associated with lacerations; 36 suffered fractured bones. Violence was prominent in the histories of both partners of the marriage, and drunkenness and previous imprisonment were common among the husbands. The educational background of the women was varied and included 27 with grammar or private school education, 32 with some kind of certificate, and 30 who went on to further education after leaving school. In most cases the violence was repeatedly inflicted. In 54 cases the women charged that the husband had extended the violence to the children, and 37 mothers admitted that they were discharging frustration on their offspring. There is a need for a place of sanctuary where a woman can take her children when violence gets out of control. 9 references.

CD-00361

Rhode Island Univ., Kingston. Dept. of Sociology.

Child Abuse as Psychopathology: A Sociological Critique and Reformulation.

Gelles, R. J.
American Journal of Orthopsychiatry 43(4):611-621, 1973.

Psychopathological theories describing as the sole cause of child abuse a presumed mental aberration or disease in the parents are inconsistent, very narrow, and not supported by reliable, predictive data. The theory contradicts itself by observing that child abuse is usually the sole psychopathic manifestation displayed by the parent and by a general lack of agreement on the precise traits characterizing the putative child abuse disorder. Research utilizing the psychopathology model seldom attempts to test the hypothesis prospectively or utilizes statistically reliable samples. The model ignores data identifying a preponderance of low socioeconomic status individuals and women among parents who abuse, and the preponderance of children aged 3 years or less who are abused. Similarly, the abused child is likely to be the product of an unwanted pregnancy and the assault is likely to take place during a period of particular economic stress. A more complete model of child abuse must take into account the parents' socialization process (particularly the role violence played), the ongoing situational stresses resulting from socioeconomic position, and the immediate stressful situations precipitating the assault. Only then can a strategy of intervention be devised to prevent future child abuse. Alleviating the position of the poor in an affluent society, a liberalized abortion and birth control policy, and teaching alternate methods of child rearing should form an integral part of such a strategy. 29 references.

CD-00362

Rhode Island Univ., Kingston. Dept. of Sociology.

The Social Construction of Child Abuse.

Gelles, R. J.
American Journal of Orthopsychiatry 45(3):363-371, April 1975.

Research on child abuse has traditionally focused on incidence, causes, and prevention and treatment. Abuse is a type of social deviance and the product of social labeling. Employing the perspective of labeling theory, causes of abuse are the result of social definitions applied by certain judges charged with identifying children injured by their caretakers. Six systems are perceived to be involved in child abuse: (1) the medical system, (2) the social service system, (3) the criminal justice system, (4) the school system, (5) the neighborhood and friendship system, and (6) the family and kin system. It is suggested that further knowledge of how the systems interact and overlap, how abusers flow through the systems, and how abusers get lost in the systems might improve knowledge of child abuse. 41 references.

CD-00363

Rhode Island Univ., Kingston. Dept. of Sociology.

Toward an Integrated Theory of Intrafamily Violence.

Gelles, R. J.; Straus, M. A.
Rhode Island Univ., Kingston. Dept. of Sociology. 23 pp., September 24, 1974.

Thirteen theories of interpersonal violence are reviewed, and the proposal is advanced that violence between family members is a special case of violence which requires its own theoretical explanation due to the extent of intrafamily violence and the special and unique characteristics of the family as a social group and institution. A theory of family violence has begun to be developed by integrating theories of interpersonal violence with empirical knowledge about the family. A matrix of theories of violence and the major concepts used in these theories is presented, and projected steps toward developing an integrated theory of family violence are explained. 65 references.

CD-00364

Underwood Memorial Hospital, Woodbury, N.J. Emergency Dept.

Spare the Rod: A Survey of the Battered-Child Syndrome.

George, J. E.
Forensic Science 2:129-167, 1973.

A review of the battered child syndrome covers its historical origins and current manifestations. The discussion of psychosocial aspects of child abuse describes the incidence, the nature of the battery and the victim, and circumstances surrounding the episode of battering. Discussion of the medical aspects includes case studies; radiologic, dermatologic, and pathologic findings; and other clues. The legal milieu of the battered child is also considered; some

attempted solutions such as the establishment of central registries and protective services, and mothering therapy for the parents are discussed. There is a need for greater coordination of efforts to achieve any significant impact on this syndrome. 118 references.

CD-00365

Institute of Psychiatry, London (England).

Female Offenders.

Gibbens, T.C.N.
British Journal of Hospital Medicine 6(3):279-286, September 1971.

A review of the characteristics and typical crimes of female offenders shows that female offenders tend to be more seriously disturbed mentally than male offenders and can be characterized, in terms of behavior, by the type of crime they have committed. Medical problems usually play a large part in the offenses of women. Women who murder or abuse their children are often severely depressed or suffering from mental and physical exhaustion. 44 references.

CD-00366

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.

A Holistic Perspective on Child Abuse and Its Prevention.

Gil, D. G.
Journal of Sociology and Social Welfare 2(2):110-125, Winter 1974.

An essay describes child abuse as a complete social phenomenon and discusses two analytic concepts, levels of manifestation and causal dimensions, to be used for studying the nature of child abuse and for developing effective policies and programs for its prevention. The main obstacle to effective treatment of the child abuse problem is described as the fragmentary approach in which each discipline deals with the phenomenon in an isolated manner rather than in a societal context. A holistic approach is suggested and defines child abuse as inflicted deficits on a child's rights to develop fully and freely irrespective of the source of the deficits. Child abuse is seen on several related levels: interpersonal, institutional, and societal. Causal dimensions include (1) the dominant social philosophy and value premises of society and its institutions and the human relations that result; (2) social definitions of children's rights and use of force in childrearing; and (3) social alienation of the parent which may cause psychopathological expressions and abusive acts. Suggestions for prevention require fundamental social changes in values, institutions, human relations, childrearing practices, and economic conditions throughout society. Brief discussion of future research possibilities includes study of socially meaningful issues and formulation of multidimensional hypotheses to be explored cross-culturally, historically, and experimentally. 6 references.

CD-00367

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.

Violence Against Children.

Gil, D. G.
Journal of Marriage and the Family 33(4):637-648, November 1971.

A major effort to determine the extent of child abuse in the United States included a nationwide survey based on a multistage probability sample of 1,520 interviews in 1965, case reviews of 1,400 incidents reported during 1967 in a representative sample of 39 cities and counties, and standardized information on about 30,000 cases processed by the courts in 1967-1968. Newspaper and periodicals were also searched for child abuse and neglect articles for 6 months in 1965. Extensive data on the scope of child abuse, the characteristics of legally reported 'abused children, the families of abused children, the abuse incidents and the circumstances surrounding them, and official actions following abuse are described and tabulated. Based on these data, a typology of child abuse was developed. A conceptual model of physical child abuse, based on culturally sanctioned use of physical force in childrearing and differences in childrearing patterns among social strata and ethnic groups, is described. Implications for social policy are also discussed. 5 references.

CD-00368

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.

Violence Against Children. (Letter).

Gil, D. G.
Pediatrics 49(1):641, January 1972.

The methodology and conclusions reported in the book *Violence Against Children*, is defended against the criticisms of a hostile book review. The study employed a fairly representative sample of the total U.S. population whose characteristics eliminated the need for a control group. Discrepancies between reported incidences of child abuse and incidences obtained from an opinion survey were adequately explained according to the procedural limitations of each method. A multidimensional hypothesis for the etiology of abuse incorporating social variables as well as psychological variables is justified sufficiently to warrant further study. The conclusion that the abuses of society against children in the form of poverty, hunger deficient medical care, inadequate education, and corporal punishment is more serious than abuse by individuals is supported. 2 references.

CD-00369

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.

Helping Parents and Protecting Children. A Conceptual Model of Child Abuse and Its Implications for Social Policy.

Gil, D. G.
In: Steinmetz, S. K.; Strauss, M. A. (Editors), *Violence in the Family*, New York, Dodd, Meade, and Co. pp. 205-211, 1974.

Several studies including an extensive national survey indicate that child abuse does not result primarily from individual psychopathology, but instead, represents a multi-dimensional problem rooted in society's unconcern for the rights of children. Society's sanction of the use of corporal punishment against children appears to account for the wide prevalence of abuse (an estimated 2 million cases a year with 60 percent of the population believing that anyone is capable of abuse). Superadded to this general sanction of violence are the increased use of corporal punishment among the poor and among minority groups accounting for the high incidence of abuse among these populations. Reporting bias, the special stresses of poverty, and the lower level of verbal interaction among the lower class also may contribute to the problem. Precipitating events constitute yet another dimension. Social policy must be aimed at eradicating the use of corporal punishment against children particularly in the schools and other public institutions. In addition, the elimination of poverty and social inequality is necessary for achieving the ultimate goal of equal rights for children. More specific measures such as a comprehensive family planning program, family life education for adolescents, a national health service, and neighborhood based social services will also be useful. 6 references.

CD-00370

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.
Physical Abuse of Children. Findings and Implications of a Nationwide Survey.
Gil, D. G.
Pediatrics 44 (Supplement): 857-864, November 1969.

A nationwide survey conducted to gather information on incidence, distribution characteristics, and circumstances of legally reported child abuse in 1967 showed that, of the 6,000 reportedly abused children, 50 percent were under 6 years old; 79 percent were in the appropriate grade in school; and 60 percent had been abused previously. A large percentage of the children were from broken homes. Educational level and occupational status of the parents were low. Involved families had more than the general U.S. average number of children. Sixty-three percent of the incidents developed from disciplinary action. These and other statistics suggest that physical abuse of children is a multidimensional problem based on cultural attitudes and involves social and ethnic child-rearing practices, chance factors, environmental stress factors, and psychosocial development of family members. The magnitude and severity of the child abuse phenomenon may have been exaggerated in the past. Suggested solutions to the child abuse problem emphasize changing prevailing child-rearing attitudes and developing clear cut cultural prohibitions and legal sanctions against using physical force on children. 23 references.

CD-00371

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.
Unraveling Child Abuse.
Gil, D. G.
American Journal Orthopsychiatry 45(3):346-356, April 1975.

Child abuse is redefined as inflicted deficits on a child's right to develop freely and fully, irrespective of the source, and agents of the deficit. It is manifested at 3 related levels: (1) the interpersonal level in the home and in child-care settings; (2) the institutional level through the policies and practices of a broad array of child care, educational, welfare, and correctional institutions and agencies; and (3) the societal level, where the interplay of values and social, economic, and political institutions and processes shape the social policies by which the rights and lives of all children, and of specific groups of children, are determined. The causal dimensions are the philosophy, value premises, and institutions of a society, and the quality of human relations to which these give rise. Other causal dimensions are the social construction of childhood and the social definition of children's rights; the extent to which a society sanctions the use of force in general, and, more specifically, in the child rearing context; stress and frustration resulting from poverty and from alienation in the workplace which may trigger abusive acts; and expressions of interpsychic conflicts and psychopathology which, in turn, are rooted in the social fabric. Primary prevention would require fundamental changes in social philosophy and value premises, in societal institutions, and in human relations. It would also require a reconceptualization of childhood, of children's rights, and of child rearing. Fragmented approaches addressed to any single causal dimension could provide only some amelioration. 6 references.

CD-00372

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.
A Sociocultural Perspective on Physical Child Abuse.
Gil, D. G.
Child Welfare 50(7):389-395, July 1971.

A nationwide survey of 13,000 child abuse cases reported during the years 1967 and 1968 has revised earlier theories derived from statistically unrepresentative hospital case studies on the nature of child abuse. The survey showed that earlier studies overrepresented the young among both parents and children, and the involvement of mothers and of middle-class parents. Child abuse stems from society's sanction of the use of force in punishing children aggravated by environmental stresses (particularly among the lower socioeconomic classes), individual deviance, and chance factors at the time of the incident. A program to curtail child abuse should be multidimensional. On a national scale the use of corporal punishment should be outlawed and efforts to eliminate poverty should be made. Where abuse has occurred comprehensive family planning programs, family life education programs, and national

health care and neighborhood-based social service programs to assist individual families should be available. Nevertheless, physical child abuse represents a relatively small problem compared to the abuse represented by poverty and discrimination. 7 references.

CD-00373

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.
A Holistic Perspective on Child Abuse and Its Prevention.
Gil, D. G.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 133-159, 1975.

Clarity concerning the sources, dynamics, and effective approaches to primary prevention of this destructive phenomenon are elusive. Perhaps the most serious obstacle to this understanding is the prevailing conception that social problems are isolated, fragmented phenomena, rather than the consequences of the society from which they evolve. Interpretation of the problem along single dimensions such as biological, psychological, or social also creates an artificial barrier which limits understanding. The use of descriptive rather than analytic-dynamic terms in describing social problems hinders the development of detailed investigations. The development of a holistic definition of child abuse and analytical concepts may clarify the problem. Different levels of manifestation and causation are defined to provide direct conceptual guidance for research directed primarily at prevention.

CD-00374

Brandeis Univ., Waltham, Mass. Florence Heller Graduate School for Advanced Studies in Social Welfare.
Public Knowledge, Attitudes, and Opinions About Physical Child Abuse in the U.S.
Gil, D. G.; Noble, J. H.
Child Welfare 47(7):395-401, 426, July 1969.

A survey was made of 1,520 adults representing a standard multistage area probability sample of the total noninstitutional population of the United States to determine the public's awareness and opinions of the child abuse problem. Over 80 percent indicated recent general knowledge of the problem and nearly as many indicated knowledge of a specific incident; newspapers and television were the principal sources of information. Approximately half of the respondents were aware of their local child protective agency. With the greatest awareness in nonmetropolitan areas among those with a high school education or better. All but 7 percent of the respondents said they would act if they personally knew of a child abuse incident; respondents said they would speak to a welfare agency (47 percent), the police (23.6 percent), the abusing family (13.7 percent), or neighbors (9 percent). The percentage of those who said they would deal directly with the abusing family rose to 77 percent where the abuse was committed in the respondent's

presence. Nearly 60 percent of the respondents believed that anyone was capable of committing child abuse under some circumstances; 22 percent believed themselves capable (a figure higher for men than for women); 16 percent felt close to committing abuse themselves; and 0.4 percent admitted actually abusing a child. Only 36 percent of the sample believed that an abused child should be removed from the home after the first incident, while nearly two-thirds believed that treatment and supervision rather than punishment was the proper remedy for child abuse. Fifty-five percent believed that social welfare agencies rather than law enforcement (22.7 percent) or health (14 percent) agencies should handle the problem. An upper limit for the incidence of child abuse in the United States of 2.53-4.07 million cases per year is calculated. 9 references.

CD-00375

The Battered Child Syndrome: Thermal and Caustic Manifestations.
Gillespie, R. W.
Journal of Trauma 5(4):523-534, 1965.

A study of the frequency of thermal injuries and their characteristics in cases of the battered child syndrome covered reports from 14 counties in southeastern Nebraska and from the urban areas of Lincoln and Omaha. Of the 19 children reported, 15 suffered burns; 2 had frostbites; and 2 had caustic burns of the mouth and pharynx. Burns at varying stages of healing of the head, neck, chest, abdomen, and back should always be suspect. Multiple injuries consisting of bruises and lacerations, fractures of the skull and long bones, choke marks, malnutrition, hematoma, and blood in the spinal fluid are also common. Multiple injuries were identified in every child in the study. Six of these children died due to their injuries; 12 were the victims of repeated abuse; and 1 child died after his return to his family. Thermal injuries are part of the characteristic pattern of repeated injury in the battered child syndrome and should be watched for in diagnoses. 18 references.

CD-00376

California Univ., Los Angeles. School of Social Welfare.
Parental Mistreatment: Perpetrators and Victims.
Giovannoni, J. M.
Journal of Marriage and the Family 33(4):649-657, 1971.

Mistreatment of children may be classified as either abuse (acts of commission with physical or emotional consequences) or neglect (acts of omission). Although both abuse and neglect are related to socioeconomic conditions, neglect seems the more directly linked to poverty, whereas abuse involves psychic difficulties enhanced by poverty. In either form of mistreatment the same sociological system treats the affected families; its options are to remove the child from the family, to institute protective surveillance within the family, or rarely, to criminally punish the parents. American concern for children's welfare has developed from two sources over the past 200 years. First,

society has become less punitive toward the poor and more respectful of the integrity of poor families. Second, society has become less willing to legitimize violence toward children. To some extent concern over the mistreatment of children has been misdirected by a concentration on familial rather than societal problems. Malnutrition and the diseases of poverty make a far greater contribution to childhood mortality than physical abuse. The poor are inadequately aware of social services and even when they do make contact the institution is likely to be punitive or else oblivious to many of the family's problems. (For example, few organizations inquire into a mother's maternal adequacy although many evaluate her employability or her relations with men). This situation is aggravated by the fact that the poor seldom have any control over the administration of these services; even neighborhood-based service and political groups have little input into broad community wide programs. The parents as well as the children are victims. 18 references.

CD-00377

California Univ., Los Angeles. School of Social Welfare.
Research in Child Abuse: A Way of Seeing Is a Way of Not Seeing.
Giovannoni, J. M.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 121-131, 1975.

A simple collection of data on child abuse does not represent meaningful research unless the interrelationships within it are fully interpreted. Research orientations range from those entirely concerned with the psychological functioning of the abuser and his history to studying entirely societal factors which superordinate individual functioning. It should be recognized that much can be learned from a number of these approaches as well as from a number of types of research. Initially most research was practitioner-oriented, focused on the search for etiological factors specific to the problems, and on the efficacy of treatment or corrective modalities. More recently, professionals in anthropology, psychology, and sociology have been studying the problem, hoping to learn more about human behavior and interaction. This will provide an even broader perspective and more potential explanations. Even though no one model may be correct, each will add valuable insight. Since mental illness and juvenile delinquency share some common factors with child abuse, studying the pattern of research which these have developed may point to the future of child abuse research.

CD-00378

California, Univ., Los Angeles. School of Social Welfare.
Child Neglect Among the Poor: A Study of Parental Adequacy in Families of Three Ethnic Groups.
Giovannoni, J. M.; Billingsley, A.
Child Welfare 49(4):196-204, April 1970.

A group of 186 low-income (\$5,000 or less), Black, Caucasian, and Spanish-speaking mothers were interviewed about their past and current life situations to identify factors related to child neglect among the poor. Two groups of mothers had been judged adequate and potentially neglectful by public health nurses, while a third group consisted of neglectful mothers known to protective services. The past social and familial situation of the mother did not significantly differentiate neglectful from adequate mothers except that among Spanish-speaking mothers, U.S.-born mothers were more neglectful than South American-born. The current life situation of the neglectful mothers was significantly more stressful than that of the more adequate mothers. Neglectful mothers tended to have larger families, to be without husbands more often, to have more marital disruptions, to be poorer, and to lack material resources more markedly than more adequate mothers. Neglectful mothers also had less frequent and less rewarding relationships with extended kin and with the church; despite this lack of support, neglectful mothers showed no greater awareness of community support facilities than did more adequate mothers. Neglectful mothers showed a lower degree of nurturance toward their children and a lower preference for younger (and therefore more dependent) children. Ethnic variations were noted throughout the study, particularly in the areas of kinship and childrearing patterns. 14 references.

CD-00379

Stanford Children's Convalescent Hospital, Palo Alto, Calif.
Physical and Psychological Development of Children With Early Failure to Thrive.
Glaser, H. H.; Heagarty, M. C.; Bullard, D. M., Jr.; Pivchik, E. C.
Journal of Pediatrics 73(5):690-698, November 1968.

Hospital case records of 50 children of average age 12.5 months, with failure to thrive of nonorganic etiology (admission weight below the third percentile) were reviewed. The patients were generally the youngest children in families of several children with parents in their mid-twenties. The families were usually intact and the father employed with relatively high socioeconomic status. Patients presented a wasted appearance and radar-like gaze; nearly all showed height and bone retardation. Instances of sibling failure to thrive, sibling chronic disease, iron deficiency anemia, abnormal glucose tolerance and post trauma were observed. Feeding difficulties were also observed. On a standard hospital regimen one-third lost weight, but the others improved. At a follow-up conducted on an average of 3.5 years later, 42.5 percent of the 40 patients available remained below the third percentile in height, weight, or both, and a number had displayed emotional disturbance or failed kindergarten. I.Q. scores indicated an approximately normal distribution skewed slightly toward higher I.Q.s; however, 6 children were retarded. Sixteen families had experienced serious disruption, 13 were participating in casework, and 6 children had been removed from their homes. One-third of the patients, from good environments, showed no sequelae. The mechanism of nonorganic failure to thrive is not clear. 27 references.

ism of nonorganic failure to thrive is not clear. 27 references.

CD-00380

Auckland Hospital (New Zealand).
Cruelty to Children.
Gluckman, L. K.
New Zealand Journal of Medicine 67:155-159, January 1968.

The problems of detection, probable causes, character development, and the physician-child relationship are covered in a general discussion of child abuse. To improve approach and management in individual cases, an outline of possible differential diagnoses of adults who batter children is presented including (1) organic brain disease, (2) ignorance, (3) psychoneurotic disorders, (4) personality structure disorder, (5) psychosis, (6) pathological attitudes, (7) sadism, (8) organic disease in adult and child, (9) psychiatric disorders in childhood, and (10) cluster disorder. 15 references.

CD-00381

Louisville Univ., Ky. Raymond A. Kent School of Social Work.
Breaking the Communication Barrier: The Initial Interview With an Abusing Parent.
Goldberg, G.
Child Welfare 54(4):274-282, April 1975.

Behavior techniques which facilitate the exchange of feelings and information useful at an initial interview with an abusing parent are described. The need for such techniques arises from the low self-esteem of these parents and their sensitivity to and fear of criticism. The behaviors are positioning, reaching for feelings, waiting, so-called "getting with" feelings, asking for information, and giving information. Placement of the chair at a 60 degree angle and 20-36 inches from the parent is recommended. Asymmetric arm and leg positions, a slight leaning forward, frequent eye contact, and moderate voice, are also suggested, and excessive gesticulation, fidgeting, and rapid speech should be avoided. Reaching for feelings is particularly appropriate when the parent does not express any emotion, when his expression of emotions is nonverbal, and when the expression is inappropriate to the situation. Waiting is important to allow the parent to engage in an internal dialogue. "Getting with" feelings indicates to the parent that the worker understands his feelings. Asking for and giving information follow in natural sequence. 17 references.

CD-00382

Washington, Day Care. (Editorial).
Goldman, J.
Day Care and Early Education 2(1):21-23, September 1974.

After a 7 month delay, the Department of Health Education and Welfare (DHEW) has begun to implement the 4 year, \$85 million Child Abuse Prevention and Treatment Act passed in January 1974. The Act establishes the National Center on Child Abuse and Neglect, which will be part of the Office of Child Development in DHEW, to collect and disseminate information of child abuse, and provides funds for a demonstration program and grants to the states. Regulations now being completed by DHEW have defined the latter two objectives. The demonstration program funds will go toward training personnel and establishing multidisciplinary centers to deal with child abuse, while the state grants will go to fund programs in states that present approved legislation for dealing with abuse and neglect. The law defines abuse and neglect as: the physical and mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate the child's health or welfare is harmed or threatened thereby, as determined in accordance with the regulations prescribed by the Secretary. The DHEW regulations are expected to expand on this definition. The Act had its genesis in the Mondale Children and Youth Subcommittee, which recognized that whereas most states had legislation requiring the reporting of child abuse, few required treatment or follow-up. DHEW responded by establishing the Office of Child Development and spending \$4 million on research and model legislation. The present legislation was a compromise between the Mondale and administration programs.

CD-00383

Adelaide Univ. (Australia). Dept. of Mental Health.
Abusing Parents. Legal and Therapeutic Aspects.
Goldney, R. D.
Medical Journal of Australia 2:597-600, September 9, 1972.

There is considerable literature indicating that abusing parents have a psychiatric disability. Present mandatory reporting laws tend to interfere with a primarily therapeutic approach to this problem by forcing physicians to jeopardize their relationship with the patient or make an otherwise unsatisfactory medicolegal compromise. Two possible solutions to this dilemma are (1) to designate a period of time in which reporting is voluntary on condition that the parent seek therapy; and (2) to create a special court with a primarily therapeutic orientation to handle child abuse cases. Management of child abuse cases should include (1) instruction of parents in the art of mothering; (2) total psychiatric assessment of the parents in the hospital by a psychiatrist and social worker; (3) primary attention to the parents to prevent feelings of rejection; (4) reporting, where indicated, directly to an executive authority; and (5) establishment of multidisciplinary teams within the hospital. 18 references.

CD-00384

Association for Jewish Children of Philadelphia, Pa.
Providing Services to Children in Their Own Homes: An Approach That Can Reduce Foster Placement.
 Goldstein, H.
Children Today 2(4):2-7, July-August 1973.

A program of home services in lieu of foster home placement by the Association for Jewish Children of Philadelphia is described. In addition to casework, counseling and psychotherapy, education, development of personal skills, and experiences to foster individual growth are provided. Whether serviced in placement or at home, the following services are routinely available: an intake diagnostic service; a specialized educational program; interest-expanding experiences and activities; psychotherapy; a 24-hour telephone service; volunteer big brothers, sisters, and tutors; annual psychological and achievement testing; escort drivers; group counseling; and individual casework counseling. Decisions regarding staying at home or being placed are made on assessment of a parenting continuum scale. Of 143 children from 68 families in the placement prevention service, 51 percent were in families either on public assistance or with annual incomes of less than \$5,000, and 18 percent were in families with annual incomes of \$8,000-10,000. About 61 percent of the children came from families in which there was separation, divorce, desertion or death of a parent; in others the relationships of the spouses were usually poor. Almost one-third of the parents had some psychiatric disturbance. Long-term treatment is inevitable, and the turnover of cases is slow. Gains are achieved slowly in this situation, but results have been encouraging. 2 references.

CD-00385

Temple Univ., Philadelphia, Pa. Dept. of Psychology.
Escalation of Aggression: Experimental Studies.
 Goldstein, J. H.; Davis, R. W.; Herman, D.
Journal of Personality and Social Psychology 31(1):162-170, 1975.

Theoretical explanations for the escalation in shock intensity over trials frequently observed in research using the Buss aggression machine were tested in a modified verbal operant-conditioning situation. Subjects were allowed to administer any of ten levels of positive reinforcement to a "learner" for correct verbal responses or any of ten levels of negative reinforcement to a learner for incorrect responses. Half of the subjects were required to begin with weak reinforcements, and half with strong. Regardless of condition, subjects gave more intense reinforcements as the learning trials progressed. Those who administered negative reinforcements devalued the learner relative to those who administered positive reinforcements. In a second experiment, a role-playing procedure was used in which subjects administered positive or negative reinforcements to a learner depending on whether his performance improved or did not improve over trials. All subjects administered increasingly intense reinforcements over the trials. The

results are interpreted as supporting a disinhibition theory of anti- and prosocial behavior. These escalation effects are similar to those found in the battered child syndrome, in which simple physical punishment escalates to a level of brutalization of a child. 39 references.

CD-00386

Yale Univ., New Haven, Conn. Law School.
Beyond the Best Interests of the Child.
 Goldstein, J.; Freud, A.; Solnit, A. J.
 New York, Free Press, 170 pp., 1973.

The primary concern of child placement law should be to provide the child with a continuing, healthful psychological relationship in which to grow. Research has shown that interaction with a psychologically nurturing environment (i.e., within the family) is necessary for normal development, and that a disruption of this interaction, even for brief periods of time, may lead to serious emotional disturbances. Thus, the law must give psychological relationships the primary status previously accorded biological relationships. In practice, courts must safeguard the continuity of the child's psychological life by eliminating procedures which create delays, disruptions, and uncertainties in the child's relationship with his psychological parents. Waiting periods in adoption proceedings, visiting privileges in divorce settlements, and temporary placement should be avoided. The time scale of these proceedings should be the child's; they should be handled as speedily as dire physical emergencies. The substantive definition of abandonment and neglect should reflect not the parents' intent but the child's sense of loss. An analysis of two recent judicial decisions and a model statute expound the following general principles. The intent of the biological parent should not be paramount; however, the biological parent is presumed to be the psychological parent (with whom placement should be made) until shown otherwise. For the child's placement to be altered an intervenor (one who seeks to establish or break a psychological relationship) must show that the child is unwanted and that the present least detrimental alternative for safeguarding the child's growth and development is placement with another. The court should eschew making ultimate predictions about and setting conditions on the child's ultimate welfare and instead focus on the present disruptiveness of the decision. The child must be accorded full party status with representation, and decisions should be timely and final. In the long run, these principles protect the rights of adults as well as children. Numerous references.

CD-00387

Columbia Univ., New York, N.Y. Dept. of Sociology.
Force and Violence in the Family.
 Goode, W. J.
Journal of Marriage and the Family 33(1):624-636, February 1971.

Force and the threat of force, despite their general disrepute in society, play an integral role in the functioning of all social systems including the family. Under most circumstances, the family is governed by patterns of custom and tradition motivated by a sense of fair exchange between family members. When a family member rejects these patterns, the threat of force either by another family member or an outside agency is ever present and understood. Force also holds a fundamental position in the socialization of children. They learn to recognize that force is a quick, effective means of control, which, however, tends to produce general anxiety. In one form or other, force has been indispensable to child rearing. On the other hand, harsh punishment is more often employed by lower class families and others who lack social resources and correlates with a number of traits, many of them undesirable. As long as a sense of fair exchange prevails among the family members, and other resources, notably money, prestige, and love exist to rectify any imbalances, a general sense of harmony can be maintained. However, when a family member feels injustice, the conflict that ensues may well lead to violence. Such a conflict cannot be readily terminated, since the cost of sacrificing position within an intimate relationship is great and there is no escape from the relationship itself. Opportunities for police accommodation or substitute sources of gratification are not readily available in the family relationship. Furthermore, the restraint of violence as opposed to its initiation is not well socialized. Child abuse represents a subset of these dynamics. Abusers typically are people who were treated harshly as children and consequently expect an inordinate amount of love and obedience from their own children. When this is not forthcoming, no alternative resources exist for either ameliorating or terminating the conflict. Eventually, the use of force, unsatisfactory though it is, becomes the only answer. 17 references.

CD-00388

California Univ., Davis.
Child Abuse and the Law: The California System.
 Goodpaster, G. S.; Angel, K.
Hastings Law Journal 26(5):1081-1125, March 1975.

The California law relating to the reporting, processing, and handling of child abuse cases as it operates in Los Angeles County is discussed and analyzed. A major difficulty arises from the lack of coordination between the various agencies and individuals officially responsible for the handling of such cases. This may be aggravated by the fact that there is one welfare department and one juvenile court, but many police jurisdictions and hospitals. Identifying cases and the development of a consistent policy toward them are therefore difficult. Underreporting of cases is considered significant for a variety of reasons. Eight recommendations are suggested including (1) limiting criminal sanction to serious cases or providing noncriminal diversions or deferred prosecution in less serious cases; (2) enactment of a statutory preference for civil, not criminal handling; (3) articulation of standards for removal of a child from the home; (4) provision for shorter term foster care placements,

with a possible maximum of three months; (5) institution of training programs for police and for all others who are involved with child abuse cases; (6) establishment of child abuse units in the larger police or welfare department; (7) increasing the treatment services available to families and providing parenting training; and (8) changing the mandatory reporting to specify oral rather than written reports, and eliminating the reports to the Department of Health or Juvenile Probation. 182 references.

CD-00389

A Child is Being Beaten.
 Gordon, A.
Physician's Management 22-34, June 1965.

A survey covers the types of child abuse found, the parents involved, and problems in legislation and management. Once the problem of lack of awareness is solved, the questions of protecting the child during medical treatment, deciding whether to send a child home, how to prevent his return when necessary, and how to improve the home situation are still unanswered. Several recommendations from professional organizations and professionals in medical and social work fields are presented.

CD-00390

Some of the Major Factors Contributing to Child Abuse.
 Gordon, T.
 In: *Professional Papers: Child Abuse and Neglect*. Chicago, National Committee for Prevention of Child Abuse, pp. 191-193, 1973-1974.

A summary of major factors contributing to child abuse is presented. The belief that parents own their children, society's refusal to consider children as citizens; society's lack of trust in the capabilities of children; the dependence on and sanctioning of the use of force and power in resolving conflicts between individuals and groups; the win-lose orientation in almost all conflict-resolution; the power-authority methods of resolving conflicts between children and adults; belief in and reliance on punishment as a deterrent to deviant behavior; acceptance of father as the highest authority in the home; absence in schools of education (for both children and adults) in the area of interpersonal relations and human behavior; absence of training in parenthood, prevalence of the belief that parents and other adults have the right to mold, condition, shape, direct, and determine their children's behavior and values; and the willingness of society to tolerate and even promulgate a social and economic system that produces rich and poor are all contributing factors to abuse.

CD-00391

Royal Manchester Children's Hospital, Pendlebury (England).
Intra-abdominal Injuries in the Battered Baby Syndrome.
 Gornall, P.; Ahmed, S.; Jolleys, A.; Cohen, S. J.
Archives of Disease in Childhood 47(252):211-214, April 1972.

In the period 1961 to 1970, 6 battered children (11 months to 2 years old) suffering from intra-abdominal visceral injuries were treated in the children's hospitals of Manchester, England. In addition to the signs of visceral lesions all the children had histories and physical signs clearly pointing to the diagnosis of the battered baby syndrome, and in this respect the pattern of trauma differed from that seen in children injured in road traffic and other accidents. Delay in referral contributed strongly to the death of two of the battered children, who were in advanced stages of shock at admission. Sites of involvement included the liver (2), small intestine (2), large intestine (1), and bile duct (1). 13 references.

CD-00392

Governor's Task Force on Child Abuse, Richmond, Va. Child Abuse.
Governor's Task Force on Child Abuse, Richmond, Va., 14 pp., July 1973.

A report of the governor's task force on child abuse examines shortcomings of the 1966 Virginia child abuse law and makes recommendations for a new law. The current law does not (1) designate specific responsibility for investigatory and rehabilitative actions to any one agency, (2) have a penalty clause for failure to report, (3) include 17-18 year olds, (4) include appropriation of funding for implementation, and (5) insure immediate notification of persons who could initiate corrective action in cases of abuse. Enactment of a new law should (1) correct the deficiencies listed above, (2) establish rules and regulations for child protective services, (3) provide for a central registry, (4) waive confidentiality privileges, (5) allow for hospitals to retain custody of a suspected abuse case for 17 hours, (6) provide for taking photographs without parental consent, and (7) classify the offense a misdemeanor except in cases of severe physical or emotional damage or death. The general 3-fold purpose of the law is identification of victims, assurance of immediate availability of protective services, and preservation of the family life of the involved parties, if possible. The Medical Society of Virginia is urged to encourage the development of hospital committees for child protection to carry out the hospitals' legal responsibility. In addition, the incidence of abuse in mentally retarded and handicapped persons 18 years old or more should be ascertained to determine the need for covering such persons by this law.

CD-00393

I.W.K. Hospital for Children, Halifax (Nova Scotia). Dept. of Radiology.
Trauma X-Wednesday's Child.
Grantmyre, E. G.
Nova Scotia Medical Bulletin 52(1):29-31, February 1973.

Trauma X is suggested as an alternative to the inflammatory battered child syndrome. The diagnosis should be entertained when parents give contradictory histories, when there is delay in seeking care, when the parent is reluctant

to give information, when the cause is projected to a third party, when the parent has been reared in a motherless atmosphere, when the parent gives a history which does not explain the injury, or when the parent has unrealistic expectations for the child. Characteristics of the child which suggest evidence of poor overall care are unusual fearfulness, evidence of repeated injuries, characteristic x-ray changes, and when the child is seen as different or bad by the parents. Nova Scotia law requires reporting of suspected cases to the Director of Child Welfare or the local Children's Aid Society; immunity is guaranteed. The importance of reporting is stressed. 7 references.

CD-00394

Colorado Univ., Denver. Child Protection Team.
Hospital-based Battered Child Team.
Gray, J.
Hospitals 47(4):50-52, February 16, 1973.

Increased awareness of the child abuse problem has led to the formation of hospital-based, multidisciplinary child abuse teams composed of medical, social service, public health, and legal personnel. The success of these teams depends on each member maintaining open lines of communication with the others so that their consultation is available and professional rivalry does not develop. A professional team coordinator is useful in this respect. When an injured child appears in the hospital emergency room, the physician must be alert to the possibility of abuse. Diagnostic signs include discrepancies in the history, delays in admission, injuries inconsistent with the history, and aberrations in the parent child relationship (e.g., lack of warmth and unrealistic expectations). A radiological survey for old fractures and a coagulation test to contradict a claim of easy bruising may be required. If abuse is suspected, the child should be hospitalized. Generally, the parents will cooperate if a sympathetic approach is used; if not, the physician must be prepared to rapidly obtain a court order. A report to the local welfare authority is almost universally required and the hospital may furnish standardized reporting forms to aid the physician. Social background, psychiatric, and medical information may be consolidated. Once the case has been dealt with, the hospital may be called upon to furnish follow-up care. In the future, team personnel may be able to detect potentially abusive parents and channel them into counseling. 1 reference.

CD-00395

Henry Ittleson Center for Child Research, Riverdale, N.Y.
Self-Destructive Behavior in Physically Abused Schizophrenic Children.
Green, A. H.
Archives of General Psychiatry 19:171-179, July-December 1968.

Case histories of 70 school-age schizophrenic children (52 male, 18 female) were screened to determine whether there was an association between physical abuse by the parents

and self mutilation by the children. The incidence of abuse in the sample was 32.8 percent. A significant association between physical abuse and self-mutilation was found among the boys, whereas a nonsignificant correlation in the expected direction was seen among the girls. A significant correlation was also found between self-mutilation and infantile head banging, but this effect seemed independent of the contribution by physical abuse. Closer examination of the cases revealed that physical abuse (and self-mutilation) often occurred within a matrix of parental rejection and stimulus deprivation. Abuse was most frequently performed by the mother, who often displayed feelings of worthlessness and betrayal, and frustration over unsatisfied infantile gratification herself. A vicious cycle in which the child would deliberately provoke parental wrath in order to obtain stimulation and attention was observed in several cases. Self-mutilation could thus be seen as part of a general syndrome in which the patient practiced pain-dependent behavior in order to alleviate lack of stimulation, isolation, and feelings of depersonalization and low self-regard. 23 references.

CD-00396

State Univ. of New York, Brooklyn. Div. of Child and Adolescent Psychiatry.
Child Abuse: Pathological Syndrome of Family Interaction.
Green, A. H.; Gaines, R. W.; Sandgrund, A.
American Journal of Psychiatry 131(8):882-886, August 1974.

A study of the personality characteristics of abusing mothers, the contribution of the child to child abuse, and the psychodynamics of the phenomenon was undertaken among mothers or maternal caretakers of 60 abused children from the lowest socioeconomic level of New York. The children were all between 5 and 13 years old. Abuse was ongoing or recurrent and was confirmed by investigation. The parents generally relied too much on the child for gratification of dependency needs, had impaired impulse control, were handicapped by poor self-concept, and had disturbances in identity formation. Projection and externalization mechanisms were used to defend themselves against an awareness of their underlying feelings, and the child became the scapegoat in bearing the brunt of the parent's aggression. Children with birth defects as well as psychotic, retarded, or brain-damaged children are tolerated poorly by narcissistic parents as they reinforce the parent's own defective self-image. A variety of environmental stresses may come into play to widen the gap between the limited capacity of the parent and the increased child-rearing responsibilities. In beating the child, the parent attempts actively to master the trauma he passively endured during his early life. The etiology is summarized in terms of the abuse proneness of the parent, the child's characteristics which may enhance his chances of being a scapegoat, and increased demand for child care exerted by the environment. 16 references.

CD-00397

Parent and Child-Child Beating-Recent Legislation Requiring Reporting of Physical Abuse.
Green, D. W., III.
Oregon Law Review 45(2):114-123, February 1966.

A brief overview of the problem of physical abuse of children emphasizes legislation up to 1966, specifically the law of mandatory reporting in Oregon. Detection and reporting of child abuse were seen as first steps in solution of the problem. In 1963 a model act for the states was developed by the U.S. Children's Bureau requiring physicians and concerned officials to report suspected child abuse. It defines procedures, protects them from liability, and dispenses with traditional evidentiary privileges between physician and patient, and husband and wife. Oregon passed a mandatory reporting law in 1963, defining injuries and procedures for physicians to report, but it contained no provisions of immunity for persons reporting or of centralization of reports filed, rendering it ineffective. The 1965 Oregon Legislature added these needed provisions to the law. Development of family courts and the need for treatment of parents are briefly discussed. Numerous references.

CD-00398

Children's Hospital, Washington, D.C.
Child Abuse and Neglect. A Priority Problem for the Private Physician.
Green, F. C.
Pediatric Clinics of North America 22(2):329-339, May 1975.

The subject of child abuse is reviewed in terms of incidence, contributing factors, usual clinical findings, prevention, treatment, and medicolegal aspects. All physicians should be fully knowledgeable about this multidimensional clinical entity, should maintain a high index of suspicion in the face of injuries involving young children, and should be particularly alert to the telltale, inappropriate behavioral characteristics of the parents and the child. Early identification of potential abusers and greater education of professionals as well as laymen are essential to prevention. Because of the many dimensions of the problem a multidisciplinary team approach to treatment is indicated. A physician must be aware of the law regarding this problem in his state. 14 references.

CD-00399

Children's Hospital, Washington, D.C.
Statement Before the House Select-Subcommittee on Education, United States House of Representatives.
Green, F. C.
In: *Professional Papers: Child Abuse and Neglect*. Chicago, National Committee for Prevention of Child Abuse, pp. 120-127, 1973-1974.

In a discussion of two bills on child abuse pending before Congress, the lamentable lack of funding of many worthy

and important projects in this area is pointed out. Recommendations to correct deficiencies in current legislation affecting child abuse include (1) the establishment of uniform reporting laws; (2) the establishment of child abuse and neglect as a major, federally supported categorical program backed by appropriate laws and statutes; (3) the establishment of a clearly defined point of accountability for program planning, implementation, and evaluation at every level of general purpose government; (4) the establishment of a national clearinghouse for child abuse; (5) establishment of university-affiliated regional child abuse centers; and (6) continuation of support of appropriate research efforts in tandem with expanded service programs. The establishment of a national commission simply to study and report on the problem would be an unnecessary expenditure to reiterate what is already known; its freedom from political influences, however, might justify its creation. 1 reference.

CD-00400

Diagnosing the Battered Child Syndrome.

Green, K. M.
Maryland State Medical Journal 14(9):83-84, September 1965.

The examining physician should suspect the battered child syndrome when the history is inappropriate to his findings, such as unexplained malnutrition, bizarre purpura, and fractures and other injuries, particularly in children under 3 years. Maryland law requires physicians to report evidence of mistreatment and protects the physician from liability. The physician's report should be verified if possible by photographs and x-rays and should recommend whatever is necessary to promote the child's safety. 4 references.

CD-00401

The Abused Child.

Green, K. M.
Maryland State Medical Journal 15(3):47-49, March 1966.

The medical community is urged to be aware of the national child abuse problem. Clinical evidence of child abuse may include discrepancies between the medical history of child and clinical findings. X-ray examination will show trauma by revealing long-bone periosteal proliferation, metaphyseal corner fractures, epiphyseal injuries, and multiple fractures in different stages of healing. X-rays also reveal soft tissue swelling. Incidence statistics, reporting laws, and the role of social agencies are briefly discussed. 13 references.

CD-00402

Northwestern Univ., Chicago, Ill. School of Medicine. Sizing up the Small Child.

Green, O. C.
Postgraduate Medicine 50(4):103-109, October 1971.

Most undersized children suffer from constitutional delay of growth and maturation; others have endocrine or metabolic imbalances or genetic problems; and a few are the victims of emotional and physical deprivation. Illustrative cases of neglect and battering resulting in dwarfism and pituitary insufficiency showed significant improvement when the patients were placed in a new and nurturing environment. A flow chart of diagnosis and management is presented. 4 references.

CD-00403

Santa Clara County Dept. of Juvenile Probation, San Jose, Calif.

Identifying the Battered or Molested Child.

Greene, N. B.
In: Leavitt, J. E. (Editor). *The Battered Child Selected Readings*. General Learning Corp., Morristown, N.J., pp. 223-226, 1974.

School teachers are instructed in the physical and emotional factors which may identify the battered or molested child. Physical factors include marks and bruises on the body, serious injuries such as broken bones, a distended stomach (from malnutrition), the appearance of mental retardation, and a dirty appearance; a clean and tidy home should not be taken as negative evidence. Emotional factors include regressive behavior, the acting out of aggressive behavior, poor peer relationships, and deep-seated psychiatric problems.

CD-00404

Children's Hospital, Pittsburgh, Pa.

Infant Trauma.

Gregg, G. S.
Family Physician 3(5):101-105, May 1971.

The physician should analyze environmental factors and circumstances in any case of child trauma, whether it is accidental or the result of abuse. All too often accidents represent a deficit in child care practices even when unintentional. Common accidental and abusive injuries are discussed. Reporting and counseling should be handled in such a way as to support the family and protect the child.

CD-00405

Pittsburgh Univ., Pa. Dept. of Pediatrics.
Physician, Child-Abuse Reporting Laws, and the Injured Child. Psychosocial Anatomy of Childhood Trauma.

Gregg, G. S.
Clinical Pediatrics 7(12):720-725, December 1968.

Physicians should be increasingly sensitive to the problem of child abuse and aware of the fact that most states have laws requiring the physician to report suspected child abuse to the appropriate authorities. When presented with a case of child injury or failure to thrive, the physician should always consider the possibility of abuse. A meticulous examination (with a skeletal survey if possible) should be conducted to detect the characteristic signs of abuse, and an assessment of family dynamics with emphasis on ability to nurture and family stresses should be conducted. Observations of parent-child and child behavior in the hospital are also helpful (the abused child is often stimulated rather than depressed by the hospital environment). Where abuse is suspected the child should be hospitalized, if possible, and even if abuse cannot be demonstrated to a legally sufficient degree, the physician should recommend improvements in child care practices. The child's welfare in these cases is more important than the physician-patient relationship. A simple check list, useful in child abuse cases, has been compiled. 13 references.

CD-00406

Children's Hospital of Pittsburgh, Pa.

Infant Injuries: Accident or Abuse?

Gregg, G. S.; Elmer, E.
Pediatrics 44(3):434-439, September 1969.

Observations were made on 146 children who were accidentally injured or abused; 113 children (30 of whom had been abused) were studied in detail. The injuries of the abused group usually were more severe, more often involve multiple fractures, and were followed more often by serious sequelae than those of the accidentally injured group, but the two groups were difficult to differentiate on the basis of history alone. Some findings, however, did tend to distinguish between accidentally injured and abused children. Among abused children, 42 percent showed signs of developmental retardation, in contrast to only 18 percent of nonabused children. Abused children tended to be the oldest or second child in the family more often than nonabused, and abused children tended more often to have siblings below the age of three. Although abused children did not differ significantly in mood and activity from nonabused children and were more easily distracted, making them somewhat easier to care for, abusing mothers reported infant irritability as a circumstance of the injuring incident more often than the mothers of nonabused children. The latter group of mothers reported disrupted schedules and other types of stress surrounding the injury. Observations of the families of abused children showed significantly more lapses in child care, more difficulties in the mother-baby interaction, and greater delays in seeking medical care for the baby. A greater percentage of abused children came from low socioeconomic status families than nonabused children. The data indicate a necessity for paramedical personnel to note signs of possible abuse as well as administer emergency treatment. 9 references.

CD-00407

West Virginia State Univ., Morgantown.

Personality and Social Characteristics of Low-Income Mothers Who Neglect or Abuse Their Children.

Griswold, B. B.; Billingsley, A.
Calif. Univ., Berkeley. School of Social Welfare, 16 pp., (undated).

The welfare records of 40 white women with illegitimate children (Sample 1) and 14 without illegitimate children (Sample 2) were reviewed to identify deviant psychosocial factors among mothers who abused or neglected their children. Sample 1 yielded 8 neglectful mothers, 5 abusive mothers, and 27 who did not mistreat their children; sample 2 was evenly divided between abusive and neglectful mothers. Sample 1 records contained the results of 4 psychological tests (Minnesota Multiphasic Personality Inventory [MMPI], California Psychological Inventory [CPI], Wechsler Adult Intelligent Scale, and Barron's Ego Strength Scale) and a condensation of a 3 hour interview designed to provide a self report of life experiences. The more useful of these data were obtained from sample 2. Abusive parents in both samples gave similar data which were combined, whereas neglectful mothers in the two groups were analyzed separately. MMPI and CPI scores indicated psychotic tendencies among abusive mothers, characterized by persecutory ideas, alienation from others and from their own feelings, defective inhibition of impulses, and somatic complaints. Surprisingly, abusive mothers reported deviant life experiences only on a scale indicating deviant parental behavior; possibly, a denial of discontent comprises a part of their psychopathology. Neglectful mothers showed neurotic rather than psychotic tendencies, and exhibited deficiencies in all areas of socialization suggesting unresolved authority conflicts. Neglectful mothers also reported more unsatisfying life experiences, including more broken homes and social nonconformity, low self-esteem, and more unfavorable attitudes toward marriage and childrearing than nonmistreating mothers. Abusive mothers showed significantly lower self control and more alienation than neglectful mothers. Fragmentary evidence suggests that data for black families would be significantly different from the present study. 2 references.

CD-00408

Children's Hospital, Washington, D.C.

Grand Rounds: The Battered Child Syndrome.

Guandolo, V.; Silver, L. B.; Barton, W.; Murphy, T.; Rubin, J.; Avery, G. B.
Clinical Proceedings 23(5):139-160, May 1967.

Grand rounds at Children's Hospital, Washington, D.C., present an extensive review of the battered child syndrome. Physicians, psychiatrists, a judge, and a social worker discuss various aspects in the management of child abuse cases. Injuries, children's behavior, parental characteristics, laws in the District of Columbia, reporting and legal procedures, juvenile and family courts, and social agency intervention are discussed. Reporting laws initiate protec-

tion for children; interagency coordination provides treatment of family problems; and criminal court action is stressed as a last resort in case disposition. 23 references.

CD-00409

University of Southern California, Los Angeles. Dept. of Neurological Surgery.
Fallen Fontanelle (Caida de Mollera). A Variant of the Battered Child Syndrome.
 Guarnaschelli, J.; Lee, J.; Pitts, F. W.
Journal of the American Medical Association 222(12):1545-1546, December 18, 1972.

A 2-month-old Mexican-American boy suffered bilateral subdural hematomas and extensive brain damage after being treated by his grandmother, a curandero (folk healer), for the folk syndrome "Caida de Mollera." The boy died 8 months later from the pulmonary complications of severe spastic quadriplegia. Caida de Mollera is a pseudomedical condition in which the anterior fontanelle supposedly drops, causing a corresponding depression of the palate, ultimately impairing feeding. The folk cure consists, in part, of the holding the infant by the ankles with the crown of its head dipped in boiling water, slapping the soles of its feet, and shaking it vigorously. Whiplash resulting from this shaking apparently resulted in the hematoma and brain damage. Doctors serving Mexican-American communities should be aware of the dangers in such folk practices. 12 references.

CD-00410

Sheffield Univ. (England). Nurses' and Students' Health Service.
The Neglected Child.
 Gunn, A.D.G.
Nursing Times 66(30):946-947, July 23, 1970.

Child neglect is not necessarily deliberate and may involve cultural, nutritional, emotional, physical, educational, or financial deprivation. It produces a substantial pool of vulnerable individuals who ultimately burden society with their medical infirmities and behavioral abnormalities. Neglect is not confined to any one social class and tends to perpetuate itself generation after generation, because the neglected child of today is the neglectful parent of the future. The neglected child, often unwanted, may display any of a spectrum of symptoms from chronic apathy to fractured ribs. Prevention, through liberalized abortion policies, kindergarten and nursery care, and childrearing aid to parents, represents the best hope for eliminating childhood neglect.

CD-00411

Sheffield Univ. (England). Nurses' and Students' Health Service.
Wounds of Violence.
 Gunn, A.D.G.
Nursing Times 63(18):590-592, May 5, 1967.

This paper is devoted largely to legal definitions of various kinds of wounds (abrasions, bruises, lacerations, incised wounds and stab wounds). The battered child syndrome is discussed peripherally; frequently the radiologist is the person who contributes most to the diagnosis of the syndrome.

CD-00412

University of Western Australia, Perth. Dept. of Child Health.
Temper Tantrums.
 Gurry, D. L.
Medical Journal of Australia 2(15):948-951, October 7, 1972.

An occasional temper tantrum is a normal part of infancy and early childhood but in older children, temper tantrums indicate abnormally high amounts of stress or disordered upbringing and should give rise to concern. Even in toddlers, a high frequency of temper tantrums may lead to an unacceptable situation in which the home is disrupted, the child's social development impeded, and other siblings affected. The parents of such children are often at a loss for sound advice, since other parents are reluctant to discuss this type of problem, and published advice is generally impractical. The consensus of published advice tells the parent to ignore, sequester, distract, or envelope the child—all of which requires a overwhelming amount of patience. More effective is a rap across the legs, a painful yet harmless chastisement. A physician managing a child with a temper tantrum should observe the nature of the child and the age of the tantrum's onset; he should determine what the parents do in the face of the tantrum and explore the parents' own upbringing for possible defects. In normal childrearing, excessive tantrums do not occur. Both parents should be seen if possible, and the value of consistent, safe, negative reinforcement explained. The fact that some parents use excessive punishment, resulting in the battered child syndrome, does not invalidate the use of punishment rationally applied. It is useless to try to reason with a child having a tantrum. 3 references.

CD-00413

Hull Royal Infirmary (England). Dept. of Neurosurgery.
Infantile Subdural Haematoma and Its Relationship to Whiplash Injuries.
 Guthkelch, A. N.
British Medical Journal 2:430-431, May 1971.

Subdural hemorrhages, usually bilateral, are far more common in battered than other children. In many cases there are no external marks or other head injuries. Investigation into 23 cases of proved or strongly suspected parental assault showed that subdural hemorrhage was often the result of rough shaking without any direct violence to the head. Two case histories of such incidents are reported and references to other pertinent literature are included. 11 references.

CD-00414

Child Abuse on Main Street—Semantics in the Suburbs.
 Guthrie, A. D., Jr.
 In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 23-28, 1975.

Incidence data regarding child abuse seem to indicate a preponderance of cases in urban areas and a paucity of reports from suburban areas, but this is probably not a valid demographic indication for a number of reasons. Many factors contribute to the lack of identification of cases in suburban areas: large centers for detection and treatment tend to be situated in large cities and their medical schools; health care providers are generally reluctant to report cases; services for other than the poor lack coordination; and private medical care tends to be specialized in nature. The relatively small volume of reported cases of neglect and abuse from the private sector suggests that the integrity of the family takes precedence. Recent change in the Massachusetts reporting statute expanding the number of professionals required to report is expected to increase the efficiency of reporting. Educational programs for medical personnel, improved communications among community-based service agencies, and improved knowledge of and experience in family development and childrearing practices are recommended. 4 references.

CD-00415

Albert Einstein Medical Coll., Bronx, N.Y.
Unwanted Pregnancy: A Challenge to Mental Health.
 Guttmacher, A. F.
Mental Hygiene 51:512-516, 1967.

The battered child and the neglected child are two of the possible outcomes of an unwanted pregnancy. The salient features of the battered child syndrome are summarized, including the likely physical findings, age of the child, ubiquitous nature of the phenomenon in terms of socioeconomic class, increased incidence of maternal battering as opposed to paternally inflicted injuries, and the physical means of battering. More recently the nutritionally battered child has been described, a homicide by starvation. Child abandonment is worldwide, but the greatest frequency is found in Seoul, Korea. Active search for the parents is not eagerly undertaken since it is assumed that most of the children come from poverty-stricken homes. A form of psychic cannibalism is predicted as a possibility in a grossly overpopulated society, a state in which human behavior may take the form of rejection of the newborn and result in either widespread infanticide or desertion. The importance of Planned Parenthood is emphasized. 5 references.

CD-00416

Children's Hospital, Los Angeles, Calif.
Radiological Case of the Month.
 Gwinn, J. L.; Barnes, G. R., Jr.
American Journal of Diseases of Children 109:457-458, May 1965.

A case was observed in which an abused 5-week-old girl presented symptoms and her parents presented a history consistent with meningitis or neonatal tetanus. Symptoms included fever, breathing difficulty, opisthotonus, hyperactive deep tendon reflexes, and a positive Babinski sign. Ecchymoses were observed and radiological examination revealed multiple rib fractures and a metaphyseal fracture of the left femur. The final clinical diagnosis was subarachnoid hemorrhage with cerebral contusion resulting from battered child syndrome. 5 references.

CD-00417

Torbay Hospital, Torquay (England).
Injured Baby. (Letter).
 Haas, L.
British Medical Journal 2(5462):645, September 11, 1965.

Subdural hematoma in infants is often an indicator of child abuse. A 3-week-old male hospitalized with subdural hematoma was later hospitalized with bruises, limb fractures, and multiple epiphyseal lesions, indicating child abuse. When a physician encounters subdural hematoma in an infant, he should carefully survey the family situation, including the treatment of siblings.

CD-00418

Timberlawn Psychiatric Center, Dallas, Tex.
Disciplinary Practices in Dallas Contrasted With School Systems With Rules Against Violence Against Children.
 Hagebak, R. W.
Journal of Clinical Child Psychology 2(3):14-16, Fall 1973.

Corporal punishment is a common practice in many Texas school systems, particularly those in Dallas. Comparisons with systems not using physical punishment showed that systems using corporal punishment generally have more behavior problems than those who do not. Though physical punishment may temporarily allay outbursts it does not solve the underlying problems which will eventually cause further misconduct. Perhaps simpler than understanding and correcting the reasons behind misbehavior, corporal punishment is nevertheless often a cause of child frustration, confusion, apathy, and other psychological problems as well as physical injury.

CD-00419

Hospital for Sick Children, Toronto (Ontario). Dept. of Pediatrics.
Child Development as an Index of Maternal Mental Illness.
 Haka-Ikse, K.
Pediatrics 55(3):310-312, March 1975.

Children of depressed mothers usually present a common developmental pattern with delays or arrests in language, gross motor, and personal-social skills. They are inactive, sober, and irritable, and tolerate minor stresses poorly. Brief separation from the mother produces intense anxiety, and although they cling to the mother, there is little eye

contact or playful interchange. Older children are excessively demanding, and frequent and violent temper tantrums are common. The mothers are inert, fatigued, dependent, and apprehensive, and they neither perceive nor respond specifically to the child's needs. Mothers should be referred to a physician for physical illnesses, and some sort of psychotherapy is indicated for the depression. A mother substitute or supplemental mothering (e.g., nursery school) is sometimes appropriate. 5 references.

CD-00420

Altoona Hospital, Pa. School of Nursing.

The Right to Live.

Hall, M.

Nursing Outlook 15(8):63-65, August 1967.

This 1967 discussion of the battered child syndrome from the nursing point of view shows that most abusers are in their late twenties and that data are conflicting as to which is the more abusive parent. Parents usually give evasive or contradictory histories, and are generally emotionally immature. Many were victims of similar abuse in childhood. Some are mentally ill, some are mentally deficient, and many are excessive users of alcohol. Children likely to be abused are often illegitimate, unwanted, resemble a disliked mate, are retarded or deficient, or fail to live up to parental expectations. Death or permanent physical or mental disability often result. Nurses, particularly those in public health and pediatrics, have an important role in detection. Nurses working the area of planned parenthood are in a good position to identify emotionally immature mothers. 15 references.

CD-00421

A View From the Emergency and Accident Department.

Hall, M. H.

In: Franklin, A. W. (Editor). *Concerning Child Abuse*. Edinburgh, Scotland, Churchill Livingstone, pp. 7-20, 1975.

Based on the experience at the Royal Infirmary at Preston, the incidence of child abuse in England may be 4,400 cases annually with a mortality rate of 17.2 percent (757 annual deaths). A tentative classification is proposed, based on mental or physical injury and active or passive means of causing it. Further division is suggested depending on whether the injury is of a normal or of bizarre or sadistic type. A delay in seeking help and an incongruous history are frequently helpful in making the diagnosis, but fractures were relatively uncommon in the Preston experience. Bruises are considered to be of major significance, especially when the classical finger-tip bruises are present on the face or trunk. Black eyes are similarly diagnostic, especially when alleged to have resulted from a fall. Cigarette burns may occur on any area of the body. Attention is called to the high rate of mortality among children returned to parents on the advice of the social service department, and a greater role of medical personnel in such decisions is urged. Police are generally not difficult if communication is established with senior officers who will use discretion. The

fruitlessness of producing a guilty or not guilty verdict is discussed.

CD-00422

Johns Hopkins Univ., Baltimore, Md. Dept. of Pediatric Surgery.

Trauma Workshop Report: Trauma in Children.

Haller, J. A.; Talbert, J. L.

Journal of Trauma 10(11):1052-1054, November 1970.

Lower blood volume, limited chest volume, and tendency towards body heat loss may result in serious complications in childhood trauma. Internal injuries are often difficult to determine and the high percentage of head injuries in children often renders an already frightened child more confused and silent. Battering is one of the categories of injuries unique to children. Emergency transportation, initial evaluation, and resuscitation designed especially for children are described. Areas of necessary research are discussed.

CD-00423

Time Limited Work With a Family at Point of Being Prosecuted for Child Neglect.

Halliwell, R.

Case Conference 15(9):343-348, 1968.

A case study describes the Woods, a British laborer and his wife, both in their thirties, who were at the point of being prosecuted for neglecting their four children, ages 3-6. Household conditions were squalid to the point of being unsuitable for habitation, and the Woods seemed incapable of properly supervising the children, alternately babying them and ignoring them altogether. At least two of the children exhibited marked learning deficiencies. Social work was begun by the British Family Services Unit with no preconceived plan, but rather with visits to the home to assess the Woods' individual needs and to actively engage both parents in the improvement project. Close personal contact was maintained as two of the children were sent to school and a special nursery, (a third child already attended a special school) in order to relieve the otherwise overburdened mother, and the couple was encouraged to clean, decorate, and furnish their home. Some financial aid was given. The approach of the Family Services Unit differs from more traditional approaches in emphasizing active personal contact with both parents as opposed to passive material aid or contact with only the mother, and in continuing the support after the family shows improvement until reversion is no longer a danger.

CD-00424

The Battered Child (Continued). (Letter).

Halpern, S. R.

Pediatrics 40(1):143-144, July 1967.

The role of pediatricians in the prevention of child abuse and neglect is discussed in the context of professional ethics. The pediatrician is obliged to actively pursue improved prophylaxes for child abuse.

CD-00425

Cook County Circuit Court, Chicago, Ill.

What Situations Encourage Abuse.

Hamilton, A. N.

In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 87-90, 1975.

Unemployment, inadequate housing, inadequate education, lack of opportunity, and ostracism are just some of the conditions which lead to child neglect. The causal factors in abuse cases are not so easily determined, although the parent usually does suffer from some form of mental or emotional instability. Abuse is most easily triggered in these parents by situations where there is a single parent, a premature marriage, or stepparents. Some cases involve problem children where the child requires an inordinate amount of attention for one reason or another. In 1973, 749 cases of abuse were reported to the State Central Registry from Cook County, Illinois.

CD-00426

Subgaleal Hematoma Caused by Hair-Pull.

Hamlin, H.

Journal of the American Medical Association 204(4):339, April 22, 1968.

A sudden jerk by a human hand sufficient to lift the scalp from the calvarium at the aponeurotic junction seems the only possible explanation for a subgaleal hematoma observed in a 3-year-old girl. Clothes-wringers and similar devices capable of causing this injury have generally disappeared from the home. The hematoma was present as a dusky palpable collection of blood which was two-thirds absorbed by the 8th day of hospitalization (a previous case required surgical draining, however). There was no evidence of skull fracture or neurological damage. On admission, the child appeared listless and unresponsive, and the mother gave an improbable explanation for the injury. As the hair, like the limbs, provides a "handle" for an enraged parent, subgaleal hematoma may be an important diagnostic feature of the battered child syndrome. 4 references.

CD-00427

Delaware County Child Care Service, Media, Pa.

Preserving Family Life for Children.

Hammell, C. L.

Child Welfare 48(10):591-594, December 1969.

Development of the Delaware County (Pennsylvania) Child Care Service, a publicly supported agency, has paralleled

the general trends in child welfare. Foster care, protective service, and adoption were made available in the 1950s, and added services in the 1960s included homemaker service, a therapeutic nursery for preschool children, an emergency shelter, and a day care center, with expansion of psychiatric, psychological, and legal consultation services. Most of the parents served are in the low-income group, and many are emotionally immature, chronically mentally ill, and mentally retarded. The method of service is one of mobilizing strengths of the family and building in supports to offset parental weaknesses. Distinguishing between parents clearly unable to carry the parental role because of personality disturbances or deficit and those who can carry the role with help is of prime importance in a differential treatment approach. When parents cannot be motivated even partially to fill their role, the children have to be removed. Sustaining agency service is appropriate for parents who are developmentally immature. A plea is made for appropriation of funds to help children in their own homes equivalent to that which is spent in foster home care. A comprehensive program geared to prevent breakdown and to preserve family life is suggested.

CD-00428

Day Care Services for Families With Mothers Working at Home.

Hansen, J. E.; Pemberton, K.

In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*, New York, MacMillan Co., pp. 110-116, 1970.

The concept is advanced that the term working mother unfairly discriminates against the mother who is not employed outside the home, because she may be working harder inside the home. Day care facilities for these working mothers can go a long way to relieve their burdens and provide opportunities and improvements not only for them but for their children as well. Greater attention should be paid to the woman who stays at home to rear her family in the depressed slum neighborhood.

CD-00429

Nebraska Committee for Children and Youth, Lincoln.

Legal Implications of the Battered Child Syndrome.

Hansen, R. H.

Nebraska State Medical Journal 50(1):595-597, January 1965.

All model laws dealing with child abuse have focused on 2 central issues: the reporting of cases of battered children and subsequent legal action to protect the welfare of the child. The Nebraska law is more general in coverage, in that all who are unable to help themselves are included. The law specifies willfully inflicted severe physical injury. Reporting to the county attorney is required, and immunity is granted. Failure to report may result in conviction and fine. The waiver of confidentiality applies specifically to cases in this area.

CD-00430
Nebraska Committee for Children and Youth, Lincoln.
Doctors, Lawyers, and the Battered Child Law.
Hansen, R. H.
Journal of Trauma 5(6):826-830, 1965.

Discrepancies exist among states in child abuse reporting procedures, and an interdisciplinary approach is needed to establish laws that effectively identify, investigate, treat, and alleviate the battered child syndrome. State laws differ greatly on reporting requirements. Some states have no mandatory reporting laws; varied professionals are obligated to report; and reports are made to numerous agencies. A centralized program would keep records of reported cases, direct investigations, and provide subsequent treatment. Management of abuse cases without court involvement encourages people to report cases and allows social agencies more opportunity to provide rehabilitation. It is imperative to define the problem and establish coordinated programs in order to promote legal development for the protection of the battered child.

CD-00431
Nebraska Committee for Children and Youth, Lincoln.
Child Abuse Legislation and the Interdisciplinary Approach.
Hansen, R. H.
American Bar Association Journal 52(1):734-736, August 1966.

A discussion of recent developments in child abuse statutes shows that some statutes require only physicians to report cases of child beatings, while others apply to teachers, nurses, social workers, or anyone in a position to know of such cases. Twenty-seven states currently provide legal immunity for those reporting. Many difficulties still remain in terms of education for diagnosis, more effective reporting and investigation, and follow-up checks on the child. Numerous references.

CD-00432
Nebraska Committee for Children and Youth, Lincoln.
Suggested Guidelines for Child Abuse Laws.
Hansen, R. H.
Journal of Family Law 7:61-65, 1967.

The child abuse laws in existence in 1967 were inadequate to solve the problem of child abuse. It is suggested that the judge before whom such a case comes should have the power to direct studies of the child and his family to determine whether the child is or can be properly cared for by his family. If the child is abused a second time, the parents should be considered unfit, and action should be taken to find fit custodians for the child. 8 references.

CD-00433
Queen Elizabeth Hospital, Birmingham (England). Dept. of Psychiatry.
IQ of Parents of Battered Babies. (Letter).
Hanson, R.; Smith, S.
British Medical Journal 1:455, March 9, 1974.

The authors defend their published studies on the parents of battered babies and emphasize that intelligence was only one of several parental attributes which was found to be abnormal. The short form of the Wechsler Adult Intelligence Scale, with subtests of comprehension, vocabulary, block design, and picture arrangement, is felt to have been a good index of verbal and nonverbal ability. The importance of sampling in drawing conclusions from such studies is stressed. 7 references.

CD-00434
Leeds General Infirmary (England). Dept. of Ophthalmic Surgery.
Ophthalmic Manifestations of the Battered-Baby Syndrome.
Harcourt, B.; Hopkins, D.
British Medical Journal 3:398-401, August 14, 1971.

Eleven battered babies with ocular manifestations of their abuse were studied; 8 suffered a permanent impairment of their vision. Ten had extensive intraocular hemorrhage (associated with subdural effusion) indicating that hemorrhage is an important diagnostic feature in battered baby syndrome. Four children suffered macular disturbance, 5 optic atrophy, 5 damage to visual pathways, and 6 damage to the visual cortex. In 9 of the 10 cases with intraocular hemorrhaging significant soft tissue injury to the head or skull fracture was discovered. 18 references.

CD-00435
Central Hospital, Slagelse (Denmark). Dept. of Psychiatry.
The Psychopathology of Infanticide.
Harder, T.
Acta Psychiatrica Scandinavica 43:196-245, 1967.

Almost half of the murder victims in Denmark are children, and in the majority of cases the parents are the murderers. A series of 19 parents who killed or attempted to kill their children were studied psychiatrically. There were 5 men and 14 women. Three of the women killed their newborn child immediately after birth, and the other 11 killed or attempted to kill older children. A manic depressive diagnosis was made in 5, although the diagnosis was uncertain. Five others were classified as psychogenic psychosis or related states, demonstrating immaturity, tendency to periodic moods, masochistic character traits, previous or subsequent narcomania, or addiction to alcohol; the probability of pseudoneurosis is discussed. One woman was classified as neurosis asthenica and later developed a paranoid psychosis. Two of the 5 men were psychopaths, and the other 3 were described as sensitive and rigid, marked by reaction formations and ambivalence together

with an insufficient capacity for repression, as they fostered conscious homicidal plans against those to whom they were most closely attached. The killings had all been consciously premeditated for a long period. It is suggested that they may constitute a special personality type. 48 references.

CD-00436
Yale Univ., New Haven, Conn.
The Physician, the Battered Child, and the Law.
Harper, F. V.
In: Leavitt, J. E. (Editor). *The Battered Child—Selected Readings*. Morristown, N.J., General Learning Corporation, pp. 90-93, 1974.

The role of the physician in 1963 in handling cases of battered child syndrome is discussed. At that time California was the only state which imposed a legal duty on the physician in connection with reporting suspected cases. It is suggested that the first draft of the Children's Bureau legislation should be altered to replace "having cause to believe" with "reasonable cause to suspect." Without the cooperation of physicians in reporting cases, little improvement in the incidence of the child abuse can be anticipated.

CD-00437
Uffculme Clinic, Moseley (England).
Violence: A Clinical Viewpoint.
Harrington, J. A.
British Medical Journal 1:228-231, January 22, 1972.

A review briefly covers various psychological, psychodynamic, personality, and biological theories on the nature of violent behavior and neurophysiological, group, and imitative factors involved in the expression of violence. A discussion of violence toward children and babies includes brief descriptions of the child likely to be battered (premature, hypersensitive or colicky, and unresponsive children, 5 years old or less) and of the parents likely to batter (fathers with crime or poor work records, and mothers between 20-30 years old, with unresolved dependency needs, a strong tendency to morbid jealousy, or a history of being beaten themselves). 11 references.

CD-00438
Discussion on "The Battered Child Syndrome."
Harris, M. J.
Australian Journal of Forensic Sciences 3(2):77-78, December 1970.

The Denver experience with the battered child syndrome indicates that 25 percent of all accidents under 2 years of age are battered children; the likelihood of rebattering or returning home after the first incident is 30 percent. The death rate among repeatedly battered children is 20 percent, for an overall death rate of 10 percent. Distributing circulars to various hospitals might help to identify those who go from one hospital to another. The question of whether to remove the child from the home is discussed in terms of the safety of the child and the well-being of his

psyche. Four steps in the diagnosis and treatment are outlined: (1) antenatal identification of the potential battering mother, (2) earlier recognition of cases by physicians, (3) emergency availability of services by Child Welfare Departments and related agencies, and (4) effective liaison among representatives of all involved disciplines, including the law.

CD-00439
National Committee for Prevention of Child Abuse, Chicago, Ill.
Child Abuse: Present and Future.
Harris, S. B. (Editor).
Chicago, National Committee for Prevention of Child Abuse, 273 pp., 1975.

A compilation of ideas and information presented during the 1974 National Symposium, Child Abuse: Present and Future, sponsored by the National Committee for Prevention of Child Abuse and the Illinois Department of Children and Family Services includes panel discussions on causes of child abuse; profiles of abusers; situations that encourage abuse; child abuse research; interdisciplinary coordination; nonprofessional support; an outreach supportive service project; and views of the future. 19 references.

CD-00440
The Law Concerning Abuse of Children.
Hart, W. M.
Journal of the South Carolina Medical Association 61(1):391, January 1965.

The 1965 South Carolina child abuse law requires reporting by physicians, including house officers, of any suspected case of child abuse by a parent or caretaker involving a child under 16 to the proper county authority or to the sheriff's office. The report is to be written and to include details of the case. Immunity from liability is granted, and failure to report constitutes a misdemeanor. The act provides for no penalty to the injurer, nor is there any consideration of rehabilitation for either the child or the perpetrator. Dealing with the injury is left to the established agencies for child care and welfare.

CD-00441
Texas Univ., Galveston, Medical Branch.
Identifying the Physically Abused Child.
Hartley, A. I.
Texas Medicine 65(3):50-55, March 1969.

The safety of the child and the protection of the parents from unfounded accusation must be the prominent considerations of the physician in contemplating the reporting of an injury to a child. Although under no obligation to identify the abuser, the physician is the central figure in the identification and management of the abused child. In a study of 20 cases of child abuse, 7 possible family characteristics, when seen in combinations, were high-

lighted as indicators of a climate of risk: (1) the child is 3 months to 3 years old; (2) the child is a white girl or a Negro boy; (3) the child is a boy and is not an only child, nor is he the oldest boy nor the oldest child; (4) the child is a girl and is the oldest or youngest child, youngest child by sex, or is an only child; (5) the mother is older than the father; (6) the parents have cross-racial or -cultural backgrounds; and (7) the child was not living with both natural parents. 7 references.

CD-00442

Texas Univ., Galveston, Medical Branch.
Reporting Child Abuse.

Hartley, A. I.; Ginn, R.
Texas Medicine 71(2):84-86, February 1975.

A sample form for reporting suspected cases of physical abuse of children is described to assist the Texas physician in fulfilling his requirement to report to the appropriate agencies. During a recent 6-year period a physician was called to appear in court in only 5 of 189 cases of physically abused children, and none of the reporting physicians was subject to civil or criminal suits arising from their association with these children. 6 references.

CD-00443

Harvard Educational Review, Cambridge, Mass.
The Rights of Children.

Cambridge, Mass., Harvard Educational Review, 391 pp., 1974.

A collection of writings covers the development of the conceptions of children's rights; child advocacy; and social policy for children. Specific topics include (1) the present legal status of children and the philosophical justification for the rights of children; (2) the Massachusetts Task Force report on child advocacy; (3) a recounting of White House Conferences on children; (4) problems in juvenile justice; (5) a case study of the Massachusetts Youth Correctional System; (6) the problem of foster care in the U.S.; (7) alternative policies for helping abused and neglected children; (8) the use of drugs in treatment of hyperkinetic children; and (9) public policy assessment procedures. Also included are several reviews of related books. Numerous references.

CD-00444

Harvard Law Review.
Parental Consent Requirements and Privacy Rights of Minors: The Contraceptive Controversy.
Harvard Law Review 88(5):1001-1020, March 1975.

The minor's right of access to contraceptives and the interest of the family unit in freedom from state interference, when viewed in light of recent judicial decisions, appear to outweigh any state interests including that of reinforcing parental choices. It is urged that legislation requiring minors to obtain parental consent before obtaining contraceptives be declared unconstitutional. Numerous references.

CD-00445

Child Abuse, the Community, and the Neighborhood Health Center.

Hass, G.

In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 13-16, 1975.

The Neighborhood Health Center in the inner city in many ways takes the place of the family physician, and as such is in a good position to identify cases of child abuse or its potential. The receptionist and the outreach worker are particularly well situated for such identification. Prevention requires prediction, and prediction needs information, so the local "grapevine" becomes important as a source of information. Identification of high-risk patients and patients in high-risk situations is essential. When a diagnosis is confirmed, removal of the child from the home may be required for his safety. Notification of the parents is best done by the physician in charge of the case, and this should be done in the presence of a third party, particularly a nurse or social worker.

CD-00446

Hawaii State Dept. of Social Services and Housing, Honolulu, Div. Public Welfare.

A Statistical Report on Child Abuse and Neglect in Hawaii. Hawaii State Dept. of Social Services and Housing, Honolulu, Div. Public Welfare., 17 pp., 1970-1971.

The 1970 and 1971 statistics for child abuse and neglect in Hawaii indicate a rate of abuse reporting in 1970 that more than doubled the rate in 1969, coincident with the establishment of the Child Protective Service Center. The largest reporting source was school personnel, and next was medical personnel. Reporting showed a slight decline during the summer months. Over 80 percent of the children lived in 2-parent families, and 75 percent lived with the natural mother. One-third to one-half of the families was active with the Department of Social Services and Housing. More girls than boys were abused. Superficial injuries accounted for the majority of cases, and no physical injury occurred in one-fourth. Abuse was most frequently inflicted by the natural parents (59 and 68 percent in 1970 and 1971), about equally distributed between father and mother; abuse inflicted by stepparents was next in frequency. Immediate removals from the home occurred in 27 percent of cases in 1970 and in 41 percent in 1971; most of those remaining at home did so with the presence of supervision. Child neglect reporting also doubled in 1970. Neighbors and a variety of other nonprofessionals accounted for the greatest number of reports. Reports showed no seasonal variation; nearly half of the children lived in one-parent households. In 1971 over half of the families involved were active with a welfare agency. Sex was not a factor in neglect, and nearly half of the children were of preschool age. The mother was the most frequent perpetrator of neglect. About 40 percent of children were removed from the home immediately after neglect was confirmed, and most of those who remained had social service supervision. Counseling was the basic service offered.

CD-00447

Hawaii State Dept. of Social Services and Housing, Honolulu, Div. Public Welfare.

A Statistical Report on Child Abuse and Neglect in Hawaii. Hawaii State Dept. of Social Services and Housing, Honolulu, Div. Public Welfare, 23 pp., 1969.

A 1969 statistical report on incidence of child abuse and neglect in Hawaii suggests that the increased numbers of cases reported reflect an increased public awareness rather than an actual increase of incidents. Reports of abuse most frequently occurred through the schools, whereas reports of neglect came more often from a neighbor. Abuse of more than one child in a family was uncommon (131 children, 119 families), whereas neglect was more often multiple (100 children, 44 families). Neglect was more common in the summertime. Abuse reporting was sparse in January through August and picked up again sharply in the fall. The age for neglect tended to be lower than for the abused child, and slightly more boys than girls were neglected and slightly more girls than boys were abused. More than half of the neglected children lived in female-headed households, and most of the abused children lived in homes with male and female caretakers. Less than half of the families of each category was receiving some type of social service. The perpetrator usually lived in the home and was usually the mother in the case of the neglected child. Less than 40 percent of children in both categories were removed from the home.

CD-00448

Hawaii State Dept. of Social Services and Housing, Honolulu, Div. Public Welfare.

A Statistical Report on Child Abuse in Hawaii. Hawaii State Dept. of Social Services and Housing, Honolulu, Div. Public Welfare., 17 pp., 1967-1968.

A statistical report on child abuse in Hawaii in 1967 and 1968 presents data on geographical distribution, age, religion, month of abuse incident, type of injury, and psychosocial factors; similar data are presented for child neglect. Age distribution of abuse was rather even, with no significant sex differences. Roman Catholics accounted for 22-39 percent, other Christians 15-16 percent, and there were no Jewish cases. Reporting of abuse did not vary extensively from month to month and indicated no seasonal variation. About half of the injuries were in the nature of bruises and welts; only 7 cases of bone fracture were reported in the 2 year period. The natural father was not living in the home in over half the cases. More than half of the perpetrators were over 30 years of age, and there was no sex preference in the distribution. About half of the perpetrators were the natural parents. Schools were the principal source of reports. During the 2-year period, 7 cases (families) of neglect involving 18 children were reported.

CD-00449

Gundersen Clinic, Ltd., La Crosse, Wis. Dept. of Orthopedic Surgery.

Pathologic Fractures in Children.

Hayden, J. W.

Wisconsin Medical Journal 68(11):313-318, November 1969.

Pathologic and stress fractures may be encountered in children and must be distinguished from battered child syndrome. Pathological fractures result from slight trauma to abnormally weak bone. In children, they are most frequently the result of solitary unicameral bone cysts, and are less frequently due to other localized processes, generalized bone disease, metabolic disorders arthritis and other inflammatory disease, neurotrophic disease; or Gaucher's disease. Unlike the condition in adults, they are seldom due to malignant processes. Fatigue fractures occur because of rhythmic, repeated stress to normal bone; they are, therefore, generally found in load-bearing bone particularly that around the knee. Differential diagnosis may be made by taking a thorough history, observing characteristic radiologic signs, and taking a biopsy if necessary. When treating pathologic fractures in childhood, it is imperative to make the correct diagnosis of the basic process, treat the fracture conservatively if at all possible, and treat the basic process. In some conditions, surgery should be avoided. Angular deformities of extremities should be corrected by the recommended surgical methods in adolescence. The solitary bone cyst should be treated by curettage and bone grafting in the inactive stage. The treatment of fatigue fractures is conservative, care being taken not to over diagnose the condition. Surgery is rarely, if ever, indicated. Battered child syndrome may be observed as multiple fractures in various stages of healing in normal bone with an associated dislocation of the epiphyses. Slight fever and moderate leukocytosis may also be present. It may be confused with other syndromes involving multiple fractures, especially scurvy. It is imperative to report cases of battered child syndrome to avoid repetition of the injuries. 12 references.

CD-00450

Nassau County Health Dept., Mineola, N.Y.
Child Abuse: The Dentist's Role.

Hazlewood, A. I.

New York State Dental Journal 36(5):289-291, May 1970.

A brief review covers the role of the dentist in identifying cases of child abuse. To assist the dentist in early detection, dental societies should assume responsibility for greater education of dentists regarding the maltreatment syndrome and means available to protect the child. Dentists can be most effective by carefully taking complete and detailed histories and promptly reporting suspicious cases. Such reporting can serve to protect the child and assist in the identification of the emotionally disturbed parent. 7 references.

CD-00451

Detroit General Hospital, Mich. Dept. of Pediatrics.
Child Abuse—Analysis of a Current Epidemic.
Heins, M.
Michigan Medicine 68(17):887-891, September 1969.

A brief review of child abuse, Michigan reporting laws, and diagnoses, introduces a pediatric study at Detroit General Hospital. The number of reported child abuse cases increased from 45 cases in 1965 to 69 reports in 1968. There was a preponderance of male children involved; the ratio of black to white children was 2:1. The ratio of black to white at the hospital is 3:1, indicating that more white children are abused than would be expected from the usual race distribution of pediatric patients at this hospital. Various tables show the number of cases admitted to the hospital per year; common clinical findings; racial, age, and sex distribution; outcome and follow-up; and the type of abuse, the perpetrator, and age of the abuser. Physicians are encouraged to report cases and establish legislation in order to build community resources and protect children from further abuse. 5 references.

CD-00452

Michigan State Univ., East Lansing. Dept. of Human Development.
The Center for the Study of Abused and Neglected Children.
Helfer, R. E.
In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Co., pp. 285-297, 1972.

A group of well-known experts in the field of child abuse and neglect met in Denver in 1969 to develop the criteria and recommendations for the establishment of centers for the study of abused and neglected children in large metropolitan areas. This paper outlines specific objectives of such centers, the services which would be provided to the community and families, and the development of training programs for personnel in all fields likely to be involved. A detailed list of research goals and evaluation methods is presented, and the staffing and organization are briefly discussed. Funding is suggested as a primary area of concern to the Center's advisory committee, and would probably require combined monies from private foundations and all levels of government. The importance of breaking the cycle of child abuse and of finding new and practical ways to help affected children is stressed.

CD-00453

Michigan State Univ., East Lansing. Dept. of Human Development.
What to Do When the Evidence Hardens.
Helfer, R. E.
Medical Times 101(10):127-128, October 1973.

Steps for the diagnosis of suspected child abuse include hospitalization, several parent interviews to determine the potential for child abuse, careful examination of the child including behavior observations, and laboratory studies including x-rays (repeated at 3-4 weeks) and a coagulation survey. A child abuse consultation team should be developed at every hospital with reports of 25 or more cases annually. 5 references.

CD-00454

Michigan State Univ., East Lansing. Dept. of Human Development.
7 Guidelines in Child Abuse Cases.
Helfer, R. E.
Resident and Staff Physician 19(8):57-58, August 1973.

A brief review suggest 7 steps in managing a case of child abuse. After the physician's initial diagnosis, the parents should be interviewed while the child is placed in the hospital for further observation and diagnostic tests. A team approach is recommended to decide family treatment; community therapeutic programs are needed to prevent further abuse. 5 references.

CD-00455

Michigan State Univ., East Lansing. Dept. of Human Development.
The Responsibility and Role of the Physician.
Helfer, R. E.
In: Helfer, R. E.; Kempe, C. H. (Editors). *The Battered Child*. Chicago, University of Chicago Press, pp. 25-39, 1974.

In abused child cases the physician's first responsibility is to the child and then the parents. The physician in a small town frequently has a most difficult time because he may be a long time friend of the parents. Personnel handling the case may be inexperienced; state, municipal, and private agencies should provide experienced consultants for assistance. Also, the press should be educated to avoid sensationalism. The immediate care of the abused child is dictated by the nature of his injuries. Hospitalization is essential temporarily to remove the child from further danger if not for his injuries alone. Coagulation studies should be done to rule out a clotting deficit in cases of severe ecchymoses. An experienced physician should be the person to deal with the parents initially. He must avoid judgment or anger, realize that they probably want help, and keep them constantly informed of what is going on. Honesty and frankness are recommended. Parents should be fully briefed as to physical and radiologic findings, and informed of the physician's requirement to report nonaccidental injury; they should be informed of possible consequences of that reporting. The problem of overzealous police action is becoming less frequent. In terms of the legal obligations of the physician, in addition to complying with reporting laws, he is advised to keep careful records throughout treatment. The advantages of working in chambers rather than in courtroom for dependency proceedings are pointed out. 23 references.

CD-00456

Catholic Medical Center of Brooklyn and Queens, N.Y. Inc., Dept. of Pediatrics.
A Plan for Protection: The Child-Abuse Center.
Helfer, R. E.
Child Welfare 49(9):486-494, November 1970.

The psychodynamics of child battering often involve parents who suffered maternal deprivation when they were children; receive minimal support from friends and have built a wall of isolation around themselves, or have a baby who is unable to provide for the needs and expectations of the parents. An immediate crisis usually precipitates the battering episode. A therapeutic plan stressing a family-centered approach includes hospitalization of the child for diagnosis, temporary separation for protection, and making the home safe for the child. Parent-aides, family, and friends can be most helpful in breaking through the wall of isolation. If the therapeutic program is successful and the parent aide has made an opening in the wall of isolation, the child can start returning to his home in 3-6 months. Implementation of such a plan requires development of a center for study and care of abused children with the following goals: development of a family-centered therapeutic approach; development of both efficient and practical methods; evaluation of the effectiveness of family care; development of an ongoing training program whereby workers from the local bureau of child welfare can utilize the plan in their day-to-day care; and gradually phasing all the service load into a special child abuse section of this bureau.

CD-00457

Michigan State Univ., East Lansing. Dept. of Human Development.
The Etiology of Child Abuse.
Helfer, R. E.
Pediatrics 51(4, part 2):777-779, April 1973.

The etiology of child abuse consists of three components: (1) the potential for abuse, (2) a very special kind of child, and (3) a crisis or series of crises. Parents with the potential for child abuse almost invariably were poorly reared themselves without an effective "mothering imprint." They are generally isolated people, who cannot effectively turn to others in times of stress, and who have developed feelings of inadequacy. The potential usually involves both parents, even when only one does the beating, since the other is often insensitive to the spouse's emotional stress. The abusing parent often places unrealistic demands on the child, expecting that it will provide emotional support for them instead of vice versa. In addition, the victim of child abuse is often an especially demanding child, perhaps hyperactive, sick, or defective in some way. Finally, incidents of child abuse usually occur following a crisis or series of crises; these often involve financial hardship or the loss of a spouse. Treatment aimed at improving the material condition of a family may reduce the immediate probability of abuse but does not eliminate its potential.

CD-00458

Michigan State Univ., East Lansing. Dept. of Human Development.
Why Most Physicians Don't Get Involved in Child Abuse Cases and What to Do About It.
Helfer, R. E.
Children Today 4(3):28-32, May-June 1975.

Several statistics relating to the extent of child abuse in the United States and the inadequacy of existing facilities and programs for the care of such cases as well as the low reporting rates from private physicians are presented. Eight major causes for the failure of most physicians to become involved in suspected cases are outlined and some avenues to improved reporting are suggested. Insufficient medical school training about child abuse and about interpersonal skills are suggested as major reasons. Physicians have difficulty in working with members of other disciplines, and this results in failure in what must be an interdisciplinary approach to child abuse. Physicians feel the drain on time, finances, and emotions to be too extensive for the private physician to become involved. Physicians also have a partially justified fear of testifying in court. The personal rewards to the physician are minimal and difficult to identify. When a physician does become involved, the community service system may be less than helpful. Finally, physicians are generally not trained to see themselves as or to act as agents for change. Specific training in the area of child abuse and neglect is urged for all physicians, especially for the pediatric specialists, and it is suggested that pediatricians on child abuse teams should be subsidized.

CD-00459

Catholic Medical Center of Brooklyn and Queens, Inc., N.Y. Dept. of Pediatrics.
Physical Abuse of Children (Continued). (Letters).
Helfer, R. E.; Gil, D. G.
Pediatrics 46:651-652, 1970.

In a debate over the definition and incidence of child abuse, Helfer opposes Gil's suggestion that child abuse is too small a problem to merit further research and that research efforts should be directed toward larger sociocultural problems. Helfer points to evidence that reported child abuse is only "the tip of the iceberg" and draws an analogy to the study of rubella, in which research into a disease of low incidence led to a knowledge of underlying pathological processes, with wide applicability. Gil replies that a low incidence of child abuse has been confirmed and that unlike rubella, child abuse is a psychosocial problem for which insight may best be gained by broad psychosocial research. Furthermore, efforts to prevent child abuse should be made using knowledge already gained. 3 references.

CD-00460

Michigan State Univ., East Lansing. Dept. of Human Development.

The Consortium--A Community-Hospital Treatment Plan.

Helfer, R. E.; Kempe, C. H.
In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Co., pp. 177-184, 1972.

Cooperation between the community and hospital personnel is essential to effective treatment of cases of child abuse and neglect. Treatment begins with suspicion in the emergency room, and proceeds through diagnosis, reporting, evaluation, disposition, and court involvement if indicated, all within the first 72 hours. Implementation of the dispositional plan then entails a longer phase involving protective service worker, hospital and private social worker, parent aides, special day care centers, crisis centers, psychiatric care, mothers anonymous, neighborhood centers. The child is returned to the home after it has been made safe for him. Neither the community protective service program nor the hospital consultation team can operate without the other if treatment is to be effective.

CD-00461

Michigan State Univ., East Lansing. Dept. of Human Development.

The Battered Child.

Helfer, R. E.; Kempe, C. H. (Editors).
Chicago, University of Chicago Press, 262 pp., 1974.

A multidisciplinary collection of writings on child abuse includes topics such as the history of child abuse and infanticide; the responsibility and role of the physician; radiologic aspects of the battered child syndrome; the pathology of child abuse; a psychiatric study of abusive parents; the role of the social worker; the law and abused children; and the role of the law enforcement agency. Also included are a summary of neglect and trauma cases, a summary of child abuse legislation as of 1973, and the Report of the New York State Assembly Select Committee on Child Abuse. Numerous references.

CD-00462

Michigan State Univ., East Lansing. Dept. of Human Development.

The Child's Need for Early Recognition, Immediate Care and Protection.

Helfer, R. E.; Kempe, C. H.
In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Co., pp. 69-78, 1972.

Four guidelines for the emergency room physician who may encounter instances of child abuse are offered: (1) the diagnosis of child abuse should be considered in all cases involving traumatic injury to small children; (2) all pre-school children and most older children in whom the

diagnosis is suspected should be admitted; (3) the parents should not be accused or confronted by the emergency room physician; and (4) a pediatrician social worker experienced in child abuse cases should be consulted. Estimates of 10 percent of all traumatic injuries being cases of child abuse have been made. Mild battering resulting in bruises and abrasions is not uncommon. Observations of mothers during the pre- and postnatal period are often revealing in early identification of potentially abusing parents. The failure of social workers and the courts to request medical advice is unfortunate and unnecessary; often the physician has valuable information and opinions regarding the return of a child to the home. Characteristics of the child and of the parents which warrant consideration of child abuse are listed.

CD-00463

Colorado Univ., Denver. Dept. of Pediatrics.

The Battered Child Syndrome.

Helfer, R. E.; Pollock, C. B.
Advances in Pediatrics 15:9-27, 1968.

This comprehensive review of the battered child syndrome opens with a recounting of the history of child abuse from the book of Genesis to the present. The incidence in 1966 was estimated at 10,000-15,000 in the United States, with 5 percent of these being killed and 25-30 percent permanently injured; at least half appear to be under the age of 3 years. Legally the physician is required to report cases, and he should take careful notes for possible subsequent court use. Two aspects of the medical diagnosis and treatment are most important: discrepancies between history and physical findings, and the desirability of hospitalization for protection. The bruised child should have a coagulation survey for medical as well as legal reasons. The characteristic radiologic changes and their differential diagnosis are discussed. Psychiatrically there is a range of personality types of battering parents, but outright psychosis is rare. Parents often expect too much from the child and become frustrated and angry when the child is unable to satisfy their needs. Additional stresses in the life situation are also often present. The physician is responsible both to the victim and to the parents. He must not be judgmental, should realize that the parents do not want to injure the child usually, and he should keep them informed of what is happening to the child. He also has a responsibility to the court in terms of providing precise information regarding the history, nature, and extent of physical findings. In questionable cases he must call upon every available resource in the community. Various community agencies have a role in the management of this problem: child welfare departments, the police, school personnel, and the social worker. It is suggested that the social worker should not be involved in the investigative aspects of the case but should work in dealing with the parents and setting up a positive relationship with them. The physician should supervise the multidisciplinary approach to battered child cases. 19 references.

CD-00464

Michigan State Univ., East Lansing. Dept. of Human Development.

Summary of Current Status of Screening Questionnaire for Unusual Rearing Practices.

Helfer, R. E.; Schneider, C.
Michigan State Univ., East Lansing. Dept. of Human Development, 7 pp., 1974.

Recent experience with a questionnaire used for screening for unusual rearing practices is summarized. Of 500 mothers completing the questionnaire 100 were thought, because of observation and questioning in the perinatal period, to fall into a high-risk category with limited parenting skill. It was concluded that women in the lowest risk category were the patients of private pediatricians and that those who come into a clinic or general hospital to have their baby (usually without private physicians) fall into a slightly higher risk category. Those who were identified by observations in the perinatal period to be high risk were identified by the questionnaire as having more likely possibilities of rearing their children in an unusual way. At the present time the questionnaire must be considered as a research tool or screening instrument; the number of false negatives or false positives to be expected has not yet been determined. Future uses of the questionnaire may lie in areas of gathering diagnostic data, identification of families at risk, evaluation of students taking child rearing courses, and perhaps determining the degree of success of treatment. Currently programming and scoring are done at the Michigan State University. A field study is planned as a joint project of the University of Colorado and Michigan State University.

CD-00465

Michigan State Univ., East Lansing. Dept. of Human Development.

Child Abuse and the Private Pediatrician.

Helfer, R. E.; Wheeler, J. S.
Feelings and Their Medical Significance 14(3):1-4, May-June 1974.

The familiar pattern in cases of child abuse consists of a parent with the potential for abuse (contributed to by his own rearing, isolation, a too-passive spouse, or unrealistic expectations from his child), a child who is or is perceived to be different (mentally or physically defective, unusual, bad, demanding, hyperactive), and a crisis of any dimension, small or large. The Allentown, Pennsylvania approach to child abuse and neglect is a total community, cooperative program involving weekly clinics for abusive parents and their children, group therapy sessions, an emergency room alert-file with photographs, and an educational program for nurses, teachers, and court workers. Not all referred cases to the program involve child abuse, and 2 cases are presented, 1 of which did not involve abuse. A recommended program is outlined, involving 3 main segments: a diagnostic consultation program, an educational committee, and a therapeutic development committee. Four distinct responsibilities of the private pediatrician are

outlined: early identification, admitting the child to the hospital, helpful confrontation of the parents, and arranging an early referral to a community program. 3 references.

CD-00466

Hesperia Hospital, Helsinki (Finland).

Murder and Other Homicide, by Children Under 15 in Finland.

Hellsten, P.; Katila, O.
Psychiatric Quarterly 39(1):54-74, 1965.

A report of five cases of homicide by children under 15 in Finland between 1935 and 1962 details the family histories and personalities of the 5 young murderers. None of the 5 boys showed signs of psychosis, and only 1 case revealed a family history suggestive of schizophrenia (in the mother). Only 1 boy was intellectually subnormal and none showed clinical evidence of epilepsy, although 1 subject had suggestive EEG changes. The economic state of 4 of the families was comparatively good, but all of the boys had emotionally unfavorable environments. The fathers, in particular, were neither objects of affection nor identification, and the 4 mothers and 1 stepmother were emotionally superficial, cold, egotistical, and incapable of deep affection. In the 3 cases of patricide the mother had displayed a lack of respect for the father and impressed the boys with his insignificance; in 1 case the mother was a comurderer and in another the mother condoned the murder. On follow-up it was learned that none of the boys has become psychotic or criminals, although each had some character deviation. 9 references.

CD-00467

Medical Examiners and Infants Deaths. (Letters).

Helpert, M.; Rupp, J. C.; Bornstein, F. P.; Curran, W. J.
New England Journal of Medicine 287(20):1050-1052, November 16, 1972.

A series of letters defend the quality of medical examiner findings in medicolegal death investigations, especially regarding crib deaths, or sudden infant death syndrome. Lack of expertise in death investigations is attributed to the lay coroner system and coroners juries which control 80 percent of the investigations in the U.S. This system frequently employs persons with little or no expertise in law or medicine, and in many cases follow judgements made by the state attorney. Further research in this area is urged. 2 references.

CD-00468

Toronto Univ. (Ontario). Dept. of Psychiatry.

Incest: A Synthesis of Data.

Henderson, D. J.
Canadian Psychiatric Association Journal 17(4):299-313, August 1972.

The incest taboo reflects a cross-cultural preoccupation with the incest theme. Epidemiologists have shown that

almost all civilizations recognize incest, but that it is universally uncommon. The influence of socioeconomic variables upon the occurrence of incest is disputed. Incest is an ever-recurring theme of mythologies of many civilizations. Anthropologists have pointed out cross-cultural variations in the nature of the incest taboo but have generally substantiated its universal presence in some form. The incest taboo is multidetermined. The need to stabilize the sociocultural unit against internecine conflict, the need to promote endogamous sexuality, and the need to prevent weakening of the race through inbreeding have all been advanced. The occurrence of overt incest is usually in the setting of a dysfunctional family and is accompanied by drastic familial role shifts. Sociocultural, socioeconomic, and purely psychiatric factors may play a further part in the breakdown of the incest barrier in these situations. In the psychodynamics of father-daughter incest desertion anxiety plays a key role. Incestuous fathers have usually been rejected recently by their usual sexual partners, and they deal with the guilt arising from incestuous behaviour with flagrant rationalizations. Their backgrounds are usually marginal. Their wives collude with the incestuous liaison by rejecting their husbands sexually and by subtly encouraging their daughters to become the 'woman of the home' in response to desertion anxiety stemming from the maternal grandmother. Incestuous daughters are generally felt to encourage their fathers' sexual advances or at least to refrain from resisting them. Incestuous behaviour in daughters is at least in part a function of penis envy hypertrophied by the wish for revenge against the pre-oedipal mother. Incestuous behavior appears deeply rooted in the pre-oedipal period. In father-daughter incest, there is often a favorable prognosis. Prevention of overt incest rests on measures to enhance familial roles and strengthen the incest taboo. Insight psychotherapy may also play a part. 46 references.

CD-00469

Ross Clinic, Aberdeen (Scotland).
Subdural Haematoma and "Battered Baby." (Letter).
 Henderson, J. G.
British Medical Journal 3(5619):678, September 14, 1968.

Further research is necessary to elucidate the significance of subdural hematoma as an indication of child abuse. Subdural hematoma has been described in physically abused children as has retinal hemorrhage with and without subdural hematoma. On the other hand, at least one child has been observed with extensive fractures and meningitis but without subdural hematoma; while a recent study of subdural hematoma in infants presented no data on the number who sustained injury as a result of physical abuse. 11 references.

CD-00470

The Battered Child: Florida's Mandatory Reporting Statute.
 Hendriksen, D. G.
University of Florida Law Review 18:503-511, 1965-1966.

In response to the needs of the battered child and his family, the Florida Mandatory Reporting Statute was enacted. While the law does provide for the identification of such cases it does little to provide for the very specialized treatment required. An evaluation of this current law shows that it should be amended for physicians to report to Child Welfare Units of the State Welfare Agency and, if necessary, directly to the appropriate law enforcement agency. The law should provide for a central registry of cases maintained by the Child Welfare Unit and grant this unit the full power to investigate all reported cases, take necessary remedial action, and, if necessary, petition courts for change of custody or other judicial acts. The history of battered children and the physician's role in treating the abused child are briefly reviewed. Numerous references.

CD-00471

Maryland Univ., Baltimore. Dept. of Pediatrics.
Growth Rate, Nutrient Intake and "Mothering" as Determinants of Malnutrition in Disadvantaged Children.
 Hepner, R.; Maiden, N. C.
Nutrition Reviews 29(10):219-223, October 1971.

A group of 38 urban disadvantaged children with serum vitamin A levels below 20 micrograms per 100 ml (an indication of malnutrition) were pair-matched for age, race, neighborhood, sex, and school of attendance with disadvantaged children showing normal vitamin A levels. Maximum vulnerability to malnutrition was insured by choosing children with low quality dietary intakes, who were experiencing a developmental growth spurt. Three such spurts have been observed in the fetal-infantile, preschool, and adolescent periods, and during these spurts, the laying down of lean body mass proceeds at between 3 and 5 times that of the intervening periods. No correlations were found between malnutrition (as indicated by serum vitamin A, hemoglobin, hematocrit, total serum protein, albumin, and carotene) and per capita income, per capita expenditures on all sources of calories, or Polansky's Childhood Level of Living Scale. The latter provides a measure of total material and emotional support in the home environment. Strong correlations were found between malnutrition indicators and the quality of mothering defined by the Polansky scale. These results support the theory that lack of adequate mothering creates a physiological stress reaction that aggravates any existing predisposition toward malnutrition. Disturbances of endocrine function have been indicated by other studies. 12 references.

CD-00472

Canadian Council on Social Development, Ottawa (Ontario). Personal Social Services.
Looking at Baby Battering: Its Detection and Treatment.
 Hepworth, H. P.
Canadian Welfare 49(4):13-14, July-August 1973.

Reporting laws alone in Canada are not sufficient to handle the problem of battered children. Better organized and

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coordinated child health and welfare services are needed, and a larger number of workers and facilities is required.

CD-00473

Milwaukee County Dept. of Public Welfare, Wis. Protective Services Unit.
Aggressive Casework in a Protective Services Unit.
 Herre, E. A.
Social Casework 46(6):358-362, 1965.

The Protective Services Unit of the Milwaukee County Department of Public Welfare began as a demonstration project and has been continued with expanded staff and resources through a federal grant. It developed a coordinated approach to the provision of protective services on behalf of children and a specialized casework service to treat family disorganization and prevent family breakdown. The social worker conducts most of the casework sessions in the client's home, using aggressive, reaching-out techniques in an active effort to stabilize the family's physical and social environment as quickly as possible. This is followed by individual casework sessions with members of the family. Family sessions are held in the evening so that the father may attend. In a 10-month period in 1963 the unit received 336 family referrals involving 1,005 children; the volume more than doubled in 1964. From a strictly financial standpoint, the operation of the unit has saved the community many thousands of dollars. The importance of keeping a child in his own home where possible is emphasized.

CD-00474

Rights of Parents and Children. (Letter).
 Hessel, S. J.
New England Journal of Medicine 283(1):156, July 16, 1970.

The implications of registering child abuse cases are far-reaching and could conceivably be damaging to a family, particularly if the diagnosis were in error. In efforts to prevent incidents of abuse the rights of the parents must still be protected.

CD-00475

Sudden Infant Death Syndrome and Child Abuse. (Letter).
 Hick, J. F.
Pediatrics 52(1):195, July 1973.

The lack of comment on the emotional stability of the parents and the possibility of child abuse in a report of 4 sudden infant deaths and one unexplained death at 28 months in the same family is questioned. The original authors, after initially pointing out this diagnosis should not be one of exclusion, describe the relationship of the parents as one of warmth and mutual respect. They frequently visited the children when in the hospital, and the mother expressed considerable grief over the death of her children. A public health nurse indicated a fairly good

relationship between the mother and the children. Following the death of the fifth child, the mother sought and received outpatient psychiatric care.

CD-00476

State v. McMaster: Due Process in Termination of Parental Rights.
 Hicks, G. M.
Willamette Law Journal 8(2):284-293, June 1972.

The Oregon statute which covers termination of parental rights of those who are "unfit by reason of conduct or condition seriously detrimental to the child" is criticized as vague and imprecise. In making the action uncertain, it denies due process for the parents. It is hoped that a committee of the Oregon State Legislature preparing a proposed revision of the Juvenile Code will adopt a provision for the termination of parental rights which provides for the welfare of children and at the same time is sufficiently clear and definite to safeguard the constitutional due process rights of parents. Numerous references.

CD-00477

Emotional Reactions to Child Abuse Within a Hospital Setting.
 Hill, D. A.
 In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 37-40, 1975.

Feelings of outrage and hostility are frequently apparent among hospital personnel when a battered child is admitted, and the parents are often treated with icy silence during the initial stages of treatment of the child. Anxiety and tension are often present in the hospital social worker as she is frequently caught in the middle between the medical staff and the family in working out a plan for the situation. Parents frequently feel misunderstood, threatened, and criticized. Another reaction of hospital staff frequently encountered is one of apathy, since they will never see the positive outcome of referral to an agency. Lack of sufficient services contributes to this feeling of apathy.

CD-00478

Child Abuse: Early Casefinding in a Hospital Setting.
 Hill, D. A.
 In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 17-22, 1975.

The hospital social worker should be aware of the characteristics common among child abusing parents: a history of their own dependency needs not having been met and perhaps of abuse as children, social isolation, low tolerance of frustration, impulsiveness, and a sense of righteousness about discipline for their children. The child is usually

perceived as special or bad in some way such as resulting from an unwanted pregnancy, defective in some way, constantly crying, etc. Usually there is a precipitating crisis of some sort for which help is not available at the time. The incongruity of the history of injury and physical findings is also mentioned.

CD-00479
The Development of Children's Advocates, A Community Approach.
 Hill, D. A.
 In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 179-182, 1975.

Children's Advocates, a multidisciplinary group composed of members from 23 agencies concerned with providing services to families of abused children, was formed to meet a desperate need for improved communication among these agencies. The problem of coordination was particularly complicated in the Boston area with its unusually high number of competitive teaching hospitals and many social agencies. After 2 years, nonprofit incorporation was decided upon to allow the organization to accept funds to promote its work. Monthly meetings allow differing opinions and attitudes to be expressed. The most important end result is the development of programs to deliver services to the neediest of children and families.

CD-00480
 Royal Children's Hospital, Parkville (Australia). Dept. of Radiology.
Battered or Not--A Reappraisal of Metaphyseal Fragility.
 Hiller, H. G.
American Journal of Roentgenology, Radium Therapy and Nuclear Medicine 114(2):241-246, January-April 1972.

Results of a retrospective study of 145 nonbattered children and 25 battered children showed that multiple epiphyseal plate fractures, up to the present considered to be almost certain evidence of battering, may in fact be due to an underlying bone defect. The evidence for this theory includes (1) a dense chalky texture of all bones in 5 of the battered children who showed this type of fracture; (2) the absence of this type of fracture in the group of nonbattered children; (3) the difficulty in explaining why epiphyseal plate fractures occur on both sides of a joint if the bone structure is normal; (4) the often apparently normal home environment in many of the patients; and (5) a suggested collagen abnormality in the bone apparent under polarized light. The advisability of accepting multiple epiphyseal plate fractures as definite roentgenologic evidence of battering is thus doubtful. 3 references.

CD-00481
The Battered Child--A Health Visitor's Point of View.
 Hiller, R. B.
Nursing Times 65(40):1265-1266, October 2, 1969.

The role of the health visitor in identifying cases of battered child syndrome is discussed. Frequently she will be the first professional in contact with the situation. While careful observation on visits is essential, care must be taken not to arouse suspicion of the parent by, for example, too frequent visits. Two situations which could lead to child beating are pointed out: when the mother sees the child as a rival or when the baby interferes with the mother's career, and when the family lives in some measure of isolation from the rest of the community. The importance of close cooperation between the health visitor and the physician is stressed.

CD-00482
 Bernalillo County Mental Health and Mental Retardation Center, Albuquerque, N. Mex.
Volunteers Serve as an Adjunct to Treatment for Child-Abusing Families.
 Hinton, C.; Sterling, J. W.
Hospital and Community Psychiatry 26(3):136-137, March 1975.

Motivated by an increased efficiency of case reporting without corresponding funds to handle the increased load, a volunteer corps was developed by the Bernalillo County Mental Health and Mental Retardation Center in Albuquerque. The group served as an adjunct to treatment for abusing and neglectful parents in developing a relationship of trust and friendship and in helping them overcome frequently encountered isolation and frustration. Each of 8 volunteers was assigned one case, including weekly family visits, although the volunteer was always available for emergencies. The case clinician provided regular supervision. The first 8 volunteers were women (all married and with children) who had worked at the Center, and a second group consisted of women who responded to public recruitment. In general the program has worked well.

CD-00483
Child Abuse and the Law: A Mandate for Change.
 Hochhauser, L.
Howard Law Journal 18(1):200-219, 1973.

A summary of the status of the law and child abuse covers the reporting laws, protective services, criminal laws, and juvenile court acts. Although every state has a reporting law, only 8 call for central registries. Twenty-four jurisdictions make protective services mandatory, but, generally, protective services programs are inadequately funded and staffed. The criminal process is not effective in dealing with the broad range of problems in child abuse cases because of its emphasis on punishment not the problems. Juvenile court judges have the power to take emergency action in removing a child from the home. A temporary removal from the home is sometimes the only way to halt abusive acts, although courts generally concur that parental custody is preferable to separation. Stringent assurances of child safety are required before a child can be returned to the parents. In the District of Columbia an interagency process

involving the police, courts, and social service agencies is activated upon receipt of a report of suspected abuse. In New York the family court has the original jurisdiction of child abuse, and proceedings are civil in nature. Referral to the criminal court takes place when the family court feels its processes are insufficient. The federal Child Abuse Prevention and Treatment Act creates a needed National Center on Child Abuse and Neglect established under HEW to provide technical assistance, conduct research, publish reports, and serve as an information clearinghouse. Numerous references.

CD-00484
 Hofstra Law Review.
Matter of Ella B.
Hofstra Law Review 1:324-331, 1973.

The New York State Court of Appeals held that an indigent parent has a right to assigned counsel in all child neglect proceedings and must be advised of this right by the court. The case involved was a proceeding held before the Family Court in which a mother charged with neglect was advised that she could be represented by an attorney if she would pay the costs, but no mention was made of providing legal representation for her without cost. The question of who would pay the costs in such a case (a private agency or some branch of government) is unresolved. The difficulties of the Legal Aid Society providing counsel for both the child and the parent in such cases is another problem. Numerous references.

CD-00485
Early Life of the "Battered Child." (Letter).
 Holman, R. R.; Kanwar, S.
Archives of Disease in Childhood 50(1):78-80, January 1975.

A review of the obstetric histories and early lives of 28 abused children showed that the youngest child, especially male, is most at risk, and particularly if the mother is pregnant. Reduced antenatal care, separation of the mother and child during the neonatal period, illness, poor environment, and parental problems were common findings in the histories. These and other difficulties may be regarded as environmental pressures leading to child abuse by susceptible individuals. Early recognition of such situations might lead to preventive and supportive measures. 7 references.

CD-00486
 York County Mental Health Center, Pa. Children's Div.
A Medical Social Worker's View of Child Abuse.
 Holter, J.
 In: A National Symposium on Child Abuse, Rochester, N.Y., October 19, 1971. Denver, Colo., American Humane Association, pp. 16-20, 1971.

Two case histories illustrate the possible consequences of poor interagency cooperation. Too often one agency is not informed of the other's actions or refuses professional advice in an area where it has little expertise. Disagreement over the necessity of removing the child from the home occurs often. Frequently the referral of abusive parents to a mental health or psychiatric facility is thought to solve the family's problems. Unfortunately, this affords the child little or no protection, as parental rehabilitation may take a long time. Handling child abuse cases in this fragmented way, with little or no disposition planning, follow-up care, or conferring between agencies, is far from satisfactory for the abused child, his family, or the involved agencies. General characteristics of abusive parents and abused children are outlined.

CD-00487
 Rochester Univ., N.Y. Dept. of Pediatrics.
Etiology and Management of Severely Burned Children.
 Holter, J. C.; Friedman, S. B.
American Journal of Diseases of Children 118:680-686, November 1969.

Thirteen children aged 2-12, hospitalized over a period of 2 years with severe burns were observed in order to assess the emotional makeup of their families both before and after the injury. Major psychological and social problems existed in 10 of the families prior to the injury; these included emotionally disturbed children and mothers, unstable marriages, and poor parent-child relationships. In these 10 cases, the gross emotional disturbances appeared to have propelled the child into tragic situations resulting in severe burns. Most childhood burns may be categorized as reflecting (1) a true accident (3 cases), in which parental involvement, if any, reflects a mere transitory lack of supervision; (2) a situational crisis (7 cases), in which a propensity for injury reflects acute or chronic stresses within the family; and (3) child abuse (3 cases), in which deliberate injury of the child takes place. Abused children tended to be younger than the others and were scalded, as were those accidentally burned (the others received flame burns). When burns resulted from abuse or situational conflict, the parents frequently appeared inadequately interested in their children during hospitalization. The families of accidentally burned children require only a modest amount of emotional support by the hospital staff; but those in the other groups may require counseling, intervention in the home by a homemaker or public health nurse, or referral to the appropriate social agencies. 8 references.

CD-00488
 Rochester Univ., N.Y. Dept. of Pediatrics.
Child Abuse: Early Case Finding in the Emergency Department.
 Holter, J. C.; Friedman, S. B.
Pediatrics 42(1):128-138, July 1968.

In a two week survey of all children under 6 years of age seen in an emergency ward for accidents, 7 of 69 cases were suspected of having injuries due to maltreatment. These judgments were made by systematically reviewing the medical records of these children and their parents. In a second two week survey conducted 6 months later, a similar incidence (7 of 87) of abuse was suspected. When these latter families were also evaluated by a home visit, an additional 3 accidents were judged to reflect abuse and 10 further cases were thought to reflect gross neglect. Empirically, limb fractures and dislocations, abrasions, contusions, bruises, and burns were most commonly associated with childhood abuse. The families of the injured children throughout the survey population displayed a high incidence of stressful situations at the time of the child's accident. An awareness of the risk factors in childhood accidents may permit the personnel of the hospital emergency department to help initiate measures for the prevention of further accidents. 11 references.

CD-00489

Principles of Management in Child Abuse Cases.

Holter, J. C.; Friedman, S. B.

American Journal of Orthopsychiatry 38(1):127-136, January 1968.

A series of 19 cases of child abuse from 18 families seen in the mid-1960s is reported. The series included 12 boys and 7 girls; 5 were under 3 months of age and 15 under 2 years. In 14 families both parents were living together. The median age at marriage was 22 for the fathers and 19 for the mothers, with 25 and 23 the respective mean ages at the time of abuse. The families were often social isolates, with few church ties or contacts with social organizations; often they were new to the community. In 9 families one or both parents had had psychiatric referrals previously, parental emotional disturbance was present in 3 other families, and 2 mothers were mentally retarded. In general, the parents were immature, dependent, acted impulsively, and were seen as rigid, self-centered, rejecting, and angry individuals. Commonly they had, themselves, experienced abuse in childhood. Marital discord was present in the majority of cases, and unwanted pregnancies played an important part in the depression of mothers in 4 families. A team approach in terms of diagnosis and management of abuse cases and a centralized reporting system to aid in identifying abusing families is recommended. It is concluded that child abuse is often a cry for help from the parents, and that a routine hospital policy for managing such cases is helpful, especially when physicians at different levels of training are involved. 9 references.

CD-00490

Colorado Univ., Denver. Battered Child Team.

The Nurse and the Abused Child.

Hopkins, J.

Nursing Clinics of North America 5(4):589-596, December 1970.

The nursing profession can play a crucial role in detecting and preventing child abuse. It is important that the nurse's attitude be sympathetic, recognizing that the abusive parent generally loves the child but has unrealistic expectations of the child; the abusive parent may have had harsh childhood experiences, or is an isolated, insecure person. A nurse should be alert for mothers who display unusual anxiety, a conspicuous lack of childrearing knowledge, or who bring a child to a physician for no apparent reason. Efforts should be made to uncover the source of the maternal stress and reassure her, while at the same time teaching her any of the mothering skills and childrearing knowledge she may lack. The nurse should adopt a tolerant approach consistent with the mother's aptitude and attitudes toward childrearing and should under no circumstances be accusatory or domineering. Nurses should also be aware that many hospitals have special interdisciplinary groups for the management of child abuse cases, and that physicians generally hesitate to initiate formal proceedings against parents. 1 reference.

CD-00491

The Child-Battering Parent: Sick but Slick. (Editorial).

Horn, P.

Psychology Today 8(7):32, 35, December 1974.

A brief news report describes a study undertaken to illustrate the abusive parents' ability to appear normal. Thirteen nonbattering parents and 13 convicted child battering parents were matched by age, sex, income, education, number of children, and marital status. The 2 groups were given a series of personality tests and an I.Q. test. Abusive parents had higher scores on scales indicating aggressive feelings, bad thoughts, temptations, lack of control, and false responses. I.Q. scores of the abusive parents were lower but group conformity and self-punitiveness higher than the other group. The indications are that abusive parents tend to overcompensate in preventing awareness of their violent impulses.

CD-00492

Pennsylvania Univ., Philadelphia. School of Social Work.

Administrative Discretion in the Implementation of Child Abuse Legislation.

Hoshino, G.; Yoder, G. H.

Child Welfare 52(7):414-424, July 1973.

A survey of 27 Pennsylvania child welfare administrators assessed the impact of a law requiring them to report all cases of suspected child abuse to the appropriate law enforcement authorities. Most feel that the law did little or nothing to change existing policy. The amendment to the Pennsylvania Child Abuse Reporting Act had been pushed through the legislature without debate or opposition in December 1970. It followed sensational disclosures of an alleged coverup of child abuse in foster homes by welfare authorities. The previous law required administrators to report to the police only if it appeared that a criminal act had been committed. After an initial 2 month to 1 year period of uncertainty in which welfare agencies at various

levels of authority formulated guidelines and most administrators expressed their hostility to the law, opponents finally relented and the law put into effect. However, in practice the law did little or nothing to change its predecessor since (contrary to the apparent expectations of the law's sponsor) the police were not eager to undertake additional investigations, the welfare authorities were competent to undertake investigations by themselves, and neither group wanted to change the ameliorative, nonpunitive thrust of the child abuse laws. The ineffective legislation appears due to the absence of explicit legislative intent, lack of communication between the legislature and administrative agencies, inadequate hearings and debate on the bill, and a failure to appreciate the relative roles of the legislature and administration in formulating procedure. 6 references.

CD-00493

Ipswich and East Suffolk Hospital, (England). Dept. of Family Psychiatry.

Visiting Children. (Letter).

Howells, J. G.

British Medical Journal 2(5488):676-677, March 12, 1966.

Separation of a child from its mother is not a mental health hazard unless it is accompanied by a deprivation of proper care. Conversely, leaving a child in a home in which the proper care is not given can be harmful. Studies of juvenile thieves showed that they were deprived of the right kind of care regardless of whether or not they were separated. A survey of emotionally disturbed children under 2 years of age did not show a higher incidence of separation than a control group. These studies tend to refute the popular belief that it is better for an abused or neglected child to remain in a traumatic home than to be removed. 6 references.

CD-00494

How to Set up a No-budget Battered Child Program.

Hudson, P.

Journal of the Medical Society of New Jersey 70(6):441-442, June 1973.

A report briefly describes a child abuse program that was developed in Bergen County, New Jersey, despite a lack of funds. Public interest was roused through a series of newspaper articles; local physicians were alerted and urged to report through the medical society and the hospitals; procedures for follow-up of reported cases were devised; and routines for police handling of abuse cases were developed. In addition, provisions were made for legal representation of the child, and for expediting doctor's testimonies in court. A new reporting law facilitated casefinding and provided reporting sources other than physicians. More legislation defining the whole plan for management of all problems is needed, as are more facilities for handling the children and their parents.

CD-00495

Hackensack Hospital, N.J. Child Evaluation Center.
The Doctor's Handy Guide to Chronic Child Abuse.
Hudson, P.

Journal of the Medical Society of New Jersey 70(11):851-852, November 1973.

Physicians should consider the possibility of child abuse whenever they encounter a child, particularly one under the age of 3, with chronic or old injuries. Several telltale signs of child abuse may be discerned; the child's behavior may be aberrant. Suggestive scars in unlikely locations may be present, and the child (and his mother) may appear either excessively unkempt or compulsively neat. The mother may seem cold toward the child and concerned exclusively with herself. Key questions, such as, "How were you disciplined as a child?" "How do you and your husband, punish the children?" "Do you find yourself overwhelmed by your problems?" and "Do you and your husband get along?" may elicit useful information.

CD-00496

The Battered Baby Syndrome--A Multidisciplinary Problem.
Hughes, A. F.

Case Conference 14(8):304-308, 1967.

Willful injury of children by their parents is a problem of uncertain proportions in Great Britain. Diagnostic features of the syndrome include multiple and repeated injuries, injuries to the ends and shafts of the long bones, ribs, and skulls with subdural hematoma, bruises, and facial injuries common. The victims usually appear well cared for, are below the age of 3, and quickly recover after hospitalization, while the parents frequently deny knowledge of the injury or produce contradictory explanations for it. It is the parent who usually brings the case to a physician's attention. Once the syndrome is recognized, it is important to inquire into family background and involve the appropriate child protective agencies in order to prevent future harm. The parents of abused children tend to be young, inexperienced parents, who demand too much of their child, are often under unusual tension, and are unable to care properly for the child. Assaults are frequently a response to protracted crying by the child. Unless the proper protective orders and constructive remedial treatment can be obtained, the home situation may deteriorate still further and result in future more serious injury to the child. Criminal proceedings generally aggravate rather than improve the situation. 13 references.

CD-00497

A Symposium: Sentencing and Corrections. The Correction System: Designs for Reform.

Hughes, R. J.

American Criminal Law Review 11(1):150-157, Fall 1972.

The proposition is advanced that the troubled, provocative child, or juvenile nuisance, should be served by voluntary

community-based social service agencies rather than processed through the court system; such services are now lacking but the runaway youth act would provide funds for such services.

CD-00498

"Come and Get This Kid or I'm Going to Kill Him!"
Hurley, A.
California's Health 30(1):12-14, July 1972.

A report describes the experience of Child Abuse Listening and Mediation, Inc. (CALM), a confidential telephone listening and referral service. Clients come chiefly through an ad in the personal column of a local paper. It is open 24 hours a day, 7 days a week for listening or for referral and resource services. Nearly half of the clients are self referrals, but many second-hand reports come from neighbors and friends. Sometimes teenagers call in desperation. Listening is the main function, and counseling is beyond the scope of the operators. The nature of the service is described as mothering, caring, and sharing. Funding is from private foundations and community donations.

CD-00499

George Washington Univ., Washington, D.C. Social Research Group.
Child Abuse and Neglect. A Report on the Status of the Research.
Hurt, M., Jr.
Office of Child Development (DHEW), Washington, D.C., (OHD)74-20, 63 pp., 1975.

In this report on the status of research in child abuse and neglect, the subject is first covered in its historical context. The characteristics of abusing parents and abused children are discussed as well as the situations which lead to abuse. The effects of abuse are considered in terms of the obvious immediate effects and those less apparent long-term sequelae, both physical and psychological. In a discussion of reporting, it is pointed out that three essential elements of reporting are a hotline, a central registry, and an awareness of the problem on the part of the public. The efforts in Florida along all three lines are reviewed. Regarding the reluctance of physicians to report, it is pointed out that there is a particularly low incidence of reporting among cases in middle class families, and some of the reasons for this are discussed. The hospital emergency room team is a particularly effective source of case finding. Remediation and prevention are discussed in terms of such groups as Parent's Anonymous, the Santa Barbara Child Abuse Listening Mediation (CALM) program, and the Parental Stress Service of Berkeley, as well as crisis control centers, and similarly oriented groups. Appendices in this document include a reprint of Public Law 93-247 (S.1191 of the 93rd Congress, 1974), abstracts of federally supported projects pertaining to child abuse and neglect, and an annotated bibliography covering the period 1967 through 1973. 76 references.

CD-00500

Surrey Univ., Guildford (England). Dept. of Biological Sciences.
I.Q. of Parents of Battered Babies. (Letter).
Hyman, C. A.
British Medical Journal 4:739, December 22, 1973.

Results showing that nearly half of the mothers of a series of child batterers were of borderline intelligence or below based on the averaged scores of 4 Wechsler Adult Intelligence Scale subtests are criticized. The validity of this use of subtest scores is questioned. Another study using a short form of the W.A.I.S. revealed no differences in spatial-perceptual abilities between battering mothers and controls.

CD-00501

Idaho State Dept. of Health and Welfare, Boise.
Child Protection—Youth Rehabilitation. Region IV.
Idaho State Dept. of Health and Welfare, Boise, 64 pp., February 14, 1975.

The child protection-youth rehabilitation program of Region IV of the Department of Health and Welfare of Idaho is outlined in detail in terms of goals, legal purpose and policies, expectations of the various persons involved, tasks, client population, and current finances, staff, and unit structure. It is concluded that there is a need for more staff time, more capability for case review, and a greater strengthening of preventive services. Service delivery should be moved to the earliest possible point of intervention and community involvement should be improved.

CD-00502

Illinois Medical Journal, Chicago.
Doctors and Hospitals Must Report Child Abuse: Recent Supreme Court Ruling Doesn't Invalidate State Law. (Editorial).
Illinois Medical Journal 140:41, July 1971.

The director of the Illinois Department of Children and Family Services believes that a ruling of the Illinois Supreme Court striking down a nineteenth century child welfare law in no way affects the validity of the 1965 Child Abuse Reporting Law. The older statute was declared unconstitutional on the grounds that the term "child," as used in the law, and the offenses that the law prohibited were both unreasonably vague. These defects are apparently not present in the 1965 law, which requires physicians and hospitals to report all cases of suspected child abuse to the Department of Child and Family Services within 24 hours and provides immunity to the reporter. The director hopes that the Supreme Court Decision does not discourage reporting.

CD-00503

Illinois Medical Journal, Chicago.
Battered Child Law Takes Effect July 1.
Illinois Medical Journal 127(5):570-571, May 1965.

RESEARCH PUBLICATIONS

Obligations of physicians and hospitals to report suspected cases of child abuse under the 1965 child abuse law in Illinois are detailed. An immediate telephone report to the nearest office of the Department of Children and Family Services must be followed by a written report within 24 hours; in addition, the report may be made to local law enforcement agencies. The report should include vital statistics on the child (under 16), the nature of the injuries, the evidence of past injury, and other information which would help identify the perpetrator. Addresses and phone numbers of the 23 local and regional offices of the Department are included.

CD-00504

Illinois State Dept. of Children and Family Services, Springfield.
The Abused Child Act. (As Amended Through September 7, 1973).
Illinois State Dept. of Children and Family Services, Springfield, 3 pp., September 1973.

The Illinois Abused Child Act (The Act) was passed in 1965 and amended. It requires practitioners of the medical arts, including nurses and Christian Science Practitioners, and school, law enforcement, social service, and hospital personnel having reasonable cause to believe that a child under 16 years old with whom they have had direct contact has been abused or neglected, to report to the State Department of Children and Family Services (Department) or a local law enforcement agency. The Department must ultimately be informed in all cases. The initial report is oral, but a written report must be sent within 24 hours of contact with the child. The Department must then conduct an investigation within 24 hours of receiving the report and offer such protective services as are necessary including application to the courts for placement. Any reporter is presumed to be acting in good faith and is therefore exempted from any liability stemming from the report. In judicial proceedings, the physician-patient privilege is abrogated. The Act also requires the Department to establish a central registry of reports made pursuant to the act.

CD-00505

Illinois State Dept. of Children and Family Services, Springfield.
An Act Creating the Illinois Department of Children and Family Services.
Illinois State Dept. of Children and Family Services, Springfield, 18 pp., November 1973.

The purpose of this Act is to create a Department of Children and Family Services to provide social services to children and their families, to operate children's institutions, and to provide their rehabilitative and residential services. Included in its activities, the Department is authorized to maintain and operate the Southern Illinois Children's Service Center for neglected and dependent children; care is temporary, and recommendations for further care and placement are made. A similar operation is maintained at the Herrick House Children's Center.

CD-00506

Illinois State Dept. of Children and Family Services, Springfield. Office of Research and Development.
Child Abuse Reporting. Fiscal Year 1974.
Illinois State Dept. of Children and Family Services, Springfield. Office of Research and Development, 5 pp., 1974.

A report compares statistics of suspected child abuse and neglect cases, reported and registered in Illinois in fiscal year (FY) 1974 with statistics from FY 1973. There were 61 percent more cases reported in FY 1974 than in FY 1973. The average increase in the 7 years before had only been 21 percent per year. The greatest increase in reported cases distributed by age groups was among school aged children: 121 percent more reports concerning children aged 6-9 years, 189 percent in the 10-13 year age group, and 151 percent in the 14-15 year olds. Multiple abuse statistics in FY 1974 dropped from those of FY 1973, from 17 percent to 8.5 percent. Hospitals accounted for 94 percent of the reports in FY 1973, but in FY 1974 they only accounted for 66.3 percent of the reports. These significant differences in 1974 statistics are attributed to the 1973 addition of school staff, social workers, law enforcement officers, nurses, day care personnel, and public aid personnel to medical personnel as persons required to report abuse in the state of Illinois. Data tables are included.

CD-00507

International Juvenile Officers' Association Newsletter.
Child Abuse and Neglect.
International Juvenile Officers' Association Newsletter 3(4):17-18, July-August-September 1974.

The 1973 Child Abuse Prevention and Treatment Act has granted much needed federal money (\$10 million the first year to be administered by the Department of Health, Education, and Welfare) for an attack on the problem. Juvenile officers, public health nurses, and social service organizations can effectively join together to combat the problem; each should take advantage of the other's resources and each must be prepared to detect the signs of child abuse and take decisive action. They should be aware that many abusers have records of juvenile difficulties.

CD-00508

International Juvenile Officers' Association Newsletter.
Sex Offenses Involving Children.
International Juvenile Officers' Association Newsletter 3(4):9-10, July-August-September 1974.

Sex offenses against children present a medicolegal problem of great complexity. Judicial proceedings designed to protect the legal rights of an accused offender may unnecessarily prolong the victim's trauma, whereas solicitude to the victim may jeopardize the defendant's rights. Handling cases within the framework of medical care may represent the most humane possible solution, but may also

deprive society of its legitimate right to seek security through criminal justice. Subjective impressions essential to a full picture of the offender and the victim may be inadmissible in judicial proceedings but nonetheless, available to the clinician. Medical and legal personnel must be sensitive to their conflicting demands and to the fact that a juvenile is particularly vulnerable to the pressures that arise in a case of sexual abuse.

CD-00509

Illinois State Dept. of Children and Family Services, Springfield. Div. of Planning, Research, and Statistics.

A Registry on Child Abuse.

Ireland, W. H.

Children 13(3):113-115, May-June 1966.

The Illinois Department of Children and Family Services has established pursuant to the Child Abuse Act of 1965 a central registry of Illinois child abuse cases. The act requires every member of the healing arts, including Christian Science Practitioners, to report immediately all cases of suspected child abuse to the Department. A written report must be supplied within 24 hours. The report contains, in addition to a description of the abuse, a variety of background information on the nature of the abused child's family. As the family makes further use of state social services, this information is added to the file. Once a report has been filed, the Department sends out an investigator to gather further background information and recommend what measures should be taken to protect the child. Only reports from the statutory sources are added to the registry and only Department personnel have direct access to the records. The registry is intended to provide a rapid means for caseworkers to determine whether a specific abused child has been repeatedly mistreated and to apprise themselves of relevant family circumstances. The registry should also, over time, provide a fuller picture of the nature and best treatment of the child abuse problem. In the first 9 months of the registry's existence, significant demographic information has been recorded. Most of the 363 cases came from Chicago and were reported by hospitals as severe injuries. Beatings constituted the largest proportion of abuse (221), the assailant most frequently being the child's mother (136) or father (106). The injured children included 200 boys and 163 girls, 247 of whom were under 5 years of age. Data such as these may be useful in alerting the public to the dangers of child abuse.

CD-00510

The Law and the Abused and Neglected Child.

Isaacs, J. L.

Pediatrics 51(4, part 2):783-789, 1973.

The New York legislature has passed several measures dealing with the problem of child abuse. A comprehensive reporting law requires that a wide variety of medical and social service personnel must report any known case of

suspected child abuse to the New York City Department of Social Services. The staff of a hospital may hold the abused child in its custody for one day against the wishes of its parents and may apply to the Department of Social Services for an extension of this period. There is no liability for mistakenly reporting child abuse in good faith. Criminal proceedings may be brought against any individual for child abuse either under general provisions including murder and assault or under a special child welfare provision; parents may be charged under a separate child care law. None of these provisions are extensively used, however. More effective are the child protective proceedings authorized in 1969 and 1970. These acts permit a spectrum of individuals to petition the New York Family Court in cases both of child neglect and child abuse, the latter defined as inflicting or allowing to be inflicted certain classes of nonaccidental physical injury including sexual assault. The court must immediately appoint a guardian for the child, notify the City Corporation Counsel, who appears on behalf of the petitioner, and conduct hearings to determine whether the child is in need of immediate protective custody. The police, a hospital, or the court itself may order protective custody without a hearing in emergencies. Fact-finding sessions are then held under expanded rules of evidence, which requires the introduction of appropriate medical photographs and radiograms, permits the introduction of otherwise hearsay and irrelevant information concerning prior behavior of parent and child, and suspends the doctor-patient and interspousal immunities. Where a physician testifies that the injuries are of a kind that are not normally accidental, a prima facie case of abuse is established. Proof of drug abuse is prima facie evidence of neglect. The court may, as a remedy, conditionally suspend judgment, order supervision of the child within the home, issue a protective order prescribing or enjoining certain behavior, or remove the child from the home. The court may rehear the case to modify its judgment. In practice the law is often ineffective due to overcrowded dockets and inadequate medical and social services.

CD-00511

Paddington Green Children's Hospital, London (England). The Battered Baby. (Letter).

Isaacs, S.

British Medical Journal 2(5497):1233, May 14, 1966.

Psychiatrists play an important role in protecting children whose parents cannot help damaging them physically or emotionally. Often, in cases of severe child abuse, the psychiatrist is one of the last of a variety of people called in, and only in less serious cases is referral made directly to the psychiatrist—a pattern which tends to diminish the psychiatrist's importance to students of child abuse. The psychiatrist may alleviate family psychopathology by helping parents control their aggression, helping children avoid aggression-provoking situations, or otherwise aiding parents in meeting their responsibilities. Efforts should be made to forestall future violence where such a danger is discerned.

CD-00512

Paddington Green Children's Hospital, London (England). Dept. of Child Psychiatry.

Neglect, Cruelty, and Battering.

Isaacs, S.

British Medical Journal 3:224-226, July 22, 1972.

It now appears that most parents of battered children can recover and go on to nurture thriving children if a sympathetic nonpunitive mode of treatment is used. For this reason, it is essential for physicians to diagnose the battered child syndrome even though they are reluctant to do so. Battered child syndrome should be suspected whenever injury to a child is unusual or severe; the parents delay in seeking treatment or give evasive or inadequate explanations; the child has had a history of recurrent injuries; or the child appears neglected or malnourished. Often, the parents of these children were themselves neglected or abused in childhood causing a heightened anxiety about childrearing and sensitivity to rejection; however few are actually psychotic. When battered child syndrome has been diagnosed, the physician, with the parents' cooperation, if possible, should call in social service and psychiatric workers for both the parents and the child. Except in the direst of emergencies the police should not be brought in, although the juvenile courts may be useful. Emphasis should not be placed on fixing responsibility, but rather in deciding who can best care for the child during treatment and how parent personality disorders might best be approached. The use of questionnaires or central registries should be discouraged because they tend to antagonize the parents. 7 references.

CD-00513

The Emotionally Battered Child. (Letter).

Isaacson, E. K.

Pediatrics 38(3):523, September 1966.

Pediatricians are not sufficiently involved in recognizing and advising emotionally deprived children. This is partly because they are reluctant to intrude into family matters and also because many are ignorant of the implications of inadequate emotional stimulation and development. Pediatricians should be alert to unhealthy behavior by either the parent or the child which might indicate stress or neglect at home. A few minutes of every examination should be used routinely to inquire into the family situation. Time should be taken to probe and advise.

CD-00514

St. Mary's Hospital, London (England). Dept. of Child Psychiatry.

Physical Ill-Treatment of Children.

Isaacs, S.

Lancet 1:37-39, January 6, 1968.

Of 699 families seen in a child psychiatric department over a 3-year period, 22 families had 24 cases of physically

mistreated children. In 2 of the families there had been a previous unexplained infant death from injury, and in 3 others a child had died from an infection thought not to be serious. In 20 of the families, assistance resulted in there being no further injury to the children. A number of cases are described. The importance of trained personnel is stressed, and if prevention and assistance are to be provided on a wider scale, more workers are necessary. 3 references.

CD-00515

Brook General Hospital, London (England). Dept. of Cardiology.

Child Abuse Syndrome: The Cases We Miss.

Jackson, G.

British Medical Journal 2:756-757, June 24, 1972.

One hundred cases of injury to children 12 years old or less were randomly chosen from the files of 2 British hospitals. When cases with clear causation and those with inadequate histories were discarded, 18 cases strongly suggestive of child abuse remained. The patients were under 2 years old, the parents delayed in reporting the injuries, and their explanations seemed inadequate; and most of the parents did not appear for followup examination. Two of the children died, while others showed a preponderance of limb fractures, head injuries, and a variety of soft tissue injuries. Despite these signs, it appears that the possibility of child abuse was not considered in the original diagnoses, indicating that hospitals should review their files to help identify children at risk of abuse. 10 references.

CD-00516

Royal Victoria Infirmary, Newcastle upon Tyne (England). Trauma in Childhood. (Letter).

Jackson, R. H.

British Medical Journal 2(5456):299-300, July 31, 1965.

Discussions of trauma in childhood should not be restricted by the overspecialization of medicine. An author's specialization in orthopedics may lead him to overemphasize fractures while neglecting head injuries, burns, poisoning, and epidemiology. Centers should be established where orthopedic surgeons, pediatricians, neurosurgeons, and plastic surgeons could study the problem as a whole.

CD-00517

Boston State Hospital, Mass. Collaborative Depression Study.

Deprivation in the Childhood of Depressed Women.

Jacobson, S.; Fasman, J.; DiMascio, A.

Journal of Nervous and Mental Disease 160(1):5-14, January 1975.

The role of early childhood experiences in the etiology of depression was studied in 347 depressed hospitalized women (43 percent neurotic, 57 percent psychotic), 198 normal women not receiving psychiatric care, and 114 primarily neurotic outpatient females. Childhood events

considered within the definition of deprivation were documented and depriving childrearing experiences were assessed to test the hypothesis that there is a significant relationship between childhood deprivation and adult depression. There was no association between childhood losses (death, separation of parents) and adult depression, but negative childrearing experiences, such as abuse and punishment, were associated with later depression. Overall, the inpatients suffered the most unfavorable childrearing practices, suggesting a relationship between the degree of the depriving childrearing experience with the severity of the adult illness. Data from other studies of childhood deprivation and psychiatric disorder are reviewed and discussed. 26 references.

CD-00518

Massachusetts Society for the Prevention of Cruelty to Children, Hyannis. Cape Cod District.
Casework Treatment of the Neglectful Mother.
Jacobucci, L.
Social Casework 46(6):221-226, 1965.

The neglectful mother is often emotionally a child with feelings of loneliness and isolation. If she presents as a child, it will be of little help to treat her as an adult. Interviews should center about her needs and problems, not the concerns of the referring person or the community. Interviews should be regular to provide a source of security. Frequently it has been helpful for the caseworker to give the client something of material value (clothing, hair curlers, etc.) or to take her on an outing of some sort or help her with the housework. Such approaches may lessen the negative identification of the client with her own mother. The next step is assisting the mother to change her behavior, and in this regard the worker may offer helpful suggestions. These mothers derive great benefit from a constructive relationship with a person in authority. 6 references.

CD-00519

Correlates of Differential Placement Outcome for Dependent Children in Israel.
Jaffe, E. D.
In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, MacMillan Company, pp. 180-192, 1970.

The relationship between referral situation, social background, family relationships, and services obtained and their effect on placement outcome was studied in 197 families in Israel from which one or more dependent children were referred for institutional placement. Five types of placement occurred: institutional care, foster home care, kibbutz placement, placement with relatives, and returning to or remaining in child's own home. Each case was followed for 18 months. Among the high-risk variables associated strongly with institutional placement were delinquent and acting-out behavior of the child, chronic illness of parents, children from households with stepmothers, children living alone with the father, cases handled by

nongraduate social workers, younger children, children from poor families, children with siblings who had been placed, children from disintegrated families, situations in which parents were openly rejecting of children, and lack of creative planning on the part of the family social worker.

CD-00520

Maryland State Dept. of Employment and Social Services, Baltimore. Social Services Administration.
Child Neglect and Abuse.
James, J., Jr.
Maryland State Medical Journal 21(7):64-65, July 1972.

The Maryland Child Abuse law is presented and reporting procedures explained. Maryland law establishes the Social Services Administration as a coordinating agency to administer child protection services. This department provides a 24-hour telephone service for hospitals or physicians who need help in the management of an abuse case; a 24-hour emergency family care service; Protective Services social workers to oversee case disposition; financial and medical aid; a Homemaker Service; and foster care. Police involvement in these cases is discouraged unless necessary.

CD-00521

Iowa Univ., Iowa City. Dept. of Psychiatry.
Effects of Inadequate Mothering and Inadequate Fathering on Children.
Jenkins, R. L.; Boyer, A.
International Journal of Social Psychiatry 16(1):72-78, Winter 1969-1970.

Clearly defined elements of mothering and fathering were assessed in 1500 child guidance clinic cases to see if the individual parents provided adequate mothering and fathering. Mothers with characteristics of inadequate mothering were the most likely to have children with behavior problems. Children with inadequate fathering also had some behavior problems but correlations were not as strong as those with inadequate mothering. Children of adequate mothering and fathering had the fewest problems. The study also correlates distinct childhood problems with particular mothering and fathering characteristics. 5 references.

CD-00522

Iowa Univ., Iowa City. Dept. of Child Psychiatry.
Interrupting the Family Cycle of Violence.
Jenkins, R. L.; Gants, R.; Shoji, T.; Fine, E.
Journal of the Iowa Medical Society 60(2):85-89, February 1970.

Fred, a 9-year-old member of a family characterized by at least three generations of violence, was treated to correct his own aggressive tendencies and other emotional disturbances related to his abuse. While Fred was convalescing from a severe head injury inflicted by his common law stepfather, he attacked two infants in the surgical ward, causing multiple fractures. The stepfather had repeatedly

abused Fred, including sexually, on previous occasions, and both the stepfather and Fred's mother (who stood passively by during the beatings) had been beaten as children; the stepfather did not, however, beat his own children. On initial contact with therapists, Fred was extremely timid and almost nonverbal. Individual therapy eliminated much of the timidity, but Fred soon began to display wild, passive-aggressive behavior, much of which dissipated on continued contact with other children. Extended psychotherapy and experience at a residential treatment center and foster home were necessary to treat Fred's persistent difficulties with verbalization and concentration and his passive-aggressive behavior. Eventually he was able to live in a foster home and attend the slow section of sixth grade without notable problems. A brother who was also beaten by the stepfather exhibited persistent belligerence and sexual misconduct during treatment.

CD-00523

Duration of Foster Care: Some Relevant Antecedent Variables.
Jenkins, S.
In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, MacMillan Company, pp. 239-247, 1970.

A 2-year followup study of 891 New York City children entered in foster care in 1963 indicated that about half of all initial placements (excluding infants) left care within 3 months, and 75 percent left care within 2 years. Factors associated with circumstances of living, such as being housed in rooms and being supported by public assistance, tended to be related to shorter duration of care. Demographic variables, age at placement, religion, and ethnic group appear to be interrelated and together can serve as indicators of duration of care. Reason for placement is particularly relevant, and a careful analysis of the situation that brought a child into care may help in making a reasonable estimate of how long he may stay. Although the results cannot be generalized to make predictions about every child in care, the planning process can be improved to the extent that workers are more knowledgeable about the variables likely to be related to duration.

CD-00524

Southern General Hospital, Glasgow (Scotland). Dept. of Neurosurgery.
Head Injuries in Children.
Jennett, B.
Developmental Medicine and Child Neurology 14(2):137-147, April 1972.

Almost one-sixth of general surgical admissions to a children's hospital are primarily because of head injury. Among the causes of injury are car accidents, injuries during play, falling from a height, and battering. The management of these children aims at providing optimum conditions for the recovery of normal neurological function and, if secondary complications develop, ensuring that they

are recognized and treated early. A chronological account is given for the management of an uncomplicated head injury causing unconsciousness from the initial diagnosis to the convalescent period. The special problems of intracranial hematoma, depressed fracture of the skull, and epilepsy following head injury are discussed. 10 references.

CD-00525

Denver State Dept. of Welfare, Colo. Div. of Services for Children and Youth.
Injured Children and Their Parents.
Johnson, B.; Morse, H. A.
Children 15(4):147-152, July-August 1968.

A study of 101 abused children conducted by the Division of Services for Children and Youth of the Denver Department of Welfare indicated that 2-3 years after the abuse incident, 97 were alive and 27 were still receiving services; but that 19 of those not being served were inadequately protected. During the period of service, 79 children were removed from their homes. Of these, 53 were placed in receiving foster homes and 10 with relatives, usually with the consent of the parents. About two-thirds of the children were seriously injured, 3 died from injuries, and 1 died from gross neglect. There were 8 skull fractures, 5 subdural hematomas, 11 limb fractures, 27 wounds or punctures, 6 burns and scalds, and 68 bruises and welts. Reports came from a variety of professional and nonprofessional sources, landlords and neighbors being the most frequent. Children who were deviant physically or mentally were the typical abused children. They were difficult to care for, did not gratify the parent's self-image, or threatened it by failure to respond to care, to thrive, and to show normal growth and development. About half of them were unwanted pregnancies and about one-fourth were born out of wedlock. Eleven of the 167 siblings of the 101 injured children were injured before the study period. The noninjured children were generally healthier than the injured ones. All of the children were generally deprived of parental care and affection and all tended to be shy, gloomy, and passive. Parents tended to be incompetent, anxious, hostile, and depressed. The economic situation of the family was usually poor, and only about half of the fathers were working to full capacity. Nearly two-thirds of parents had not completed high school. Family relationships were strained, characterized by bickering, nagging, and berating. The welfare service offered was one of relieving stress and recognizing the overwhelming pressures on the parents. Workers reported that at the end of the study the mental health of one-fifth of the injuring parents and one-fourth of the other parents had apparently improved, and that about 80 percent of the children were no longer in danger of subsequent injury. The importance of a coordinated protective service program is stressed.

CD-00526

Child Abuse in the Southeast: Analysis of 1172 Reported Cases.
Johnson, C. L.
Georgia Univ., Athens. *Welfare Research*, 153 pp., 1974.

A comprehensive study of suspected child abuse cases reported in the southeastern states over a 5-year period was conducted to (1) determine major demographic characteristics of abused children, their families, and perpetrators; (2) analyze these characteristics in terms of case dispositions; (3) determine extent of reporting and utility of state legislation and programs; and (4) find relevant associations between selected variables. The cases were not limited to those in which injuries were inflicted by parents or guardians. Data were gathered through use of a constructed schedule to which data were supplied by state protective service personnel. Findings show an increase in incident reporting related to changes in legislation. A majority of abused children were under 6 years old; and a majority of the parents or guardians were over 25 years old, living with their spouse, and relatively low in educational and occupational status. Significant factors associated with case disposition and indicating likelihood of confirmation of abuse include degree of formal status of the reporting source; time lapse between contact and assistance; psychological disturbance of parents; seriousness of injury; and necessity for medical treatment. Selected associations between ages of children, times of incidence, seriousness of injury, and sex of perpetrators are also noted. Tables of all the data are included. 6 references.

CD-00527

Symposium: The Nursing Responsibilities in the Care of the Battered Child.

Johnson, M.

Clinical Proceedings 24(11):352-353, December 1968.

A symposium was presented to enable the members of the nursing profession to understand the physical and psychological needs of the abused child and to inform them of the legal and social agencies they will encounter in dealing with child abuse.

CD-00528

Child Abuse in North Dakota.

Johnson, N.

North Dakota Univ., Grand Forks. Bureau of Governmental Affairs, 12 pp., February 1974.

A survey of 620 physicians in North Dakota on child abuse resulted in 234 responses. In general, the responses revealed a low rate of abuse reporting, a lack of familiarity with the state's child abuse laws, and the desire to be better informed of the legal aspects of child abuse. On the basis of the survey responses, the following recommendations are advanced: (1) physicians should be informed about the laws and procedures relating to child abuse, and about the roles of others in combating the problem; (2) additional groups of professionals (health workers, teachers, social workers, etc.) should be mandated to report with immunity; (3) the definition of child abuse should be broadened to cover the total well-being of the child; (4) written reports should not be required because this is time-consuming and forces the person to go on record; (5) social service agencies should not be used for investigatory processes because this

interferes with their therapeutic role; and (6) the information in the Central Registry should be put to use.

CD-00529

The Child-Beaters: Sick, but Curable.

Johnson, R. S.

National Observer March 24, 1973.

The efficacy of the Parents Anonymous groups in helping battering parents is described. Most of these parents were deprived of adequate mothering when they were children, and some of them were battered themselves. What they need as adult batterers is love rather than punishment. The Parents Anonymous groups serve to let them meet others with similar problems, thus dispelling the uniqueness of their situation, breaking the isolation which is characteristic of battering parents. These groups also involve the spouse in the problem, allow the parent to discuss the problem without shame, teach him not to expect unreasonable gratifications from the child, provide some relief from the constant demands of the child, and give him a feeling of worth.

CD-00530

Child Abuse and the Physician.

Johnson, T. D.; Holder, A. R.

Journal of the American Medical Association 222(4):517-518, October 23, 1972.

The physician has a duty to report cases of suspected child abuse. No legal liability, either in negligence or for defamation of character or any other tort, can attach where the physician makes his report on a suspected abuse case to the authority provided by the law of his state. If he does not accept his responsibility and intervene, he must live with the knowledge that 25 to 50 percent of the time the same child will be permanently injured or killed within several months. Failure to protect the lives of these children transcends legal negligence and becomes a denial of basic morality and appreciation of the worth of human life.

CD-00531

Parental Stress Service, Berkeley, Calif.

Parental Stress Service. How It All Began.

Johnston, C.

Journal of Clinical Child Psychology 2(3):45, Fall 1973.

A discussion covers the founding of Parental Stress Service, a private voluntary agency, and lists its main functions and aims. Established in 1972, it strives to help parents cope with and eventually overcome stressful situations which make them potential child abusers. Parental Stress Service operates crisis services, such as 24-hour telephone answering lines, direct parenting aid, and referral services for those seeking professional help. Its specific aims are (1) the interruption of the cycle of child abuse; (2) assistance to

caretakers of children who cannot cope; (3) referral of people to existing agencies for long-term professional help; (4) establishment of a 24-hour, 7-day-a-week program; and (5) education of the general public on the problem of child abuse.

CD-00532

A Demonstration Homemaker Project.

Jones, B. M.

In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, MacMillan Company, pp. 89-93, 1970.

The experience with a homemaker service for families with dependent children in times of crisis in New Orleans is reported. Over a 1-year period 144 children in 29 families received services. Separation was averted in 142 cases, and the 2 children placed in foster homes had time to be prepared for the change. Family ties were maintained, children attended school regularly, and in general there was an improved pattern of family living. Children were also encouraged to assume appropriate chores. The program is also enormously more economical than foster home placement.

CD-00533

Montana's Child Neglect Law--A Need for Revision.

Jones, J.L.

Montana Law Review 31:201-219, 1970.

A discussion critically analyzes provisions of the dependent and neglected children statutes in Title 10, Chapter 5, of the Revised Codes of Montana, 1947, and proposes revised legislation. In a child neglect case a court first determines whether a child has been neglected and then considers the proper disposition. The existing definition of neglected children in Montana law, enacted in 1907, is considered vague and outdated. Clarification of a child's right to protection is proposed in a definition that separates the conditions of neglect from those of dependence and specifies more types of neglect. Problems in procedural provisions of the existing laws are (1) failure to provide for jurisdiction of children over the age of 17 years, and (2) lack of statutory recognition and control of conferences leading to disposition of a case prior to the filing of a petition. Several provisions are offered to solve these inadequacies. Provisions for disposition in existing statutes fail to distinguish between what constitutes temporary taking of custody and permanent taking of custody. Distinctions are suggested. The proposed child protective act, in its complete form, is included. Numerous references.

CD-00534

Children's Hospital of Michigan, Detroit. Allergy Clinic.

Child Abuse: A Different Point of View. (Letter).

Joos, T. H.

Pediatrics 45:511, 1970.

A subtle form of child abuse is the failure of parents to remove environmental allergens from the homes of children suffering from rhinitis or asthma despite repeated warnings by the physician. Symptoms include ear infection, hearing loss, malocclusion of the teeth, school absenteeism, tension fatigue syndrome, and fixed chest deformities. 4 references.

CD-00535

Journal of the American Dental Association.

Legislation and Litigation. (Editorial).

Journal of the American Dental Association 75(5):1081-1082, November 1967.

Legislation in 22 states and the District of Columbia requires dentists to report cases of suspected child abuse, and 10 jurisdictions define failure to report a misdemeanor. The lack of central registries in most states makes difficult an assessment of how well health personnel are reporting. Dentists are not likely to be the first to see abuse cases; doctors in hospitals are. Failure to report carries risk of fine or imprisonment in Alabama, Arkansas, Kansas, Minnesota, Nebraska, Nevada, South Dakota, Tennessee, Utah, and Wyoming. In 17 of the 23 jurisdictions the doctor-patient privilege is waived. Generally, notification should be made immediately by telephone, followed by a written report stating vital statistics and an opinion as to the perpetrator. 6 references.

CD-00536

Journal of the Canadian Dental Association.

Our Children's Keepers. (Editorial).

Journal of the Canadian Dental Association 37(7):245, July 1971.

This editorial treats the problem of child abuse in very general terms. There is a natural reluctance to recognize the brutality of child beating, but the incidence is considerable. While instances of child battering occur in all levels of society, the data seem to indicate that it is more prevalent in families under economic stress. The importance of reporting laws is stressed, and the role of the courts is discussed.

CD-00537

Roosevelt Hospital, New York, N.Y. Dept. of Pediatrics.

Child Abuse: The Role of the Physician and the Hospital.

Joyner, E. N., III

Pediatrics 51(4, part 2):799-803, April 1973.

In a 10-month period in New York City there were 1,266 cases of child abuse reported by hospitals and only 11 by physicians outside the hospital. Inadequate education of practitioners is cited, the deficiency being in the scant attention paid to this problem in medical school curricula, as well as in-house officer training. Five interrelated roles of the hospital are outlined: recognition, protection, healing of bodily and emotional injuries, reporting as required, and

treatment and rehabilitation, where possible, of the abusing parent. An effective approach is by means of the Child Abuse and Neglect Committee or Team. The Team at Roosevelt Hospital consists of 2 pediatricians, a child psychiatrist, an adult psychiatrist, a social worker, and a hospital administrator; other specialists are available as consultants. The social worker coordinates the program and does intensive work with the family, as well as acting as the liaison between the hospital, the court, and welfare agencies. After an in-depth investigation of a reported case, disposition of the child is considered by the team. The first consideration of therapy is the protection of the child. Three possible courses of action are available: return of the child to the home with protective measures, temporary removal of the child until the home situation is rehabilitated, or permanent removal and placement in a foster home. A therapeutic plan is then recommended for the parents. If under New York State laws the hospitals are to assume this burden, they should be supported and their recommendations should carry considerable weight in the deliberations and decisions of Child Welfare and the Family Court.

CD-00538

Roosevelt Hospital, New York, N.Y. Dept. of Pediatrics.
The Battered Child.
Joyner, E. N., III
New York Medicine 26(9):383-385, September 1970.

A radio broadcast discussing the battered child syndrome in lay terms revealed an estimated incidence of physically abused children of 2-4 million nationally in 1969. Race, religion, and economic status of the parents are not factors in determining who the batterers are, but experience of similar events in the parents' own childhoods may be. Several laws have been enacted to protect the child; the laws require reporting of suspected cases, and laws for prosecution of involved adults. Problems still arise from a lack of good communication between the medical profession, the social workers, and the judiciary; the reluctance of some physicians to report cases; and the lack of adequately trained medical and social service personnel. It is suggested that each hospital form a committee on child abuse consisting of a pediatrician, a psychiatrist, an administrator, and a social service worker. This committee would be responsible for educating the medical staff to recognize cases of child abuse and for carrying out the hospital's mandated reporting responsibilities. Diagnostic signs and investigative measures are summarized.

CD-00539

Roosevelt Hospital, New York, N.Y. Dept. of Pediatrics.
Symposium on Child Abuse.
Joyner, E. N., III.
Pediatrics 51(4, part 2):771-812, April 1973.

A report of the Symposium of Child Abuse sponsored by the Medical Society of the County of New York on June 15, 1971, includes papers discussing present knowledge concerning etiology, diagnosis, and treatment of the abused child; the legal as well as the medical and social methods of handling the problems; and current and possible future approaches to the handling of the child and family involved. Transcripts of 2 panel discussions are also included.

CD-00540

Children's Cottages, Kew (Australia).
Some Children at Risk in Victoria in the 19th Century.
Judge, C.; Emmerson, R.
Medical Journal of Australia 1(13):490-495, March 30, 1974.

The lamentable conditions of the reform schools in Australia set up during the second half of the 19th century to care for the large number of delinquents and orphans generated by the gold rush are described. It is suggested that a review of these heinous conditions may help avert similar fates for the estimated 100,000 at-risk children in Australia today. 20 references.

CD-00541

Juvenile Protective Association, Chicago, Ill.
The Bowen Center Project. A Report of a Demonstration in Child Protective Services. 1965-1971.
Juvenile Protective Association, Chicago, Ill., 168 pp., 1975.

This extensive and highly documented report covers the organization and operation of the Bowen Center Project in Chicago from 1965 to 1971, a program for delivering coordinated social, educational, and health services to families of neglected and mistreated children, with the ultimate goals of helping the children and restabilizing the families. Most of the clients, children and parents, were from socially and economically impoverished backgrounds. The characteristics of 35 families, children, parents, and family situations are detailed, and methods of putting the program together are described. Details of services of homemaker programs, foster care, day care, preschool nursery care, and other traditional approaches are enumerated, followed by a quantitative account of the services provided along with cost estimates for each service. Specific results obtained with each of the families are summarized, and some general conclusions regarding the parents and the children are drawn.

CD-00542

Reversibility of Trauma: A Follow-up Study of Children Adopted When Older.
Kadushin, A.
In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*, New York, MacMillan Co., pp. 407-423, 1970.

A follow-up study was conducted among 91 children (49 boys, 42 girls) who had been placed for adoption at the age of 5 or more years, all of whom had suffered considerable trauma prior to adoption. In most cases the relationship with the natural parent was characterized by neglect and most of them had lived in deprived substandard housing as infants. There was a history of child abuse in only 15 percent. Physical neglect by the mother was recorded in 70 percent of cases, and emotional neglect in 40 percent. The follow-up study consisted of interview with both adoptive parents for 2-2.5 hours by graduate social workers at a time when the average age of the children was almost 14 years. The interview centered on the parental satisfactions and dissatisfactions with the adoption, the problems they encountered, and the adaptations made; the child was not contacted during the procedure. A ratio of expressed satisfactions to dissatisfactions of 5 or more to one was recorded for 66 percent of parents, and 87 percent of the parents were either extremely satisfied or more satisfied than dissatisfied in the adoptive experience with the child. Other related studies in the literature are reviewed, and the dynamics of the adoptive relationship with the older child are discussed. 32 references.

CD-00543

Child Welfare Services. A Sourcebook.
Kadushin, A. (Editor)
New York, MacMillan Co., 544 pp., 1970.

This compilation of 50 papers, most of which are reprints of material published elsewhere, is designed primarily for the child welfare social worker and the student preparing for such work. It is intended as a supplement to the many texts in the field. Several papers are presented in each of 5 major sections, (1) Protective Services, (2) Homemaker and Day-Care Services, (3) Foster Care Services, (4) Adoption Services, and (5) The Child-Caring Institution.

CD-00544

What Are Hospitals Doing About Child Abuse? Report of a Nationwide Survey.
Kalisch, B. J.
Hospital Topics 52(6):21-24, June 1974.

Of 120 hospitals surveyed to ascertain their response to child abuse, 88 responded, and 41 had a team of professionals for child abuse or had a well-defined child abuse program. Personnel involved included social worker, physician, nurse, hospital administrator, clinical psychologist, lawyer, policeman, parent aide, and chaplain. In 22 of the 41, the team engages in evaluation, consultation, crisis intervention, and referral to other services for long-term care. Some programs were interagency, some engaged in direct service to a limited number of abused families, and some focused primary efforts on implementing a rather sophisticated system of detection and case finding. The need for funds is stressed. 6 references.

CD-00545

Nursing Actions in Behalf of the Battered Child.
Kalisch, B. J.
Nursing Forum 12(4):365-377, 1973.

Opportunities for action by the nursing profession in cases of child abuse fall into 4 areas: case finding, relationship with the parent, fostering community assistance programs, and public education. Suspicion of abuse is warranted when the parent is hesitant to talk about a child's injury, gives contradictory or improbable accounts of the injury, shows inappropriately excessive or diminished concern over the child's status, changes hospitals, and refuses to give consent for further diagnostic studies. Further indications of the child who may have been abused include the child who does not look to the parents for comfort, cries very little, is leery of an approaching adult, or shows injuries not contained in the medical history, or evidence of repeated trauma. In her relationship with the parents the nurse must avoid any attitude of blame or criticism but must develop empathy for them. Since abusive parents may need a source of counseling at any time of day, various community programs such as crisis nurseries and homemaker services are essential, the nurse can help retain these. Similarly she may find herself in the position of advising on child training and, therefore, becomes part of an education program for parents. Some characteristics of the parents and home environment of the abused child are also discussed. 19 references.

CD-00546

Kansas City Times.
A New Missouri Approach to the Agony of Child Abuse.
(Editorial).
Missouri Medicine 67(1):56, January 1970.

A 1969 Missouri statute requires any individual dealing with children for financial consideration—including doctors, school nurses, teachers, nurses, operators, and babysitters—to report to juvenile or welfare authorities any suspected case of child abuse. Persons making a report in good faith are assured immunity from liability in the event of an error. Once a report is received welfare authority must conduct an investigation. Failure to report carries a maximum 1 year prison sentence and a \$1,000 fine. The statute also establishes a statewide registry of child abuse reports.

CD-00547

Kansas State Dept. of Health, Topeka.
Child Abuse.
Kansas State Dept. of Health, Topeka. 9 pp., 1971.

During the years 1969-71 Kansas took significant steps against child abuse. The mandatory reporting law was expanded to require school personnel as well as medical practitioners to report suspected child abuse to the juvenile court (which would itself report to the state department of health). Reports had to be made for children 18 (raised

from 16) and under; and as before, the statute abrogated any liability from reporting and any privilege that might otherwise bar the report at trial. A total of 167 children and 150 perpetrators were reported during the 2-year interval. Abused children were most frequently 7-11 years old but most serious injuries occurred in children 6 and under. The children were mostly white and evenly divided as to sex. Bruises, welts, lacerations, and abrasions constituted the bulk of the injuries. Perpetrators were most often the child's mother or father although a significant number of babysitters, unlicensed day care facilities, and male friends of the mother were involved; perpetrators were often between 19-24 years old. The state health department was active in distributing pamphlets and films on child abuse and providing seminars for local protective agencies. A screening of preschool children revealed that more than half received inadequate health supervision. Even with the efforts the state has already made against child abuse, there is still greater emphasis on punishing deviant behavior by juveniles than on punishing behavior against them.

CD-00548

Appointment of Counsel for the Abused Child--Statutory Schemes and the New York Approach. New York State Assembly Select Committee on Child Abuse, Report (1972).

Kaplan, E. N.

Cornell Law Review 58:177-190, 1972-1973.

A review covers various statutory approaches to the abused child's right to counsel and the specific approach recently taken by New York State. Jurisdictions are classified into states having: (1) absolute right to counsel for abused children, (2) discretionary right to appointed counsel, and (3) no right to counsel. Seventeen states have an absolute right to counsel usually appointed by the courts. Seventeen states have approaches to right of counsel in which either the court determines necessity for counsel or it is mandated by a specific termination of parental rights. The remaining states either deny representation to the abused child or have no statutory mention of the right. In New York the Family Court Act established a system of Law Guardians, attorneys who represent any child not represented by private counsel. Study of the system by a select state committee indicated failure of the Law Guardians to adequately protect children due to case overload, and a bill was proposed instituting a Children's Attorney in each state subdivision to direct legal protection and ensure justice through due process. The bill was vetoed as being too vague and expensive to implement. Numerous references.

CD-00549

Case Western Reserve Univ., Cleveland, Ohio. School of Medicine.

Children Who Were Raped.

Katan, A.

Psychoanalytic Study of the Child 28:208-224, 1973.

Case histories of two women who had been orally raped at age 5 and 3, respectively, illustrate the psychological effects of childhood sexual abuse. In these women, a need to continually repeat the traumatic act and a regression to the cannibalistic state of libido development resulted in aggression, avoidance of men, forced masturbation, and difficulties in eating. Fantasies of acquiring a penis and becoming an aggressive attacker predominated. Similar women have been observed neglecting and abusing their children. The women felt identification with and rejection by their fathers, and fantasized that unless they acquired a penis they were worthless and fragmented. The underlying psychodynamics of these cases appears to be that exposure to sex without warm, affectionate contact disturbs the normal fusion between aggression and the libido. Without this fusion, normal ego integration is impaired and feelings of fragmentation occur. The development of aggression returns to the anal stage producing unadulterated sadism and a cruel superego. Four other cases illustrated the same points. 10 references

CD-00550

Boston Coll., Chestnut Hill, Mass. School of Law.

When Parents Fail. The Law's Response to Family Break-down.

Katz, S. N.

Boston, Beacon Press, 251 pp., 1971.

A book on the public intrusion into the parent-child relationship emphasizes the legal responsibility of the state to protect children. Chapters are included on the community expectations of parenthood; the steps in discovery of a family's failure to meet expectations and an analysis of remedies to that problem; policy considerations behind temporary foster care and subsequent effects; legal implications of adoption; and suggestions of future emphasis for courts considering child custody. Representative court cases are also given. Numerous references.

CD-00551

The Physically Abused Child.

Kaufman, I.

In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 79-86, 1975.

Abusing parents frequently exhibit disturbed reality testing and perceive their child as big and powerful and themselves as weak and helpless. In crisis they develop episodic psychosis and attack the child with the delusion that they are protecting themselves. Intensive casework with the parents as the prime object is essential to successful therapy. Diagnosis of situations in which the parental pathology is so severe that the child must be removed for its safety is necessary. The internalized disturbance within the abused child which often leads to paradoxical behavior must also be treated. 7 references.

CD-00552

New York State Family Court, New York.

Role of the Courts.

Kelley, F. M.

Pediatrics 51(4, part 2):796-798, 1973.

The New York Family Court is empowered under the Child Abuse Acts of 1969 and 1970 to issue protective orders against parents found to have committed child abuse. The order may prohibit a parent from touching the victimized child on pain of a contempt citation or it may remove a child from the parent's custody; but no criminal penalty may be directly imposed against the parent (the criminal court system, however, has concurrent jurisdiction under the 1970 act). Because the judicial proceedings must meet the requirements of constitutional due process they are often slow and inflexible, and the chief virtue of the laws may be in expanding the reporting of child abuse and spurring private action rather than in the judicial remedies they offer. In the two years following the inception of the most recent law, petitions under the act have declined throughout New York, but the dismissal rate also appears to have declined.

CD-00553

What Protective Service Can Do.

Kelley, J. B.

In: Kadushin, A. (Editor). *Child Welfare Service. A Sourcebook*. New York, MacMilan Co., pp. 56-62, 1970.

An evaluation of the work of the Fresno County Protective Service Unit is described. Cases were categorized as problems of overt behavior (e.g., inadequate physical care of children, need for medical care, poor money management, alcoholism, etc.) or problems requiring basic readjustment (reunification of family, reemployment and rehabilitation, living arrangement, interpersonal relationships within the family, etc.). About half of the cases in each category were helped. Success was most often achieved when what was not being done for the children and what needed to be done was made clear and readily understandable to the parent. Situations in which assistance was forthcoming from sources other than the client were also more prone to improvement.

CD-00554

Colorado Univ., Denver. Dept. of Pediatrics.

Paediatric Implications of the Battered Baby Syndrome.

Kempe, C. H.

Archives of Diseases in Childhood 46:28-37, 1971.

A discussion of the battered child syndrome covers definition, incidence, characteristics of abusive parents, clinical characteristics of battered children, diagnosis, management, and legal implications. Ninety percent of parents who abuse their children are not psychotic or psychopathic, but have problems adjusting to their parental responsibilities. Diagnosis of neglect cases is difficult, especially the failure-to-thrive syndrome, and testing for response to environmental

changes is encouraged before tests for biological causes. Abuse and neglect are closely related to insufficient mothering, which can lead to improper physical and emotional growth of the child. Mothering therapy, an effective intervention, usually lasts less than 8 months, gives assistance to the family, and gradually permits the child to be returned to the home. 2 references.

CD-00555

Colorado Univ., Denver. Dept. of Pediatrics.

A Practical Approach to the Protection of the Abused Child and Rehabilitation of the Abusing Parent.

Kempe, C. H.

Pediatrics 51(4, part 2):804-812, April 1973.

Considerable progress has been made in battered child syndrome diagnosis, and also in understanding, prediction, and prevention, but with less success in the handling and disposition of cases. A variety of signs in the pre- and postpartum periods can be taken as indicative of a family at risk, mostly in terms of the mother's response to the baby and to questions about the baby. If prediction fails, suspicion should be aroused by cases of mild, unexplained injuries; a home visit will often identify the problem. In cases of major injury a court filing is indicated. Accurate psychiatric diagnosis should be made in every case of child abuse, and these determinations should be made by either a psychiatrist or a psychiatric social worker. Mother surrogates are considered the most effective therapeutic tool. This individual must be available by phone day and night, for she is the recognized lifeline for the family. She tries to give the parents their first experience with mothering, which they missed as children. The combination of crisis nurseries, day care facilities, foster home therapy, homemakers, lay therapists, Parents Anonymous, and hot line results in about 80 percent of children returned to the home; 10 percent will not go back for longer periods, and 10 percent will never go back. The importance of teaching mothering and of supplementing it when it is deficient is a key to successful therapy.

CD-00556

Colorado Univ., Denver. Dept. of Pediatrics.

The Battered Child and the Hospital.

Kempe, C. H.

Hospital Practice 4:44-47, October 1969.

Coordinated intervention offers a possible solution to the growing problem of child abuse. Intervention includes recognition of abuse, treatment, and protection for the child, but more significantly focuses attention on helping the parents remedy the family environment. The hospital emergency room plays an integral role in reporting suspected abuse cases. A team approach consisting of medical, legal, and social aid provides treatment to both the child and his parents. A temporary hold order and a dependency petition are legal steps that protect the child without permanently terminating parental rights. Civil procedures, requiring less rigid legal proof, emphasize rehabilitation

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rather than punishment. This therapeutic approach enables social workers to counsel parents; mothering therapy is a recommended method of parental rehabilitation. Studies are under way to identify potential child abusers before they do damage.

CD-00557
Colorado Univ., Denver. Dept. of Pediatrics.
Report From the Identification Work Group.
Kempe, C. H. (Chairman).
Clinical Proceedings 30(2):37-38, 1974.

The Identification Work Group of the National Conference on Child Abuse has adopted definitions of abuse suitable for identifying those children in need of legal intervention or social services. The more stringent (legal) definition encompasses children under 18 suffering from willfully inflicted injuries, sexual abuse, malnutrition, or neglect of a degree by threatening serious physical or emotional harm. Social services may use a broader definition comprising all children whose physical or emotional well-being is threatened. It is recommended that all children, especially preschoolers and infants, have sufficient contact with health services to allow the identification of abuse.

CD-00558
Colorado Univ., Denver. Dept. of Pediatrics.
Innovative Therapeutic Approaches.
Kempe, C. H.; Helfer, R. E.
In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Co., pp. 41-54, 1972.

With the obvious limitation in availability of skilled psychiatrists and social workers, other therapeutic approaches to abusing parents have to be sought and developed. Foster grandparents (parent-aides) have been used with success to cuddle the hospitalized child, and in some cases a relationship beyond the hospital has developed with the parents. These lay therapists now play an important listening and friendship role to the mothers. Visiting nurses are a potential resource for advice in many aspects of child care and of mothering for the deprived parent. Homemaker services have been of enormous assistance in many cases, and crisis nurseries have proved their value. Mothers Anonymous is an organization which has been highly effective in helping the parents deal with their feelings and realize that their problem is not unique.

CD-00559
Colorado Univ., Denver. Dept. of Pediatrics.
Helping the Battered Child and His Family.
Kempe, C. H.; Helfer, R. E.
Philadelphia, J. B. Lippincott Co., 313 pp., 1972.

A series of essays covers 4 aspects of child abuse therapeutic research: the parents; the child; the therapeutic setting; and the courts and law. Specific topics discussed

include the empathetic approach to parents; social workers' relations with the family; procedures for parental interview; physicians responsibilities; the need for intensive follow-up of abused children; abused child development; the school's responsibility for recognition and treatment of child abuse; status and availability of child protective services; interdisciplinary child abuse teams; a community-hospital treatment plan; the legal process behind child abuse; the role of the family court; and the roles of the lawyer, police, and district attorney. The development of a child abuse predictive questionnaire and the Center for the Study of Abused and Neglected Children in Denver are also briefly described. Numerous references.

CD-00560
Colorado Univ., Denver. Dept. of Pediatrics.
The Battered-Child Syndrome.
Kempe, C. H.; Silverman, F. N.; Steele, B. F.; Droege-mueller, W.; Silver, H. K.
In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*. Morristown, N.J., General Learning Corp., pp. 4-11, 1974.

In a recent survey 302 cases of battered child syndrome were reported from 71 hospitals; 33 children died and 85 suffered permanent brain injury. In one-third of the cases, proper medical diagnosis was followed by some type of legal action. The syndrome should be considered in any child exhibiting evidence of any fracture, subdural hematoma, failure-to-thrive, soft-tissue swellings or skin bruising, in any case of sudden infant death, or where the history is not compatible with the physical findings. The typical radiologic findings are reviewed, and the differential diagnosis is discussed. Psychiatric factors are probably of prime importance in the pathogenesis of this disorder, but knowledge of these is limited. Physicians have a duty to require full evaluation of the problem and to guarantee that no expected repetition of trauma will be permitted to occur. 18 references.

CD-00561
Case Western Reserve Univ., Cleveland, Ohio. Dept. of Pediatrics.
Care of the Mother of the High-Risk Infant.
Kennell, J. H.; Klaus, M. H.
Clinical Obstetrics and Gynecology 14(3):926-954, 1971.

The literature on the neonatal mother-child relationship in both humans and animals is reviewed, and the history of the separation of mother and neonate in this country is recounted. Many studies have documented the advantages of rooming-in as opposed to separation after birth. Not only is breast feeding increased and the number of anxious telephone calls after discharge decreased among rooming-in mothers, but various parameters measuring the mother-child relationship indicate a closer attachment. Stringent regulations regarding limited handling and strict isolation of premature infants which developed early in this century are still in practice in most centers. This early separation may

be a major factor in child abuse and neglect as it circumvents the natural development of mother-child relations. Animal studies have indicated that unusual behavior results from separation of mother and newborn shortly after birth. Four clinical situations are discussed in terms of clinical management of the parents: the baby with cleft lip and palate, the diabetic mother in her eighth month, the premature infant, and the infant who dies early in the neonatal period. 25 references.

CD-00562
University of Southern California, Los Angeles. Dept. of Pediatrics.
What Is Known About Child Abusers.
Kent, J. T.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 47-51, 1975.

After studying 500 children and their families from Los Angeles County it is clear that the variation in cases is extensive. By comparison a group of 185 families, referred for reasons other than direct abuse such as alcoholism, inadequate parenting, mental illness of parent, were also studied. Both groups were relatively poor in financial resources. An overall differential profile of the abusive parent is a younger parent, relatively new to the neighborhood, often without phone or transportation, few friends, a history of abuse by their own parents, more complications during pregnancy or birth, and often involving a child who may present specific problems in feeding or development. Preliminary cluster analysis distinguished four parent clusters of abusers. Cluster one is called flashpoint, as it is usually one isolated and very severe beating, and is mostly the reflection of the psychological dynamics of the parents. Cluster two is a group which believes in strong physical punitive measures. It is part of their normal child-rearing pattern and both parents usually participate. The third cluster represents the scapegoat phenomenon where the abuser is usually an underemployed and undereducated father who perceives the child as troublesome. In the last cluster the mothers tend to have a history of abuse in their own families and have difficulty maintaining any type of stable relationship. Abuse in these cases is usually chronic. Hopefully, differentiation of these groups will lead to specific treatment modalities which will treat specific problems.

CD-00563
Kentucky State Dept. of Human Resources, Frankfort.
Family and Children's Services Branch.
Child Abuse Report. Fiscal Year 1973-74.
Kentucky State Dept. of Human Resources, Frankfort.
Family and Children's Services Branch, 10 pp., September 1974.

Statistics relating to child abuse in Kentucky in fiscal 1973-74 are reported. Reports had risen from 88 in 1970-71 to 832 in 1973-74 and involved 83 sibling groups

and 673 families. Sex and racial breakdown paralleled the state population statistics. Fourteen percent of the abused were under 1 year of age, 30 percent were 1-4 years old, 27 percent 5-9 years, 21 percent 10-14, and 8 percent 15-18. Bruises and welts were the most common form of injury (366) with abrasions and lacerations in 73; wounds, cuts, punctures in 52; sprains and dislocations in 5; internal injuries in 10; skull fractures in 9; other fractures in 26; subdural hematomas in 19; burns and scalding in 30; and no apparent injury in 186. Mothers (270) and fathers (199) were the most frequently suspected. The majority of suspected abusers were between 20 and 39 years old. Five supplements to this report detail the statistics for Jefferson County and for the four major divisions of the state. A copy of the Kentucky child abuse law is included.

CD-00564
Jinnah Postgraduate Medical School, Karachi (Pakistan).
Dept. of Pediatrics.
Population Explosion--A Paediatric Problem.
Khan, H. A.
British Medical Journal 2(5528):1475-1477, December 17, 1966.

Increased birth rates and improvements in disease control have left many developing countries with large populations of children they cannot adequately care for. Malnutrition and lack of dietary supplements during the prenatal period result in weak, underweight children at birth. These same children are then exposed to acute protein shortage during the postweaning period resulting in further severe health consequences. Malnutrition may result in death or increase susceptibility to disease. Families in the developing nations tend to be large and the parents overburdened; the result is maladjustment, behavioral problems, and delinquency due to emotional neglect. The absence of adequate recreational facilities leads to an excess of childhood accidents.

CD-00565
Office of the Assistant Chief of Staff for Intelligence (Army), Washington, D.C.
Forensic Science in China--Traditional and Contemporary Aspects.
Kiel, F. W.
Journal of Forensic Sciences 15(2):201-234, April 1970.

An extensive review of historical and contemporary aspects of forensic science in China includes the topic of infanticide. Fathers in traditional China exercised the right of infanticide, usually on female babies, because of superstition or economic necessity. In the 19th century, in certain regions, 40 percent of the female infants were killed by smothering, drowning, strangulation, beating, or abandonment. Laws in contemporary China prohibit infanticide; it has decreased in incidence to the extent that it is not even listed as a possibility in a recent analysis of possible causes of infant death. Forensic pathologists are alerted to infanticide methods including the insertion of needles into

skull soft spots or through the navel, and poisoning. 113 references.

CD-00566

Freedman's Hospital, Washington, D.C. Dept. of Pediatrics.
Pseudocyst of the Pancreas as a Manifestation of the Battered-Child Syndrome.
Kim, T.; Jenkins, M. E.
Medical Annals of the District of Columbia 36(11): 664-666, November 1967.

An extensive case history describes diagnosis and treatment of pseudocyst of the pancreas following inflicted trauma. A 3-year-old boy entered the hospital with nausea, vomiting, abdominal pain, fever, anorexia, weight loss, and abdominal fullness. Clinical findings included a palpable abdominal mass and subsequent x-ray examination confirmed the diagnosis. Battering was suspected and although pseudocyst of the pancreas is rare in children, physicians should be aware that abdominal trauma can produce this formation. Guidelines for a community approach to help abused children and their parents are presented. 12 references.

CD-00567

Manitoba Univ., Winnipeg. School of Law.
Child Neglect.
Kinney, B. D.
Manitoba Laws Journal 3:31-46, 1968.

The part of the Manitoba Child Welfare Act of 1954, an extension of the 1902 Act, dealing with child neglect is reviewed, and illustrative cases relating to specific provisions are cited. Because the field of child neglect is relatively new to the law and because of the changing attitudes of society, no rigid rules or guidelines have been laid down; the attitudes taken by those working in child neglect seem to be the governing factors in defining what specifically amounts to neglect. The situation seems to be working smoothly enough at present, but, since it depends on individual attitudes, this could change if reactionary individuals were appointed to the bench or employed by the agencies. Numerous references.

CD-00568

Vanderbilt Univ. Nashville, Tenn. Dept. of Radiology.
X-ray of the Month.
Kirchner, S. G.; Lee, Y. T.
Journal of the Tennessee Medical Association 66(11):1053-1054, 1056, November 1973.

Radiographic findings pointed to the diagnosis of child abuse in a 22-month-old male infant weighing 13 pounds 15 oz. who was admitted to the hospital at the request of his local health department because of failure-to-thrive. Skull films showed markedly widened sutures. A film of the left

elbow showed a healing fracture dislocation of the distal humeral metaphysis and epiphysis and massive periosteal new bone formation cloaking the distal shaft. Further investigation revealed fractures at different stages of healing involving a rib and the distal right humerus, and periosteal new bone formation in the distal metaphyseal area of the right tibia. A brain scan and arteriography demonstrated bilateral subdural hematomas. The differential diagnosis is discussed, and the final diagnosis was battered child syndrome. The patient responded well to drainage of the subdural hematomas and to close contact with the hospital personnel. He gained 6.5 pounds during his hospital stay. He was brought into the protective custody of the court and transferred to a foster home. 7 references.

CD-00569

Case Western Reserve Univ., Cleveland, Ohio. Dept. of Pediatrics.
Mothers Separated From Their Newborn Infants.
Klaus, M. H.; Kennell, J. H.
Pediatric Clinics of North America 17(4):1015, 1037, November 1970.

Changes in medical practices during the past 50 years have tended to diminish mother-infant contact during the first postnatal days. Detailed observations of a wide range of mammalian mothers and babies have shown that each species exhibits recurring sequences of maternal behavior around the time of delivery and during the first days and months of life. Interference with these behavior patterns may result in undesirable, even catastrophic effects on the young. Observations in human mothers suggest that affectional bonds form before delivery, but that they are fragile and may be easily altered in the first days of life. For example, a group of mothers denied physical contact with their infants until 20 days after delivery showed less cuddling and less eye contact with the infants than a group of mothers allowed contact after only 5 days. Observations were made up to 1 month after discharge. But before existing perinatal practices can be altered several questions must be answered: (1) Is there a critical or sensitive period in the human mother as there is in the animal mother? (2) What are the needs of most mothers with normal full-term infants in the first hours after delivery and during the first week? (3) Has the hospital culture, which has taken over both birth and death, produced disorders of mothering which last a lifetime? (4) Are the diseases of failure-to-thrive, the battered child syndrome, and the vulnerable child syndrome in part related to hospital care practices? (5) How should the minor problems as well as the major problems which the infant develops or is born with be handled with mothers of different backgrounds, cultures, and requirements? (6) Should the adopting mother receive her infant in the first hour of life? (7) Are the problems of the adopted child a result of adoption practices and early separation? (8) What are the needs of the biological mother who gives the baby up for adoption? As a practical hint, mother-child contact should be maximized and difficulties should be described optimistically in the presence of both parents. 71 references.

CD-00570

McGill Univ., Montreal (Quebec). Dept. of Pediatrics.
Low Birth Weight and the Battered Child Syndrome.
Klein, M.; Stern, L.
American Journal of Diseases of Children 122:15-18, July 1971.

Fifty-one cases of battered child syndrome seen over a period of 9 years at the Montreal Children's Hospital were reviewed to explore the possibility that low birthweight predisposes to this condition. Of these 51 infants, 12 (23.5 percent) were low-birthweight infants; the expected low birthweight rate based on the Quebec perinatal figures is 7-8 percent and that of indigents 9-10 percent. Associated with these instances of battering of former low-birthweight infants was a high degree of isolation and separation of the infant from the parents during the neonatal period (mean hospital stay 41.4 days) and a high incidence of major neonatal problems including definite psychomotor retardation in 6 of the 12 cases. A strong history of deprivation (including parental alcoholism, unemployment, extreme poverty, and social disorganization) occurred in the histories of both the mother and child prior to the battering. It is suggested that mothers be allowed to enter premature nurseries early and touch their very sick infants. 11 references.

CD-00571

Brandeis Univ., Waltham, Mass. Florence Heiler Graduate School for Advanced Studies in Social Welfare.
Adolescent Pregnancy: The Need for New Policies and New Programs.
Klerman, L. V.
Journal of School Health 45(5):263-267, May 1975.

Inappropriate teenage pregnancies are indirectly caused by four major problems in American society which have a significant negative impact on youth: (1) lack of a basic sense of purpose; (2) lack of a meaningful role; (3) a view of women as having only mother and housewife roles; and (4) the lag between sexual practices and societal attitude toward them. Amelioration of these problems can be achieved by a massive reeducation of the public along with political revision. It is urged that treatment of the already-pregnant girl be a function of making her life more productive, and avoidance of subsequent pregnancy and encouragement of education for young mothers should be social priorities. 8 references.

CD-00572

Utah State Univ., Logan. Dept. of Special Education.
Child Abuse. An Integration of the Literature and a Concept Analysis With Recommendations for Educational Research.
Kline, D. F.; Hopper, M. A.
Prepared for: Bureau of Education for the Handicapped (DHEW), Washington, D.C. Research Projects Branch, 124 pp., January 1975.

A project report discusses the historical context and a concept analysis of child abuse based on a literature review, makes recommendations for areas of further research, and presents an annotated bibliography on child abuse. The underlying assumptions of the project were a lack of educator involvement in the child abuse problem and an unclear concept of child abuse exemplified in all literature. Review of the literature on existing research showed a predominance of research in identification or diagnosis of physical injuries and almost no studies involving residual effects upon children that might be of concern to educators. Of 415 articles considered educationally relevant, only 7 addressed handicaps following physical trauma. Concepts of child abuse were found to be value oriented, highly emotional, and confused. A generalized concept of child abuse is drawn from the literature and consists of commonly found properties grouped according to commonly recognized attributes and tasks involved with child abuse. A schematic diagram, glossary of terms, and explanation are included. Research is recommended in the areas of educational correlates of child abuse, teacher and professional awareness, and social responsibility of educational institutions. An annotated bibliography is included. 42 references.

CD-00573

Welsh National School of Medicine, Cardiff. Dept. of Forensic Pathology.
Perinatal Deaths and the Law.
Knight, B.
Nursing Mirror and Midwives Journal 140(6):74-75, 1975.

Most cases of true infanticide (death of a child caused by the mother during the first 12 months of life) involve unmarried, young girls. Prior to 1922 such a crime was labeled murder and was punishable by death, but the Infanticide Acts reduced the penalty to imprisonment. Legally, the burden of proof is on the physician to determine that the child was in fact a live birth, the law assuming that all babies are born dead unless proved otherwise. Proving this is extremely difficult, and in some cases impossible.

CD-00574

Humphreys, Berger, Pitto and Pearl, San Jose, Calif.
The Education of the Amish Child.
Knudsen, S. T.
California Law Review 62(5):1506-1531, December 1974.

A legal commentary on parents rights, state interests, and child interests regarding education criticizes and compares various significant decisions with the Wisconsin v. Yoder Supreme Court decision which put the rights of the Amish to control education of their children above the state's mandatory education interests. Brief discussion of incidences in which children's rights supercede their parents', the basis for neglect statutes, includes two cases which recognize the child's right to medical treatment and the need to solicit the child's viewpoint, regardless of parental religious beliefs. Numerous references.

CONTINUED

2 OF 6

CD-00575

Permanente Medical Group, San Francisco, Calif. Dept. of Pediatrics.

Failure to Thrive and Fatal Injury as a Continuum.

Koel, B. S.
American Journal of Diseases of Children 118:565-567, October 1969.

Three clinical cases of the failure-to-thrive syndrome examine the relation between this syndrome and ensuing violent trauma. The cases involve 3 girls, 13, 5, and 2.5 months old, initially hospitalized for failure-to-thrive. Clinical findings showed all children underweight, but hospital improvement included significant weight gain in 2 infants. Two children had evidence of previous trauma. All 3 children returned home, were subsequently battered, and required rehospitalization; 2 died when less than 2 years old. In order to protect the child, a diagnosis of failure-to-thrive should initiate therapeutic treatment of the deficient parent-child relationship before further injury occurs. 13 references.

CD-00576

Shands Teaching Hospital, Gainesville, Fla. Children's Mental Health Unit.

Family Styles of Fatherless Households.

Kogelschatz, J. L.; Adams, P. L.; Tucker, D. M.
Journal of the American Academy of Child Psychiatry 11(1-4):365-383, 1972

A study of 105 fatherless children seen at the University of Florida Children's Mental Health Unit categorized fatherless household lifestyles according to the length of paternal absence. Two groups emerged: (1) the transitional fatherless children, those without fathers for 2 years or less, and (2) the hard-core fatherless children, living with the mother for more than 2 years in paternal absence. These groups were compared with a group of 53 children from intact families. It appeared in most cases that paternal absence was no more singular than economic class in its influence upon the nature and severity of a fatherless child's problems. Diagnoses of behavioral disorders of childhood and adolescence or transient situational disturbances represent 50 percent of the child population seen but account for nearly 75 percent of the diagnoses in the fatherless group. The fatherless group had a wider variety of diagnoses. Neuroses were more common in the fatherless group, particularly within the transitional group (1). Psychosis and retardation claimed a notably greater proportion of the hard-core group. Nevertheless fatherlessness is not a crucial modifier of either the household or the individual psyche, as the majority of child psychiatry patients come from intact families. Study group characteristics, the mother's emotional world (including maternal attitudes and mother-child relationship), and the child's perspective are discussed and illustrated by case reports. Demographic factors and diagnoses are presented in statistics. 7 references.

CD-00577

Texas Univ., Galveston. Dept. of Radiology.

Patterns of Injury and Significance of Uncommon Fractures in the Battered Child Syndrome.

Kogutt, M. S.; Swischuk, L. E.; Fagan, C. J.
American Journal of Roentgenology, Radium Therapy and Nuclear Medicine 121(1):143-149, May 1974.

The case histories and x-rays of 95 physically abused children (49 boys, 46 girls, 6 weeks to 8 years old) were reviewed to document patterns of injury. There were positive radiographic findings in 66 percent, which were fractures in 55 percent. Long bone fractures were involved in 36 percent, but only 23 percent had multiple fractures. Of the entire 95 children only 15 percent showed the typical epiphyseal-metaphyseal fractures; spiral or transverse fractures of the long bones were present in 31 percent. Other fractures included clavicle (4), sternum (1), scapula (3), ribs (8), and spine (1). Calvarial changes were present in 40 percent. Fractures of the lateral end of the clavicle, fragmentation of the acromial process of the scapula, and rib fractures are to be regarded with suspicion. 15 references.

CD-00578

Malpractice Liability for Failing to Report Child Abuse.

Kohlman, R. J.
California State Bar Journal 49(2):119-123, 184-185, April 1974.

A review covering malpractice liability for negligently failing to diagnose a case of battered child syndrome suggests that such liability is substantially easier to establish in California than in other states because the condition has already been judicially recognized as an accepted medical diagnosis. The patient must prove the existence of a patient-physician relationship, the presence of the symptoms of the syndrome, the failure to diagnose (may be simply the failure to order a skeletal examination), and the lack of treatment causing further injury or death. The lack of treatment is more subtle, since the disease which goes untreated in this case is not the symptom of the disease (e.g., fracture) but rather the syndrome itself. Lack of treatment includes failure to report. It is suggested that reliance should not be placed entirely on the reporting statute, but that an attempt should be made to establish the standard of care independently in order to guarantee availability of malpractice insurance coverage. 40 references.

CD-00579

Wayne County Juvenile Court, Detroit, Mich. Clinic for Child Study.

Clinical Evaluation of Child Abuse-Scarred Families: A Preliminary Report.

Komisaruk, R.
Juvenile Court Judges Journal 17(2):66-70, Summer 1966.

A study of the child abuse problem consists of data gathered from interviews of parents involved in 65 cases referred to the Wayne County Juvenile Court in Detroit over a 4-year period. A psychiatric social worker from the Court's Clinic for Child Study conducted the interviews. Significant indications from 47 of the cases include a relatively high number of parents with I.Q. under 75 or undiagnosed mental illness; a majority of abused children less than 3 years old; and a high number of families in which more than 1 child was abused. General observations of the parents showed a significant number of parents to have other psychic traumata in their own childhood. Most of the parents were dependent, immature, and narcissistic. It is theorized that child abuse is a result of weakness in the parental ego caused by abnormal development of the ego related to the emotional loss of a parental figure. In many cases the abused child becomes a psychological extension of the parent and suffers the brunt of the parent's uncontrolled drives and resultant guilt feelings. Suggestions for management of abuse include casework therapy; environmental manipulation to make the home safe for eventual return of the child; and introduction of a new adult to provide a parental model. The Michigan Public Act 98, a required abuse reporting act, is quoted in full.

CD-00580

Louise Wise Services, New York, N.Y.

Adoption Outreach.

Kreech, F.

Child Welfare 52(10):669-675, December 1973.

Important changes in the field of adoption have occurred in recent years. Its focus has changed from that of finding infants for those desiring to adopt, to meeting the needs of the child as part of an overall program of child welfare. For example, in dealing with unwed mothers, social agencies should consult with the mother, her family, and the father to determine whether the child's best interests would be served by adoption or by some form of parental training or day care while custody remains with the biological mother. Legal pressure should be brought to bear if necessary. Where a child has been abused or neglected, social agencies should work primarily toward reestablishing the family, but if this fails, permanent adoption is a better alternative to a series of temporary foster homes. In either of these examples, social agencies must actively seek out cases and establish wide-ranging intercommunication to effectively deal with the problem. The kinds of children dealt with in modern adoption situations differ from those of previous years: they are most likely to be lower class, older, handicapped, and from minority groups. Finding new parents for these children presents a challenge. Even so, adoption agencies should be hesitant to allow transracial adoptions or adoptions by single parents. Executive directors must modernize the outlooks of their agencies and find new sources of funds.

CD-00581

Children's Hospital, Detroit, Michigan.

Food Restriction as a Form of Child Abuse in Ten Cases of Psychosocial Deprivation Dwarfism.

Krieger, I.

Clinical Pediatrics 13(2):127-133, February 1974.

Ten children (7 boys, 3 girls, 27-120 months old) with psychosocial deprivation dwarfism presented with complicating symptoms of malabsorption. All were of normal birthweight, and available records indicated that growth failure was manifest before the age of 2 years in 9. Three, and perhaps 5, had a normal I.Q. On admission, all the children had retarded height and bone age, voracious appetites and histories of bizarre eating habits including eating spoiled food from garbage cans, dirty food from the floor, scraps from the table, bugs, dogfood, water from the toilet bowl, or rainwater. One child had a history of battering and 3 others had unexplained fractures. Temper tantrums, mild signs of negativism and self-destruction were common. Direct and indirect evidence indicated that food had been persistently restricted by the mothers, who had the personality traits commonly seen in abusing mothers. Weight recovery occurred regularly in 7 hospitalized cases and in 3 cases at home when food intake was not restricted. Malabsorption was ruled out in the 7 suspected cases. Deviant behavior and abnormal stools were used by the mothers to rationalize food restriction. 16 references.

CD-00582

Karl Bremer Hospital, Bellville (South Africa). Dept. of Radiology.

The Abused Child Complex and Its Characteristic X-ray Findings.

Krige, H. N.

South African Medical Journal 40(1):490-493, January 1966.

A general discussion and extensive case report illustrate the importance of diagnosing child abuse. General practitioners treat 75 percent of children's injuries and should be aware that over 50 percent of battered children are reinjured. The case report presents radiological evidence of violent trauma leading to bony changes and deformities of the limbs in a 1-year-old child. Pathognomonic skeletal injuries are defined. 8 references.

CD-00583

Rochester Univ., N.Y. Dept. of Psychiatry.

Managing Child Abuse Cases.

Kristal, H. F.; Tucker, F.

Social Work 29(5):392-395, September 1975.

A management program for child abuse cases in which the social worker is the coordinator is described. Because of his training, the worker is best qualified to coordinate the multidisciplinary group in case management and is best able

to see the needs of the entire family. The worker functions closely with the physician and helps train new professional staff members from various disciplines. A case illustrative of this program is briefly described.

CD-00584

The Physically Abused Child.

Krywulak, W.; Elias J. C.

Manitoba Medical Review 47(1):472-475, January 1967.

A brief review summarizes the problem of the battered child syndrome and the status of the abused child in Manitoba. The problem has received appropriate attention from the medical profession, the child welfare agencies, and governmental departments. There is presently adequate legislation to protect a child under the Children's Welfare Act. Rehabilitation of parents requires intensive work by social agencies and remains one of the difficult tasks. Suggested legislative supplementation includes protection of the reporter, protection of the abused child from further repeated insults and ensuring its subsequent care, and rehabilitation of parents by a variety of appropriate agencies. 15 references.

CD-00585

Michael Reese Hospital, Chicago, Ill. Dept. of Pediatrics.

The "Battered Child" and the Celiac Syndrome.

Kunstadter, R. H.; Singer, M. H.; Steinberg, R.

Illinois Medical Journal 132(1):267-272, September 1967.

The case history of a boy, hospitalized 5 times between the ages of 3 years 9 months and 6 years 1 month, shows an association between celiac syndrome and child abuse. Celiac or malabsorption syndrome is characterized by foul, greasy, bulky stools; distended abdomen; flatulence; and malnutrition. In addition to these symptoms, the patient presented petechiae, epistaxis, hematoma, and fractures characteristic of battered child syndrome. Further symptoms included dehydration, emesis, growth failure, hypospadias, incontinence, and a variety of emotional disturbances including voracious appetite, feces smearing, withdrawn submissive behavior, nocturnal prowling, and refusal to cooperate with adults. Surveillance of the child's home revealed an unstable environment in which the father drank and physically abused the mother who displayed bizarre distortions and acting-out sexually. Both parents themselves came from unstable homes. Against the wishes of the parents, the boy was placed in a residential psychiatric treatment center where he showed both physical and emotional recovery. At the age of 7 he appeared ready for the third grade and had made up much of the deficiency in growth. 11 references.

CD-00586

New Jersey College of Medicine, Newark. Dept. of Pediatrics.

Syndrome of the Abandoned Small Child.

Kushnick, T.; Pietrucha, D. M.; Kushnick, J. B.

Clinical Pediatrics 9(6):356-361, June 1970.

Records of 39 abandoned children seen during a 12 month period in the Newark City Hospital were reviewed. The children (21 boys and 18 girls) 40 percent of whom were under 1 year of age, had been routinely brought to the hospital by police and related agencies. The 39 children came from 24 families, which represented the racial composition of the area the hospital served. Abandoned children were most commonly brought in during December. The infants had seldom been abandoned totally; 21 percent had been left with neighbors or other individuals, 31 percent had been left with an inadequate caretaker (e.g., a babysitter), and 18 percent had been brought in because of parental illness or arrest and the lack of a responsible caretaker, while only 7 percent had been willfully abandoned in a life-endangering situation. The limited information available on family background indicated a larger proportion of poverty, crime, mental illness, and other disrupting factors among the parents. Physical examinations revealed that most of the children showed below average growth and about half had physical abnormalities. Six had been neglected and 1 battered. Eighteen children required minor therapy, and the average hospital stay was 14.6 days. Social service and child welfare agencies, the police, and the courts were involved in the disposition of several of the cases. About half of the children were sent home and about one-fourth of the total number of families had fathers. The data also indicate that insufficient care was taken to obtain adequate family histories and complete medical examinations. 15 references.

CD-00587

Nanook of Eskimo Point.

Lampard, F. G.; Reid, D. A.

Nursing Times 65(46):1472-1473, November 13, 1969.

Nanook, a 20-month-old Eskimo boy, was brought to the Eskimo Point Canada nursing station in a moribund state suffering from severe exposure. His limbs were frozen stiff and his rectal temperature less than 94 degrees Fahrenheit. He showed signs of malnutrition, a serious chest infection, and sores. Previously he had been hospitalized repeatedly for gastrointestinal problems and childhood ailments, and it appears that his mother, the product of an extremely primitive, deteriorating culture simply gave up trying to rear him (she was successfully raising four other children). Nanook was treated by circulating warm air over him, and by administering analgesics, Selu-Cortef, antibiotics, and eventually food. A pediatric Graval suppository and artificial respiration were also required. A physician could not be summoned immediately, due to a blizzard. Remarkably, Nanook showed apparently complete recovery, although he did not initially respond to affection when he had improved physically. Consultation was begun to effect placement by the Children's Welfare Department.

CD-00588

Lancet.

Violent Parents.

Lancet 2:1017-1018, July-December 1971.

RESEARCH PUBLICATIONS

A very brief history of child abuse and its etiology, diagnosis, and prevention is presented. More professional, public, and legal awareness and commitment are needed to solve this problem. 11 references.

CD-00589

The Battered Child.

Langshaw, W. C.

Australian Journal of Forensic Sciences 3(2):60-70, December 1970.

An increase in the number of home visits by District Officers of the Department of Child Welfare and Social Welfare in New South Wales for reasons of alleged neglect, ill-treatment, or inadequate care from 1965 to 1970 was accompanied by a decrease in the number of children committed to the Minister under provisions of the Child Welfare Act and those committed for reasons of neglect. A series of 26 cases involving 29 children identified as battered child syndrome was reported over a 30-month period in New South Wales. The suspected or proved perpetrator was female in 19 cases, male in 5, and unknown in 2. In 14 cases there was a history of mental illness or psychiatric treatment in the adult, and in 12 cases the abuse was inflicted by someone other than the natural parent. There were 10 cases involving financial difficulties, and in 13 families there was domestic disharmony. Immaturity, inappropriate expectations of the child, low frustration threshold, ambivalence, or rejection of the child, depression, rigid compulsive and passive-dependent personalities, and absence of remorse were common findings. Ten of the women were over 25 years old. Most of the children were under 3 years of age; 12 were the eldest or only-child, 9 were second-born children, 5 had physical or intellectual handicaps, and in 15 cases only 1 child was affected. Skull fractures and brain damage were common (12), as were other fractures (13), bruising (18), and burns (5). There was permanent disability in one case, and in 3 cases death resulted from injury. Six of the children were committed to the care of the Minister, 4 were placed elsewhere, and 13 were returned home under preventive, probation, supervision. Referrals came largely from hospitals, police, and private individuals, but in no case did a private physician make the initial referral. Mandatory reporting by physicians is recommended, along with immunity from prosecution. The question of making the spouse of an accused person a competent and compellable witness is also considered. Otherwise, the present law appears to be adequate. 6 references.

CD-00590

Kansas Univ., Kansas City, Dept. of Pediatrics.

An Unusual Case of Childhood Chloral Hydrate Poisoning.

Lansky, L. L.

American Journal of Diseases of Children 127(2):275-276, February 1974.

A report of attempted chloral hydrate poisoning of a 3-year-old girl by her mother illustrates the complexities involved in determining cases of suspected parental poisoning. Since the age of 1.5 years the child had been hospitalized 26 times for surgical procedures to repair severe esophageal burns and strictures incurred by swallowing some unknown caustic agent. During the current hospitalization she had four episodes of coma with neurologic signs of toxic encephalopathy following gastrostomy feeding. Investigation indicated that the only person with the patient during the 2 hours prior to each comatose episode was the mother, and that she had administered the gastrostomy feedings. The child was taken into temporary court custody and the parents instructed to participate in a psychiatric evaluation and treatment program. The father was a 34-year-old hostile, insecure, civil service employee who had not been promoted in 10 years. The mother, 30, was extremely angry and obese, and had experienced little success in life. The father constantly berated the mother and frequently publicly belittled her. The family had been in therapy for more than 2 years at the time of writing and were relating well to each other. The child had required no further hospitalizations. 10 references.

CD-00591

Iowa Univ. Iowa City, Dept. of Pediatrics.

The Abused Child.

Lascari, A. D.

Journal of the Iowa Medical Society 62(5):229-232, May 1972.

A review covers psychodynamics, diagnosis, case management, and the Iowa reporting law relating to child abuse. The parent's underlying potential for abuse, a crisis, and the child's inability to meet the parent's needs are three precipitating factors in child abuse. Reporting procedures require physicians to give an oral and written report to the department of social welfare. A therapeutic approach aims to provide mothering for the parents and protection for the child. 6 references.

CD-00592

The Battered-Child Syndrome. (Editorial).

Laskin, D. M.

Journal of Oral Surgery 31(12):903, December 1973.

The role of the oral surgeon in combating the battered child syndrome is outlined. First there should be greater attention to this condition in the dental teaching institutions. Secondly, suspected cases must be reported, and dentists should acquaint themselves with the laws regarding reporting in their own states. Thirdly, the oral surgeon should be thoroughly aware of the signs and symptoms; because of the high incidence of facial injuries in battering cases, the oral surgeon may be the first to see the child. Mucosal lacerations and loosened, fractured, or avulsed teeth are common findings. Less frequent are lip or tongue burns, facial bone fracture, and various other traumatic lesions of the area. Suspicion is warranted when an adequate explana-

tion of the findings is not present. The high frequency of repetition by the abusers makes identification doubly important.

CD-00593

California Univ., San Francisco. Dept. of Pediatrics.
Battered Child Syndrome: Review of 130 Patients With Controls.
Lauer, B.; Ten Broeck, E.; Grossman, M.
Pediatrics 54(1):67-70, July 1974.

The medical and social service records of the 130 battered children under 10 years of age admitted to San Francisco General Hospital during a six-year period, July 1, 1965, to June 30, 1971, were reviewed. Only children with physical injuries were included. A control group was selected from concurrent admissions. The findings showed a steadily rising number of admissions for child abuse during the last 3 years of the study accounting for nearly 3 percent of ward admissions. Many of the children suffered from emotional, physical, and medical neglect as well as intentional trauma and 44 percent had been abused previously. Six children (5 of them female) died. Sixty-three percent of the battered children were less than 2 years old; 55 percent were males. Their parents were significantly younger than parents of controls and also much more transient. White children rather than nonwhite children were battered more often than expected when compared to the ethnic distribution of the control group. 9 references.

CD-00594

Virginia Medical Coll., Richmond. Dept. of Pediatrics.
Child Abuse and the Physician.
Laupus, W. E.
Virginia Medical Monthly 93(1):1-2, January 1966.

Child abuse, most commonly seen in children under 3 years old, may be accompanied by nutritional and other forms of neglect. The child is often unwanted, and the marriage is commonly unstable. The abusing parent may have a serious personality disorder, and is likely to be immature, impulsive, self-centered, and have poorly controlled aggression. Hospitalization of the suspected victim should be followed by an oral report to the police or appropriate children's protective service. It is suggested that legislation should go beyond reporting and provide for protective services and investigation of the reported incident.

CD-00595

Columbia Univ., New York, N.Y. Dept. of Pediatric Psychiatry.
The Battered-Child Syndrome: Parental Motivation, Clinical Aspects.
Laury, G. V.
Bulletin of the New York Academy of Medicine 46(7):676-685, July 1970.

Parents who abuse their children exhibit a variety of apparent and underlying motives. Some parents see their battering as justified punishment for harms that are in fact often exaggerated or even illusory; the child in these cases is sometimes treated as older than it is. In other instances, the parent is upset because the child has failed to meet parental expectations. Both defective children and normal children who simply fail to live up to some idealized image are mistreated. Another apparent motive, is retaliation against a spouse or against the unwanted child itself. Other parents employ pseudointellectual rationalization to distort a physician's instructions into abusive behavior, as for example, the mother who abandoned her infant in the cold because she was told the child needed fresh air. Finally, some parents either give no explanation or else refer only to a short temper. Sadistic and psychopathic parents account for still other cases of child abuse. Underlying many of these apparent motivations is the need to use the child as a kind of hostility sponge for the parent's frustrations and tensions. Immature, anxious parents with an inordinate need for love or uncompensated guilt feelings are particularly prone to batter children. Some of these parents were themselves abused as children, others are influenced by the mass medias (and society's) general approval of violence, and others feel inadequate as parents unless they have a sick or helpless child to care for. Numerous examples can be cited to support each of the above motivations. 17 references.

CD-00596

Columbia Univ., New York, N.Y. Dept. of Pediatric Psychiatry.
Mental Cruelty and Child Abuse.
Laury, G. V.; Meerloo, J.A.M.
Psychiatric Quarterly (Supplement) 41(2):203-254, 1967.

An extensive review of the subject of child neglect and abuse describes several types of maltreatment and provides illustrative case material. The signs of physical maltreatment are more obvious than those of mental maltreatment, but the results of the latter may be just as devastating. Mental maltreatment includes behavior rationalized by the parent as being for the child's sake or wrong behavior induced in the child through misguidance or masked suggestions. Obvious and intentional maltreatment may be invoked to establish parental authority. Parents may inflict the so-called soft cruelty of perfectionism on children to force them to achieve the angelic status the parents could not attain. The repercussions of cruelty and violence may cripple a child for the rest of his life; may be passed on to his own progeny, and may be the cause of later criminal revenge on society. Violent children generally come from homes where there was never any adequate control of aggression within the family. The subtlety of mental cruelty in its daily appearance is emphasized. It is strongly suggested that the chain of violence can be broken; that the human being can usually be taught to renounce his violence. Caution is urged against sending a child away; when possible he should be treated within the community; he may not be as sick as his parents, neighbors, teachers, or

he himself see him. Local treatment not only protects him against unwarranted dumping, but protects the parents against the attendant guilt. 58 references.

CD-00597

The Watchdog of Medicine.
Layton, J. J.
Community Health 4(2):58-63, September-October 1972.

In a general discussion of the role of the forensic pathologist and the problems he faces, the battered child syndrome is briefly discussed. Misdiagnosis in the past resulted from a failure of interpretation of injuries, not lack of recognition. The history offered by the parent is usually not compatible with the physical findings. 2 references.

CD-00598

Illinois State Dept. of Children and Family Services, Springfield.
Opening Session.
Leahy, M. L.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 17-21, 1975.

Reports of suspected child abuse cases are still increasing despite the reluctance of some sectors to report. Unfortunately, many of the suspected victims are dead-on-arrival infants. This stresses the importance of developing a system of prevention and early identification. Preventive and rehabilitative program results must be quantified to determine whether attempts to deal with abusive family situations are having the desired effect. The focus of programs must be adjusted to work with families before child battering becomes a part of their way of life and community programs should build on specific knowledge arising from solid research.

CD-00599

Florida Univ., Gainesville. Dept. of Psychiatry.
The Pediatrician's Role in Maternal Deprivation. Illustrative Cases and an Approach to Early Recognition.
Leaverton, D. R.
Clinical Pediatrics 7(6):340-343, June 1968.

Maternal deprivation must be viewed biomedically and psychosocially, and covers an extensive range of symptoms, many of which are difficult to distinguish. Several case histories illustrate the wide variance of conditions due to maternal deprivation and a checklist of several factors common to each is presented. Military physicians, dealing with transient rootless children and families, may have more opportunity to adopt a comprehensive view of maternal deprivation. Nevertheless all physicians and pediatricians must begin to recognize the problem as early detection is essential to successful resolution of the problem. 29 references.

CD-00600

California State Univ., Fresno.
The Battered Child. Selected Readings.
Leavitt, J. E.
Morristown, N.J., General Learning Corp., 268 pp., 1974.

An interdisciplinary textbook consisting of 46 articles on child abuse includes chapters on (1) recognition and treatment of battered children; (2) psychological observations and approaches to child abuse; (3) the legal aspects of child abuse; (4) sociological and social work perspectives; (5) the medical aspects of child abuse; (6) educators' responsibilities with regard to child abuse; and (7) preventative suggestions. Each chapter has an introduction, summary, and study questions. 268 references.

CD-00601

Sibley Memorial Hospital, Washington, D.C. Dept. of Psychiatry.
Legal Abortion as a Positive Mental Health Measure in Family Planning.
Lebensohn, Z. M.
Comprehensive Psychiatry 14(2):95-98, March-April 1973.

Abortion should be freely available to all women with unwanted pregnancies. Contrary to earlier fears, women free of previous psychopathology who willingly undergo legal abortion do not suffer any emotional sequelae. On the other hand, the birth of an unwanted child has been shown to result in abuse, neglect or abandonment of the child, behavioral and psychiatric problems, and economic hardship. One study showed that even where other children in a family were well cared for, an unwanted child may be abused. Because no contraceptive is foolproof and because dangerous illegal abortions will flourish in the absence of a legal alternative, abortion should be legalized for family planning purposes. 8 references.

CD-00602

Look Again...Is It Accident or Abuse?
LeBourdais, E.
Canadian Hospital 49:26-28, January 1972.

Child abuse is a widespread problem in Canada, and most Canadian provinces have legislation requiring that physicians and others report such abuse; nevertheless, many cases go unreported. Several explanations have been offered for this situation. Physicians may lack adequate information about the laws or fear either a violation of the physician-patient relationship or a lawsuit. Some physicians cannot believe that a trusted patient is capable of abusing legitimate corporal punishment; others fear that a policy of reporting may drive patients away or simply do not want to get involved. The laws themselves do not contain explicit penalties for nonreporting, and authorities disagree over the desirability of instituting such penalties. A successful program of reporting can be established within a hospital by intensively educating the staff to be aware of the problem and establishing closer ties with the Children's Aid

Society. Methods have been suggested for the early recognition of battered children and abusive parents including postnatal assessment of the home environment to prevent future injury. 5 references.

CD-00603

Privileged Communications--Abrogation of the Physician-Patient Privilege to Protect the Battered Child.

Leibsker, D.
DePaul Law Review 15:453-461, 1966.

The Children's Bureau model act for reporting cases of child abuse is compared with the 1965 Illinois act. The model act requires reporting of cases by physicians, nurses, and treating institutions to appropriate child welfare or law enforcement authorities, and has both immunity and penalty clauses. The Illinois act requires reporting by various doctors and Christian Science practitioners to the Department of Children and Family Services. It contains an immunity clause but no penalty clause. It is suggested that the law be amended to include mandatory reporting by teachers, social workers, nurses, and marriage counselors. Numerous references.

CD-00604

Baillie Henderson Hospital, Toowoomba (Australia). The Maltreated Child--A Cause for Concern.

Leivesley, S.
Medical Journal of Australia 1(14):935-936, April 29, 1972.

A discussion covers clinical features, incidence, etiology, and management of the maltreated child. The recommended methods of management include protecting the child by admitting him to the hospital, providing therapy for the parents, and using a team approach to determine continuing care. 3 references.

CD-00605

Royal Alexandra Hospital, Edmonton (Alberta). Dept. of Radiology.**Pycnodysostosis: A Case Report.**

Lentle, B. C.
Journal of the Canadian Association of Radiologists 22(3):210-214, September 1971.

Pycnodysostosis, an uncommon bone disease, has features in common with a number of diseases and syndromes including battered child syndrome. A case history is presented of a child with multiple bone fractures, increased bone density, and other distinctive features of the disease. Data for differential diagnoses are given. 13 references.

CD-00606

Stockton State Coll., Pomona, N.J. Div. of Social Sciences. Self-Mutilating Behavior.

Lester, D.
Psychological Bulletin 78(2):119-128, July 1972

A review of the literature reveals that self-mutilating behavior such as headbanging, wrist cutting, trichotillomania (hair pulling), and self-castration are related to both suicide and defects in upbringing. Depending on the cultural mores, the incidence of major self-mutilating behavior varies from around 0.2 percent in the general population to perhaps 45 percent in some psychiatric populations. More limited forms of self-mutilation, for example, nail biting, are even more common. Self-mutilating behavior may be considered as a kind of "focal suicide," i.e., suicidal impulses are directed at specific portions of the body to achieve self-punishment, and to manipulate other people. In both self-mutilation and many suicide attempts there is no real intent to die. Sexual preferences appear in both suicide methods and self-mutilation, with men utilizing the relatively more violent means than women: shooting and hanging vs. gas and pills among suicides and headbanging and genital mutilation vs. delicate wrist cutting and trichotillomania among self-mutilators. Both suicide and self-mutilation seem related to uncompensated impulses of anger and both have been associated with parental deprivation. Headbanging has been linked in theory with a deficiency in exposure to maternal rocking and heartbeat. Self-castration has been linked with the absence of a father figure in childhood. In many cases, self-mutilation occurs among the children of weak, timid, aloof fathers, and dominant, hostile, critical, psychopathological mothers. Maternal deprivation in monkeys has been linked with headbanging and hair pulling. Further research, however, is necessary to confirm the theoretical associations. 40 references.

CD-00607

Are Schools to Be or Not to Be Community Health Centers? (Letter).

Leuchter, H. J.
American Journal of Psychiatry 125(4):575-576, October 1968.

Schools must serve as community mental health centers to intervene against the emotional distress of children whose family life is unhealthy. The illegitimate or abused child is not only harmed himself, but may communicate his pathology to his own offspring creating a proliferation of illness throughout society. Psychiatrists must aid in devising programs for teachers and others in direct contact with disturbed children and must educate the public on the essentials of health and family life and the need to support programs for their advancement. 8 references.

CD-00608

Dallas County Mental Health and Mental Retardation Center, Tex. Children and Adolescent Mental Health Services.**Research Considerations in the Area of Child Abuse.**

Lewis, F. D.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 111-119, 1975.

Four major goals in improving the treatment of child abuse are (1) more federal review of funded treatment, research, and pilot demonstration projects; (2) more effective systems of coordinated efforts between agencies; (3) development of a legislated criterion in all states of what constitutes emotional abuse and neglect of children; and (4) the development of a psychological screening instrument which would identify family situations which are abuse prone. Sixteen researchable issues were identified from the literature as the major problems facing child abuse personnel. The implications of these issues and their resolution are discussed. The proposed research efforts of the Dallas County Mental Health and Mental Retardation Center are also described.

CD-00609

Parental and Community Neglect. Twin Responsibilities of Protective Services.

Lewis, H.
Children 16(3):114-118, May-June 1969.

On the basis of studies of recurrent neglect it is concluded that there is much more parental neglect than is detected or reported; that cases which do not become known to agencies tend to be located in low income areas with poor housing and scant cultural resources; that less than half the cases are reported even in neighborhoods of high incidence; and that types of parental neglect vary in their likelihood of being reported and in who is likely to report. Physical neglect is readily detected, but nutritional and emotional neglect are more subtle in appearance. Casefinding procedures have weaknesses, and there is substantial evidence of professional oversight. Current services achieve little or no success with chronically problem-ridden families. Community neglect is considered to exist where there is evidence of persistent, inadequate, insufficient provision of resources of child care and where authorities behave in such a way as to make improvement unlikely without outside intervention. Community neglect is almost totally ignored as a direct service responsibility by most of the agencies in the present network of services. Four recommendations are suggested: the child protection service agency should continue to focus on the child; the clientele should encompass all persons and organizations who do not accept their responsibilities in regard to children; the board of the service should consist of capable, willing people, and the staff should be dedicated. 14 references.

CD-00610

Adoption.

Lewis, H. N.
British Medical Journal 2(5461):577-580, September 4, 1965.

A physician examining an adopted child should be alert for the physical and emotional signs of rejection by the adopting family. These may take any form from minor psychosomatic symptoms such as enuresis (in which case

the patient should be referred to a child psychiatrist) to the well known battered child syndrome (in which case the physician should go directly to the police). In Great Britain, a physician may, under the Adoption Act of 1958, refer the matter to a children's officer, who can apply to the court for an order rescinding the adoption and placing the child under the care and protection of a fit person. The children's officer also has the power to investigate possible abuse where a mother has placed a child with a foster family. If a mother gives a child to a family without the legal adoption procedures, the children's department has limited powers under the Children and Young Person's Act of 1963, to investigate cruelty. The children's officer may also seek the aid of other statutory and voluntary bodies. 4 references.

CD-00611

Yale Univ., New Haven, Conn. Dept. of Pediatrics.

Some Psychological Aspects of Seduction, Incest, and Rape in Childhood.

Lewis, M.; Sarrel, P. M.
Journal of the American Academy of Child Psychiatry 8:606-619, 1969.

Incidents of childhood seduction, incest, and rape and their immediate and ultimate psychological impact upon the child are described. Although the incident often causes no obvious immediate effect, temporary physical manifestations of nervousness or vomiting do occasionally occur but are rarely significant in proportion to long-term psychological manifestations. Because there is rarely a resolution of the psychological trauma involved, the child often develops a distortion in sexual identity, developmental blocks, and chronic anxiety. Five case histories are presented. 15 references.

CD-00612

Parents Anonymous, Inc., Redondo Beach, Calif.

Parents Anonymous: A New Direction Against Child Abuse.

Lieber, L. L.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp.53-68, 1975.

Parents anonymous is a self-help grass-roots project developed in 1970 for parents who abuse their children. The object of the project is to meet with other parents who have similar problems and share their good and bad emotions, to relieve inner tensions, and improve relationships between themselves and their children. Phone numbers of all members are exchanged so that crises at home can be controlled by talking with someone else who understands the problem. Membership is entirely voluntary and without cost. Groups usually have members from similar backgrounds to promote complete understanding of attitudes and obstacles between members. The program has had more than 3,500 members including 1,500 current

members (70 percent women). Emphasis is placed on the fact that help is needed immediately. The program is still expanding and to date has been very successful. A detailed history of how the project developed is given.

CD-00613

Abused and Neglected Children in America: A Study of Alternative Policies.

Light, R. J.

Harvard Educational Review 43(4):556-598, 1973.

After a review of the incidence of child abuse, its social and demographic features, and the nature of available child abuse case reports, 3 potential social policies are analyzed in detail: national health screening, education in child rearing, and the development of profiles of abusing families with the hope of providing them preventive help. The first of these appears to be impractical, and would probably result in too many false reports. The other two, to the extent that they have been used, are not particularly effective. Family planning might be a more reasonable approach than childrearing education. Several specific lines of investigation are suggested: better estimates of incidence; formalizations of different kinds of abuse; studies of the circumstances in abusing families; efforts to discover the commonalities in cases originally suspected but later seen to be cases of nonabuse; a comparative study of reporting systems; determination of the value of voluntary preventive detection; a plan for crisis centers; and assessment of the effectiveness of different strategies for dealing with parents already identified as abusive or neglectful. 48 references.

CD-00614

Attitudes of Professionals in the Management and Treatment of Child Abuse.

Lipner, J. D.

In: Ebeling, N.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 31-35, 1975.

A case report illustrates the range of professional attitudes commonly generated by cases of child abuse. Initially, involved professionals displayed a reluctance to recognize the family's cries for help, both verbal and nonverbal; the hospital physician who first diagnosed the battered child reacted with open hostility toward the parents. Punitive attitudes were apparent among many of the various professional workers who dealt with the family, and much time was required finally to establish a working relationship with the parents. A lack of communication between the various agencies involved contributed to the difficult situation. 1 reference.

CD-00615

The Use of Community Resources in Work With Abusive Families.

Lipner, J. D.

In: Ebeling, N.; Hill, D. A. (Editors) *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 131-135, 1975.

A number of paraprofessional community resources can and should be utilized in the total treatment of cases of child abuse and neglect. Mature adults can provide a friendly lifeline to troubled parents, and direct service to children may take place on the part of volunteers in day-care facilities and through chauffeuring tasks. Home-maker services for abusive parents can also be an essential part of the treatment process. The relationships between the visiting nurse and the parents and the children should not be overlooked, and the importance of good foster home facilities in the community is of prime importance.

CD-00616

Prince Henry Hospital, Melbourne (Australia). Dept. of Psychiatry.

Rape: A Complex Management Problem in the Pediatric Emergency Room.

Lipton, G. L.; Roth, E. I.

Journal of Pediatrics 75(5):859-866, November 1969.

Observations were made of 9 children (aged 4-14) admitted to a pediatric emergency room with a presenting complaint of rape to investigate emotional factors involved in such cases. Most of the victims were Negro and of low socioeconomic class. It is likely that a true rape occurred in only 1 case; in 2 other cases the victims consented at least unconsciously; whereas 3 cases involved prolonged disturbed or delinquent behavior; 2 cases involved an indeterminate degree of sex play in very young children; and 1 case was an attempted incestuous assault by a father. Serious trauma was not observed in any of the cases and vaginal examinations were not always necessary. Often the complaint of rape was a cry for help indicating serious preexisting problems. To avoid causing unnecessary trauma and to make an accurate diagnosis, the examining physician in the emergency room must avoid overhasty treatment of the patient. He should take an initial history in a calm unhurried manner and conduct a vaginal examination only when there are clear physical indications or the patient requests one for reassurance. Care should be taken not to unnecessarily expose the patient and a minimal gynecologic examination (following a general examination) is all that is generally required. The physician must resist pressures by the parents, hospital staff, and police to conduct high pressure interrogations and vigorous physical examinations under traumatizing circumstances. The patient should be given an opportunity to talk in the absence of both police and parents. It is essential, however, that their cooperation be obtained, particularly since the parents may themselves need help. Contact with welfare authorities and follow-up observation may be necessary. 14 references.

CD-00617

Chicago Inst. for Psychoanalysis, Ill. Child Therapy Training Program.

What Is Known About Child Abusers.

Littner, N.

In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 69-75, 1975.

The wide variation in personalities and backgrounds of abusive parents makes individual diagnostic evaluation of the abuser and his family an essential element in treatment. Some attitudes and problems characteristic of abusing parents are severe emotional deprivation when they were children; excessive expectations of the child's behavior; an unrealistic wish for the child to take care of the parent; the notion that children exist in order to satisfy parental needs; and belief in the necessity of physical punishment. Though these are all common beliefs they do not explain why the parent abuses his child. Abuse represents a learned pattern of behavior that parents use for dealing with internal conflicts. The parent must ignore some of his child's needs in order to rationalize the physical attack upon him often causing more psychological than physical damage to the child. It is essential to understand the parent's method of handling conflicts and to see what past events in his life have reinforced violence as an appropriate response to help him establish healthier relationships.

CD-00618

Saint George's Hospital, London (England).

The Diagnosis of Injury of Bones and Joints in Young Babies.

Lloyd-Roberts, G.

Proceedings of the Royal Society of Medicine 61:1299-1300, December 1968.

Injuries to the limb bones of babies under 1 year old have appearances strikingly different from those of older children and adults. Characteristic radiographic signs include exuberant callus formation, avulsion chips from the metaphyseal area, and the displacement of the epiphysis into varus. Where the injuries have resulted from assault, lesions are likely to be widespread and of varying age. Lesions due to assault are readily distinguishable from those of scurvy, and osteomyelitis and are less easily distinguishable from those of infantile cortical hyperostosis (Caffey's disease). 1 reference.

CD-00619

Illinois Univ., Urbana. Dept. of Psychiatry.

What Situations Encourage Abuse.

Loesch, J. G.

In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 91-99, 1975.

Three major types of circumstances which encourage abuse are (1) situations relating to life circumstances, (2) interpersonal situations, and (3) intrapsychic situations. Rarely is any one of these circumstances alone sufficient to trigger abuse. It is essential to establish an atmosphere where parents can improve their own self-esteem if they are to overcome the pressures of assorted life and interpersonal situations. Further study is needed to provide effective treatment to this effect. Examples of the circumstances are discussed in detail. 14 references.

CD-00620

North Orange County Child Guidance Center, Inc., Fullerton, Calif.

Management of Children's Emotional Reactions to Severe Body Damage (Burns).

Loomis, W. G.

Clinical Pediatrics 9(6):362-367, June 1970.

Experience with 16 severely burned children is reported. Initially, the children tended to exhibit regressive behavior due to the painful nature of the therapy. High-risk patients were those who were incapable of developing trust in any other individuals, usually due to an initial poor relationship with the mother. A mother-substitute therapy is described where foster grandmothers who work 20 hours a week and do not participate in painful treatments befriend the child. This program was successful in enabling the child to form a trusting relationship with another person. Support from the social workers for the real mother helps to avoid competitive feelings towards the foster grandmother. Nevertheless a child psychiatrist may be necessary for evaluation or supervision with a severely burned child. Weekly meetings to develop individualized approaches and to coordinate therapy are recommended. Three cases are presented, including one case of child abuse by scalding. 14 references.

CD-00621

The Abused "Battered Child." (Editorial).

LoPresti, J. M.

Clinical Proceedings 24(11):351-352, December 1968.

Despite the widespread publicity given to the battered child over the past 20 years, personal experience suggests that few concrete gains have been made in protecting children from abuse. Legal machinery for punishing the abusive parent remains far too cumbersome and is seldom used. The battered child is too often returned by the courts to its dangerous or even lethal family environment. In the future, the law must increasingly recognize that the infant's right of protection from bodily harm is as important as the parent's right to due process. Reporting legislation alone is not enough.

CD-00622

Louisiana State Assembly, Baton Rouge.

Battered Child Law (LSA RS 14:403).

Journal of the Louisiana State Medical Society (122(8): 247-250, August 1970.

A 1964 Louisiana statute requires all physicians, including osteopathic physicians and interns, having reasonable cause to suspect that a child of under 17 years has been deliberately injured by parents or guardian to report immediately to the local law enforcement agency. The oral report must be supplemented as soon as possible by a written report. Hospital staff members must notify the person in charge of the hospital, who then reports. The

written report must identify the child and the parent or guardian, specify the injuries, and give other information helpful in establishing the perpetrator's identity. The statute also bars any liability to the reporter and abrogates the physician-patient and husband-wife privileges. Those failing to report may be sentenced to a \$100 fine or 10 days in prison.

CD-00623

National Inst. of Mental Health (DHEW), Rockville, Md.
Research in the Field of Child Abuse.

Lourie, I. S.

In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 167-172, 1975.

The term "child abuse" is a useful precept that denotes a condition where social intervention is necessary. However it encompasses so many types of abuses, abusers, and abused that applying the term to any one specific case tells very little. The problem must be examined as many kinds of abuse, perpetrated on many individuals for numerous reasons by a multitude of people. Only then can specific approaches be developed to solve specific problems. Professionals have a special responsibility in this area as they are a major data source for research on these problems.

CD-00624

A Community Approach to the Prevention of Child Abuse.
Lovens, H. D.; Rako, J.
Child Welfare 54(2):83-87, February 1975.

A community program involving 6 cooperating hospitals has set up a cross-index referral system for identification of children vulnerable to abuse and neglect. Vulnerable children are defined as those under age 12 in a high-risk situation for physical or psychological neglect or abuse but without evidence of physical trauma. The goal of the program is preventive. An analysis of 40 randomly selected cases indicated active treatment of 27 families by 8 different agencies, no currently active treatment for 6 families, and no information on 7 families referred to private counseling agencies whose policy of confidentiality prevented follow-up. Four cases are briefly described. 4 references.

CD-00625

Leeds Univ. (England). Dept. of Law.
The Battering Parent, the Community, and the Law.
Low, C.
Applied Social Studies 3(2):65-80, May 1971.

The legal aspects of the battering parent are considered. At least 7 types of conviction may be open to the prosecution: murder, attempted murder, infanticide, manslaughter, various offenses under sections 18 and 20 of the Offenses Against the Person Act of 1861 (England), assault occasioning actual bodily harm, and statutory offenses of cruelty and neglect. Three courses are open to the defense, diminished responsibility, provocation, and accident. Sentencing depends on the type of court, the nature of the offense, the gravity of the offense, the offender's history, and the offender's age. On all occasions when possible, civil proceedings are preferred to the criminal approach because the latter divides homes, prevents the building of relationships, and make casework almost impossible. The need for and importance of mandatory reporting of suspected cases by physicians is stressed. 38 references.

CD-00626

New Mexico State Hospital, Albuquerque. Dept. of Psychiatry.

Abortion as a Preventive for Abused Children.

Lowry, T. P.; Lowry, A.

Psychiatric Opinion 8(3):19-25, 1970.

Abortion has much to recommend it in the prevention of child abuse. Unwanted and premarital pregnancies figure prominently in child abuse incidents. One study estimates that half of all abused children are unwanted and 36 percent out of wedlock; another study indicates that 81 percent of neonatal murders are of unwanted children; and yet another study indicates that children whose parents were unable to obtain legal abortions show a high rate of social deviancy. Furthermore, pregnancies with a high risk of abuse can be identified, including those involving parents who are young; who were themselves abused; who exhibit marital conflict, alcoholism, or mental illness; or who provide poor prenatal care. However, the utility of abortion is limited by the fact that most abusing parents want children and have an excessive dependence on them to furnish the love they cannot obtain in other ways. Many are highly self-righteous, believing that the abuse they mete out is necessary for the discipline of the children. Nevertheless, abortion is not medically hazardous and the experience of Japan seems to indicate that it is a useful social tool.

CD-00627

American Humane Association, Denver, Colo. Children's Div.

Providing a Legislative Base for Reporting Child Abuse.

Lucht, C. L.

In: 4th National Symposium on Child Abuse. American Humane Association, Charleston, S.C., October 23, 1973. Denver, Colo., American Humane Association, pp. 49-60, 1975.

Abuse and neglect are rarely the result of willful, intentional or deliberate acts; in over 90 percent of cases, the family involved can be rehabilitated. In addition to physical abuse, children may be abused sexually, psychologically, morally, and any of their basic needs may be neglected. The community has a right and duty to intervene for the protection of its children. Child abuse legislation should contain a statement of purpose and should clearly define reportable abuse. Early statutes singled out the medical profession for mandatory reporting, but later laws have broadened the requirement to include many other professionals. The current trend is for reporting to be made to the community's social services. By 1973 there were 47 central registries established either through legislative mandate or by administrative policy. Almost all current statutes provide for immunity and contain abrogation of privileges clauses. In 29 states, failure to report is a misdemeanor. Seventeen statutes exempt from the reporting mandate children who are receiving treatment by a spiritual healer, and eight states include a provision authorizing medical personnel to hold abused children against parental wishes for a specified period of time. The ethics and value of these laws, and emergency removal and right of entry provisions in a number of state laws are questioned. The importance of reporting by all individuals is stressed.

CD-00628

Children's Hospital Washington, D.C.

You Are Subpoenaed.

Ludwig, S.; Heiser, A.; Cullen, T.; Huhn, N.

Clinical Proceedings 30(6):133-147, June 1974.

An account of a Grand Rounds devoted to child abuse as it is dealt with at the Children's Hospital National Medical Center is presented. A pediatrician member of the child abuse team is always on call and is called whenever there is a question of admission of a suspected case of child battering or when such an admission has taken place. He then requests the indicated specialty consultations. The Youth Branch of the D.C. Police Department is notified as are other members of the child abuse team: Social Work Department, Department of Psychiatry, Public Health Nurse, and the Child Life Worker. The importance of strict adherence to established hospital policy is stressed. An Assistant Chief of the Juvenile Division of the Corporation Counsel outlines the role of the doctor in court, and the importance of being fully aware of the case in all its details is emphasized.

CD-00629

Whiteabbey Hospital, Belfast (N. Ireland). Child Guidance and Family Psychiatry Clinic.

Battered Children.

Lukianowicz, N.

Psychiatra Clinica 4(5-6):257-280, 1971.

Parental environment, personality, and psychodynamics are analyzed in 18 case studies of severe physical maltreatment of children in County Antrim, Northern Ireland. Factors

causing parents to maltreat their children are drawn from comparison of other writers' views and the percentage of their occurrence in the 18 cases. Analysis of the cases showed that the child abuse phenomenon is characterized by parental immaturity and irresponsibility; personality disorders ranging from psychopathic tendencies to hysteria; depression; marital conflicts in which the child becomes the scapegoat for frustration or displaced hatred; the need to bolster one's ego; imitation of past family experience; and frustration because of unhappy family background. In most cases the mother abused the child and the father protected her and not the child. The mean age of the women was 22 years, and that of the children, 19 months. Religion of parents was not significant. Eighty percent of the abused were the only child. Treatment of all parties involved is suggested. Prevention invokes the need for legislation in the U.K. similar to that of the U.S. including the mandatory reporting of suspected child abuse, immunity from liability for persons reporting, and public authority to protect the abused child. 44 references.

CD-00630

Whiteabbey Hospital, Belfast (N. Ireland). Child Guidance and Family Psychiatry Clinic.

Incest. I: Paternal Incest.

Lukianowicz, N.

British Journal of Psychiatry 120(554):301-313, January 1972.

Two extensive studies of incest indicate that this type of sexual behavior is accepted in subcultures of certain social groups. The studies review 26 cases of paternal incest and 29 cases of various other incestuous relations found among psychiatric and child guidance patients in County Antrim, N. Ireland. Data examined include classification of types of incest, distribution, family income, family social class and environment, duration and frequency of relations, age, intelligence, psychiatric evaluations, and personality profiles of partners. In cases of paternal incest the mean age of the daughters was 8.5 years. Four case reports illustrate different effects paternal incest had on the daughter's personality development. The effects of incest on the subject's developing behavior fell into 4 categories: character disorders (11), frigidity (5), psychiatric symptoms (4), and no apparent ill effects (6). No adverse psychiatric sequelae resulted from other types of incest. Incest was not interpreted as sexually deviant behavior, but as a sub-cultural phenomenon precipitated by overcrowding, social isolation, or aggressive oversexed behavior. 53 references.

CD-00631

Whiteabbey Hospital, Belfast (N. Ireland). Child Guidance and Family Psychiatry Clinic.

Infanticide.

Lukianowicz, N.

Psychiatra Clinica 4(3):145-158, 1971.

An analysis of infanticide covers definition, typology, 3 extensive case reports, and psychiatric evaluation. The cases

illustrate late overt infanticide where the mothers killed all their children. Significant etiological aspects include the mother's childhood environment, present isolation, and loneliness. The three mothers were diagnosed as schizophrenic, aggressively psychopathic, and emotionally immature with acute depression. Prevention of child murder involves identifying precipitating factors and premonitory symptoms in order to provide adequate treatment. 31 references.

CD-00632

Whiteabbey Hospital, Belfast (N. Ireland). Child Guidance and Family Psychiatry Clinic.
Attempted Infanticide.
 Lukianowicz, N.
Psychiatry Clinica 5(1):1-16, 1972.

A study was made of 20 Northern Irish women who attempted infanticide. Six of them had also attempted to commit suicide, and 5 tried to kill their husbands. Cases could be classified as; (1) actual physical attempts upon the child's life; (2) "formes fruste" (i.e., unclear forms) of such attempts; (3) morbid fears, that the patient might kill the child; and (4) psychodynamically quite different, verbal threats to kill the child (or children). Brief summaries of 4 cases illustrate this classification. All patients in the group were young mothers with a mean age of 24 years. The mean age of the children was 16 months, though their age ranged from a few weeks (in 5 children) to 3 years. Twelve infants were the only child. Religion, social class, housing conditions, and the sex of the children did not seem to contribute significantly to the infanticides. Most of the women displayed ambivalent or negative attitudes toward pregnancy, and 8 bore illegitimate children. The marriages appeared happy in 13 cases, but the husband often blamed the children for the wife's infanticidal actions. In 14 cases the infanticidal mother was a product of an unhappy, traumatic childhood. Personality disorders, notably immature and dependent personalities, were observed in 8 of the women and psychiatric disorders were present in 12. Nine identified their children with some hated figure in their childhood. Verbal and behavioral premonitions of infanticide have been noted. 15 references.

CD-00633

Child Welfare League of America, Washington, D.C.
Statement Before the House Select-Subcommittee on Education.
 Lunsford, W. G.
 In: *Professional Papers: Child Abuse and Neglect*. Chicago, National Committee for Prevention of Child Abuse, pp. 90-119, 1973-1974.

Physical abuse of children represents only one aspect of child neglect. Two approaches to neglect are the medical viewpoint and the child welfare viewpoint. The former sees child abuse as the central problem with treatment involving

the parents or guardians as well as the physical problems of the child. The child welfare view sees the role of the government and the general community in terms of preemptive services. If efforts are centered on the abused child once he has reached the hospital, only the symptoms of the problem are being treated. The 2 bills before Congress in 1973 directed against child abuse are discussed, and the best features of both are combined into another proposed bill. The importance of sufficient funding is emphasized.

CD-00634

National Committee for Prevention of Child Abuse, Chicago, Ill.
How Do We Work Together?
 Lunsford, W. G.
 In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp.195-201, 1975.

The key to prevention and maltreatment of children is broader public awareness and involvement. Educating the public should be a primary goal of agencies and professionals alike if new public policy and funding are to be forthcoming. Professional elitism toward the public and individuals must be avoided. The establishment of more information sharing mechanisms would further cooperation between public and private sectors working on abuse problems. More input and more understanding are needed in public policy making and legislation. Although public agencies carry the legal, as well as moral responsibility to protect children, they cannot succeed without financial, community, and professional support.

CD-00635

Pennsylvania State Dept. of Health, Harrisburg. School Health Program.
Child Abuse in the School-age Population.
 Lynch, A.
Journal of School Health 45(3):141-148, March 1975.

A serious lack of knowledge of child abuse and reporting requirements among the school personnel in Philadelphia coupled with grave mismanagement practices in cases where any action at all was taken prompted a 2-year study of the problem by the School Health Services Department. Information gathered from school nurses in 8 school districts indicated a reported rate of child abuse of 0 to 21.7 per 100,000. A total of 16 cases were reported in 1971-72, 27 cases in 1972-73, and 64 cases in 1973-74. An analysis of the 43 cases reported between 1971 and 1973 revealed that bruises and welts were the most common type of injury. The suspected weapon was most frequently an electric cord or a belt, and in most cases the suspected perpetrator was a parent (15 mothers, 14 fathers). The age range of the victims was 5 to 16 years, with 26 being in the

5 to 9 years group. The sex ratio was 18 males to 23 females, and the racial makeup of the children was not different from the general population. Problems had been noted in 17 of the 43 children, and about 75 percent of the families were known to be under some kind of stress. Thirty of the children were known to have been abused previously. It is recommended that reporting procedures be formalized, teachers educated in this area, a trained staff person for consultation be available, and preventive measures be taken. 13 references.

CD-00636

New Jersey Col. of Medicine, Newark. Dept. of Pathology. Pediatric Forensic Pathology.
 Lyons, M. M.
New York State Journal of Medicine 72(3):816-819, April 1, 1972.

The New York Medical Examiner's Office provides data for a statistical report on childhood deaths. Eight headings cover different causes of death and several groupings discuss child abuse. In 1964, 68 child homicides occurred; parents are responsible for most homicides, and blunt-force injuries, firearm injuries, or drownings cause a majority of these deaths. Trauma remains a chief cause of death in children under 14 years old, while blunt-force trauma accounts for over 80 percent of serious injuries in children. The extent of child abuse and neglect is difficult to assess; however, most cases involve children under 4 years old. An autopsy reveals previous trauma not evident from external appearance and identifies neglected or battered children. 12 references.

CD-00637

National Inst. of Mental Health (DHEW), Rockville, Md.
Violence at Home: A Review of the Literature.
 Lystad, M. H.
American Journal of Orthopsychiatry 45(3):328-345, April 1975.

Literature on violence in the home is reviewed, and it is concluded that a comprehensive theory must take into account factors at the psychological, social, and cultural levels, placing individual functioning within the social group and within the cultural norms by which the group operates. Violence at home occurs when social needs and expectations of the individual are unsupported by either the family or by other social institutions, and when such a mode of expression seems eminently available and legitimate to the individual. A special section devoted to child abuse gives a compact review of this subject. 162 references.

CD-00638

Speculations on Non-accidental Injury as a Cause of Chronic Brain Disorder.
 Mac Keith, R.
Developmental Medicine and Child Neurology 16(2):216-218, April 1974.

It is estimated that in the United Kingdom there are 400 new cases annually of chronic brain damage in children who survive child abuse. There are 1,600 new cases of cerebral palsy and 600 of severe mental handicap annually, and in one-half of these there is no apparent adequate cause. In the 400 new cases annually of chronic brain damage due to child abuse, cerebral palsy could be accounted for only as brain damage, and mental handicap could arise from brain injury or from deprivation. Though based on speculations from reports, the figures may be of some significance. 16 references.

CD-00639

Speculations on Some Possible Long-Term Effects.
 Mac Keith, R.
 In: Franklin, A. W. (Editor). *Concerning Child Abuse*. Edinburgh, Scotland, Churchill Livingstone, pp. 63-68, 1975.

No adequate cause of disability can be identified in one-half of the children with cerebral palsy and one-half of the mentally deficient children in the U.K. Speculation on incomplete data suggests that nonaccidental injury and the associated deprivation may account for 90 new cases of cerebral palsy annually (6 percent), 150 (25 percent) new cases of severe mental handicap annually, and a considerable number, perhaps 3,000 per year, of new cases of children with disturbed personality who might develop antisocial behavior and someday injure their own children. An alternative method of calculation yields a figure of 400 new children each year with chronic neurologic deficits.

CD-00640

A Guided Self-Help Approach to the Treatment of the Habitual Sex Offender.
 Macdonald, G. J.; Di Furia, G.
Hospital and Community Psychiatry 22(10):310-313, October 1971.

A program at Western State Hospital, Washington, offers possible treatment techniques for rehabilitating sex offenders. A study of the program during its first 10 years shows that many offenses involved child victims and 6 percent of the offenders committed incest. Each offender has at least 90 days of psychiatric observation. The rate of recidivism is comparatively lower than that at state correctional institutions.

CD-00641

Vanderbilt Univ. Nashville, Tenn. Dept. of Orthopedic Surgery.
Diagnosis and Treatment of Skeletal Injuries in the Battered Child Syndrome.
 Mackler, S. F.; Brooks, A. L.
Southern Medical Bulletin 58(3):27-32, June 1970.

In order to facilitate identification of abused children, accurate clinical histories should be maintained and con-

firmed at examination. Radiography has proven to be the most valuable tool in diagnosing the battered child syndrome. Common radiological evidence of abuse include the predilection of the epiphyses and adjacent metaphysis; exaggerated periosteal reaction; multiple lesions in various bones; differential healing and repair of multiple lesions; and associations of skull fractures. The differential diagnosis of scurvy, congenital syphilis, infantile cortical hyperostosis, osteogenesis imperfecta, diseases with deficient sensation, and other entities is reviewed. Successful management of the syndrome lies not only in orthopedic treatment, but also in establishing a working relationship with the guardians to prevent a fatal recurrence. 16 references.

CD-00642

Legacy of Battering.
MacLeod, C.
Nation 719-722, June 8, 1974.

Many aspects of child abuse and its treatment are covered in this wide ranging article, including the familiar characteristics of the abuser and the team approach to the disorder. Parents Anonymous has been successful in dealing with many patients, and there are now 110 chapters throughout the country. Children's Abuse Listening Mediation in Santa Barbara, California, has also been effective. Many writers have pointed out the influence of childhood abuse on the development of the violent adult personality.

CD-00643

Children's Hospital Medical Center, Boston, Mass. Dept. of Social Service.

A Social Worker Looks at Failure to Thrive.
Maginnis, E.; Pivchik, E.; Smith, N.
Child Welfare 46(1):335-338, January 1967.

A group of 151 infants hospitalized for failure to thrive were studied to identify emotional and cultural aspects of this syndrome. Of these 50 children, 30 boys and 20 girls averaged 12.5 months in age, and showed no primary organic illness. Their cases were examined in detail and free form interviews were given to the parents of 41. In 38 cases the children were the youngest in a family of 2 to 5 children. The families were intact in 42 cases and self-supporting in an equal number. The parents had an average age of 26 for the mother and 29 for the father. During interview, the parents seemed detached and evasive. Although most parents submitted to the interviews few had sought any aid other than medical; however, 22 had consulted social services in other connections. Mothers reported neonatal depression in 30 cases and stressful events in the vast majority of cases. Thirty mothers wanted a child of the other sex and 33 did not want a child at all. Parents did not exhibit high mobility or social isolation, and their own childhoods seemed to reflect stable families in which there were negative feelings. In order to channel infants with emotional problems to the relevant sources of

aid, social workers must become involved in what hitherto has been considered a strictly medical problem. 10 references.

CD-00644

Yellowstone Medical Clinic, Glendive, Montana.
Drug Abuse in a Small Community.
Malee, T. J.
Rocky Mountain Medical Journal 69(5):66-67, May 1972.

A 5-year-old girl was hospitalized after ingesting an overdose of the tranquilizer Placidyl (ethchlorvynol) which had been prescribed for her mother, a known drug user. Four days after she had been hospitalized and while she was being visited by her mother, the girl once again ingested Placidyl. The Placidyl poisoning was treated with Nalline on both occasions, the child was placed in the care of the county welfare department, and the mother referred for psychiatric evaluation and care.

CD-00645

Charleston County Family Court, Charleston, S.C.
Due Process--Guidelines for Fair Play and Protection of Rights.
Mallard, R.
In: 4th National Symposium on Child Abuse. American Humane Association, Charleston, S.C., October 23, 1973. Denver, Colo., American Humane Association, pp. 70-74, 1975.

The functioning of the court in cases of child abuse and neglect as practiced in Charleston, South Carolina is briefly reviewed. The role of the court is rehabilitative rather than punitive. It acts in cooperation with medical, social work, and police agencies and personnel in identification of cases and their disposition. Reunification of the child with the parents is the aim where possible. A unique power of the court under South Carolina law provides for 30 days hospitalization when psychiatric examination of the parent is indicated but refused.

CD-00646

Guy's Hospital, London (England). Dept. of Pathology.
The Battered Baby Syndrome.
Mant, A. K.; Williams, A. D.
Medico-Legal Bulletin 17(12):1-8, December 1968.

A report covers the medical and legal aspects of fatal cases of the battered baby syndrome with illustrations from a series of 37 cases which passed through the Department of Forensic Medicine at Guy's Hospital. The series includes 19 males and 18 females, 17 of whom were killed before the age of 6 months. The period of greatest risk was between 6 and 16 weeks. Seventy-five percent of the children had head injuries, 40 percent thoracic injuries, and 30 percent major abdominal injuries. One child had 14 separate long bone injuries. Other injuries included bites, burns, and

bruises. The etiology of these types of injuries along with explanations offered by parents are discussed as are some of the problems of evidence preparation for courts.

CD-00647

Development of the Law of "The Battered Child Syndrome."
Marer, J. W.
Nebraska State Medical Journal 51(1):368-372, January 1966.

The history of child abuse from Caffey's paper in 1946 to the passage of state laws in the 1960s is recounted, and the findings of a 1962 study of the American Humane Society are summarized. In that study more than half of the abused children were under 4 years, and 25 percent died of their injuries. Fathers battered more than mothers, but mothers' beatings were more severe. A majority of cases occurred in 2-parent homes, and the average ages for mothers and fathers were 26 and 30, respectively. All occupations were represented among the parents. A wide variety of beating instruments were employed, and burns were a common method of inflicting punishment. The Nebraska law requires reporting to the County Attorney, and contains an immunity clause; failure to report is a misdemeanor, and conviction results in a fine. A companion law provides for waiver of the doctor-patient privilege.

CD-00648

Rethinking Children's Rights.
Marker, G.; Friedman, P. R.
Children Today 2(6):8-11, November-December 1973.

A discussion urges the legal profession to recognize and insure children's rights as persons. Children's rights which are basic to human development include the right to be raised in a supportive and nurturing environment; the right to adequate medical care; the right to appropriate education; the right to protection from severe physical and psychological abuse and neglect; and the right to have one's own best interest adequately represented. Expansion of these rights to children in institutions, exceptional children, and mentally retarded children is attributed to three precedent-setting court cases which are briefly described. Rights yet to be articulated by the legal profession include children's rights to medical care without parental consent, to adequate representation in the making of decisions that affect their lives, and to protection from parental abuses. 6 references.

CD-00649

Role of a Child Psychiatrist as a Consultant to a Hospital Trauma Team.
Marks, A. N.
In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 73-75, 1975.

Many hospitals have discovered the necessity of forming an interdisciplinary team to deal with the problem of child abuse. The first step in forming such a group involves the process of developing a working group with defined goals. Once role definition, trust, and mutual respect have been achieved, the tasks of development and implementation of the program and continuing education of the staff can be undertaken. Experiences in the development of such a hospital team are described.

CD-00650

John F. Kennedy Child Development Center, Denver, Colo.
The Child and His Development.
Martin, H. P.
In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Co., pp. 93-114, 1972.

Since the delineation of the battered child syndrome early in the 1960s, most work related to this phenomenon has focused on the dynamics, decreasing the resistance of professionals to report cases, protection of the life and neurologic integrity of the child, and the legal, medical, and social maneuvers to manage the child and his family. The morbidity of the syndrome is only just beginning to be studied. A large number of the children die, but an even larger number become mentally retarded, brain damaged, undernourished, and emotionally crippled. It is suggested that therapeutic goals must be broadened and methods of intervention developed to maximize the chances for the children to grow and develop into adequate healthy adults without the legacy of retardation, inadequacy, dependency, and loneliness.

CD-00651

Hospital for Sick Children, London (England). Dept. of Pediatric Surgery.
Antecedents of Burns and Scalds in Children.
Martin, H. L.
British Journal of Medical Psychology 43(1):39-47, March 1970.

A sample of 50 children (30 boys and 20 girls) treated in a British hospital for accidental burns were matched by age, sex, ethnic group, social class, and place of residence with 41 controls to delineate factors contributing to the accidents. No difference in family size or the degree of maternal employment existed between the two groups. Interviews with the parents revealed that most accidents occurred in the presence of others and involved intra- or interpersonal conflicts causing the displacement of hostility onto the burned child and a disruption of parental watchfulness. The mothers of burned children were often distracted by internal conflicts, in many cases a pregnancy which was unplanned or unwanted. In other cases conflicts between the mother and a child, either the patient or a sibling, contributed to the accident; both patients and siblings showed a higher degree of behavior problems than the controls. Such conflicts sometimes resulted in situations where the parents had delegated or otherwise relaxed

control of the burned child. The families of burned children were frequently characterized by intense sibling rivalry or else rivalry between hostile adults, which in many cases contributed to the burnings. In general, the parents of burned children were colder and more hostile toward both each other and their families of origin. 15 references.

CD-00652

John F. Kennedy Child Development Center, Denver, Colo. Symposium: Early Intervention in a Child's Life. Prevention and the Consequences of Child Abuse. Martin, H. P.; Beezley, P. University of Missouri-Columbia, Section of Child Psychiatry Symposium, 10 pp., November 1974.

The wide variation in specific personalities and intelligences in children who have been abused make it impossible to accept a simplistic cause and effect relationship in determining the consequences of abuse. However, by examining certain factors, individually, which are involved in abuse the consequences may be more easily discerned. The extent of neurologic damage (due to trauma or malnutrition), environmental factors in the home, the type and effectiveness of therapeutic intervention, and inherent potentials in the child in adapting to such an environment all contribute significantly to the prognosis for the child. Despite variations the impact on the child's development is always negative, clearly indicating the need for prevention. To effect prevention it is essential to identify and understand precipitating factors involved in abuse cases. Identifying certain characteristics in babies, the child's inclination to provoke abuse, whether the child is obviously defective, and why abusive parents have children are necessary points to understand in preventing abuse. Development of systems to improve the identification of abuse-prone families is essential in reducing the incidence of child abuse. 38 references.

CD-00653

John F. Kennedy Child Development Center, Denver, Colo. Prevention and the Consequences of Child Abuse. Martin, H. P.; Beezley, P. *Journal of Operational Psychiatry* 6(1):68-77, Fall-Winter 1974.

Four variables operational in the effect of an abusive environment on children are described. One is the consequence of central nervous system damage as the result of physical trauma or undernutrition. Secondly, such home factors as deprivation, neglect, parental emotional disorder, and family instability may have an effect. Thirdly, psychological trauma often results from therapeutic measures: hospitalizations, separations, loss of parents, and frequent home changes. Finally, variations in the child's inherent psychic equipment may occur. It is time to concentrate not simply on minimizing the effects of abuse to children, but rather to identify potential victims and prevent abuse where possible. 38 references.

CD-00654

John F. Kennedy Child Development Center, Denver, Colo. The Development of Abused Children. Part I. A Review of the Literature. Martin, H. P.; Beezley, P.; Conway, E. F.; Kempe, C. H. *Advances in Pediatrics* 21:25-44, 1974.

The abused child is at high risk for damage to the nervous system and maldevelopment of ego functions. Damages to central nervous system tissue by physical trauma accounts for the mortality and much of the morbidity. More subtle effects of the environment of the abusive home may impair neurologic, cognitive, and emotional development. The implications of these effects dictate that the child should not return to a home in which there will be continued neglect, poor nutrition, and deprivation. An environment of danger, one in which the child cannot trust his parents, is unhealthy for the developing child. Parental therapy, legal maneuvers, welfare agency policies, and medical procedures should be directed toward guarding the health and development of the growing child. 121 references.

CD-00655

Committee to End Violence Against the Next Generation. Berkeley, Calif. Corporal Punishment. Maurer, A. *American Psychologist* 29(8):614-626, August 1974.

The use of corporal punishment in the school system is largely unjustified and has led to widespread cruelty against children. It is forbidden in only 3 states and expressly permitted in 17. Part of corporal punishment's persistence stems from a mistaken reliance by its advocates on laboratory research seeming to support punishment's efficacy. These studies do not take into account the realities of educational and childrearing customs. The punishment of the laboratory, any stimulus that reduces the frequency of the behavior that precedes it, is quite different from punishment as commonly understood—with its connotations of pain and retribution and its frequent involvement of great brutality. Furthermore, in the laboratory, punishment is used to modify narrowly defined units of behavior, whereas in the field the same punishment schedules are sought to be applied to complex patterns of behavior, resulting from widely different causes and involving subtle emotional states. In general, workers in the field have condemned corporal punishment although their studies are not always controlled experiments. Punishment is rooted partly in irrational primitive beliefs including the desirability of infanticide. Violent punishment may lead to violence in the child and abnormal emotional and sexual development; its use may inhibit learning and the development of self discipline. Experiments on punishment have neither established whether the punishment practiced in schools is sufficiently graduated in its severity to be an effective teaching agent nor whether it has lasting behavioral effects. 152 references.

CD-00656

Halifax Infirmary (Nova Scotia). Dept. of Pathology. Assault and Battery of Children and Others. Maxwell, I. D. *Nova Scotia Medical Bulletin* 45(4):105-107, April 1966.

A discussion emphasizes the Canadian physician's medical responsibility to report suspected cases of child abuse; clarifies reporting and legal procedures; and suggests methods for notifying the proper authorities. Although reporting is not mandatory, hospital personnel are urged to notify the regional police office when battering is suspected. 5 references.

CD-00657

Protecting the Pre-School Child. (Book Review). Mayer, J. *Pediatrics* 38(4, part 1):702, October 1966.

Protecting the Pre-School Child, edited by Paul Gyorgy, M.D. and Anne Burgess, M.D. (Philadelphia: J. B. Lippincott Company, 1965) focuses on the nutritional needs of the preschool child and their fulfillment, particularly the problems of access to and need for high-quality protein in this age group. Solutions to the complex nutritional problems of these children will require a multidisciplinary approach to which this useful book contributes representing viewpoints of nutritionists, health educators, agriculturalists, social workers, and community development specialists.

CD-00658

Nursing Responsibility on a Child Abuse Team. McNulty, E. H. In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 69-71, 1975.

The nurse on the child abuse team can make a considerable contribution in managing cases of child abuse. She may function in identification, in dealing with the family and their feelings, in helping the parents understand normal child development, and, of course, in the physical care of the child. Mutual trust and dependence among disciplines are essential to maintaining optimum communication and adequately handle the problem of child abuse.

CD-00659

Bowling Green State Univ., Ohio. Dept. of Sociology. Child Molesting. McCaghy, C. H. *Sexual Behavior* 1:16-24, August 1971.

The incidence of sex offenses against children in the United States is estimated at over 360,000 cases annually by one authority, but a survey of 1,800 college students revealed that about one-third had childhood experiences with sexual

deviates. Coercion is estimated to be involved in about 15 percent. About half of the advances are made by family friends and relatives. Force is more likely to be applied when a stranger is involved. In cases of continued contact and in cases where force is employed there is likely to be lasting psychological damage to the child, although other factors may be causative in cases of continued contact. As a group, child molesters are extremely heterogeneous. Six types of molesters are described: the incestuous molester, the molesters who work with children, the asocial molester, the aged molester, the career molester, and the spontaneous-aggressive molester. The reaction of a parent regarding the child's experience goes a long way in determining the impact the incident will have on the child.

CD-00660

Minnesota Univ., Minneapolis. School of Law. The Battered Child and Other Assaults Upon the Family: Part One. McCoid, A. H. *Minnesota Law Review* 50:1-58, 1965-1966.

A legal discussion reviews literature on the development of the medicosocial concept of the battered child syndrome and analyzes steps taken to promote identification of abuse, specifically, mandatory reporting statutes. Numerous aspects that directly concern the physician, who is considered the person most responsible for identification and initial treatment of the syndrome, are discussed. Topics include (1) injury patterns; (2) etiology; (3) characteristics of abusing family; (4) development of reporting statutes; (5) rationale of reporting statutes; (6) factors that deter reporting; (7) definitions of reportable injuries; (8) agencies who receive reports; and (9) legal formats for reporting. Specific reporting procedures of many states are compared. Numerous references.

CD-00661

The Collaborative Aspect of the Hospital Social Worker's Role. McDonald, A. E. In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 55-59, 1975.

The hospitalization of the battered child presents the hospital social worker with an excellent opportunity for time-limited crisis intervention. During this period, collaborative efforts with other concerned persons may be as important as direct interaction with the family in working toward the goal of improved family functioning. Once a period of acute hospitalization is over, the hospital social worker's role will probably be a very secondary one in the long-range treatment of the family. However, if the hospital social worker has managed to demonstrate a spirit of caring for the battering parents as individuals and thus made it possible for them to accept help from other therapists, that contribution to treatment will have been a significant one.

CD-00662

The Care of Destitute Children in Australia. Beginnings in New South Wales.

McDonald, D. I.

Medical Journal of Australia 1(14):904-906, May 5, 1973.

An historical review discusses conditions in Orphans' Schools and the Benevolent Asylum in New South Wales prior to 1850. These schools had been founded as a ready means of rescuing children from the influence of an impoverished environment and to train them as useful citizens. While they may not have been ideal, they did represent tangible evidence of concern for these tiny victims of a frontier society. 2 references.

CD-00663

Parents' Groups in Protective Services.

McFerran, J.

In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, MacMillan Company, pp. 63-72, 1970.

The use of parent meetings as an adjunct in improving services to neglectful families is described. The meetings should be geared to the intellectual capacities, knowledge, experience, and interests of the group. These meetings have generated a wide variety of positive responses from the parents, and adoption of the idea by other casework agencies is urged.

CD-00664

Children's Hospital, Pittsburgh, Pa. Dept. of Pediatrics. **Unsuspected Trauma With Multiple Skeletal Injuries During Infancy and Childhood.**

McHenry, T.; Girdony, B. R.; Elmer, E.

In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*. Morristown, N.J., General Learning Corporation, pp. 12-17, 1974.

The hospital course of 50 children who had skeletal lesions attributed to trauma is described. There were 24 boys and 26 girls, and the racial breakdown reflected the area served by the clinic. The peak age incidence was 3 months, with 60 percent being under 9 months. Presenting complaints included disability of an extremity, skin lesions, failure-to-thrive, vomiting and diarrhea, and large head. Initial impressions of house officers did not usually include the battered child syndrome, and the correct diagnosis was entertained only after x-ray examination. A history of trauma was elicited in only 22 cases, and in 12 of these only after social service studies. A variety of long bone, rib, and skull fractures was seen radiologically. There were 14 subdural hematomas, and in the 10 of these in whom development was assessed there was evidence of retarded growth and development in 5. There were 24 anemic patients, 2 of whom required emergency measures. Three infants died in the hospital. Family information derived from interviews with the parents was characterized by parental failure, immaturity, and inability to assume responsibility as well as other psychosocial afflictions.

Continued injury was experienced by some of the children after release from the hospital. 14 references.

CD-00665

A Case Study of Child Abuse: A Former Prosecutor's View. McKenna, J. J.

American Criminal Law Review 12(1):165-178, Summer 1974.

The first degree murder conviction of a woman for the death of her 9-year-old stepdaughter illustrates the drawbacks and advantages of involving the criminal justice system in cases of child abuse. The girl, the fourth oldest child in a family of 8 children of several previous marriages, died several days after her stepmother "treated" her infected feet with caustic household chemicals. The stepmother apparently resented the precocious, unmanageable girl's attraction to her passive, mentally deficient father. In contrast to the majority of child abuse cases, the detection of the abuse was relatively easy because of the plethora of relatives who had observed the stepmother's mistreatment, (and talked) and because of the unusual nature of the girl's injuries. Nevertheless, obtaining a conviction presented a number of difficulties. The prosecution's prime witnesses, all members of the defendant's family, were frequently reluctant to impute guilt to the defendant's acts; in the case of other children, questioning had to be abandoned to avoid psychological harm. Photographic evidence of the deceased's bizarre injuries were admitted only over strenuous objection that they were prejudicial. Jury selection, although not especially difficult in this case, could have been made prohibitive by the kind of intense pretrial publicity that resulted in another case in an indictment for a child's death even before the ultimately exculpatory autopsy had been performed. The first degree murder conviction here was obtained on a theory of felony-murder, that is, the homicide has resulted in the course of a felony (here mayhem), which obviated the need for the prosecution to prove the defendant's intent to kill. Such a theory has rarely been used in child abuse cases. Contrary to the opinions of some social scientists, criminal prosecution can play an important role in the overall treatment of child abusers, particularly in severe cases. Not only can conviction satisfy society's need for retribution and deterrence, but the threat of prosecution can enforce participation in other forms of rehabilitation. The defendant was also indicted under the Maryland law requiring mandatory reporting to the police and social service authorities of suspected physical injuries due to cruel or inhumane treatment or malicious acts against children and setting penalties for inflicting such injuries. The family reported here had had previous contact with social service authorities. 45 references.

CD-00666

Florida Univ., Gainesville. Dept. of Clinical Pharmacy.

Child Abuse--What the Pharmacist Should Know.

McKenzie M. W.; Stewart, R. B.; Roth, S. S.

Journal of the American Pharmaceutical Association 15(4):213-217, April 1975.

A review aimed toward pharmacists covers the history of child abuse beginning in the 19th century, Kempe's definition of the battered child, and the incidence of abuse which is conservatively quoted as between 200,000 and 250,000 cases annually in the United States. The triad of a potentially abusive parent, a special child, and a precipitating crisis is mentioned, and characteristics which have been attributed to abusing parents are listed. The types of abuse and neglect inflicted upon children and the high rate of mortality and morbidity are discussed. Treatment and prevention are considered in terms of child protection, rehabilitation of the parents, and detection of cases before abuse actually takes place. The pharmacist has an opportunity to identify many cases of physical abuse of children if he is aware of the common presenting signs and the frequently encountered parental behavior in such cases. The pharmacy, may be visited for purchase of first aid materials for the treatment of cuts, bruises, burns, and other injuries. Pharmacists should maintain a high level of suspicion and report suspected cases. 29 references.

CD-00667

Children's Hospital, Winnipeg (Manitoba). Child Development Clinic.

The Battered Child Syndrome.

McRae, K. N.; Ferguson, C. A.; Lederman, R. S.

Canadian Medical Association Journal 108(7):859-866, April 7, 1973.

Problems of diagnosis, prevention, and follow-up are discussed for 132 abused children treated between 1957 and 1971. Statistics show age distribution, type of abuse, incidence, medical problems exclusive of abuse, the child's role in provoking abuse, and deaths of siblings. The preventive aspects of cases are emphasized and general management (including child placement) of cases within the family setting is discussed. 7 references.

CD-00668

Vanderbilt Univ., Nashville, Tenn. Dept. of Surgery.

The Neurosurgical Aspects of the Battered Child.

Meacham, W. F.

Southern Medical Bulletin 58(3):33-36, June 1970.

A physically abused child often suffers soft, blunt head trauma inflicted by the parent's hand. External signs are often minimal and include subperiosteal swelling (which is quite difficult to detect), superficial hematoma resulting from bleeding beneath the galea, and painless mastoid ecchymotic discoloration (often indicative of a fracture). Concussion, contusion, and intracranial bleeding may occur with little or no external evidence. Subdural hematoma is a common consequence of trauma and may be recognized by behavioral abnormalities, head growth, swollen fontanel, retinal hemorrhaging, and sunset eye, and confirmed by subdural tap. The condition is usually treated by subdural taps, but persistent cases may require surgical removal of some membranes, or a shunting procedure. Nontraumatic

origin of subdural hematoma is usually obvious from the history. In rare cases, trauma produces rupture of (usually) the middle meningeal artery creating an extra-dural hematoma. Unless immediate measures are taken to evacuate the hematoma and secure the artery, paralysis and death rapidly occur. Head trauma in infants rarely produces linear skull fractures, since the infant's skull is relatively soft. Where they do occur, they are evidence of great impact. A depressed fracture of the skull sometimes occurs in the very young. It can usually be elevated without difficulty and only where the presence of concussion or contusion produces the "tight brain" syndrome is there great danger. Rarely, a skull fracture will be coupled with a dural tear producing a persistent growing fracture, which may cause neurological difficulties. Compound fractures generally require surgical debridement; if pneumocephaly is present antibiotic treatment is indicated. Where a physician suspects that an injury is due to parental abuse he should examine the child for other diagnostic injuries including old and new radiographic lesions. He should then make a tactful inquiry about the injuries, report the matter to the appropriate committee, and sequester the child.

CD-00669

Medical Journal of Australia.

The Battered Baby Syndrome: Some Practical Aspects. (Editorial).

Medical Journal of Australia 2(7):231-232, August 17, 1974.

Australia has been cognizant of the child abuse problem since 1964 and has partially responded to it. Among the Australian states, only South Australia and Tasmania have adequate reporting and protection legislation; the others are still embroiled in debate over the desirability of mandatory reporting. A multidisciplinary team with strong legal representation seems to be a good approach. Studies have shown that hospital personnel and social workers rather than general practitioners report most abuse, but that with adequate education the signs of abuse can be clearly recognized. Prevention of child abuse using nonprofessional mothering aides and hotlines remains an interesting possibility. 12 references.

CD-00670

Medical Journal of Australia.

Whiplash Injury in Infancy. (Editorial).

Medical Journal of Australia 2:456, August 28, 1971.

Subdural hematoma, even in the absence of direct head injury, is a distinctive feature of child abuse, occurring in approximately half of the reported cases. It is caused by sudden differential movement of the skull rupturing the delicate bridging veins running from the cerebral cortex to the venous sinuses. The injury is often bilateral. A diagnosis of child abuse should be considered whenever infantile subdural hematoma is observed.

CD-00671

Medical Society of New Jersey, Trenton. Special Committee on Child Health.
 Medical Management of Child Abuse.
Journal of the Medical Society of New Jersey 69(6):551-553, June 1972.

A summary of pertinent facts relating to the battered child syndrome is presented. All socioeconomic strata are affected, with slightly more males than females being injured. Perpetrators are usually parents in their twenties. Typical multiple lesions are described, as well as characteristic historical clues. Skeletal series, blood coagulation studies, and photographs of the child are indicated. Abusing parents frequently have a history of childhood abuse, expect too much from their offspring, and are isolated, frightened, unhappy, or deprived. Many of them are afraid of themselves and want to leave the child. Parents should be approached without castigation, and psychiatric help should be obtained when indicated. Prompt local reporting should be carried out, with assistance from the local law enforcement officials in urgent situations, involving safety of the child. Physicians may be requested to make a court appearance, and should in such instances be well prepared to offer accurate medical testimony. Reporting should be to the Bureau of Children's Services; immunity is unqualified.

CD-00672

Medical World News.
 Drug Addiction: Spot It Early. (Consultation).
Medical World News 13(44):25, 29-30, 32-33, November 24, 1972.

A forum on drug addiction, particularly in young people, covered signs for early detection, the complication of pregnancy and effect of addiction on the infant, action in emergency cases of overdose, the differences between heroin and methadone, the efficacy and ethics of urine tests, the signs of amphetamine use, and withdrawal from amphetamines. The depressant drugs and the hallucinogens are also discussed, and recognition and treatment of the unconscious patient with an overdose is described.

CD-00673

Medical World News.
 Child Battery: Seek and Save. (Consultation).
Medical World News 13(22):21,25,28,32-33, June 1, 1972.

A panel of recognized experts in the field of child abuse comments on a wide variety of questions dealing with this phenomenon. Unusual history, repeated injuries, and X-ray findings may be the first clues to cases of abuse. Almost anyone can be a battering parent, including physicians. Parents with deficient mothering as children, parents who expect too much gratification from their children, parents of unwanted children, and parents who view the child as different from the others are more likely to batter, but abuse of wanted children is also common. More affluent parents are less likely to be recognized as abusers than those

living in economically run-down situations. Lay therapists in the form of foster grandparents have proved most useful in supplying the all-important ingredient of mother love. Crisis nurseries have a most important role in prevention of child abuse incidents. Other important avenues open to prevention include a higher degree of suspicion on the part of physicians, special attention to the parents with characteristics which classify them as risk, greater education, and establishment of groups such as Parents Anonymous.

CD-00674

Current Circumstances of Former Foster Children.
 Meier, E. G.
 In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, MacMillan Company, pp. 274-288, 1970.

A followup study was conducted among 82 men and women between the ages of 28 and 32 who had experienced 5 or more years of foster family care under public and private agency supervision in Minnesota and who had not returned to their own homes as children. There were 34 men and 48 women. Although the sample was small, and although information in all categories was not present for each subject, some comparisons with the general public were attempted. The data suggest a higher incidence of marital breakdown and a higher proportion of illegitimate births in the study group, but almost all of them were self-supporting and more than half of the group were buying their own homes. None of the legitimate children born to the group had been placed in foster care. In contrast to their parents, very few of the subjects in their recent adult life had been the targets for interventive acts because of unacceptable behavior. The vast majority have found places for themselves in their communities and are indistinguishable from their neighbors. They do not always consider themselves as indistinguishable, because they remember that, as foster children, they were different from their peers. 12 references.

CD-00675

Michigan State Univ., East Lansing. Dept. of Psychology.
 Distinctive Personality Attributes of Child-abusing Mothers.
 Melnick, B.; Hurley, J. R.
Journal of Consulting and Clinical Psychology 33(6):746-749, December 1969.

To explore hypotheses derived from contemporary child-abuse writings, groups of 10 abusive (A) and 10 control (C) mothers, matched for age, social class, and education, were compared on 18 personality variables. Most subjects were lower class Negroes. Group A differed reliably from the C group by scoring higher on TAT pathogenicity and dependency frustration, but lower on TAT need to give nurturance, self-esteem (California Test of Personality), Manifest Rejection, and family satisfaction (Family Concept Inventory). These findings are inconsistent with contemporary descriptions of abusive mothers as being chronically

hostile, overwhelmed by maternal responsibilities, domineering participants in a power struggle, or as normal personalities overwhelmed by social stresses. Characteristics of Group A are an inability to empathize with their children, severely frustrated dependency needs, and a probable history of emotional deprivation. 3 references.

CD-00676

Memphis State University Law Review.
 Better Protection for the Defenseless. Tennessee's Revised Mandatory Child Abuse Reporting Statute.
Memphis State University Law Review 4:585-593, 1974.

The 1973 revision of the 1965 Tennessee child abuse reporting law offers many advantages over the previous statute: guarantees of immunity and confidentiality, the waiver of testimonial privileges, the abolition of accusatory reporting, and the establishment of central registries. Theoretically it is a creditable case finding device. Its ultimate effectiveness depends most importantly on public concern; legislation alone will not eradicate abuse and neglect. Numerous references.

CD-00677

Topeka State Hospital, Kans.
 Why Do We Hate Children?
 Menninger, W. W.
 In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 25-37, 1975.

Children operate on a pleasure principle, one that is self-centered, aggressive, impulsive, loving and often demands gratification from parents or adults. However, children eventually become oriented to a different principle of operation which sets aside immediate gratification and regulates their behavior for the benefit of everyone. Although this reality principle is generally in control for rational adults, the pleasure principle with its attendant emotions can surface at any time, particularly in dealing with a trying child. It is easy to envy the child's irresponsibility. Parents often attribute their own shortcomings to the child as an extension of themselves, justifying their own outbursts. Parental personalities, the child's own nature, and a number of environmental factors also determine whether or not the child will be abused. Still the U.S. has few well developed programs that deal with children before they become badly disturbed or disruptive. Usually, programming focuses upon treatment, rather than prevention. There are a number of possible approaches to this problem but first a genuine commitment to change for children and youth must be made. 7 references.

CD-00678

Reporting of Abused or Battered Children.
 Merrill, E. J.
Journal of the Maine Medical Association 56(1):119-120, January 1965.

The major purpose of a new law in Maine is to require mandatory reporting by physicians and institutions in cases where there is reasonable cause to believe that a child under 16 years of age has had physical injury inflicted upon him by other than accidental means. The law clearly states that abuse should be reported to the Division of Child Welfare, Department of Health and Welfare, and the county attorney. Immunity from liability is granted to those reporting or those involved in subsequent judicial hearings. The goal of this law is to provide protection for the child, not punishment of the parents.

CD-00679

Social and Rehabilitation Service (DHEW), Washington, D.C.
 Double Trouble: The Child Injured by Abuse.
 Meyer, R. J.
 In: *Professional Papers: Child Abuse and Neglect*. Chicago, National Committee for Prevention of Child Abuse, pp. 194-201, 1973-1974.

A review of child abuse studies indicates some relationships between childhood injury and abuse, and suggests concepts and resources necessary to increase protection of the child. Stress in the family situation is a determining factor of child abuse. Frequent causes of this stress are family imbalance, unplanned parenthood, and prematurity. Successful prevention or treatment of the problem of child abuse can be achieved by increased medical and community awareness, and more reliable coordination of responsible agencies. 22 references.

CD-00680

Yale Univ., New Haven, Conn. Dept. of Pediatrics.
 Hospital Combats Neglected Health Crisis.
 Meyers, A.; Cooper, C.; Dolins, D.
Hospitals 48(17):46-49, September 1, 1974.

Further development of the DART program (Detected, Admitted, Reported, Taken from the home) at Yale-New Haven Hospital is reviewed, and more recent developments and refinements of the program are summarized. The DART committee is concerned not only with those children covered by the Connecticut law, but also those who have had repeated "accidental" toxin ingestion, those in families with poor medical compliance, those born addicted to heroin, methadone, or alcohol, those who appear in the emergency room with vague complaints or severe parental anxiety or evoke suspicion of neglect, and those who have siblings who die under questionable circumstances or are known to have been maltreated. These children are considered to be at risk and are included in the DART registry. The emergency room head nurse is now a committee member, and ongoing educational programs for all house staff and conferences on the battered child for other departments are part of the improved program. Attempts are being made to evolve a model program within the county, and a local Parents Anonymous group has been established. 5 references.

CD-00681

Univ. Hospital, Iowa City, Iowa. Dept. of Pediatrics.
Follow-up Study of Abused Children Reported From
University Hospitals.

Michael, M. K.
Journal of the Iowa Medical Society 52(5):235-237, May
1972.

A study of reported child abuse at University Hospitals,
Iowa City, included 28 cases, 17 boys and 11 girls, seen
between October 1965 and December 1969. Eighty-five
percent of the children were under 2 years old and came
from lower income families. Based on results from this
study, 7 suggestions for remedying the child abuse problem
in Iowa are offered: (1) family planning clinics; (2) a
central registry; (3) follow-up reporting to courts; (4)
consultation teams; (5) complete reporting; (6) additional
studies; and (7) family life education. Discussion of the
Iowa child abuse law explains the information needed in a
report and reveals that 455 cases were recorded between
1967 and 1969. 2 references.

CD-00682

Michigan Univ., Ann Arbor. Dept. of Psychiatry.
The Prediction of Adolescent Homicide: Episodic Dyscon-
trol and Dehumanization.

Miller, D.; Looney, J.
American Journal of Psychoanalysis 34(3):187-198, Fall
1974.

Several studies have described syndromes in adolescents
said to presage violent behavior and murder in particular.
These theories have emphasized as causative factors both
underlying weaknesses in the offender's ego development
and precipitating stresses. Attempts to predict which
adolescents will ultimately be responsible for homicides
suggest that the factor distinguishing the murderer from the
merely violent person is the former's capacity to dehu-
manize others. Three syndromes have been described. In
the first (high risk), the potential murderer is incapable of
perceiving others as individuals, seeing them instead as
objects to be inconsequentially destroyed when they tend
to frustrate him. In the second (also high risk), a specific
external stress stimulates the murderer's inner conflicts; he
projects the undesirable aspects of the conflict onto the
victim (thus dehumanizing him) and in this state of episodic
dyscontrol kills. The third syndrome (low risk) is a variant
of the second in which episodic dyscontrol occurs only
with the encouragement of others, as, for example, in a
street gang slaying or wartime massacre. Life histories of
some murderers include brutality inflicted on them by their
parents. 25 references.

CD-00683

North Carolina Univ., Chapel Hill. School of Nursing.
Community Action and Child Abuse.

Miller, M. B.
Nursing Outlook pp. 44-46, March 1969.

A discussion explains the formation of a community child
abuse awareness program in a North Carolina community.
Public health nurses designed the project in order to clarify
child abuse reporting procedures to the community. Atten-
tion was drawn to the problem through radio and television
exposure and personal letters sent to community profes-
sionals. Comparative statistics 3 months after program
initiation reveal an increase in the number of reported
cases. 2 references.

CD-00684

Springfield Coll., Mass. Div. of Arts and Sciences.
Emergency Child Care Service: The Evaluation of a Project.
Miller, M. K.; Fay, H. J.
In: Leavitt, J. E. (Editor). *The Battered Child. Selected
Readings*. Morristown, N.J., General Learning Corporation,
pp. 35-37, 1974.

During the first year of operation, the Springfield, Mass.,
Emergency Child Care Committee serviced a total of 42
requests; most requests came between 5 p.m. and midnight
and one-fourth were received on Saturdays. Of the 42
requests, 32 came from the police department. The
committee operated during times when other agencies were
not available (nights, weekends, holidays); its services
would have been provided by other agencies had they been
open at the time. Minimum intervention was practiced, and
8 cases were handled by telephone alone. In 23 cases
children were abandoned, in 9 the mother had an emer-
gency operation, and in 7 the mother was arrested. Children
were removed from the home in 15 cases. (The legality of
procedures in cases of removal from the home was not
completely clarified.) The presence of a caseworker at the
scene of an emergency was considered one of the program's
strengths. 7 references.

CD-00685

Working With Abusive Parents. A Caseworker's View.
Mitchell, B.
American Journal of Nursing 73(3):480-483, March 1973.

The Protective Service of the Child Welfare Bureau is
responsible for insuring the safety and reasonable well-being
of children, while preserving the family and enlisting the aid
of the parents, whenever possible. Referrals come from a
variety of medical, educational, and private sources, and
mandate an investigation within 48 hours. Most cases can
be disposed amicably by establishing rapport with the
affected family and calling in the appropriate supportive
services. Nevertheless, the threat of juvenile court proceed-
ings may at times be necessary to goad stubborn parents
into responsible action. Most protective service referrals
concern low-income families. Abuse often results from
overwhelming life circumstances rather than malice.

CD-00686

North Carolina State Board of Public Welfare, Raleigh. Div.
of Public Assistance.

Providing Preventive and Protective Services to Children in
a Public Welfare Agency.

Mitchiner, M. J.
In: Leavitt, J. E. (Editor). *The Battered Child. Selected
Readings*. Morristown, N.J., General Learning Corporation,
pp. 161-164, 1974.

Responsibility to the total family is the hallmark of the
North Carolina public welfare program. In addition to
developing a plan for each dependent child, the law requires
coordination between public assistance and child welfare.
The caseworker must have a knowledge of agency function
and overall policy, agency and community resources, public
assistance policy, methods for establishment of eligibility
for public assistance, dynamics of human behavior and
family relationship, and child growth and development. The
general caseworker has much to learn from the child
welfare worker in the area of protective service. Careful
definition of public assistance and child welfare and a wise
use of all community resources are basic means by which to
achieve the goal of adequate preventive and protective
service in behalf of children. 2 references.

CD-00687

Johns Hopkins Hospital, Baltimore, Md.
Pain Agnosia and Self-injury in the Syndrome of Reversible
Somatotropin Deficiency (Psychosocial Dwarfism).
Money, J.; Wolff, G.; Annecillo, C.
Journal of Autism and Childhood Schizophrenia
2(2):127-139, April-June 1972.

Hospital and social service records of 32 patients, 23 boys
and 9 girls, with reversible behavioral symptoms in a
syndrome of dwarfism characterized by reversible inhibi-
tion of growth in stature are surveyed and discussed. In 22
of these cases severe physical punishment or abuse had
occurred in the original home environment. When first seen,
the patients ranged in age from 22 months to 16 years and
2 months. After initial hospitalization, they were dis-
charged to a convalescent home and then to foster homes
to experience a prolonged change of domicile and thus
continue to grow. Changes in domicile from adverse
environments, where growth failure began and persisted, to
ameliorative where catch-up growth took place covaried
significantly with decreased incidence of physical injury,
severe physical punishment or abuse, self-inflicted injury,
and behavior indicating pain agnosia. It is suggested that
self-injury may counteract cognitional starvation under
conditions of sensory deprivation when self-inflicted injury
and pain agnosia coexist. Pain agnosia and related syn-
dromes are briefly reviewed. 27 references.

CD-00688

Montana State Dept. of Social and Rehabilitative Services,
Helena. Child Welfare Service Bureau.

Montana Laws Relating to Abused, Neglected and Depen-
dent Children or Youth.

Montana State Dept. of Social and Rehabilitative Services,
Helena, (Sect. 10.1300-.1322), 9 pp., (undated).

The Montana statute dealing with child abuse requires
reporting by physicians, nurses, teachers, social workers,
attorneys, law enforcement officers, and others who have
reason to suspect abuse of any child under 18 years of age
by any parent, guardian, or custodian. The act provides
immunity from liability for reporters, and specifies that the
report should be made promptly to the department of
social and rehabilitation services, its local affiliate, and the
county attorney of the county in which the child resides;
names, addresses, and details of physical findings are to be
included. A thorough investigation of the home follows
receipt of the report, and provision is made for emergency
protective services. The county attorney handles all filing of
petitions, and he may request any investigations and reports
he deems necessary. If after a hearing the child is found to
have been abused, dispositions of a wide variety are open to
the court, ranging from return to the home to commitment
to the Montana Children's Center. The law also provides
some regulations regarding foster home operation and
payment for foster care.

CD-00689

Alston, Miller, and Gaines, Atlanta, Ga.

Reporting of Child Abuse.

Moore, J. L.
Journal of the Medical Association of Georgia
55(1):328-329, January 1966.

Details of the 1965 Georgia statute on child abuse are
summarized. Reporting is required of health personnel in
suspected abuse cases involving children under 12 who have
been physically injured by a parent or caretaker. Reports
should be telephoned immediately to a child welfare agency
providing protective services or to an appropriate police
authority, and should be followed by a written report with
particulars regarding persons involved and nature of in-
juries. Immunity is provided for claims made in good faith.
Objections to the statute include an insufficient concern for
siblings, and the possibility that mandatory reporting may
deter the parents from seeking medical assistance.

CD-00690

A Look at the Disintegrating World of Childhood. (Edito-
rial).

Moore, P.
Psychology Today 9(1):32,34,36, June 1975.

A disintegration of the family structure in our society is
viewed as a major factor in the failure of children to
develop fully. Divorce rates, working mothers, and single-
parent families sharpen the intensity of the problem. Infant

mortality, especially among nonwhites, is another example of the problem, and abuse, and even murder, of children is on the rise. One solution to the problem might be the creation of flexible work schedules, so that a mother might work part time and yet be home when the children return from school.

CD-00691

Puerto Rico State Dept. of Social Services, Santurce.
Evaluation Plan for the Child Abuse and Neglect Demonstration Unit, Bayamon, Puerto Rico.
 Moreno, N.
 Puerto Rico State Dept. of Social Services, Santurce.
 Research and Evaluation Div., 20 pp., 1973-1974.

An evaluation plan for the Child Abuse and Neglect Demonstration Unit at Bayamon, Puerto Rico, is outlined. Its general goals are to determine the relative effectiveness of 2 models for reducing the incidence of child abuse and neglect and improving family functioning (the traditional model currently being used by the Department of Social Services and the model adopted by the Bayamon Child Abuse and Neglect Demonstration Unit), and to determine whether the department should institute the demonstration model island wide. Details of differences in the 2 plans are outlined in the following categories: service personnel, case load, special services offered in cases of abuse-neglect, intensity and frequency of worker intervention, methods of service delivery, supervision and inservice training, community education, and coordination.

CD-00692

The Place of Family Planning.
 Morgan, D.
 In: Franklin, A. W. (Editor). *Concerning Child Abuse.* Edinburgh, Scotland, Churchill Livingstone, pp. 71-72, 1975.

Giving family planning advice to battering families requires a sensitivity to the family's attitudes. Home visits are necessary since these people rarely seek advice on their own initiative nor are they willing to attend the clinic. The first visit is casual, and on the second visit the doctor can dispense information about the methods of birth control available. An interview with both members of the couple present is advantageous. The relationship with the doctor must be a continuing one, and subsequent visits should be made at regular intervals.

CD-00693

Children's Hospital of Philadelphia, Pa. Social Work Dept.
Toward Prevention of Child Abuse.
 Morris, M. G.; Gould, R. W.; Matthews, P. J.
 In: Leavitt, J. E. (Editor). *The Battered Child, Selected Readings.* Morristown, N.J., General Learning Corporation, pp. 232-237, 1974.

It is suggested that parents of neglected or abused children can be categorized into 3 main groups: (1) those readily

responsive to treatment by the hospital team; (2) those readily responsive to a combination of hospital and community services; and (3) unresponsive parents whose children are in acute danger. Demarcation is not sharp, and some of the criteria are matters of degree. Factors involved include the parent's ability to withstand frustration without self-disintegration; the soundness of parental motivation, flexibility, and capacity for learning and assuming or resuming responsibility for the child's growth and development; the degree of the parent's reality testing capacity; the seriousness of the child's symptoms; and the seriousness of the parent's reality situations. In relation to these broad evaluations of the parent, a detailed list of kinds of appropriate questions to be investigated by the social worker is presented and case material illustrative of each area is cited. New uses and new combinations of old services are suggested for the prevention of future abuse. 12 references.

CD-00694

Saint George's Hospital, London (England).
A Battered Baby With Pharyngeal Atresia.
 Morris, T.M.O.; Reay, H.A.J.
Journal of Laryngology and Otology 85(7):729-731, July 1971.

A case report of a 7-month-old girl with difficulty in breathing, a history of feeding difficulties, and 2 broken ribs is presented. Child abuse was suspected, as the child's older sister had died at 3 months of unexplained fractures of the skull and humerus. In following months numerous procedures (reported in detail) were performed to remove pharyngeal obstruction, during which the child gradually recovered and gained weight. Three months later the child was readmitted with a broken femur but respiration and feeding were normal. A review is presented of possible cause-and-effect relationships between battering and pharyngeal defects. In cases where battering is involved it is sometimes difficult to tell if the defect is congenital or of traumatic origin. 4 references.

CD-00695

Rochester Univ., N.Y. Dept. of Psychiatry.
A Three-Year Follow-up Study of Abused and Neglected Children.
 Morse, C. W.; Sahler, O.J.Z.; Friedman, S. B.
American Journal of Diseases of Children 120:439-446, November 1970.

Twenty-five children under 6 years of age from 23 families were studied approximately 3 years after hospitalization for injuries or illnesses judged to be sequelae of abuse or gross neglect. During this followup period, approximately one-third of the children had again been suspected of being the victims of physical abuse or neglect. An assessment of intellectual, emotional, social, and motor development disclosed that 70 percent of the children were judged to be outside of normal range, though often mental retardation or motor hyperactivity was thought to have preceded the abuse. Parents frequently perceived the abused children as

problem children different from their siblings, and often felt inadequate to cope with them. An evaluation was made regarding the type and effectiveness of intervention by community agencies. Medical assistance and practical suggestions for providing better family care, as exemplified by nursing agencies, seem the most useful form of aid and are vitally needed. 10 references.

CD-00696

Northwest Community Mental Health Center, Philadelphia, Pa.
Surrogate Mother-Child Relationships.
 Moss, S. Z.; Moss, M. S.
American Journal of Orthopsychiatry 45(3):382-390, April 1975.

A surrogate mother and her child need to work through the meaning of loss and reattachment, a central process to the development of a viable bond. The relationship is not unique, other examples being found in remarriage after divorce or death of a spouse, or the new pseudoparent-child relationship of in-laws. The dynamics of the relationship surrogate relationship are also encountered in such interactions as those involving the substitute teacher, the summer camp counselor, and a change in therapist. The attitude of the child and of the surrogate are forever mediated by the image of the original mother. 25 references.

CD-00697

Offences of Criminal Violence, Cruelty and Neglect Against Children in Lancashire.
 Mounsey, J.
 In: Franklin, A. W. (Editor). *Concerning Child Abuse.* Edinburgh, Scotland, Churchill Livingstone, pp. 127-130, 1975.

In this policeman's view nonaccidental injuries is a polite term for murder, attempted murder, manslaughter, infanticide, child destruction, wounding, assaults, and cruelty to children and young persons. In the Lancashire jurisdiction a survey of reported cases indicates that physicians and social agencies had a very low rate of reporting. Since the incidence of child abuse continues to rise, it is apparent that current preventive measures are ineffective. It is suggested that unilateral action by the police occurs all too often because of the lack of cooperation by the other agencies involved. It may be necessary to legislate mandatory reporting if voluntary reporting cannot achieve satisfactory results.

CD-00698

British Columbia Univ., Vancouver. Dept. of Surgery.
Subdural Effusions in Infants.
 Moyes, P. D.
Canadian Medical Association Journal 100(5):231-234, February 1, 1969.

Over a 10-year period between 1958 and 1968, 60 children, most under 1 year of age, were treated for subdural hematoma. Birth trauma and post-meningitic effusion accounted for most of the case (17 and 18, respectively), with child abuse representing 4 cases. Symptoms included irritability, failure to thrive, other behavior abnormalities, fullness and tenderness of the anterior fontanelle, setting sun appearance of the eyes, and hemorrhages of the fundi. Diagnoses were confirmed by radiological evidence of skull expansion or fracture and subdural taps showing fresh blood or an elevated protein content. Evacuation of the effusions was carried out by burr hole (28 cases), shunt (27 cases), or more rarely craniotomy with removal of tissues or subdural tap. Good results were obtained in 47 cases; significant residual deficits resulted in 10; and there were 3 deaths. Complications included secondary hydrocephalus, infection, and psychological impairment. The severity of the initial injury, and the promptness of treatment affected the outcome. 13 references.

CD-00699

Syracuse City School District, N.Y. Dept. of Health Services.
The Abused Child and the School System.
 Murdock, C. G.
American Journal of Public Health 60(1):105-109, January 1970.

Increased public attention to the abused child has initiated child abuse legislation in all 50 states and augmented the school's role in detecting and reporting suspected cases. In New York, a 1964 law makes it mandatory to report suspected cases of child abuse. Syracuse schools are cited as an example of an educational agency's approach to the problem of the battered child. An average of 20 cases per year are referred from schools to the children's division of the county welfare department. A sample reporting form is presented, and tables show the age of the children, who reported, and case disposition during a 4-year period. Possible difficulties in forming school reporting programs are discussed and guidelines established by the Committee on Infant and Pre-school Child of the American Academy of Pediatrics are included. 6 references.

CD-00700

London Hospital (England). Dept. of Ophthalmic Surgery.
Ocular Damage in the Battered Baby Syndrome.
 Mushin, A. S.
British Medical Journal 3:402-404, August 14, 1971.

Twelve out of 19 battered babies seen with ocular damage had permanent impairment of vision affecting one or both eyes. Ocular disease, especially retinal hemorrhage, is common in the battered-baby syndrome, and infants with this condition should always have a complete ophthalmic examination. In most cases, retinal hemorrhaging is minimal and undergoes complete resolution. However, in a substantial number of cases, macular scarring, retinal detachment, and Coat's disease have been observed. Hemorrhaging is often associated with subdural hematoma. 10 references.

CD-00701

Institute of Ophthalmology, London (England). Dept. of Pathology.

Ocular Injury in the Battered Baby Syndrome. Report of Two Cases.

Mushin, A.; Morgan, G.

British Journal of Ophthalmology 55:343-347, 1971.

Childhood ocular injuries resulting from physical abuse are easily confused with pseudoglioma, Coat's disease, lens dislocation, and any form of intraocular hemorrhage. Ocular pathologists may be the first to recognize that these lesions are of a traumatic origin. Two detailed case histories of child battering illustrate commonly seen eye injuries. 11 references.

CD-00702

Lafayette Clinic, Detroit, Mich. Dept. of Psychiatry.

Maternal Filicide.

Myers, S. A.

American Journal of Diseases of Children 120:534-536, December 1970.

Of a total of 83 preadolescent victims of felonious homicide in the city of Detroit from the year 1940 to 1965, 35 were slain by their mothers. In the vast majority of instances, these mothers were judged to be overtly psychotic at the time of the act, most frequently suffering from a psychotic depression. A considerable number appear to have been schizophrenic. Psychoses were marked by anorexia, insomnia, guilt-feelings, a resistance to outside "interference," and the conviction that the child was in some way defective. Immaturity, masculinity, and oedipal conflicts were observed among the mothers. However, no discreet postpartum psychosis could be discerned. Non-psychotic mothers killed mostly out of impulsive rage or matter of factly to rid themselves of the burden of having a child. The former motive also characterized filicidal fathers, whereas the later characterized the murders of neonates. Most mothers were hospitalized and most fathers were imprisoned. Among filicidal mothers, 5 of 12 suicide attempts were successful. Mothers tended to be young and married; they frequently killed youngest or only children but sometimes killed entire sibships. Asphyxiation and beating were the most frequent methods of filicide. 6 references.

CD-00703

Ohio State Univ., Columbus. Dept. of Sociology and Public Policy.

The Structure and Performance of Programs on Child Abuse and Neglect. A Research Plan.

Nagi, S. Z.

Prepared for: Office of Child Development (DHEW), Washington, D.C., 33 pp., January 1974.

A proposal has been submitted to the Office of Child Development to conduct interviews among the child abuse and neglect programs most accessible to a national sample of households to evaluate the influence of their structures

of their performance. In addition, a small sample of outstanding or unique programs will be subjected to more intensive interviews. A model of program function and recommendations for improvements will be derived. Seven types of agencies and professions participating in child abuse programs will be studied: child welfare agencies, juvenile courts, prosecuting attorneys, the police, hospitals, public health nurses, and schools. Each organization will be examined in light of several general issues of the child abuse problem: (1) the punitive or therapeutic orientation of the program; (2) the extent to which the program places individuals in conflicting punitive-therapeutic roles; (3) the program definitions of abuse and neglect and their sufficiency in safeguarding the respective rights of the child and the parents; and (4) the level of sophistication of the program's medical, service, and administrative technologies. Special notice will be taken of the degree to which the various programs fragment the child abuse problem and the degree and types of interagency coordination used. Structural variables include size, specialization, localization and centralization of decision making, staffing (especially with respect to coordination), development, duration, and constraints. Performance will be evaluated by comparing the actual services provided with the ultimate goals of the prevention of child abuse and neglect and the alleviation of its consequences and several intermediate goals. 23 references.

CD-00704

Ohio State Univ., Columbus. Dept. of Sociology and Public Policy.

The Structure and Performance of Programs on Child Abuse and Neglect. Interim Report. Child Abuse and Neglect Programs--A National Overview.

Nagi, S. Z.

Prepared for: Office of Child Development (DHEW), Washington, D.C. 16 pp., March 1975.

A total of 1,969 interviews were conducted among judges, physicians, law enforcement officers, caseworkers, and others in agencies related to child abuse and neglect in a nationwide survey in 1972-73. Extrapolating from the Florida data, it is estimated that there were 925,000 reportable cases nationally in that year, of which approximately 600,000 were reported. Substantiated abuse or neglect might be expected in 555,000 cases. Reporting to protective agencies was highest from police departments, followed by public health departments, hospitals, private physicians, and schools. The low rate of physician reporting was attributed to not wanting to get involved. The highest rate of temporary placement was in foster homes, but a large number of communities reported a shortage of such facilities. There was general agreement that it is often difficult to decide when a child should be removed from the home and when he should be allowed to return, and in general a considerable amount of variation was encountered in decision-making. The prevalence of abuse centers, teams, and other interagency mechanisms was associated with the volume of cases reported. The level of participation in such coordinating groups was highest for the protective services

and lowest for hospital medical personnel. When asked to evaluate the effectiveness of their own agencies, the police were most optimistic and public health departments most pessimistic; both agencies responded similarly when asked to evaluate the effectiveness of other agencies in the community. Regarding ineffectiveness, counseling was the service most often reported lacking in all agencies; home support, placement facilities, and financial support were also frequently cited. 8 references.

CD-00705

Nation.

Children in Peril. (Editorial).

Nation 214(10):293-294, March 6, 1972.

A 1972 ABC television documentary explodes many of the myths surrounding child abuse. Abusive parents are not necessarily poor or black. White middle-class abuse tends to be underreported because private physicians are reluctant to make a diagnosis of child abuse or follow up. Abundant child abuse is found even in highly disciplined military and police families. Abusive parents are often psychotic or have themselves been abused as children. Preventive measures are known for child abuse but funds are generally lacking to carry them out, partly because of public hostility to social welfare programs. Typical of this latter point is President Nixon's veto of the 1971 Child Development Act and his advocacy of employment rather than social services for welfare recipients.

CD-00706

National Association of Social Workers, New York, N.Y.

Proposed Policy on the Rights of Children.

NASW News 20(3):12-13, March 1975.

Eight basic categories of children's rights proposed by the National Association of Social Workers (NASW) are outlined. Adequate income should be assured, with an upgrading of AFDC grants. Housing should assure adequate space, sanitation, heating, and light, and nutritional needs should be met. Health care should include regular check-ups and the usual immunizations. Constitutional rights include the same rights of due process as adults, freedom of religion, and confidentiality of all records of social service, probation, and other court proceedings. All youngsters between 7 and 16 are entitled to a free education with full opportunity for completion of secondary education and full opportunity for college or vocational training. There is a need for at least one parent who can maintain a stable, loving relationship with the child and provide ongoing supervision; the child is entitled to substitute care where his basic needs will be met if the natural parents are unable to provide for him. The final right is that to permanency and

stability in a setting away from his natural parents when they cannot provide for his care.

CD-00707

National Committee for Prevention of Child Abuse, Chicago, Ill.

National Directory of Child Abuse Services and Information.

National Committee for Prevention of Child Abuse, Chicago, Ill., 101 pp., 1974.

A directory has been compiled of 136 child protective services throughout the United States with 1 each from Puerto Rico, Ireland, and Scotland. The directory is arranged according to state and city and presents the name, location, telephone number, contact, sponsoring organization, purpose, services provided, and program description for each entry. Indices according to location, name, and services provided are included.

CD-00708

National Committee for Prevention of Child Abuse, Chicago, Ill.

Professional Papers: Child Abuse and Neglect.

National Committee for Prevention of Child Abuse, Chicago, 230 pp., 1973-1974.

A group of 11 papers compiled by the National Committee for Prevention of Child Abuse explores a number of aspects of the child abuse problem. The first papers deal with legal aspects. Present resources devoted to the child abuse problem are found to be ineffectively and inefficiently used. New provisions are proposed for child protection laws to safeguard better the child during judicial proceedings and to overcome evidentiary problems. The mechanics of a child protection proceeding are explained in detail by a practitioner. Two reports before the House Select Subcommittee on Education explain how the federal government should set up a National Center for Child Abuse and Neglect and use federal funds for aiding the states in setting up research, demonstration, and training programs. A second set of papers discuss the social and related factors in child abuse. In one, a cross cultural study, a degree of affection shown infants was found to correlate with societal violence in general. In a second, a web of variables was found in child abuse causation. In a third, current child abuse programs were characterized by too little participation of medical and psychological personnel and too much by law enforcement personnel; the social agencies and juvenile courts were recommended to become more flexible and therapeutic in their outlook. Finally, 2 papers described local child abuse programs. One describes a community team composed of legal, law enforcement, social and medical personnel, and other describes a community center in which both parents and children received experience in living in a healthy home environment.

CD-00709

National Committee for Prevention of Child Abuse, Chicago, Ill.
 How Do We Work Together? Summary of Discussions. Workshops I-X.
 In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 109-211, 1975.

Reasons for competitiveness between agencies in the field of child abuse and barriers to service delivery, are listed in this summary of interagency cooperation. Suggestions for better ways to coordinate working efforts are included.

CD-00710

National Committee for Prevention of Child Abuse, Chicago, Ill.
 What Situations Encourage Abuse. Summary of Discussions. Workshops I-X.
 In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 105-107, 1975.

Societal problems and familial problems are equally responsible for the abuse of children. Violence and isolation in society, overpopulation, lack of professional or agency support, lack of effective parenthood education, and other societal causes are discussed in individual workshops. Parental situations leading to abuse, including immaturity, early marriage, and unrealistic expectations of the child, are also workshop topics. To deal with this problem more uniform ways of handling child abuse must be developed nationally. Possible causes of abuse within the community and the home are listed.

CD-00711

National Committee for Prevention of Child Abuse, Chicago, Ill.
 What Is Known About Child Abusers. Summary of Discussions. Workshops I-X.
 In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 77-78, 1975.

This brief summary of discussion workshops gives an overview of what is known about child abuse and abusers; the information can be used to modify parental behavior. The need for further research and more community services is reiterated.

CD-00712

National Committee for Prevention of Child Abuse, Chicago, Ill.
 Research in the Field of Child Abuse. Summary of Discussions. Workshops I-X.
 In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 173-174, 1975.

Lack of program-related research, poor communication of the results among professionals, problems with biased samples, and disagreement over the dispensing of funds are some of the criticisms leveled at current research activities. A list of ten issues worthy of research, many related to practical guidelines and criteria for the clinician, are included.

CD-00713

National Conference on Child Abuse, Legislative Work Group.
 Report From the Legislative Work Group.
Clinical Proceedings 30(2):39-41, 1974.

The Legislative Work Group of the National Conference on Child Abuse recommends that the federal government provide open-ended funds to the states for nonpunitive, multidisciplinary programs to combat child abuse. For states to qualify, their programs would have to meet minimum standards, which include appointment of a single agency to coordinate child abuse programs, passage of comprehensive reporting legislation, formation of a registry of abused children, formation of investigatory and followup agencies, and a waiver of testimonial privileges in child abuse judicial proceedings. On a national level, the Department of Health, Education, and Welfare would develop training programs and educational training teams of professionals and paraprofessionals to aid the states, establish a national information clearinghouse, and possibly create a national registry of abused children.

CD-00714

Council for Exceptional Children, Arlington, Va.
 Child Abuse and Neglect.
 Nazzaro, J.
Exceptional Children 40(5):351-354, February 1974.

Educators are becoming more aware of the problem of child abuse and neglect, as is the rest of society. Teachers and other caretakers of children have an obligation to report suspected cases to local, state, or federal agencies. A variety of actions in various parts of the country (such as hot lines) is improving the identification of cases. Prevention will require a great deal of public education in this area. Recent federal involvement in the areas of identification, intervention, prevention, rehabilitation, and public education should prove helpful. 2 references.

CD-00715

Nebraska State Dept. of Public Welfare, Lincoln.
 Social Services Handbook.
 Nebraska State Dept. of Public Welfare, Lincoln, (Sect. 1396.03-1396.0304): 6 pp., January 1, 1975.

The management of cases of child abuse and neglect as recommended by the Nebraska Department of Public Welfare is outlined. The goal is to preserve family life and

effect improved parent-child functioning. The characteristics of abusing parents and services available to them to relieve or ease precipitating situations and parental deficits are described. Indications for protective service for children and for court or law enforcement services are outlined, and the need for optimum skill in human relations is stressed. Parental traits and actions and findings related to the child which suggest cases of abuse are listed. Guidelines for determining that a child should be returned to the home after separation are presented, and followup procedures are mentioned.

CD-00716

Saint Louis Univ., Mo. Dept. of Surgery.
 Burns in Children.
 Nelson, G. D.; Paletta, F. X.
Surgery, Gynecology and Obstetrics 128:518-522, March 1969.

A group of 460 children sustaining second and third degree burns were treated using occlusive dressing technique without topical agents. The children, aged 6 weeks to 14 years, average age 2, were most frequently burned by hot liquids. Although only one case of deliberate abuse was identified, more were suspected. The overall mortality rate (14 of 460) was 45 percent of the standard predicted mortality rate, a result superior to that obtained by silver nitrate-Sulfamylon (mafenide) treatment. Forty-three percent of deaths were due to septicemia. Late admission (greater than 48 hours after the injury) and preexisting illness (present in 20 percent of the cases) frequently contributed to mortality. The average length of hospitalization was shorter in the present series than in treatment with silver nitrate. Delay in hospitalization increased the length of hospitalization and the necessity for skin grafting. Topical application of silver nitrate is not as important as frequent changes of dressings and early skin grafting. 14 references.

CD-00717

John Radcliffe Hospital, Oxford (England).
 Drug Addiction in Pregnancy.
 Neuberg, R.; Fraser, A.; Weir, J. G.; Priestley, B. L.
Proceedings of the Royal Society of Medicine 65(10):867-870, October 1972.

A general discussion of drug addiction in pregnancy briefly covers the problems of the fetus and newborn. While the baby is an easily curable addict because there is no psychological basis for his addiction, he runs a considerable risk of becoming grossly neglected and even addicted when he returns to the maternal environment; adoption is suggested when possible. Of a series of 12 babies born to addicted mothers, 1 preterm infant died in the neonatal period, 3 could not be traced, 3 were attending the pediatric clinic with their mothers, and 5 had to be taken into care by the local authority. 11 references.

CD-00718

New York Medicine.
 Who Cares for New York's Abused Children? (Editorial).
New York Medicine 30(4):120-123, 137, April 1974.

The New York Child Protective Services Act of 1973 and the federal law which went into effect on January 31, 1974, represent enlightened legislation for the protection of the rights of children. The New York law, which requires reporting, also establishes the Central Registry of Child Abuse and Maltreatment. The federal law authorizes \$85 million for research and community projects, and calls for the National Center on Child Abuse to be established. Two projects proposed for federal funding are an in-patient therapy program for abused children and their mothers at the New York Foundling Hospital and a proposed regional center for family-oriented treatment on an out-patient basis in another local hospital. The number of reported cases in New York doubled from 1972 to 1973. This creates a greater need for funds which are not provided for in the state law. The responsibility of the physician to report suspected cases is stressed.

CD-00719

New York State Board of Social Welfare, Albany, N.Y.
 Directory of Child Caring Institutions and Agencies 1973.
 New York State Board of Social Welfare, Albany, N.Y., 91 pp., 1973.

A directory prepared by the New York State Board of Social Welfare describes more than 200 state agencies and institutions which provide institutional treatment, foster care, adoption, and other services for Persons In Need of Supervision (PINS), delinquents, dependent, or neglected children. Each entry gives a summary of the management, capacity, admission policy, and type of services (psychiatric, psychological, casework, child care, educational, and medical) available.

CD-00720

New York State Dept. of Social Services, Albany, N.Y.
 1974 Annual Report for the Provision of Child Protective Services in New York State.
 New York State Dept. of Social Services, Albany, N.Y., 54 pp., 1974.

A progress report describes the development of the child abuse reporting provisions of the New York Child Protection Act of 1973 and the implementation of a central registry for receiving reports. The law established a toll-free hotline for reporting suspected child abuse and required local child protection districts to maintain emergency services capable of investigating reports within 24 hours and maintain reports on all follow-up investigations. Specific operative procedures of the central registry and the local service districts are discussed. Statistical tables of incidence and status of reported child maltreatment cases throughout New York are also included.

CD-00721

New Zealand Medical Journal.
Taking It Out on the Baby. (Editorial).
New Zealand Medical Journal 66(413):394, January 1967.

Parental assault on young children remains a major problem due to oversights and inconsistencies in detection, diagnosis, and reporting, and the lack of effective treatment of the parents. Further research and coordination of efforts are necessary for the prevention of this problem.

CD-00722

Report from the Research Work Group.
Newberger, E. H.
Clinical Proceedings 30(2):49-51, 1974.

The Research Work Group of the National Conference on Child Abuse stresses that large scale research into the causes and prevention of child abuse is urgently needed despite the fact that many disputes remain between investigations in the field. Central to these disputes is the question of whether research should focus on individual psychopathology or the societal matrix in which child abuse occurs. The work group agrees: (1) that research must be multidimensional and multidisciplinary; (2) that the community itself should be involved in the research; (3) that increasing measures should be taken to avoid bias and to randomize the study samples; and (4) that increasing notice should be taken of long range and developmental effects.

CD-00723

A Physician's Perspective on the Interdisciplinary Management of Child Abuse.
Newberger, E. H.
In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 61-67, 1975.

Limiting factors on the effective interdisciplinary action to help victims of child abuse and their families are manifold: lack of understanding of one discipline about another; lack of effective communication; confusion as to who is responsible for what; professional chauvinism; overwork of all concerned; inhibiting institutional relationships; prevailing punitive attitudes; lack of mutual confidence and trust among professions; and cultural isolation of professional personnel. The interdisciplinary management of the initial crisis period is discussed with regard to common axioms and the followup assessment of the child and his family is described in terms of the social worker, the public health nurse, the psychiatrist, and, the physician.

CD-00724

Children's Hospital Medical Center, Boston, Mass. Family Development Study.
Interdisciplinary Management of Child Abuse: Problems and Progress.
Newberger, E. H.
In: *Fourth National Symposium on Child Abuse*. Charleston, S.C., October 23, 1973. Denver, American Humane Association, Children's Div., pp. 16-26, 1975.

A discussion lists and explains problems associated with multidisciplinary management of child abuse, generally accepted beliefs on management in child abuse literature, and attributes of model systems for prevention and control of child abuse and neglect. Problems in management include a lack of interdisciplinary communication, coordination, and cooperation; misunderstanding of each discipline's responsibilities; and punitive attitudes. Axioms on management of abuse from a consensus in child abuse literature include: (1) the likelihood of repeated abuse; (2) child protection as the principal goal in initial management but followed by family rehabilitation; (3) necessity of interdisciplinary management; (4) the necessity for prompt intervention; and (5) a non-punitive emphasis. Attributes of model systems of child abuse control emphasize treatment of the problem as a family crisis with programs developed by the community. Generally, the community should be responsible for a popular system which includes complete family services and legal advocacy developed from systematic public policies and maintained with administrative flexibility by a centralized multidisciplinary organization. Services would be maintained on a 24-hour basis and all professional responsibilities would be well defined. Epidemiology of child abuse, conceptual approaches, and physicians' responsibilities are also briefly discussed.

CD-00725

Children's Hospital Medical Center, Boston, Mass. Family Development Project.
Medical Management of Child Abuse.
Newberger, E. H.
In: 4th National Symposium on Child Abuse. American Humane Association, Charleston, S.C. October 23, 1973. Denver, Colo., American Humane Association, pp. 76-85, 1975.

The management of child abuse cases is discussed from the perspective of a physician. It is suggested that in some cases, what appears to be child abuse at first is not, and people involved with such cases can cause further harm if they too vigorously question the parents. Accidents occurring under the influence of alcohol or drugs may appear to result from intentional battering. Lack of knowledge about child development and excessive expectations are frequent concomitants to child neglect and abuse. A series of cases illustrating a wide variety of medical aspects is briefly recounted.

CD-00726

Governor's Advisory Committee on Child Abuse, Boston, Mass.
Child Abuse in Massachusetts.
Newberger, E. H.; Haas, G.; Mulford, R. M.
Massachusetts Physician 32(1):31-38, January 1973.

A survey of the child abuse problem in Massachusetts discusses useful definitions of abuse, the inherent relationship between inaccurate definition of child abuse and the

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difficulty of determining reliable incidence data, and includes recommendations for solution to the problem. An estimation of the 1970 incidence of child abuse and neglect in Massachusetts showing 7,290 cases is based on figures derived from agency reports, a survey of physicians and hospitals, and projections based on non-replying physicians. The nature and quality of the Children's Protection Service is seen as a major reason for reluctance of physicians to report cases. Recommendations from the Governor's Advisory Committee on Child Abuse include: (1) provision of more protective personnel; (2) more access to specialized services; (3) development of a 24-hour child abuse registry; (4) better and more available foster care; (5) a program providing homemakers and case aids; (6) legal consultation for the Department of Welfare; (7) establishment of a 24-hour child crisis telephone service; and (8) more attention to integration of family services. 23 references.

CD-00727

Children's Hospital Medical Center, Boston, Mass.
Reducing the Literal and Human Cost of Child Abuse: Impact of a New Hospital Management System.
Newberger, E. H.; Hagenbuch, J. J.; Ebeling N. B.; Colligan, E. P.; Sheehan, J. S.; McVeigh, S. H.
Pediatrics 51(5):840-848, May 1973.

In September 1970, the Trauma X Group was formed at an academic pediatric hospital for the total management of child abuse cases. The group consists of social service personnel from one public and two voluntary agencies integrated into a consultation group drawn from the hospital's medicine, psychiatric, radiology, social service, nursing, and legal departments. At regular conferences the group evaluates each suspected child abuse case and coordinates both its medical and social service aspects. In the 1969-1970 hospital year, before formation of the group, 62 cases of child abuse were seen, of which 39 were hospitalized. The average hospital stay was 29 days; the average hospital cost \$3,000. Total hospital costs for the 39 cases were \$123,000, of which bed costs made up \$95,000. There were at least three subsequent incidents of child abuse in these 39 cases, and there was one subsequent death; the reinjury rate was 10 percent for hospitalized cases. With formal consultation and continued surveillance after discharge by the Trauma X Group, the following data were obtained from the 1970-1971 hospital year. Of 86 cases, 60 were hospitalized. The average hospital stay was 17 days; the average hospital cost \$2,500. Total hospital costs for the 60 cases was \$150,000, of which bed costs made up \$101,000. There was one incident of reinjury and no deaths subsequent to diagnosis in these 60 cases; the reinjury rate was 1.7 percent. The risk of reinjury calculated from a modified life table was reduced from 8 percent in the year previous to the formation of the group to 7 percent and 2 percent, respectively, in the subsequent year and six-month periods, supporting the dollar-cost impression of effectiveness. Foster placement, furthermore, was infrequent and does not explain the differential impact of the Trauma X Group in the intervals under study. 11 references.

CD-00728

Children's Hospital Medical Center, Boston, Mass., Family Development Study.
Child Abuse: Principles and Implications of Current Pediatric Practice.
Newberger, E. H.; Hyde, J. N., Jr.
National Institute of Child Health and Human Development Conference on Research on Child Abuse, Bethesda, Md., 51 pp., June 1974.

The familiar features of child abuse, including incidence, characteristics of abusing parents and abused children, diagnosis, management, and medicolegal aspects are reviewed. Case material is presented to document many of the points. Attributes of model systems for the control of child abuse and neglect are outlined: it should be viewed as a family crisis and recognized within the community context; services should be able to respond creatively to the family's needs; confidentiality, protection of children's and parent's rights, and advocacy at all levels of intervention are essential; regular evaluation of effectiveness of intervention on several levels would take place; responsibilities would be clearly assigned; services would be available 24 hours a day; there would be an adequate commitment of resources; adequate legal representation for all parties in any court proceeding would be assured; administrative organization would allow staff flexibility, development, supervision, and high-level access to human services leadership; it would incorporate child advocacy and child development education; there would be attention to public policies which strengthen family life; there would be citizen supervision of professional policies and practices through community-based Councils for Children; and all people should be eligible for service. 48 references.

CD-00729

Children's Hospital Medical Center, Boston, Mass. Family Development Study.
Child Abuse: Principles and Implications of Current Pediatric Practice.
Newberger, E. H.; Hyde, J. N., Jr.
Pediatric Clinics of North America 22(3):695-715, August 1975.

Data and experience with child abuse pertinent to pediatric practice are reviewed and summarized. After a general discussion of the nature of child abuse, four case examples illustrative of the application of the protective concept in diagnosis and initial intervention are presented. One case involved drugs, injury, and denial, and another involved poverty, depression, and severe neglect. A battering sibling was the cause of injury in the third case, and the fourth dealt with a professional person's child. After considering the extent of the problem, an overview of current child abuse reporting legislation is presented. Difficulties faced by the professionals who have to deal with child abuse are considered, the major conflicts arising from the reporting process itself. Fourteen attributes of model systems for the prevention and control of child abuse and neglect are

proposed. Child abuse should be seen as a family crisis, and the community context in which it occurs should be recognized. Services should be individualized to the family's needs, and the rights of parents and children should be protected. The effectiveness of intervention should be regularly evaluated, responsibilities should be clear-cut, and services should be available 24-hours-a-day. Commitment of resources should be adequate, legal representation of all parties in court should be assured, and administrative organization should be flexible. Child advocacy should be incorporated: public policies to strengthen family life should be developed, and citizen supervision of professional policies would be accomplished through community-based Councils for Children. 48 references.

CD-00730

Children's Hospital Medical Center, Boston, Mass. Family Development Study.

Family Intervention in the Pediatric Clinic: A Necessary Approach to the Vulnerable Child.

Newberger, E. H.; McAnulty, E. H.

Annual Meeting of the Ambulatory Pediatric Association, 22 pp., May 1974.

A report describes development and first-year activities of a pediatric clinic designed to coordinate and provide various hospital-based and community-based treatments for physical and social problems of vulnerable children in multi-problem families. A review of 75 cases revealed prevalent diagnoses of child abuse (23 cases, 31 percent); parent-child behavior problems (25 cases, 33 percent); multiple accidents (9 cases, 13 percent); and failure to thrive (8 cases, 11 percent). Forty-three percent of the cases were referred by community-based agencies indicating their interest in and need for this kind of coordinated service. Forty-seven percent of the cases were referred by the clinic to social or psychological therapy. (Improvement was noted in 54 percent of those cases.) These and other data gathered from the 75 cases are discussed in light of recent practical and theoretical advancements in management of vulnerable children in multi-problem families, and suggestions for improvement of the clinic are made. Data tables are included. 28 references.

CD-00731

Battered Child Syndrome and Brain Dysfunction. (Letter).

Nichamin, S. J.

Journal of the American Medical Association 223(12):1390-1391, March 19, 1973.

Minimal brain dysfunction may play a more significant role in the occurrence of child abuse than has previously been suspected. Symptoms of minimal brain dysfunction in children, such as hyperactivity; prolonged crying; abnormalities in sleeping, eating, and elimination; and speech impairment often provoke rage in even normal parents. The psychologically unstable parent may well react to such provocation with acts of physical violence. Stress is

heightened by the fact that normal methods of communication and discipline are ineffective with such children. In addition, minimal brain dysfunction may be hereditary, suggesting that parents of affected children may themselves suffer from disturbances in perception leading to mismanagement of the home and emotional disturbance. Thus, disturbances in perception secondary to minimal brain dysfunction may contribute to disorders in children both indirectly by influencing the parents as well as by directly influencing the children. Treatment with psychostimulants such as methylphenidate may be useful. 4 references.

CD-00732

Jewish Child Care Association of New York, N.Y.

The Children of Drug Users.

Nichtern, S.

Annual Progress in Child Psychiatry and Child Development (Part X): 545-551, 1974.

Case records of children of heroin addicts revealed that nearly all of these children are neglected, and some show evidence of physical abuse. As a group they were nearly all reared in the absence of the natural father. Children from a multichild family unit were often fathered by different men. Some suffered from malnutrition, and many were withdrawn, lacking in animation, and generally inhibited in their responses. This rapidly growing population demands increasing attention.

CD-00733

Non-accidental Injury in Children.

Nixon, H. H.; Court, S.D.M.

British Medical Journal 4:656-660, December 15, 1973.

The medical management of nonaccidental injury in children is outlined. When child abuse is suspected, the child should be admitted to the hospital, if possible, without antagonizing the parents. A full history of family background is taken and the pediatricians notified. All injuries should be carefully measured and charted, and documentation with photographs is indicated. Additional workup includes a coagulation and skeletal survey and consultations with the various services which will be involved in follow-up. A home visit with observation of parental attitudes is mandatory, and psychiatric help is usually indicated for the parents. A case conference to plan further management should take place as soon as the various investigations are completed. Parents should be kept fully informed. Juvenile court proceedings are to be preferred over the criminal court, and the child should remain hospitalized until the best possible plans for continued help have been formulated. Medical follow-up is dictated by the nature of the injuries. Management by the department of social services includes information collecting, home visit, reporting to doctors, decisions regarding the safety of the child and siblings, case conferences, policy contact, and decisions regarding further courses of action. There should be a review of the case at about 3 months, and again when appropriate for decisions on future management.

CD-00734

Army Hospital, Fort George G. Meade, Md.

The Battered Child "Syndrome." A Review.

Nomura, F. M.

Hawaii Medical Journal 25(5):387-394, May-June 1966.

A review covers the problem of willful physical abuse of children by their parents. The origins of this problem are usually in emotional disturbances of the parents who should be treated in a nonpunitive manner with a view to their rehabilitation and strengthening of their family life. The diagnosis and management should be handled carefully with coordination between agencies. History, incidence, etiology, clinical manifestations, diagnosis, management, protective action, and legislation are reviewed. 22 references.

CD-00735

Jefferson County Public Schools, Lakewood, Colo., Child Resource Team.

Child Abuse: A School District's Response to Its Responsibility.

Nordstrom, J. L.

Child Welfare 53(4):257-260, April 1974.

The experience of the Adams County, Colorado, school system illustrates how schools can be organized to help recognize and prevent child abuse among its pupils. In 1971, although a mandatory reporting law had been in effect for 4 years, child abuse was not being systematically reported by school personnel. Prompted by a specific case of child abuse, the Director of Special Services set up a task force, in January 1972, with members from both inside and outside the school system. The task force recommended in April 1972 that a special Child Abuse and Neglect Team (CAN Team) composed of a social worker and a nurse should have district-wide responsibility for coordinating abuse and neglect cases with the aid of the school principals and resident counselors. A simple reporting procedure was devised. The program was explained through several in-service presentations. During the 1972-73 school year, 24 cases were processed by the CAN Team. Copies of each referral to the CAN Team were forwarded to the County Welfare Department and a few cases were referred directly to the Department; most, however, were disposed of by the CAN Team. Incidents involving siblings in different schools were discovered by means of a central registry.

CD-00736

North Dakota Legislation Assembly, Bismarck.

House Bill No. 1257.

North Dakota State Social Service Board, Bismarck.

North Dakota State Social Service Board, Bismarck. Committee on Social Welfare, 3 pp., March 12, 1975.

The 1975 North Dakota child abuse reporting law requires reporting by all medical and dental personnel, school personnel, social workers, child care workers, and law enforcement officers, and encourages permissive reporting

by any individual. Both oral and written reports are to be made to the director of the division of community services of the social service board of the state; the division then investigates the situation and reports positive cases to the local juvenile court. Provision is made for protective services, and the law contains immunity and abrogation of privileged communications clauses. All reports are considered confidential, and willful failure to report is defined as a class B misdemeanor.

CD-00737

North Dakota Social Service Board, Bismarck.

Protective Services for Children. (Social Services Administrative Manual).

North Dakota Social Service Board, Bismarck, 12 pp., May 1974.

An excerpt from the North Dakota Social Services Administrative Manual covering protective services for children defines the responsibilities of the parents, the courts, the County Welfare Board, and the State Social Service Board. Methods of referral to the County Welfare Board, disposition of referral, purpose and types of protective services available (including those provided for Indian Reservations), and standardized reporting of neglect and abuse of children are included.

CD-00738

Northwestern University Law Review, Chicago, Ill.

Constitutionality of the Illinois Child Abuse Statute.

Northwestern University Law Review 67(5):765-772, November-December 1972.

The action of the Illinois Supreme Court in overturning a conviction of a child abusing stepfather (People v. Vandiver) is discussed. The decision was based largely on what the Court considered vague language in the statute. It is suggested that the Court labored unnecessarily with the statute, and as a result the decision was less than forceful. The court did not develop an underlying rationale that might have provided a clue to lower courts as to the application of section 4, which defines the responsible parent or custodian and includes the language "to be placed in such a situation that its life or health may be endangered." While the court found the language constitutional on its face, it left in doubt the language of the section which was not relevant to the case. Numerous references.

CD-00739

Nursing Mirror and Midwives Journal.

A Family Affair. (Editorial).

Nursing Mirror and Midwives Journal 133(21):26-29, November 19, 1971.

Two student nurses (mother and daughter) provide an account of several years' experience with a foster child who

entered the family at the age of 3 years. The child had previously become a ward of the court after it had been discovered that his grandmother had severely neglected him. The child had celiac disease, and the early years were difficult ones in terms of general health and problems in school. With a controlled diet and a great deal of affection and attention on the part of the family and some schoolteachers the boy was healthy, well-developed, and socially adjusted with an I.Q. of over 100 at the age of 12.

CD-00740

Westchester County Dept. of Public Welfare, White Plains, N.Y.

The Use of Authority.

Nyden, P. V.

In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*. Morristown, N.J., General Learning Corp., pp. 128-134, 1974.

Proper application of established authority by the child protective agency caseworker should be directed toward giving supportive help to emotionally deprived, fear-ridden, acting-out, deficient parents at the same time as safeguarding the child. The worker cooperates with medical, legal, and law enforcement agencies in the community. Beginnings of the child protection movement and increasing public awareness are also discussed. 5 references.

CD-00741

Denver Univ., Colo. Graduate School of Arts and Sciences. **A Comparison of Fathers in Abusive Situations With Fathers in Non-abusive Situations.**

O'Hearn, T. P., Jr.

Doctoral Dissertation. Ann Arbor, Mich., University Microfilms, 137 pp., 1974. 75-1872.

Twenty-three abusive fathers were matched with 23 non-abusive fathers on the basis of age, income, age of children, and number of children under 5 years of age. The matched pairs were compared on the following variables: internal vs. external control; social isolation; acceptability to others; powerlessness; empathy; dogmatism; self esteem; assertiveness; and ego strength. Univariate analysis indicated that abusive fathers were significantly less powerful, less assertive, and had significantly lower ego strength than non-abusive fathers. Discriminant function analysis yielded the largest discriminant of rights for these variables. Twenty of the abusive fathers and 16 of the nonabusive fathers were correctly identified by the use of the discriminant scores for all 9 variables. Thus, clinical impressions that abusive parents differ from nonabusive parents could be confirmed psychometrically. It appears that a short instrument can be developed to discriminate between abusive and nonabusive fathers and to aid in the early identification of those fathers with a potential to abuse. 45 references.

CD-00742

Vanderbilt Univ., Nashville, Tenn. Dept of Surgery.

Deliberate Childhood Trauma: Surgical Perspectives.

O'Neill, J. A., Jr.

Journal of Trauma 13(4):399-400, April 1973.

A series of 110 battered children demonstrates the seriousness of the child abuse problem and should encourage physicians to overcome their reluctance to report suspected abuse. Of the patients, 7 percent died and 10 percent suffered permanent disability. Eighty percent showed signs of repeated injury and about two-thirds had more than one fresh injury when first seen. A progression in time from soft tissue injury to fractures to fatal head injuries was noted. The 110 patients studied probably represented only a fraction of the true incidence of child abuse, which may account for 10-15 percent of all injuries in children under 6 encountered in the emergency room. Psychological scars, neglect, and malnutrition have all been associated with abuse. It is recommended that the physician employ a nonaccusative approach toward the problem.

CD-00743

Vanderbilt Univ., Nashville, Tenn. Dept. of Surgery.

Patterns of Injury in the Battered Child Syndrome.

O'Neill, J. A., Jr.; Meacham, W. F.; Griffin, P. P.; Sawyers, J. L.

Journal of Trauma 13(4):332-339, 1973.

Patterns of child abuse injuries are described in 100 cases seen over a 5-year period. Age ranged between 3 weeks and 11 years, although most were less than 2 years old. Thirty-seven patients were dehydrated, malnourished, and anemic, and 55 were admitted primarily because of soft tissue injury, 49 of which were obviously repetitive. Contact burns occurred in 28 children, multiple contusions and lacerations in 70, intraabdominal injury in 9, multiple fractures in 29, and some form of intracranial injury in 32. Low socioeconomic status, broken homes, illegitimacy, mothers under the age of 17, and both mental and physical defects in the child were associated factors. Types of injuries are discussed and tabulated. 10 references.

CD-00744

Yale Univ. New Haven, Conn., School of Medicine.

The Working Mother and Child Neglect on the Navajo Reservation.

Oakland, L.; Kane, R. L.

Pediatrics 51(5):849-853, May 1973.

Records were reviewed of 33 Navajo Indian children aged between 2 months and 3 years admitted to a reservation hospital in a state of neglect. These children were age-matched with 49 controls to identify causal factors in their neglect. Neglect was broadly defined to include evidence of poor home situation, malnutrition, failure-to-thrive, maternal deprivation, kwashiorkor, battering, and rejection or desertion. Only 2 of the children had been battered. The mothers of neglected children did not differ significantly

from the controls in age, education, or employment status. The neglectful mothers were more often unmarried than those of the controls, and the neglected children tended to come from smaller families. These findings contradicted the subjective impression that increased levels of maternal employment in an electronics plant on the reservation contributed to child abuse. As 90 percent of the working mothers left their children with relatives, it appears that marital status and size of the extended family, rather than maternal employment status influences neglect. 10 References.

CD-00745

Children's Bureau (DHEW), Washington, D.C.

The Abused Child.

Oettinger, K. B.

In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*. Morristown, N.J., General Learning Corporation, pp. 211-212, 1974.

A brief review of the battered child syndrome mentions the necessity for reporting of abuse by physicians (immunity is usually provided for in most legislation), the possibility for improved diagnoses using newer radiologic techniques, some characteristics of abusive parents and abused children, the need for more knowledge concerning abusive parents and their children, and the need for educators to be informed and active in efforts to curb abuse.

CD-00746

Children's Bureau (DHEW), Washington, D.C.

In the Interest of Children. "A Century of Progress."

Oettinger, K. B.; Morton, A.; Mulford, R. M.

Denver, Colo., American Humane Association, Children's Div., 28 pp., 1966.

A review covers the role of society in the protection of children and the development of child protective services in England and in the United States. The history of child protective services in the United States began in 1875 with the incorporation of the Society for the Prevention of Cruelty to Children (SPCC) in New York. The development of SPCC in other cities, the merging of this organization since 1942 with other organizations, and the development of public agencies are described. The legislative history of child protection is summarized, and a guarded note of optimism is sounded for the future. 8 references.

CD-00747

Office of Child Development (DHEW), Washington, D.C.

Children's Bureau.

Washington, D.C.

Research, Demonstration, and Evaluation Studies.

Office of Child Development, Washington, D.C. Research and Evaluation Div., 89 pp., 1974.

(OHD) 75-30.

An annual report on the research, demonstration, and evaluation program of the Office of Child Development (OCD) for fiscal year 1974 describes the role, function, and goals of OCD, and currently sponsored projects. Numerous research and demonstration projects in the areas of advocacy, child abuse and neglect, child development and the family, children at risk and the welfare system, day care, social policy information dissemination, and evaluation are listed and briefly described.

CD-00748

Office of Child Development (DHEW), Washington, D.C. Research and Evaluation Div.

Research, Demonstration, and Evaluation Studies.

Office of Child Development (DHEW), Washington, D.C. Research and Evaluation Div., (OCD) 73-30, 61 pp., 1972. (OCD) 73-30.

Research, demonstration, and evaluation studies funded by the Department of Health, Education, and Welfare through the Office of Child Development Research and Evaluation Division for fiscal year 1972 are listed according to subject area. The current grant period and amount of the grant award are included along with a synopsis of the project objectives. Project directors and addresses are also included.

CD-00749

Office of Child Development (DHEW), Washington, D.C. Research and Evaluation Div.

Research, Demonstration, and Evaluation Studies.

Office of Child Development, Washington, D.C. Research and Evaluation Div., (OHD) 74-30, 71 pp., 1973.

Research, demonstration, and evaluation studies funded by the Department of Health, Education, and Welfare Office of Child Development during fiscal year 1973 are listed, together with the amount of the grant, the name and address of the Project director, the dates covered by the grant, and a brief description of the project. Projects are arranged by subject area.

CD-00750

Office of Child Development (DHEW), Washington, D.C. Intradepartmental Committee on Child Abuse and Neglect.

Research, Demonstration, and Evaluation Studies on Child Abuse and Neglect.

Office of Child Development (DHEW), Washington, D.C., (OHD) 75-77, 26 pp., 1974.

Research, demonstration, and evaluation studies funded during fiscal year 1974 under the auspices of the Intradepartmental Committee on Child Abuse and Neglect of DHEW are listed by the funding agency. Each listing contains a synopsis of the purpose of the project, the

amount of and dates covered by the grant, and the name and address of the project director. The history and goals of the Intradepartmental Committee on Child Abuse and Neglect are summarized, and the committee members listed. Indices of principal investigator and institution, DHEW Region, and project number are included.

CD-00751

Burderop Hospital, Wroughton (England). Dept. of Psychiatry.

A Family Kindred With Ill-Used Children: The Burden on the Community.

Oliver, J. E.; Cox, J.

British Journal of Psychiatry 123:81-90, 1973.

A family pedigree has been uncovered in which representatives from at least 3 generations were subjected to severe ill-usage as children. Abandonment, abuse, neglect, malnutrition, sexual deviation, crime, and mental illness were all observed. Many of the children displayed transient subnormal intelligence indicating psychosocial deprivation. Many members of this kindred, and their husbands, wives, and children, had received extensive social and medical help from numerous professional workers in many areas over long periods of time. Twenty-three individuals came in contact with between 25 and 200 professionals, whereas 18 made use of 5 or more institutions. The combined weight of existing files on the kindred totaled more than 100 pounds. The ineffectiveness of this massive amount of help in curbing the effects of inadequate childrearing suggests that the prevalent dogma of keeping children with their families at all costs should not have been applied. 12 references.

CD-00752

Borocourt Hospital, Near Reading (England).

Six Generations of Ill-used Children in a Huntington's Pedigree.

Oliver, J. E.; Dewhurst, K. E.

Postgraduate Medical Journal 45:757-760, December 1969.

A Huntington's chorea pedigree of six generations illustrates the interaction of environmental and genetic factors, which causes prolonged suffering to children reared in such families. The majority of children from at least 4 of the 6 generations were subjected to both active cruelty and passive neglect. The illness in all affected members began with irritability and insidious deterioration of personality, often accompanied by overtly antisocial sequelae in their adult lives. These were most serious where both parents were psychotic. In such cases the third generation was almost invariably crippled by alcoholism, chronic neurosis or psychopathy, initiating "problem families" in subsequent generations. Brutal home environments and the gloomy specter of hereditary madness often led young adults and teenagers to form unsatisfactory sexual partnerships, frequently with resultant illegitimacies. Early marriages, destined to desolate failure, were frequently contracted with young partners either from problem families or with others affected with various forms of mental illness.

Family planning and therapeutic abortion remain the only means of preventing Huntington's chorea. 8 references.

CD-00753

Burderop Hospital, Wroughton (England). Dept. of Psychiatry.

Five Generations of Ill-treated Children in One Family Pedigree.

Oliver, J. E.; Taylor, A.

British Journal of Psychiatry 119:473-480, 1971.

The incidence of child abuse and other deviant behavior among 49 close relatives of a 3.5-month-old battered child was surveyed over 6 generations. Interviews were conducted with all available living relatives and reference was made to the files of any social welfare agencies having contact with the family. Of the 49 individuals studied, 13 had been abused, 10 abandoned on one or more occasions, and 11 chronically unsupervised. Only 7 individuals were not obviously ill-treated as children, and 6 had died before the age of 2 (1 was probably battered to death). Furthermore, 27 individuals exhibited emotional abnormality, 15 were illegitimate, 22 were the progeny of forced marriages, and many demonstrated additional abnormality. In many instances, mothers in the family displayed infantile attitudes toward childrearing or became pregnant accidentally or for exploitive reasons (e.g., to receive welfare). A family such as this poses a disproportionate problem for community service agencies. Additional study of the effects of childhood deprivation will be required to elucidate when such remedies as birth control, removal of children from the family, and support services should be employed. 15 references.

CD-00754

Parents' Hostility to Their Children.

Ostow, M.

Israel Annals of Psychiatry and Related Disciplines 8(1):3-21, April 1970.

An examination of clinical cases of parental hostility reveals that children may release, in predisposed parents, hostile impulses which originated when the parents themselves were children, and which were at that time directed toward their own parents or siblings. The infantile impulses had been contained by any of several defensive maneuvers, including conversion of a fraternal rivalry to homosexual libidimization, and "altruistic surrender" to a more favored sibling. Confrontation with children of the new generation challenged these defenses and brought about regression to the original hostile state. Three types of predisposing causes were observed in the hostile parent's youth; these were sibling rivalry, ambivalence toward a hostile or neglectful parent, and difficulty in establishing object relationships. These conflicts were reactivated by stresses generated when the infant made demands for affection and service; the infant competed for the affection and attention of a spouse; the infant limited the freedom of the parent; the infant made demands on the energy of the parent; or there

was a serious abnormality in the infant. These factors were particularly dangerous when the parent's energies were limited by being in an anaclitically dependent position. Hostility was frequently displaced from an object on whom the patient was dependent onto an object dependent on the patient. In one case it was evident that ritual circumcision had disarmed the father's hostility to his son and permitted the establishment of a bond of homosexual affection. 15 references.

CD-00755

The Psychology and Psychotherapy of the Families: Aspects of Bonding Failure.

Ounstead, C.; Oppenheimer, R.; Lindsay, J.

In: Franklin, A. W. (Editor). *Concerning Child Abuse*. Edinburgh, Scotland, Churchill Livingstone, pp. 30-40, 1975.

In cases where child abuse has occurred, about one-third are regarded as untreatable except by removal of the child. Diagnosis and therapy proceeds in the following sequence: firm diagnosis of battering, diagnosis of other diseases, diagnosis of the parents, and diagnosis of family relationships. Hospitalization of the child in a crisis provides a safe environment. During the first few days of treatment the mother and child are provided with what has been lacking at home: food, warmth, privacy, tranquility, an undemanding routine, and the attentive care of large varieties of mature adults. The frozen watchfulness syndrome is treated by a highly regimented routine. The bond between the parent and the hospital is essential. Individual treatment followed by group therapy was beneficial among 24 selected at-risk mothers in that no cases of battering occurred. The goal of preventive treatment should be the early ascertainment of families at risk during the antenatal period.

CD-00756

After Child Abuse Reporting Legislation--What?

Oviatt, B.

In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Co., pp. 146-160, 1972.

In order for the reporting laws in cases of child abuse and neglect to be effective instruments in reducing the number of such cases, it is essential that the states recognize the major proportions of this social problem and develop adequate programs of child protective service. The relationship between the law enforcement agencies and the protective services agencies needs to be clearly defined. Both private and public funding are necessary, and professionals in the field must assume the responsibility for mobilizing the necessary public backing. Current practices must constantly be subjected to modification as controlled research defines and refines protective service methods. 23 references.

CD-00757

California Univ., Davis. Dept. of Surgery.

The Management of Liver Trauma.

Owens, M. P.; Wolfman, E. F., Jr.; Chung, G. K.
Archives of Surgery 103:211-215, August 1971.

A series of 150 consecutive cases of liver trauma reveals a mortality of 8.3 percent for penetrating trauma and 47.7 percent for blunt trauma. A progressive increase in mortality was noted for increasing numbers of associated organ injuries. Three of the cases resulted from child battering; 1 child died. Treatment, complications, and results are detailed. 18 references.

CD-00758

Vermont State Dept. of Social Welfare, Montpelier.

Cohesion, Dignity, and Hope for Multiproblem Families.

Page, M. O.

In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*. Morristown, N.J., General Learning Corporation, pp. 135-140, 1974.

A demonstration project to help multiproblem families achieve better quality home life operated by the Vermont Department of Social Welfare is described. The project was operating in 9 small towns and 1 small city; 34 families with 145 children were involved. The families were made aware of and encouraged to take advantage of the available community resources in order to achieve the most commonly sought after objectives: self-respect through achievement, improved opportunities for the children, and a better relationship with and recognition by the community at large. The importance of the caseworker to assist and encourage them to use the resources is stressed. Numerous examples of how the project benefited both communities and individuals are presented. 1 reference.

CD-00759

Children's Aid and Society for the Prevention of Cruelty to Children, Buffalo, N.Y.

Emergency Parent--A Protective Service to Children in Crisis.

Paget, N. W.

Child Welfare 45(7):403-407, July 1967.

The establishment and operation of a demonstration research project to test the use of an emergency parent service are discussed. Problems involved with temporary removal of children when parents have left them alone led to development of an emergency babysitting service, operating on a 24-hour basis. Each emergency parent volunteer was on duty for one week. The volunteers were instructed on their primary function, protection and care of children in their own homes, and their treatment of returning parents. Emergency kits, consisting of blankets, food, cooking utensils, first aid supplies, diapers, a flashlight, and a cot, were supplied to each volunteer. The kit also contained an aerosol can designed to fend off any attackers. Review of the 32 cases occurring over 11 months

indicated overall success of the program and need for its retention. Parent reactions were sometimes hostile but never violent. The overall cost of the program was \$2,000 per year. Use of the service to keep families intact is emphasized. Five case illustrations are included.

CD-00760

Physical Frustration and Murder.

Palmer, S.

In: Steinmetz, S. K.; Straus, M. A. (Editors) *Violence in the Family*. New York, Dodd, Mead, and Co., pp. 247-250, 1974.

A series of 51 murderers were studied in terms of their early life experiences and how these experiences may have led them to commit murder. They were compared to their nearest-in-age nonmurderous brothers. Subjects were rated as to Index of Physical Frustration, which took into account 8 items: difficult birth, serious effects of forceps at birth, serious operation, serious illness, serious accident, and serious beatings by mother, by father or stepfather, or by someone else. One point was scored for each. Twenty-five of the murderers had scores of 4 or less, while 50 of the brothers had scores of 4 or less; conversely, 26 of the murderers had scores of 5 or more, while only 1 brother had a score of 5 or more. Mean scores for murderers and brothers were 4.5 and 1.7, respectively. According to reports of the mothers, the murderers were as a group subjected in childhood and adolescence to an overwhelmingly greater amount of physical frustration than were the brothers.

CD-00761

Mount Sinai Hospital, New York, N.Y. Social Service Dept. Deflation in an Inflationary Period: Some Current Social Health Need Provisions.

Paneth, J.

American Journal of Public Health 62(1):60-63, January 1972.

Funding cutbacks to the New York City Department of Social Services make it difficult for a family on welfare to provide adequately for their children. During the fourth month of pregnancy and onward, less than \$2 per day is allotted for all costs of prenatal care including purchasing a layette and maternity clothes and transportation to and from a clinic. Hospital costs, however, are paid by the medicaid program. The result of the allotments is that many children do not receive the diet and health care that they should both pre- and postnatally. Furthermore, bureaucratic difficulties force some families on welfare to remain in uninhabitable housing, which creates additional hardship for the children. No funds are allocated for buying home furnishings. Public assistance will not supply a telephone except out of the family's blanket grant (again less than \$2 per day per person); without a telephone the family's sense of isolation increases. The Department of Social Services handles cases of child abuse, with referral if necessary, to the Department of Child Welfare for place-

ment. Placement is a lengthy process and will not be made while a child is still hospitalized. The Mount Sinai Hospital has provided Social Health Advocates to help individuals on public assistance obtain the maximum benefit of public services and was provided special funds to help those with acute medical needs including pregnancy. 5 references.

CD-00762

Parents Anonymous, Redondo Beach, Calif..

Supplement to Procedures and Concepts Manual. New Chapters Manual.

Parents Anonymous, Redondo Beach, Calif., 8 pp., 1972.

Forming a new chapter of Parents Anonymous begins with selecting a sponsor. He or she should have the professional training to help guide the meetings, give technical advice, and provide access to child abuse agencies, but should not be authoritarian or act as a representative of any formal agency or in a professional capacity. The sponsor serves only in an advisory role, with a chairperson chosen by the group carrying on the actual leadership and administration of the group. Once the sponsor is chosen, posters, ads, letters to community officials, or the local hotline are then used to publicize the time and place of the group's first meeting and provide a telephone number for further information. The person handling the phone calls should dispense information in a nonjudgmental way and request (but not insist) that the caller leave his name and number so that communication among the various group members can take place. Each caller should be given the other known phone numbers. Before the first meeting, names and numbers should be given to the sponsor and to the parent chapter of Parents Anonymous (the parent chapter should also be informed of any proposed policy changes so that the organization can maintain a united image. The 2-2.5 hour weekly meetings should be held in a church, school, or hall (or a home as a last resort) but not a public agency that represents authority. Volunteers can be used to provide transportation and babysitting services and to furnish publicity; but no one but the sponsor and the troubled parents should be present at a meeting unless all of the members agree otherwise. 5 references.

CD-00763

Parents Anonymous, Redondo Beach, Calif.

Chapter Development Manual.

Parents Anonymous, Redondo Beach, Calif., 18 pp., 1975.

This practical guide to establishing a chapter of Parents Anonymous begins with a timetable, and considers such items as locating a meeting site, finding a sponsor, and finding volunteers for child care, office work, and fund raising. Establishing a contact telephone number is important. Useful hints about publicity are detailed, including a timetable and the various media which may be utilized.

Sample posters, newspaper ads, news articles, a community information letter, a radio spot, and publicity releases are presented along with some basic tips on writing acceptable newspaper copy. Suggestions for handling telephone calls are dealt with in terms of several hypothetical calls, including crisis calls.

CD-00764

Parents Anonymous, Redondo Beach, Calif.

Procedures and Concepts Manual.

Parents Anonymous, Redondo Beach, Calif., 55 pp., 1972.

Parents Anonymous is a self-help organization utilizing group therapy and crisis intervention techniques to help members find immediate, practical means to curb their child abuse. It consists of a parent organization incorporated in Redondo Beach, California, and numerous local groups, each organized and chaired by an abusing parent with the aid of a professional advisor. The groups are totally independent of enforcement and social service agencies, relying strictly on the commitment of its members to admit voluntarily their problems and in a confidential environment to work out mutually step by step solutions. Child neglect and child abuse in both their physical and emotional forms come under the purview of Parents Anonymous. Two principal techniques are utilized by Parents Anonymous. At periodic meetings members discuss current difficulties in rearing their children, maintaining family harmony, and controlling aggressive impulses. The chairman, whose own problems are also subject to discussion, leads the others in exploring the emotional characteristics responsible for these problems and in suggesting direct, short-term solutions. In exceptionally difficult cases the member may be advised but never coerced into seeking outside help. Parents Anonymous members also telephone one another in times of personal crisis so that the calming influence of one may prevent abuse by the other. Advisors to Parents Anonymous serve to provide technical information, contacts with various community agencies, and advice where a situation is beyond the competence of the chairman; otherwise, the advisor's role is passive. The parent organization in Redondo Beach exists to raise money and keep accounting, promulgate uniform guidelines, and help interested individuals form and publicize new groups. Contributions to Parents Anonymous are voluntary, but deviations from the promulgated guidelines must be approved by the parent chapter. Parents Anonymous exists partly because of the inadequacy of other forms of help, but does not pretend to be an all encompassing solution to the problem of child abuse.

CD-00765

Greater London Council (England). Inner London Education Authority.

Community Child Care. (Letter).

Parfit, J.

British Medical Journal 1(5588):382, February 10, 1968.

Although it is important for voluntary community workers to take increased practical interest in children in community child care programs, it is more important to increase and upgrade the staffs of the programs themselves. Physicians should have a basic source of information on the nature of child care services, since they may come in contact with children who are under such care or who are neglected and in need of community services. In 1965, 79,000 children in England and Wales were living away from home. 1 reference.

CD-00766

Fels Research Institute, Yellow Springs, Ohio.

Child Abuse: An Interdisciplinary Analysis.

Parke, R. D.; Collmer, C. W.

In: Hetherington, E. M. (Editor). *Review of Child Development Research*. Volume 5. Chicago, University of Chicago Press, pp. 1-102, 1975.

The literature on child abuse, excluding sexual abuse and physical discipline in school settings, is extensively reviewed. After a definition of the problem and a discussion of its scope, four approaches to understanding child abuse are presented. Personality characteristics of abusive parents and their child rearing histories are considered in a psychiatric model of child abuse. In a sociological model of child abuse, such factors as the cultural attitude toward violence, social stress, living conditions, unemployment, family size, and social isolation are considered. In the social situational model, the ways in which abusive patterns may develop from the use of physically punitive discipline are stressed. Factors such as parental inconsistency in the execution of discipline are examined to explain the possible manner in which low-intensity punitive responses are accelerated into abusive behaviors. Maintenance of conditions for abuse is often the result of justification, minimization of the harm, and shifting of responsibility. The role of the child in eliciting abuse is discussed, with special attention to the low-birthweight child, in whom such features as appearance and slow maturation may be contributing factors. In the older child, appearance, temperament, and behavioral reactions to discipline may contribute to the development of abusive parental patterns. Control is considered under three approaches: the psychiatric, the sociological, and the social-situational. Current intervention programs include parent groups, home support programs, hotline services, crisis nurseries, instruction in child care, and public education. Some recent attempts at prediction are discussed. Numerous references.

CD-00767

Vanderbilt Univ., Nashville, Tenn. School of Law.

The Battered Child Syndrome.

Parker, G. E.

Medicine, Science and the Law 5(3):160-163, July 1965.

A review of child abuse legislation examines reporting procedures, social agency responsibility, purpose of the

laws, and implications for the medical profession. Specific laws from Colorado, Idaho, and Wyoming are presented. State laws differ on mandatory reporting, age qualification for the child, and responsibility for case disposition. Discrepancies exist in management of cases because state laws provide social agencies with few specific guidelines. The purpose of reporting is to prevent further battering and offer protection for the child. Neighbors or relatives report 80 percent of child battering cases, and legislation aimed at requiring compulsory medical reporting does not significantly aid the prevention of child abuse.

CD-00768
Nottingham Health Services (England).
Battered-Baby Syndrome. (Letter).
Parry, W. H.; Seymour, M. W.
British Medical Journal 3:584, September 4, 1971.

It is suggested that whenever a battered child case is recognized, other children in the family should be examined for recent or past injury. It is at this stage that the medical officer can coordinate the efforts of hospitals, general practitioners, health visitors, and directors of social services to provide necessary services to the child and the family. 1 reference.

CD-00769
Nottingham Health Services (England).
Child Abuse Syndrome. (Letter).
Parry, W. H.; Seymour, M. W.
British Medical Journal 3:113, July 8, 1972.

A previously published article on misdiagnosed cases of child abuse presents little in the way of new material on the subject. It is suggested that regular review of hospital records, although valuable, is only secondary to a properly coordinated scheme of community detection. 1 reference.

CD-00770
New York State Dept. of Mental Hygiene, Albany.
A Child Is Being Beaten.
Pasamanick, B.
American Journal of Orthopsychiatry 41(1):540-556, January 1971.

In a presidential address to the American Orthopsychiatric Association it is suggested that a Joint Commission be established and modeled after other extradepartmental agencies which would have the mandate and power to set national standards and rates, no lower than the highest now existing in any state, for nutrition, health care, education, foster home support, and the gamut of matters concerning children. Members of the Commission would be elected by the people on a national level and be subject to referendum and recall.

CD-00771
Dalhousie Univ., Halifax (Nova Scotia). Dept of Pediatrics.
Maltreatment Syndrome of Children.
Pashayan, H.; Cochrane, W. A.
Nova Scotia Medical Bulletin 44(1):139-142, June 1965.

Seven case histories describing clinical findings of the battered child syndrome are presented. Characteristic lesions, classical radiological findings, laboratory tests, and patterns of slow development are explained. Observation of the family reveals socioeconomic stress and parental inadequacy. 7 references.

CD-00772
Tripler General Hospital, Honolulu, Hawaii. Pediatric Service.
Child Abuse in Hawaii.
Patterson, P. H.; Char, D.
Hawaii Medical Journal 25(1):395-397, September-October 1965.

More than half of 715 physicians belonging to the Hawaii Medical Association replied to a questionnaire on detection and reporting of child abuse. Questions asked included (1) the number of child abuse cases seen, (2) case reporting, (3) handling contingencies when cases were not reported, and (4) any recommendations that might be made in dealing with these cases. Sixty-one cases of abuse were detected by the respondents; about half the cases were reported. Reporting and handling of cases and suggestions and recommendations for education and study in this area are discussed. 4 references.

CD-00773
Recognition of the Entity "The Battered Child Syndrome" in India.
Paul, S. D.
Indian Journal of Pediatrics 39(289):58-62, February 1972.

A review of the battered child syndrome emphasizes the need for child protection in India. India lacks legislation requiring reporting of battered children and no child abuse records are available. In view of the problems in managing child abuse cases, recommended legislation includes physicians' responsibility to report, a child welfare agency to provide continuing care, and juvenile court involvement to protect the child. 12 references.

CD-00774
A New Approach to Reporting Child Abuse.
Paul, D.; Lawrence, R. J.; Schimel, B.
Hospitals 41:62-64, January 1, 1967.

A standing hospital committee for reporting abused children can do much to protect the defenseless child and also to relieve individuals of the moral and legal burden of

reporting such abuse. It is particularly useful in improving reports of private cases. One such committee, developed at Milwaukee Children's Hospital, is described. 7 references.

CD-00775
Columbia Univ., New York, N.Y. School of Law.
The Legal Framework for Child Protection.
Paulsen, M. G.
Columbia Law Review 46:679-717, 1966.

A review covers 4 areas of legal provisions related to the problem of child abuse: (1) criminal sanctions; (2) juvenile court acts; (3) legislation establishing child protection services; and (4) child abuse reporting laws. Abusive conduct leading to the death or injury of a child by a parent or guardian falls under homicide and assault and battery statutes existing in all state penal codes. Most states also have cruelty to children laws while still maintaining the parent's right to discipline. All states give juvenile courts jurisdiction over neglected children. Determination of what constitutes neglect and compilation of proof are basic problems in juvenile court actions. Some states have legislative provision for protective services. The legal implications of services intrusion into the family are analyzed. Issues of mandatory reporting statutes including rationale, proper authority, format, and use of central registries are briefly discussed. Suggestions for improvement in each area are made. Numerous references.

CD-00776
Columbia Univ. New York. School of Law.
Legal Protections Against Child Abuse.
Paulsen, M. G.
Children 13(2):42-48, March-April 1966.

A review covers the general legal framework in which the problem of child abuse is handled and some of the social and legal issues involved. Provisions of criminal law can be invoked to punish persons who have inflicted harm upon children; such proceedings, however, cannot help to rebuild or preserve a child's family relationships, improve his home situation, or provide for his care and custody. Juvenile courts may institute protective supervision of the child or order his removal from the home when there is evidence of abuse, or parents or other caretakers may be found to have neglected a child. Within the juvenile courts, a judge has broad powers designed to give flexibility in dispositional decisions ranging from warning to permanent removal of the child from the parents. Protective services have been authorized or established by many states for assisting abused or neglected children as part of a comprehensive program of public child welfare services. These services, offered as a result of a complaint or referral aim at effecting constructive change within the family environment in which there has been neglect or abuse. Reporting laws, which protect physicians against liability and usually impose a duty to report, have been established in almost every state and aim at uncovering cases that only medical

skill can detect. Those agencies designated by statute to receive reports of abuse vary from appropriate police authority to public or voluntary child welfare agencies or both and in some instances clear responsibility for action remains undefined. The need for a multidisciplinary network of protection for the child and family to implement the intention of the law is stressed. 12 references.

CD-00777
Columbia Univ., New York, N.Y. School of Law.
Child Abuse Reporting Laws: The Shape of the Legislation.
Paulsen, M. G.
Columbia Law Review 67(1):1-49, January 1967.

A comprehensive summary and analysis of child abuse reporting laws covers state laws in effect in 1966. All states except Hawaii have enacted laws, as have the District of Columbia and the Virgin Islands. Areas discussed include who must report, mandatory versus permissive reporting, what injuries are to be reported, religious exemptions, the age of abused persons covered, the statutory plans for the handling of reports, and the roles of the welfare departments, the prosecutor, the police, the medical examiner, and the juvenile court. The purposes of central registries are discussed, and the distinction is drawn between those statutes which require a central registry (only 4) and those in which registries are created administratively or voluntarily. Most statutes carry immunity clauses for the reporting physician, and many provide for punishment for failure to report; in a number of states the physician-patient privilege is abrogated for these cases. Future refinement of the laws should avoid the punitive aspects of police investigation and should provide for greater child protection services as well as fairness to the parents. Numerous references.

CD-00778
Columbia Univ., New York, N.Y. School of Law.
Child Abuse Reporting Laws--Some Legislative History.
Paulsen, M. G.; Parker, G.; Adelman, L.
George Washington Law Review 34(3):482-508, 1966.

A survey was conducted of the governors and interested agencies in 47 states passing child abuse reporting laws, to find characteristic features in the legislative histories of these laws. The typical law requires physicians to report any cases of suspected child abuse to the local child welfare service or if none exists to the juvenile court or police. They also abrogate any liability against the reporter, and relax the physician-patient privilege to allow testimony on the child abuse incident in court. Some laws establish a central registry of abused children. A number of generalizations can be made about the legislative histories of these laws. The laws were often spurred by the individual initiative of private citizens, usually physicians or other concerned professionals. Similarly, nonpartisan civic organizations frequently facilitated passage of the laws by

publicizing the problem, lobbying, and drafting suggested legislation. Some organizations, such as the Society for the Prevention of Cruelty to Children, are specifically concerned with child welfare; the American Legion, for example, has a more general scope. All, however, tended to be middle and upper class in composition. Executive agencies played a role similar to that of the voluntary organizations. Of particular note is the United States Children's Bureau (DHEW) which in 1962 compiled a bibliography of child abuse literature and drafted model legislation and has in one form or other influenced many states. Often, legislation was the direct product of an ad hoc committee composed of concerned individuals, voluntary organizations, and executive agencies. The popular media, including television and magazines, directly motivated a number of legislative efforts. In some cases, the pressure of publicity caused passage of hastily drafted bills that required later revision, but in general, the mass media's effect was highly useful. Child abuse legislation usually had bipartisan support (although sometimes the parties vied to pass their particular version of a bill) and was generally unopposed in committee after differences were ironed out. In the future, several bills will have to be redrafted because of deficiencies, and overall, bills covering a wider range of child mistreatment will have to be formulated. 97 references.

CD-00779

California Univ., Los Angeles. Child Trauma Intervention and Research Project.

An MMPI Scale for Identifying "At Risk" Abusive Parents. Paulson, M. J.; Abdelmonem, A. A.; Chaleff, A.; Thomason, M. L.; Liu, V. Y.

Journal of Clinical Child Psychology 4(1):22-24, Spring 1975.

A Minnesota Multiphasic Personality Inventory (MMPI) scale designed for psychological evaluation of physically abusive parents was applied to 15 males and 18 females who were known abusers. For both males and females, a separate item analysis was performed comparing the responses of the experimental and control subjects on each of the 566 items using chi square tests. Standard procedures were used to transform the raw scores into T scores, thus allowing the MMPI profile sheet to be used as a standard for measuring pathology. For comparison, a third scale was derived for the combined male and female groups. The combined scale was least successful in identifying abusive parents with 42 percent false negatives, while the male and female scales together produced only 9 percent false negatives. Further application of this scale is urged, and its potential usefulness is discussed. 13 references.

CD-00780

California Univ., Los Angeles. Center for the Health Sciences.

The MMPI: A Descriptive Measure of Psychopathology in Abusive Parents.

Paulson, M. J.; Afifi, A. A.; Thomason, M. L.; Chaleff, A. *Journal of Clinical Psychology* 30(3):387-390, July 1974.

The Minnesota Multiphasic Personality Inventory (MMPI) was administered to 33 mothers and 27 fathers referred to the UCLA Child Trauma Intervention Program because of child abuse or neglect in the family. Their scores were compared to those of 63 mothers and 37 fathers selected at random from the UCLA child psychiatric outpatient clinic to discover which personality traits distinguish maltreating parents from others. Maltreating parents were divided into 3 groups: abusers (AB), passive abusers (those who had done nothing to prevent a spouse's maltreatment) (PA), and absolute nonabusers (ANA); the other subjects were controls (CO). PA mothers showed high interpersonal isolation, paranoid-like thinking, antiestablishment conflicts, and depression. Anxiety, obsessional thinking, ambivalence, self-doubt, introversion, and impulse potential were also high. AB mothers showed low neurotic anxiety and minimal somatizing, self-doubts, depression, or expressed insecurity. They also showed high projection, antiestablishment conflict, and impulse potential. Their dominant profile was 4-9-6. ANA mothers demonstrated the least psychopathology; their profile was 9-4-2. AB fathers displayed a 9-4-2-6 profile with low defensiveness and high psychotic-like measures. ANA fathers had low depression and high semantic, hysterical-like denial. PA fathers showed somewhat elevated defensiveness scores. CO fathers showed high neurotic symptoms and interpersonal and authority conflicts but low idiosyncratic thinking and psychotic-like symptoms. These findings indicate that MMPI scores are useful in discovering high risk families and distinguishing different types of maltreating parents. 12 references.

CD-00781

California Univ., Los Angeles. Dept. of Psychiatry.

The Physically Abused Child: A Focus on Prevention.

Paulson, M. J.; Blake, P. R.

Child Welfare 48(2):86-95, February 1969.

After a brief review of the history of child abuse, a series of 96 cases of child maltreatment at Los Angeles County General Hospital is presented and analyzed. Of the total number, 90 percent fit the classic definition of the battered child syndrome, in marked contrast to the 5 percent figure cited by Gil. Males represented 55 percent of the cases, and 18 percent were under 6 months of age and about 60 percent were under 3 years old. Biological fathers were equally abusive to sons and daughters, while biological mothers attacked their sons in 11 percent of the 53 male cases and their daughters in 23 percent of the 43 female cases. Protective service agencies were involved in accompanying to the hospital 32 percent of the 78 cases on which such information was available, and assumed responsibility for 68 percent upon release of the child from the hospital. Although physical abuse of children occurs in every stratum of society, there is more documented evidence of such abuse in the lower economic levels. The need for research on medical, social, and psychological levels is stressed. 31 references.

RESEARCH PUBLICATIONS

CD-00782

California Univ., Los Angeles. Div. of Medical Psychology. **Parent Surrogate Roles: A Dynamic Concept in Understanding and Treating Abusive Parents.**

Paulson, M. J.; Chaleff, A.

Journal of Clinical Child Psychology 2(3):38-40, Fall 1973.

A three-year program of group psychotherapy for 61 fathers and mothers showed that parents from homes lacking in mothering qualities are often abusive. Having led lives of emotional isolation, mainly due to parental rejection, they are unable to relate to their own children and become frustrated by the children's needs. By providing the parents nonjudgmental, nonpunitive, parent surrogates in the older male and female therapists, the parents are able to establish stable relationships of trust and understanding. With this support and new understanding the parents are able to develop new, healthier relationships with their own children. A brief review of other clinical studies is presented. 12 references.

CD-00783

Parents of the Battered Child: A Multidisciplinary Group Therapy Approach to Life-Threatening Behavior.

Paulson, M. J.; Chaleff, A. B.; Frisch, F.

Life-Threatening Behavior 4(1):18-31, Spring 1974.

A report analyzing demographic findings and discussing experiences from a three-year, multidisciplinary group psychotherapy program with 31 child-abusing families, gives no predictive demographic characteristics, but does characterize the personal and family pathology of abusive parents. The abuse of children ranged from mild bruising to severe brain damage and multiple fractures. Rehabilitative success of the group therapy could not be ascertained though followup of available cases showed no reinjury to any initially abused children who had been returned home. The dynamics of interpretation of resistance on the part of therapists, peer group sharing, and the ability ultimately to verbalize inadequacies in the preventing role were crucial factors in therapy. Several vignettes are included to depict parent emotions and how therapeutic intervention was performed. 12 references.

CD-00784

An Intervention Program for Infants From High Risk Homes.

Pavenstedt, E.

American Journal of Public Health 63(5):393-395, May 1973.

An experimental day care unit for 15 children at high risk of abuse because of inadequate mothering was established and combined with a group training program for care-givers. Close supervision of trainees is emphasized, as it was discovered that trainees who had not received adequate mothering themselves (primarily from a lower socioeconomic background) did not know how to respond correctly to infant cues. Intensive training of care-givers and

recruitment of persons who have the necessary knowledge and skills for infant day care are urged. 7 references.

CD-00785

Welsh National School of Medicine, Cardiff. Dept. of Pathology.

Unusual Fatal Brain Injury Due to Knitting-needle.

Payne, E. E.

British Medical Journal 2(5517):807-808, October 1966.

A 13-month-old male infant died 3 days after sustaining what was thought to be a trivial penetrating injury by a knitting needle on the back of the neck. The boy had fallen from the arm of a chair, on which his mother had set him, onto a bag of knitting materials; he lost consciousness a few minutes after the mother had extracted the needle. The needle had passed 8 cm into the brain through the left thalamus, and up to the white matter adjacent to the left supracallosal gyrus. No diagnosis was made before necropsy since the only symptoms were the small puncture wound on the back of the neck, diffuse radiographic abnormality corresponding to general edema, blood stained fluid, and the absence of consciousness. The prognosis would not have been changed had a diagnosis been made. The possibility of homicide was ruled out by the coroner. 3 references.

CD-00786

Pediatric Currents.

Reporting Child Abuse.

Pediatric Currents 16(10):37-40, November-December 1967.

A sampling of the literature dealing with child abuse in 1967 revealed that while all 50 states had passed reporting laws, many physicians were still unaware of the specific provisions of the law in their state, and they were equally unfamiliar with the proportions of the problem. The Brandeis University study indicated that 30 percent of 2,049 reported cases came from California and 15 percent from Texas; children under 3 years accounted for only about 32 percent of cases, and only 8.4 percent were reported by physicians in private practice. A startling degree of ignorance of the problem was demonstrated among physicians of Washington, D.C., where almost 1 in 4 stated he would not report a case even with legal protection. Faulty communication is blamed for this state of affairs. A model of physician education and agency preparation for the law was seen in Illinois. A physician in doubt as to how to proceed in child abuse cases should call his local hospital, where the administrator will be able to provide the information. 12 references.

CD-00787

Pediatric News.

Sex Abuse of Child More Common Than Is Realized.

Pediatric News 9(3):3, 76, March 1975.

Sexual exploitation of children is not uncommon, and is probably far more widespread than previously thought. The psychological damage to the child depends largely on the parental reactions. Incest is by far the most common form of sexual abuse of children, followed by occasional sexual contacts with unrelated adults; prostitution of children is less common. Brother-sister incest, the most common form, is the least damaging, psychologically. Father-daughter incest is next most common, and often takes place with the knowledge or consent of the mother. Sterilization might be considered appropriate for some mentally retarded girls who turn to sex in order to compensate for childhood deficits. The role of the physician is to provide psychological as well as physical therapy and to maintain a followup of the sequelae. The question of pressing charges needs to be treated case by case rather than by some set formula.

CD-00788

Pediatric News.

Child Abuse Registry Aids in Prevention.
Pediatric News 9(4):58, April 1975.

The maintenance of a central registry of child abuse cases in Dade County, Florida, is credited with case identification, insight into etiology, and means of prevention. Various aspects of the problem of abuse such as the high incidence, the very early age of the victims, unwanted pregnancy coupled with social and financial problems, the frequently observed separation of the child from the mother shortly after birth, and the appearance of the condition in all levels of society are discussed.

CD-00789

Pediatric News.

One Child Dies Daily From Abuse; Parent Probably Was Abused.
Pediatric News 9(4):3, 59, April 1975.

The incidence of death from child abuse in this country is approximately one per day. The National Center for the Prevention and Treatment of Child Abuse and Neglect at the University of Colorado currently operates 5 pilot programs: group psychiatry for abusing parents; a lay therapy program, which provides a friendly lifeline to the isolated parent; a crisis nursery, where children may be left for up to 3 days in emergency situations; a therapeutic play school and preschool for abused children; and Circle House, a residential treatment facility for entire families. Services are offered free of charge; the Center is being currently funded through private foundations and the federal Office of Child Development. The basic goal of the center is the creation of effective programs of child abuse identification, prevention, and treatment in every county in the country.

CD-00790

Pediatric News.

"Team" Held Best Hope in Child-Abuse Intervention.
Pediatric News 9(3):76 March 1975.

Hospital-based multidisciplinary teams represent the current best hope for intervention in cases of child abuse, since this approach benefits the child, the parents, and the community at large. The exact makeup of a team may vary from place to place; the team at DeWitt Army Hospital consists of a pediatrician, a psychiatrist, a psychologist, a social services representative, an emergency room physician, the hospital registrar, and a community-health nurse; occasional members for special situations include military police, the judge advocate's representative, and a chaplain. Advantages of the team approach include less likelihood of overlooking or dismissing a case, sustained contact and protection, greater accessibility to parents, and broader supporting services. Case identification efficiency is also increased. It is probable that this approach also decreases mortality rates in child abuse, although this has not been documented as yet.

CD-00791

Pediatric News.

Training Unit on Child Abuse Prevention Opens.
Pediatric News 7(3):17, March 1973.

A National Training Center for the Prevention and Treatment of Child Abuse has been established at the University of Colorado School of Medicine under a grant from the Robert Wood Johnson Foundation. In addition to diagnostic and treatment facilities, the Center offers courses for lawyers, social workers, legislators, judges, and health professionals. Group therapy is available for families prone to violence against children. There is also a therapeutic day care center at which offending parents can discover that their children can merit approval from other parents, thus subverting some of the underlying causes of child abuse.

CD-00792

Children's Hospital, Winnipeg. (Manitoba).

Child Abuse and Traumatic Pseudocyst of the Pancreas.
Pena, S.D.J.; Medovy, H.
Journal of Pediatrics 83:1026-1028, December 1973.

Blunt abdominal trauma accounts for at least half of the reported cases of pancreatic pseudocyst in children. Among children of school age, the most common cause is accidental injury, but among infants and toddlers, child abuse should be considered if there is no other apparent cause. In a series of 9 cases, 6 were the result of accidental injury in children 6-15 years old, while 2 of the other 3 were known to be and 1 highly suspected to be the result of child abuse; the age of the 3 ranged from 1.5 to 3 years. It is suggested that child abuse is a more common cause of pseudocyst of the pancreas than the literature indicates. 4 references.

CD-00793

Juvenile Protective Association of Chicago, Ill.

What Situations Encourage Abuse.

Penner, G. L.

In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 101-104, 1975.

The likelihood of parents treating their children in the manner they were treated as children is supported by a case report. The child of an alcoholic father who was prone to physical violence and a mother who provided little or no emotional support was reported to a protective service agency when he was eighteen. He spent time in an orphanage and in a mental hospital, neither of which improved his situation. His violent temper brought about constant scholastic suspension and made him unable to keep a steady job. During periods of living at home he tyrannized and beat his younger brothers. Finally through counseling from the Protective Service Agency, he gradually improved, completed a high school education, and was able to maintain a steady job.

CD-00794

Juvenile Protective Association, Chicago, Ill.

Multidisciplinary Cooperation for Protecting Children.

Penner, G. L.

In: 4th National Symposium on Child Abuse. American Humane Association, Charleston, S.C., October 23, 1973. Denver, Colo., American Humane Association, pp. 15, 27-31, 1975.

The activities of the Bowen Center, a federally funded demonstration project in Chicago from 1965 to 1971, are described. Children of neglectful parents were treated by providing basic needs such as meals, medical attention, and schooling. The parents were treated by a variety of social activities and instruction in basic domestic functions such as household management or laundering. The infantile personalities of many of the parents required that they be treated as children themselves. The importance of treating the entire family and avoiding separation of children from parents is stressed.

CD-00795

Juvenile Protective Association, Chicago, Ill.

Multi-disciplinary Cooperation for Protecting Children.

Penner, G. L.

In: *Professional Papers: Child Abuse and Neglect*. Chicago, National Committee for Prevention of Child Abuse; pp. 222-230, 1973-1974.

A discussion covers the development and operation of the Bowen Center, originally a demonstration family treatment center. The main premise for the existence of the center was that a variety of social services can best meet the variety of problems associated with a neglectful family. Pre-school children were bused to the center, fed, and

socialized depending upon their psychological maturity. Exclusive parent activities were developed including an art class and a weekly dinner (free babysitting was provided). A school was created for school-age children who had never attended school. Children participated in group activities and whole families were taken on trips. School children were bused to appropriate schools. Women were instructed in home economics. The center provided shelter to families of persons in transit. The use of such a center refutes the approach of permanent separation of children from bad homes because that approach may increase family trauma. Communities are ultimately responsible for the care of children and should establish family service programs to watch over vulnerable families.

CD-00796

Juvenile Protective Association, Chicago, Ill.

The Protective Services Center.

Penner, G. L.; Welch, H. H.

Denver, Colo., American Humane Association, Children's Div., 22 pp., 1967.

A monograph from the Children's Division of the American Humane Association presents the conceptual framework for a demonstration and research project in Child Protective Services undertaken by the Juvenile Protective Association of Chicago. In modern times, protective agencies face the failure of the community to provide supporting services of the kind and quality needed to serve deprived families and which are geared to the special needs of these clients. When it is necessary for a protective staff to supplement casework services with other special treatment services it is often frustrated by waiting lists, unwillingness to cooperate, closed intake, etc. The project described avoids such blocks by providing both the protective casework and a battery of supportive, auxiliary services under one administrative control. 4 references.

CD-00797

Pennsylvania General Assembly, Harrisburg.

Amendment to the Penal Code As It Pertains to Child Abuse.

Pennsylvania General Assembly, Harrisburg, House Bill No. 2263, 4 pp., June 23, 1970.

The 1967 Pennsylvania reporting law is amended as follows: school nurses and school teachers are mandated to report child abuse in children under 18 years of age, and any person may report cases of neglect or abuse. The immediate oral report is to be followed within 48 hours by a written report. Immediately upon receipt of the oral report, the county public child welfare agency shall notify the appropriate law enforcement agency, and shall make available to such an agency a copy of the written report. Provision is made for county registers, and there are immunity and physician-patient privilege waiving clauses. Violation of any of the provisions of the law is punishable by a fine (up to \$300) and imprisonment (90 days). A 1968

amendment to the penal code provides for a fine of up to \$500 for cruelly ill-treating, abusing, or inflicting unnecessary cruel punishment on any minor child, and the fine may be up to \$3,000 for aggravated cruelty to minors.

CD-00798

Pennsylvania General Assembly, Harrisburg.
Child Abuse Law.

Pennsylvania General Assembly, Harrisburg, House Bill No. 2263, 5 pp., December 30, 1970.

A Pennsylvania statute requires all physicians, school nurses, and school teachers to report evidence in children under 18 of gross physical neglect, nonaccidental injury, self-inflicted wounds, and wounds inflicted by a deadly weapon to the county public child welfare agency. An oral report must be made immediately and a written report must follow within 48 hours. Other citizens may voluntarily report. The report must contain the names and addresses of the child and his parents, the child's age, the nature of the injuries, and any evidence of causation. The child welfare agency must investigate within 48 hours, make the report available to the local law enforcement authorities, and take appropriate protective action including filing a petition in juvenile court if necessary. The agency must maintain a registry of reports for use in a state-wide registry. Reporters are granted immunity for liability and the physician-patient privilege cannot be used to bar evidence of mistreatment in any judicial proceeding resulting from the report. The penalty for violating the statute is \$300 or 90 days imprisonment. The act was originally passed on January 1, 1968, and amended on December 30, 1970.

CD-00799

Pennsylvania Medicine.

MD Has Role in Child Abuse Cases. (Editorial).

Pennsylvania Medicine 73(9):102, September 1970.

A Pennsylvania Department of Public Welfare survey revealed that 586 cases of child abuse and 27 fatalities took place in Pennsylvania in 1969. Children were most commonly 1-2 or 8-9 years old and the abuser was usually the mother, although the father and step-father were also noted. The survey illustrates the need for the family physician to recognize the symptoms of child abuse, make a differential diagnosis, and cooperate with welfare authorities in taking corrective measures, particularly where developmental retardation is involved. Another survey indicates that the abusive parent, although outwardly normal, demonstrates psychopathic and schizophrenic traits on the Minnesota Multiphasic Personality Inventory.

CD-00800

California Univ., San Francisco. Dept. of Pediatrics.
Thirsting and Hypernatremic Dehydration--A Form of Child Abuse.

Pickel, S.; Anderson, C.; Holliday, M. A.
Pediatrics 45(1):54-59, January 1970.

Three cases of hypernatremic dehydration following periodic water deprivation are described to illustrate a form of child abuse in children aged 2-8 years that is not commonly recognized. On admission, the children (2 boys, 2.5 and 3.75 years old, 1 girl, 7.2 years old) were significantly underweight and dehydrated and had bruises in varying locations and stages of resolution; diagnosis was hypernatremic dehydration. Treatment consisted of intravenous infusions of dextrose containing variable amounts of saline, potassium, and calcium. The acute changes in body weight and serum sodium concentrations during treatment indicated that dehydration in these children was not due to sodium deficits. The severity of the hypernatremia, insufficient explanation of bruising, and, in 2 instances, the convincing evidence of outside observers indicated enforced thirsting by the mother in each case. 13 references.

CD-00801

Radcliffe Infirmary, Oxford (England).

Neonatal Hypoglycaemia Due to Salicylate Poisoning.

Pickering, D.

Proceedings of the Royal Society of Medicine 61:40, December 1968.

A 19-day-old girl hospitalized in a near moribund state and suffering from convulsions was found to have a blood glucose level of between 10 and 40 mg per 100 ml. Blood salicylate levels (which probably caused the hypoglycemia and hence the convulsions) of 5 and 7.5 mg were detected 3.5 and 4.5 days after admission and declined thereafter without specific treatment. EEG changes and development returned to normal after the salicylate levels declined. Because the child's parents told conflicting stories, it was not possible to determine whether aspirin had been administered deliberately to poison the child or whether the parents had merely attempted to quiet the child and accidentally administered an overdose. 5 references.

CD-00802

Yale Univ., New Haven, Conn. Dept. of Clinical Surgery.

Role of the Surgeon in the Detection of Child Abuse.

Pickett, L. K.

Connecticut Medicine 36(9):513-514, September 1972.

A case of battered child syndrome illustrates typical problems of detection and frustrations of management. History on 3 separate admissions included crawling into a tub of hot water, falling from bed, and falling from a tricycle. The surgeon's role in diagnosis and reporting such cases is highlighted. In Connecticut, the state welfare department maintains a registry of previously suspected cases, and information is available 24 hours a day.

CD-00803

C.A.L.M., Santa Barbara, Calif.

C.A.L.M.--A Timely Experiment in the Prevention of Child Abuse.

Pike, E. L.

Journal of Clinical Child Psychology 2(3):43-45, Fall 1973.

A community program, Child Abuse Listening Mediation (CALM), staffed by volunteers and designed on the principle of mothering was started in Santa Barbara County, California. The aim of the program is to provide the parents with the opportunity to ease their frustrations before they abuse their children. After the initial hotline contact one of the volunteers takes the case, paying visits to the family, occasionally taking care of the children, and in general establishing a friendship that provides a sympathetic ear and relief from anxiety. Once the client's self-image improves and the scope of her interests broaden, dependency on the volunteer decreases leaving the parent with a new outlook and freeing the volunteer for another client. Events leading to the establishment of the program are described.

CD-00804

Child Abuse Listening Mediation, Inc., Santa Barbara, Calif.
Professionals Are Not the Only Answer.

Pike, E. L.

In: Harris, S. B. (Editor). *Child Abuse: Present and Future*, Chicago, National Committee for Prevention of Child Abuse, pp. 215-226, 1975.

Child Abuse Listening Mediation, Inc. (CALM), a lay-operated social service in Santa Barbara, California, is described. Its primary focus is early detection and intervention in high-risk situations of potential abuse or neglect. Some significant features of CALM are (1) a 24-hour hot line with a trained listening service; (2) casework parent-aides for invited assistance; (3) a professional referral service; (4) educational programs formed to meet the needs of various community groups; and (5) a resource library of materials relating to child abuse and neglect. The need for cooperation of lay therapists and professionals and the importance of lay therapists are stressed.

CD-00805

California Univ., Berkeley. School of Public Health.

Mental Health Mystification and Social Control.

Pilisuk, M.

American Journal of Orthopsychiatry 45(3):414-419, April 1975.

The enormous vocabulary of technical jargon in the field of mental health is an important barricade where one's skills and purpose are most unclear. Since the persons most affected by the issues debated in technical terms are left out of the discussion, it is concluded that professionals in the field of mental health have come to serve as an exclusionary buffer between human anguish and social policy. 5 references.

CD-00806

The Police.

Pitcher, R. A., Jr.

In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Co., pp. 242-255, 1972.

The precise role of the police in child abuse cases remains to be defined. There has been a feeling on the part of many social workers and medical personnel that policemen act as authority figures; however, law enforcement officers are slowly adopting a less punitive attitude in these cases. Law enforcement agencies have unique capabilities and characteristics which can be of value in the area of child protection. Police, like other professionals, have an important role in identification of cases, but they are cautioned against pressing for explanations from parents and against direct action. The question of whether reporting should be to the police or to social welfare agencies continues to be debated, and it is suggested that the capabilities on the local level should be the determining factor. In terms of investigation and evaluation, it is suggested that police practices and the implementation of the social worker's expertise in family problems are compatible and mutually beneficial; joint investigations should capitalize on the strengths of both professions. The use of plainclothes officers would remove the argument about the harm done to parents by authority figures with badges. Officers for work in this field should be specially trained and selected for their competence in handling such matters. Regarding disposition and follow-up, the officer must maintain close contact with the public prosecutor's office and report to him any crime; prosecution is at the discretion of the public prosecutor. In the rare case which proceeds through criminal channels, the policeman's role is like that in any criminal proceeding, and the social service agencies should cooperate. In the usual case which goes through the juvenile or family court, the role of the policeman is terminated, except for providing assistance at the hearings and being alert to further difficulty within the family. 13 references.

CD-00807

Child Abuse and Day Care.

Pizzo, P. D.; Cochintu, A.; Bean, S.

Voice for Children 7(1):1-6, January 1974.

A review covers recognition of child abuse and neglect, etiology, levels of action that can be taken by day care programs, and common pitfalls in attempted treatment of the problem. The neglecting parent is usually overwhelmed and depressed over a long period of time. The abusive parents may be ambivalent toward the child. Most parents who abuse their children grew up in similar environments and use their children to counter emotional dissatisfactions. Three factors common to abusive incidents are the parents' potential for abuse, perception of the child as different, and an immediate crisis or series of crises. Day care programs may choose from four levels of action: (1) reporting the abuse; (2) reporting the abuse and referring the whole family to other agencies who can provide day care and

parent rehabilitation; (3) reporting the abuse, keeping the child in the program, and referring the family to another agency; or (4) reporting the abuse and handling the entire problem with use of the day care staff. Examples of agencies to whom reports are made and who provide family therapy are listed. Cooperation with other agencies and proper assessment of family need are stressed. Pitfalls common to approaching child abuse situations include avoidance of the problem by making deals with parents; polarization between child advocates and parent advocates; subjectivity; discouragement; and guilt caused by failure to solve the situation. 5 references.

CD-00808

Evidentiary Problems in Criminal Child Abuse Prosecutions.
Plaine, L. L.
Georgetown Law Journal 63(1):256-273, October 1974.

Child abuse seldom results in criminal prosecution; that is partly due to a fear that prosecution will further exacerbate family relations and partly to the fact that the difficulties inherent in proving guilt in a criminal trial are magnified in child abuse cases. Witnesses to child abuse are usually limited to the perpetrator, children (who may be easily swayed by their parents), and the perpetrator's spouse (who may invoke privilege); thus, the prosecutor often must rely exclusively on circumstantial, character, and hearsay evidence. Exceptions to the hearsay, character evidence, expert witness, and demonstrative evidence rules assume a special significance in criminal child abuse cases. A pattern of previous abuse may be admissible as character evidence under a variety of circumstances especially where the crime is defined as a pattern of behavior. Relevant exceptions to the hearsay rule include evidence of prior inconsistent statements (which should be more liberally used to challenge children who change their stories under parental pressure), former testimony, statements to a doctor concerning pain and the cause of an injury, excited utterances, and regularly kept records (i.e., medical files). Some jurisdictions facilitate the giving of testimony by physicians by requiring them to report suspected child abuse and by abrogating the physician-patient privilege in such cases. On the stand, a physician may be permitted to testify as to the cause of an injury despite the fact that this is an inference usually reserved for the jury. Demonstrative evidence including post-injury photographs may be admissible even though prejudicial. A prosecutor's creative use of these exceptions may mean the difference between a reversal and a sustained verdict. 101 references.

CD-00809

Los Angeles County Probation Dept., Calif.
Behavioral Treatment of Child Abuse.
Polakow, R. L.; Peabody, D. L.
International Journal of Offender Therapy and Comparative Criminology 19(1):100-103, 1975.

Results of a behavioral approach to the treatment of an abusing 20-year-old mother and her 7-year-old son are

described. Contingency contracting, assertive training, and discrimination training were the techniques employed. Psychiatric examination had previously revealed that the child, who had a history of various acting-out behaviors, was depressive-reactive with an impulsive disorder, and the mother diagnosed as overcontrolling, extremely hostile, and unable and unwilling to accept help. During the first 12 weeks the behavioral contingencies which existed in the mother-son relationship were determined. A behavioral contract was then negotiated between the mother and the son; mutually agreeable behavioral changes in the son were to be reinforced by the mother through appropriate rewards, and undesired behavior was to be ignored. As specified behaviors were stabilized, they were replaced in the contract by other desired behaviors. The mother was rewarded by the therapist as each phase of the contract was completed. By the end of 30 weeks, most of the acting-out behaviors of the child had disappeared and the mother had learned effectively to reinforce behavior. The mother then participated in group therapy sessions designed to develop social and interpersonal skills, and the therapist withdrew from the contract negotiations at 45 weeks. On follow-up at 18 months, the son's behavior and academic performance were being maintained. It is suggested that this approach might be useful in cases of child abuse treatment. 8 references.

CD-00810

Georgia Univ., Athens. School of Social Work.
Verbal Accessibility in the Treatment of Child Neglect.
Polansky, N. A.; Borgman, R. D.; De Saix, C.; Sharlin, S.
Child Welfare 50(6):349-356, June 1971.

Social workers dealing with neglectful mothers in rural Appalachia are frequently frustrated by the mother's low verbal accessibility, i.e., their inability to talk directly about important attitudes and feelings. A survey of 91 Aid to Families with Dependent Children clients in rural Appalachia revealed that whereas 40 percent could be classified as spontaneous or spontaneous with explicit encouragement and another 25 percent were responsive, the rest were only receptive, unresponsive, or evasive. Low verbal accessibility has been shown correlated with poor child care, low child I.Q., high maternal loneliness, and low maternal adolescent ego strength (as indicated by records of school achievement, employment experience, and dating behavior). Case-workers should be aware that low verbal accessibility tends to defeat the dynamics of psychotherapy and casework, and that improving verbal accessibility may foreshadow improving the mother's ego skill in general. In dealing with a verbally inaccessible client, the caseworker should first determine whether the inaccessibility is due to mental retardation, gross immaturity, or neurotic block (as it most commonly is). The worker must generally encourage the client to talk about any topic that elicits spontaneity and may find it useful to focus initially on the client's concrete mother concerns; however, some verbally inaccessible clients are quite voluble, merely restricting their conversation to trivial matters. The workers should strive to instill a sense of security in the client and help the client give names

to poorly articulated feelings. Special attention must be given to establishing communication during times of crisis and to allay the culturally induced hesitancy on the part of rural Appalachian women to air their troubles outside of the home. Above all the worker must conduct the case with honesty and accessibility. 6 references.

CD-00811

Georgia Univ., Athens. School of Social Work.
Verbal Accessibility of the Appalachian Mother: A Case-work Challenge.
Polansky, N. A.; Borgman, R. D.; De Saix, C.; Smith, B. J.
National Conference on Social Welfare, New York, 22 pp., May 28, 1969.

Correlations of verbal accessibility in Appalachian mothers with overall personality integration, general maturity and intelligence, and home experience of their children were determined in a study of 65 mother-child pairs. Verbal accessibility is defined as the readiness of the client to communicate verbally and to permit others to communicate with him about his most important attitudes. Children of the more verbally accessible mothers were generally better cared for, of higher intelligence, and more verbally open. Verbally accessible mothers were also easier to incorporate in social work programs. The study design and procedures are described in detail. 26 references.

CD-00812

Georgia Univ., Athens. School of Social Work.
Two Modes of Maternal Immaturity and Their Consequences.
Polansky, N. A.; Borgman, R. D.; De Saix, C.; Smith, B. J.
Child Welfare 49(6):312-323, June 1970.

A total of 65 mother-child pairs from low-income families in rural Appalachia were studied to determine the effect of the mother's immaturity on her children. Children were 4-5 years old at the time of the study and the behavior of both mother and child were described as within normal limits. Based on observations of the family and family history, the mothers were rated for 2 types of immaturity: apathy-futility (A-F) characterized by social withdrawal, immobilization, and generally ineffectual behavior, and impulsivity (Imp) characterized by dependency and the inability to tolerate tension without impulsive action. A measure of the child's physical and emotional environment (the Childhood Level of Living [CLL] scale) and observations of the child's behavior were also recorded. The 2 measures of immaturity correlated with each other and were negatively correlated with the CLL scale (i.e., the greater the immaturity the worse the child's environment). High A-F but not Imp was correlated with withdrawal, lethargy, lack of sociability, and clinging behavior in the child; high Imp correlated with hostile defiance in the child. All of the correlations but the last one disappeared when the influence of the CLL was

partialed out, indicating that A-F but not Imp influences on the child were mediated by the home environment. The child's I.Q. was correlated with the Imp, A-F, and CLL scales in a manner suggesting that stimulus deprivation impaired cognitive development. Because the effects of immaturity were primarily on visual-motor abilities and those of the child's environment primarily on verbal abilities, the effects appeared to be independent. The mother's childhood environment seemed more closely related to the development of A-F behavior than her present environment. These findings indicate that superficial intervention will not alter the deleterious effects of maternal immaturity on marginal childrearing practices, since they stem from a pervasive pattern of personality development. Mothers must be given financial aid and helped to develop verbal accessibility and improved object relationships. 24 references.

CD-00813

Georgia Univ., Athens. School of Social Work.
The Faces of Poverty for Appalachian Children.
Polansky, N. A.; Borgman, R. D.; DeSaix, C.; Sharlin, S.
Georgia Univ., Athens. School of Social Work, 14 pp., 1971.

A comparison was made of families living under various conditions of poverty in southern Appalachia to determine the impact of poverty on the Childhood Level of Living scale (CLL). Sixty-five families (most of whom had incomes of less than \$3,000 per year) who were self-supporting and 91 families receiving Aid to Families with Dependent Children (AFDC) were repeatedly interviewed. Whereas AFDC and self-supporting families provided approximately equal levels of survival necessities for their children, self-supporting families provided significantly greater levels of amenities such as changes of clothing. Unexpectedly, AFDC parents were less likely to use harsh immature methods of discipline. In general, however, AFDC parents showed a higher degree of instability and ineptitude than the self-supporting parents; this was indicated by a higher incidence of violence, alcoholism, neglect, psychosomatic complaints, and transiency among the parents. The impact of a low CLL appears in the lower intelligence and higher incidence of schizoid tendencies of the children. Parents in low CLL families tend to be infantile, AFDC families in which the father had left the home provided a higher CLL than families where the father was present but either incarcerated or disabled. Although there was no significant difference in CLL between AFDC families in affluent counties and in poorer counties, there was a greater prevalence of psychosocial problems in the more affluent, indicating that where opportunities to leave AFDC exist, AFDC accumulates a residuum of problem families. Thus, children of AFDC families are victimized by the doctrine of less eligibility, which tends, by depriving them of an adequate environment in childhood, to perpetuate dependency on the welfare system generation after generation. 8 references.

CD-00814

Georgia Univ., Athens. School of Social Work.
Mental Organization and Maternal Adequacy in Rural Appalachia.

Polansky, N. A.; Borgman, R. D.; DeSaix, C.; Smith, B. J. Georgia Univ., Athens. School of Social Work, 15 pp., 1969.

A study was made of 67 mother-child pairs in a rural, mountain county in southern Appalachia to determine the relationship between maternal personality traits and the child's level of care. Mothers of the 4- and 5-year-old children enrolled in a Head Start day care center program were administered 5-8 interviews and a test battery that included the Childhood Level of Living Scale (CLL). This latter instrument evaluates the level of physical care (e.g., running water, separate beds) and emotional and cognitive care (e.g., intellectual stimulation and reasonable discipline) the child receives. High CLL scores were correlated with high scores on a measure of the mother's overall ego strength in adolescence as indicated by her educational, dating, and working experiences. These mothers also scored higher on the Wechsler Adult Intelligence Test, and a TAT measure of maturity in conflict resolution. A modified Rorschach scale indicated that less adequate mothers showed more undifferentiated, impulsive responses to their environment. More adequate mothers had husbands with higher socioeconomic status. The child's I.Q. was positively correlated with maternal I.Q. but more closely correlated with CLL, even when maternal I.Q. partialled out, and with the father's socioeconomic level. These findings suggest that inadequate maternal care is the result of pervasive characterological disturbance not easily remediable by social tinkering. 18 references.

CD-00815

Georgia Univ., Athens. School of Social Work.
Child Neglect in a Rural Community.

Polansky, N. A.; De Saix, C.; Wing, M. L.; Patton, J. D. *Social Casework* 49(10):467-474, October 1968.

A pilot study was made on the personalities of 10 inadequate mothers from 2 rural counties in Southern Appalachia. Data were collected by interviews over a period of weeks, and by psychological testing. All of the women had been nominated by local public welfare personnel as having given cause for concern about their childrearing standards either because of filth or lack of supervision. These people showed little neurotic or psychotic symptomatology. Rather, they indicated a massive and early arrest and fixation of personality development. Clinical features included a low level of use of symbolization; sensorimotor apparatus that appears poorly integrated; low impulse control, the pleasure principle predominating over the reality principle; alloplastic solutions rather than autoplasic solutions to interpersonal difficulties; thought processes reflecting a predominance of primary process over secondary; and separation anxiety toward both parents and children. The types of neglectful mothers identified were (1) eruptive (i.e., impulsive, abandonment motivated by self-destructive rage) with shame; (2) eruptive, without

shame; (3) apathetic, without thought disorder; and (4) apathetic, with thought disorder. This grouping also appears to represent, in descending order, the psychogenetic stage at which the original, crippling fixation took place in the

CD-00816

Georgia Univ., Athens. School of Social Work.
Child Neglect in Appalachia.

Polansky, N. A.; De Saix, D. C.; Sharlin, S. In: *Social Work Practice: Proceedings*. 98th National Conference on Social Welfare, Columbus, Ohio. New York, Columbia University Press, pp. 33-50, 1971.

Self-supporting families were compared with Aid to Families with Dependent Children families in terms of the Childhood Level of Living Scale (CLL, a composite instrument which measures several aspects of child care) in families living in Appalachia. The child on AFDC in the mountain counties tended to have poorer scores than those of children from self-supporting families in terms of clothing, home comforts, promotion of curiosity, and maturity of discipline, but in terms of housing, food, safety, medical care, and grooming, differences were insignificant. Among the AFDC children, good care was present in cases where the cause for assistance was a widowed, divorced, or separated mother, but poor care was characteristic among children of families in which the father was incarcerated or disabled. Domestic difficulties, including extramarital affairs, incapacitating use of alcohol, and physical violence, were more common among families on AFDC than in their self-supporting neighbors. CLL scores were correlated with several characteristics of the children; (1) those with higher scores had significantly higher I.Q.s; (2) those 5-year-olds with lower scores, especially boys, tended to be withdrawn rather than hostile; (3) sense of family attachment paralleled the CLL score; and (4) all psychological associations were as strongly or more strongly related to the sheer physical care the child was receiving as to measures of his cognitive emotional care. The neglecting mothers tended to have personalities with a variety of infantile characteristics. Recommendations for dealing with the situation in Appalachia include increased funding, population surcease, generic casework, variant casework, homemaker services, inpatient treatment for those women not susceptible to casework, and removal of the child in selected instances. 16 references.

CD-00817

Georgia Univ., Athens. School of Social Work.
Profile of Neglect. A Survey of the State of Knowledge of Child Neglect.

Polansky, N. A.; Hally, C.; Polansky, N. F. Community Services Administration (DHEW), Washington, D.C., (SRS)75-23037, 57 pp., 1975.

Definitions, incidence, etiology, identification, sequelae, prevention, and treatment of child abuse and neglect are

reviewed. The distinction is drawn between child abuse and child neglect, and the differences between legal and professional definitions are discussed. An operational definition, based on what a family is providing and on examination of the child, is proposed. While precise data for the prevalence of neglect are lacking, it is known to be at least ten times as common as child abuse. Etiology is discussed in terms of economics, cultural values and child caring, breakdown of the nuclear family, parental pathology, and intergenerational cycles of neglect. Case finding has been improved through legislation aimed at mandatory reporting and at assigning responsibility to social service departments for immediate investigation of all reports. A list of early warning signs is presented and discussed. Sequelae of neglect include neurological and other physical effects, emotional consequences, cognitive deficits, and antisocial behavior. Prevention is possible through child advocacy and assurance of the rights of children, and various programs, new and old, for helping families at risk, including family planning and the utilization of day and other community resources. Treatment is discussed in terms of social casework, group techniques, parent-child community programs, mental health centers, day care, and engineered communities. Numerous references.

CD-00818

Children's Defense Fund, New York, N.Y.
Professional Abuse of Children: Responsibility for the Delivery of Services.

Polier, J. W. *American Journal of Orthopsychiatry* 45(3):357-362, April 1975.

Determination of which children will receive or will be excluded from services, as well as the nature and extent of those services, is largely in the province of medical, welfare, teaching, and legal professionals. Often discretion in such matters is all but unchecked, and leads to withholding of services which is seen as a kind of child abuse. Not only individual professionals are implicated, but social agencies are frequently equally guilty. The rights of children have only begun to be articulated by the federal courts in recent years. In discussing professional responsibility for larger social issues, it is suggested that it is time to insist on what is needed to deliver services to children, and that this is a common professional responsibility.

CD-00819

Children's Defense Fund, New York, N.Y.
The Family Court in an Urban Setting.

Polier, J. W.; McDonald, K. In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Co., pp. 208-224, 1972.

Long-term goals in the handling of child abuse must be oriented toward prevention. Outreach services on the part of physicians, well-baby clinics, day care centers, schools,

social agencies, and hospitals to help identify vulnerable families are essential in providing them with timely help. Involved therapists need to be skilled in helping the parents reduce their isolation. Short-term or interim steps include the formation of central registries manned by skilled personnel, sanctions for failure to report, and decentralization of the operative services of protective service agencies. Local service centers should be first established in areas of highest incidence, and manned with adequate and qualified staff. Hospitals should have child abuse teams and should be given the power to hold any high-risk child for 72 hours. The Juvenile (or Family) Court should be invoked when there is evidence of abuse and should both safeguard the welfare of the child and the constitutional rights of the parents. The court must act to determine what can be done either to rehabilitate the family, or, failing that, to terminate parental rights. 9 references.

CD-00820

A Therapeutic Approach to the Parents.

Pollock, C.; Steele, B.

In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Co., pp. 3-21, 1972.

After a summary of the psychodynamics of child abuse and a description of evaluation of the family in terms of response patterns, crisis, the ability to seek help, and attitude toward the children, the establishment of a therapeutic relationship is discussed. Success or failure can often be measured by the degree of testing to which therapists are subjected. Ideally, the therapeutic relationship should begin during the evaluation process. An alternate therapist, who might be any one of several people involved with the family during the evaluation, is often useful. Genuine interest without criticism is of utmost importance. The goal of treatment is to help parents grow out of their isolated, trapped, hopeless pattern of living into a sense of self-esteem and to develop an ability to find enough gratification in the adult world that they can become loving and giving to their children. A few parents will be too emotionally disturbed for successful treatment. In others the response may be slow or rapid. A clear indicator of real growth and improvement is the way parents report and handle crises. If a child has been removed, he should not be returned until there is evidence that the parents will not need to turn so strongly to the child to satisfy their emotional needs. Long-term availability of the worker or agency after termination of the therapeutic relationship is advocated.

CD-00821

Duke Univ., Durham, N.C. Dept. of Biochemistry.
Emotional Deprivation and Growth Retardation Simulating Idiopathic Hypopituitarism.

Powell, G. F.; Brasel, J. A.; Blizzard, R. M. *New England Journal of Medicine* 276(23):1271-1278, June 8, 1967.

Observations were made of 13 children (10 males and 3 females, 10 white and 3 black), exhibiting growth failure initially believed to be idiopathic hypopituitarism. The children, most of whom displayed the syndrome before the age of 2, were of short stature and weight (although only one appeared malnourished), and demonstrated retardation in bone growth, and mental development. In addition, many of the children were withdrawn and displayed other bizarre behavioral patterns including polydipsia and polyphagia. Family histories of marital discord, alcoholism, and promiscuity were noted. On hospitalization, the children showed a continuous improvement in personality and speech; they gained from 2 to 10 pounds during initial evaluation and grew at an average rate of 0.65 inches per month. No special medical or psychiatric treatment was given the children. It seems likely that the condition is due to poor family environment expressed in part by direct psychic effects, malabsorption, decreased pituitary function, or malnutrition. 29 references.

CD-00822

National Inst. of Child Health and Human Development (DHEW), Bethesda, Md. Growth and Development Branch. Early Somatosensory Deprivation as an Ontogenetic Process in the Abnormal Development of the Brain and Behavior. Prescott, J. W. In: *Medical Primatology 1970*. 2nd Conference on Experimental Medicine and Surgery in Primates, New York, 1969. White Plains, N.Y., Albert J. Phiebig, pp. 356-375, 1971.

A review covers the role of somatosensory aspects of maternal-social deprivation in the development of social-emotional disorders, particularly pathologic violent behaviors. Functioning roles of near-receptors and distance-receptors determine their effect on psychobiological and psychosocial development. Maternal-social deprivation experiences may be interpreted as a special case of partial functional somatosensory denervation; Cannon's Law of Denervation Supersensitivity may be the explanatory neurophysiological principal mediating sensory deprivation effects. The cerebellum becomes functionally supersensitive and hyperexcitable due to insufficient somatosensory stimulation during early development. A neuronal model has been developed to explain both autistic withdrawn and violent-aggressive behaviors resulting from isolation rearing. Similarities between animal and human studies are substantial. Directions for future research including identification of the pathologic violent personality are indicated. 92 references.

CD-00823

National Inst. of Child Health and Human Development (DHEW), Bethesda, Md. Growth and Development Branch. Before Ethics and Morality. Prescott, J. W. *Humanist* 32(6):19-21, November-December 1972.

A discussion of human violence in relation to principles of ethical and moral behavior is based on the development of such violent behavior as a result of early maternal-social deprivation and parental-child indifference and abuse that result in specific forms of sensory deprivation. Several studies have shown linkages between parental deprivation

and the asocial behavior of abusive parents, juvenile thieves, and violent sex offenders. The effects of deprivation in animals, the role of the senses, the therapeutic effects of somatosensory stimulation, the nature of the somatosensory system, sensory deprivation and abnormal brain development, and a curriculum for moral freedom based on improved sensory environments are also discussed.

CD-00824

National Inst. of Child Health and Human Development (DHEW), Bethesda, Md. Growth and Development Branch. Child Abuse and Child Care—Some Cross-Cultural and Anthropological Perspectives. Prescott, J. W.; McKay, C. In: *Professional Papers: Child Abuse and Neglect*. Chicago, National Committee for Prevention of Child Abuse, pp. 130-190, 1973-1974.

A study examines the nature of the social and physical environment conducive to child abuse and other forms of violence. A specific developmental theory of human physical violence is outlined; neurobiological mechanisms underlying such violent behavior are suggested. Crosscultural studies validating the developmental theory and suggested neurobiological mechanisms are cited, and the reciprocal characteristics of child care and child abuse are identified. 74 references.

CD-00825

Northwick Park Hospital, Harrow (England). Drug Addiction and the Newborn. Priestley, B. L. *Proceedings of the Royal Society of Medicine* 65(10):26, October 1972.

Heroin gives rise to postnatal withdrawal symptoms in about 70 percent of the offspring of addicted women. Symptoms, including hyperactivity, irritability, vomiting, diarrhea, and respiratory difficulties usually occur within 24 hours of birth but may be delayed. Respiratory distress is not accompanied by hyaline membranes. Neonatal drug dependence can be successfully treated with chlorpromazine and caloric supplementation, but the long-term effects of both the drug and the withdrawal syndrome may permanently impair development. It is not recommended that such an infant be discharged to its parents. 6 references.

CD-00826

Evidence. Child Abuse. Expert Medical Testimony Concerning "Battered Child Syndrome" Held Admissible. Prince, R. C. *Fordham Law Review* 42:935-943, 1973-1974.

A recent courtroom decision establishes medical diagnosis of battered child syndrome as circumstantial evidence thereby lending the weight of the profession, not just one

doctor's opinion, to the diagnosis. Limitations exist with the diagnosis itself and in using it as evidence; however, with additional proof admitted at the court's discretion, this medical opinion is advantageous. The admission of a medical diagnosis as legitimate expert testimony exemplifies cooperation between legal and medical professions to further protect children from abuse. Numerous references.

CD-00827

Public Health Service, Washington, D.C. Reporting of Child Abuse by School Personnel. (Editorial). *Public Health Reports* 84(1):219-220, January 1969.

Syracuse (N.Y.) school personnel are required to report instances of suspected child abuse to the department of social welfare under an interpretation of the state statute, which classifies schools among the "other institutions" required to report. During the years 1964-1968 the schools have been the largest single source of reports (18-24 per year), and are particularly invaluable in disclosing abuse of older children whose injuries are seldom brought to the attention of hospitals. Two full-time social workers at the county department handle the reports, referring them to juvenile court if necessary and maintaining a central registry. Injuries consisted mainly of bruises and welts with occasional lacerations and were concentrated among the younger children and lower socioeconomic classes. Parents were generally emotionally disturbed or socially disorganized. Despite the successes of the program, many school personnel are still reluctant to report due to unfounded fears.

CD-00828

Public Health Service, Washington, D.C., Maternal and Child Health Service. Promoting the Health of Mothers and Children—Fiscal Year 1972. Child Abuse. Public Health Service, Health Services Administration. pp. 63-64, 1972.

The activities of several states in combating child abuse are mentioned. Arizona has transferred responsibility for reports from the police to the Department of Welfare. In Arkansas, the University Hospital Child Protection Committee has arranged necessary psychiatric and social care for many children and families. The University of Colorado Battered Child team continues local, regional, and national efforts including sponsorship of a major TV show. In Connecticut and New Hampshire, home health agencies cooperate with the welfare departments. Similar activities are described in several other states.

CD-00829

Public Health. Violence at Home. (Editorial). *Public Health* 84(2):53-56, January 1970.

A brief review covers the major points of a study of battered children undertaken by the National Society for Prevention of Cruelty to Children. The battered child is likely to be living with his natural parents, who are likely to be in their twenties and of lower income classes. The father has a better than average chance of being unemployed and of having a criminal record; social and emotional instability are frequently present in the family. Most doctors are reluctant to make the diagnosis on the first occasion that injuries are brought to their attention. Prevention and treatment require a wider distribution of present knowledge and a more understanding approach to problems of stress and crisis in people with character disorders, as well as a multidisciplinary approach both to therapy and to research.

CD-00830

Puerto Rico State Dept. of Social Service, Bayámon. Progress Report—First Year, May 1, 1974—April 30, 1975. Puerto Rico Dept. of Social Services, Bayámon. Child Abuse and Neglect Demonstration Unit, 22 pp., 1975.

The progress report covers the first 6 months of functional operation of a child abuse or neglect demonstration project. Initially much time was spent in staff recruitment and training, and in coordination with a great variety of established agencies in the area. Goals are defined in terms of client impact and community impact. Accomplishments in terms of client impact such as greater positive family functioning, greater rates of return of children to the home after shorter separations, and identification of such services as day care, transportation, mental health, homemaker, etc. are described. Objectives relating to community impact included promotion of awareness and understanding of the problem of child abuse or neglect in the area, improved coordination among involved agencies, improved identification and referral procedures, and data collection to allow planning for meeting service needs. Research was aimed at determining parental perceptions of abusive behavior, determination of the correlates of abuse and neglect, and assessment of the predictive value of the correlates.

CD-00831

Hull Royal Infirmary (England). Pediatric Unit. Battered Babies. Pugh, R. J. *Lancet* 2(7662):466-467, July 4, 1970.

During a 3-year period, 24 infants with parent-inflicted injuries were admitted to a British hospital serving a population of 400,000. These figures indicate that approximately 1 child in 1,000 will be hospitalized due to battering in infancy. Of the 24, 3 died; 12 had skeletal injuries; 13 had intracranial injuries; 9 had previously been assaulted; 5 were subsequently assaulted; and 4 had siblings who had previously been assaulted. Two of the infants appeared malnourished and 7 neglectfully dirty. None of the parents blamed or requested medical aid for their spouses.

CD-00832

Rutgers Univ., New Brunswick, N.J. Graduate School of Social Work.
Into and Out of a Child Welfare Network.
 Purvine, M.; Ryan, W.
Child Welfare 48(3):126-135, March 1969.

A study of demands upon, and responses by a network of child welfare agencies in a metropolitan area showed that traditional procedures operate to deliver services to certain types of clients and leave unserved many who do not fit into the agencies' established programs. Data are tabulated on the types of problems presented, service requested, referral source, client race, religion, geographical location, occupation of the head of the household, and agency auspices.

CD-00833

Boston City Hospital, Mass. Dept. of Surgery.
Advances in the Management of Fractures and Dislocations in the Past Decade.
 Quigley, T. B.; Banks, H. H.; Leach, R. E.; Zimble, S.; Carriere, A. P.; Ferrone, J. D., Jr.; Mital, M. A.; Oh, W. H.; Paul, R.
Orthopedic Clinics of North America 3(3):793-825, November 1972.

A review covers developments in the management of fractures and dislocations in adults and children. In addition to specific fracture and dislocation sites such as the clavicle, shoulder, and femur, the management of the general problems of open and pathological fractures and of special problems, such as the battered child syndrome, encountered in the treatment of children are discussed. A study is included of 50 cases of battered children, 1 month to 10 years of age. X-ray evidence was found in all of recent and old skeletal injury, including fractures of the skull, ribs, clavicle, and long bones with subperiosteal new bone formation and multiple small infarctions in the metaphyseal areas. 220 references.

CD-00834

Pennsylvania Univ., Philadelphia, Dept. of Pediatrics.
A History of Child Abuse and Infanticide.
 Radbill, S. X.
 In: Helfer, R. E.; Kempe, C. H. (Editors). *The Battered Child*. Chicago, University of Chicago Press, pp. 3-21, 1974.

A history of child abuse included the controversy between maltreatment and discipline, mutilation of children; reasons for and methods of infanticide; abandonment of children and the resulting establishment of founding institutions; children in industry; development of societies and laws preventing child abuse; medical aspects; and recent interest in child abuse. Religious and educational justification for excessive discipline or possible maltreatment of children goes back 5,000 years. Opposition to this attitude dates

from Plato but did not gain credence until the modern age. Mutilation is socially acceptable in many cultures and includes deformation for sexual rites and cosmetic purposes. Beggars mutilated children for sympathy. Infanticide was a result of social mores, economic necessity, and superstition. Legislation prohibiting infanticide goes back 4,000 years. Use of children in nineteenth-century factories led to development of children protective societies and modern legislation. Present concern with child abuse is seen as a result of the development of pediatric radiology. 44 references.

CD-00835

Followup Study on Family Day Care Services.
 Radinsky, E. K.
 In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, MacMillan Co., pp. 117-121, 1970.

An attempt at evaluation of a day care service among 42 families previously served is reported. Indications were that the service was helpful in allowing the mother to obtain a job and to prevent separation of the children from the family. Only 2 of 44 children were in foster placement at the time of the survey. Service was generally rated as excellent to good. The percentage of response was high and the unsolicited comments very warm.

CD-00836

B. M. Institute of Mental Health, Ahmedabad (India).
Psychiatric Problems of Children Seen in an Urban Center of Western India.
 Ramanujam, B. K.
American Journal of Orthopsychiatry 45(3):490-496, April 1975.

The types of problems seen in a child guidance clinic in western India are outlined on the basis of 498 children between the ages of 5 and 12 years. Children with chronic brain syndrome and mental retardation predominated, with 49 percent of patients giving indications of central nervous system injury. Retarded development due to malnutrition and as a result of cultural deprivation were also prominent. Learning inhibition, neurotic disorders, and speech and language difficulties were also encountered in significant numbers. An attempt is made to understand the emotional disorders in the context of major sociopsychological changes in a social order passing through a transitional stage from a traditional agrarian structure to an industrial state.

CD-00837

Stockdale, Peckham, Estes, Ramsey, Lawler and Iorillo, Los Angeles, Calif.
The Battered Child Syndrome.
 Ramsey, J. A.; Lawler, B. J.
Pepperdine Law Review 1(3):372-381, 1974.

The case of California physicians who failed to report a case of child abuse in the face of highly convincing evidence is recounted. It is suggested that criminal sanctions are not of sufficient severity and the incidence of prosecution not sufficiently frequent to result in an effective implementation of the mandatory reporting laws. An effective dollar penalty, a language which most professionals understand, would make the inconvenience of reporting shrink to insignificance. Only then will the legislative mandate be effected and will society be freed of child abuse. Numerous references.

CD-00838

The Prohibition of Incest, Filicide and the Sociocultural Process.
 Rascovsky, A.; Rascovsky, M.
International Journal of Psycho-Analysis 53(2):271-276, 1972.

Psychoanalytic investigations have shown that a parent's filicidal impulses originated in the primitive sociocultural process by which parents suppressed their children's incestuous drives. Prehistoric society recognized that a child's incestuous desire for its parents represented powerful instincts continually threatening to usurp the parent's place as head of the household. Incest was therefore made taboo in primitive society, and practices such as child sacrifice and circumcision were instituted to enforce this taboo by instilling within the child a sense of fear and guilt towards its parents. Thus, the child's incestuous cravings were deflected onto exogamous mates. As in rites of passage, the individual was symbolically "killed" in the world of childhood, where close parental ties are permissible and in fact necessary, and "reborn" into the exogamous world of adulthood. The prohibition of incest was essential to sociocultural development, because it expanded the social group from the family to an extended multifamily unit and because it tended to sublimate repressed sexual energy into socially useful creative impulses. In modern times, filicidal tendencies, with the exception of war, are expressed covertly as a sense of guilt and castration anxiety instilled in the young. However, when the parent is under great stress, a schizo-paranoid regression may occur, which converts the filicidal impulses into their primitive cannibalistic form. The devouring whole-object relationship (love) becomes the devouring part-object relationship (violence), and child abuse or even filicide results. 26 references.

CD-00839

The Social and Legal Aspects of the Battered Child in the District of Columbia: Panel Discussion.
 Rayford, L.; McCall, F.; Miller, M.; Ashton, E. H.
Children's Hospital 24(11):375-393, December 1968.

Four persons of the medical and legal professions relate some of their experiences with battered children. A coroner describes his early experiences with children who presented at the morgue with multiple injuries. A supervisor of the Women's Bureau of the District of Columbia Police Department discusses the role of her department in cases of

child abuse. The Chief Judge of the Children's Court of the District of Columbia relates the formation of an ad hoc committee with representatives from the police department, the Public Welfare Department, the D.C. Health Department, and the court, and how this committee has worked especially in emergency life-death cases. A chief in the Child Welfare Division of the D.C. Department of Public Welfare discusses the problem from the point of view of the social worker. A panel discussion covers questions concerning the difficulty of bringing cases of child abuse to court, what legislation is needed, the role of the public health nurse, the need for a search warrant to inspect suspected homes, how nurses are protected by law, how neglect is defined, and effect on the child of being returned to the home after a favorable adaptation to the hospital environment.

CD-00840

A Conference on Child Abuse.
 Reeb, K. G.; Melli, M. S.; Wald, M.; Wesenberg, R.
Wisconsin Medical Journal 71(10):226-229, October 1972.

A law professor, a pediatrician, a social worker, and a radiologist discuss the problem of child abuse and point out the difficulty of diagnosis. In terms of diagnosis, the radiologist frequently has the most conclusive evidence, with multiple fractures in varying stages of healing and the typical metaphyseal corner fractures. Education of physicians regarding the etiology might be an effective approach to prevention. A combination of social consciousness and awareness by physician and community alike of available resources is an important aspect of solving the problem. Prevention of future abuse in proven cases is also essential. Legally, the child's best interests are better served in Juvenile than Criminal Court proceedings; when a social agency brings a child abuse case to Juvenile Court it automatically becomes the plaintiff in the case. Since most parents really do have the best interests of the child at heart, the best solution may be early detection. 2 references.

CD-00841

Illinois State Dept. of Children and Family Services, Springfield. Program Support Services.
How Do We Work Together?
 Reid, D. B.
 In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 117-186, 1975.

Despite direct legislative mandate for agency cooperation in Illinois, scarcely any coordination of problems exists between programs and agencies. The stereotypical images associated with each profession tend to alienate workers in different fields. Emphasis on the worthwhile points of these images, which are often realistic, could be used to establish a departmentalized service network since no one agency can or should provide all the resources necessary to an abusive

family. Ultimately, however, the success of any program lies in including the family itself in the service planning process, participation, and evaluation. Coordinating councils are recommended to maximize use of all services. One family case history is presented.

CD-00842

Children's Hospital of Pittsburgh, Pa. Psychiatric Clinic.
Love of Children--A Myth?
Reinhart, J. B.; Elmer, E.
Clinical Pediatrics 7:703-707, December 1968.

Modern society has been slow to recognize that the idealized conception of motherly love does not always exist in reality, and that many children are in need of protection from parental abuse or neglect. Although children have been treated as chattel and frequently neglected throughout most of history, neither legislators nor physicians recognized the need to protect children from their parents until recent times. In fact, animal protective legislation antedates child protective legislation. The ideal of Mother's Day has prevailed over the common sense knowledge that children are a mixed blessing, causing frustration and anger even in adequate parents. Despite the fact that abuse and failure to thrive are common among infant hospital admissions, courts are reluctant to deprive a mother of custody and social welfare legislation is niggardly in providing aid to dependent children. But help is urgently needed, and neglectful mothers are often in need of substantial support. For example, out of 100 mothers placed on probation for child neglect in England, only 75 could be classified as improved following a rehabilitation program, and of them 60 percent required some form of support after rehabilitation and 25 percent were never able to adequately care for their children without extensive help. The presence of a stable spouse or (grand) mother aided the mother's rehabilitation.

CD-00843

Philadelphia-Camden Social Service Exchange, Pa.
Special Registration Project on the Abused Child. (Letter).
Reinitz, F. G.
Child Welfare 44(2):103-105, February 1965.

Results of the Philadelphia-Camden Social Service Exchange experimental registration of suspected cases of child abuse indicate that, over a nearly 2-year period, 63 cases were so classified, 5 having been determined at autopsy by the Medical Examiner's office. Within the next 5 months 42 additional cases were added, 6 of which were dead. The original participants felt that the program should be expanded to include all hospital services which see children for emergency care. The program is not meant to replace mandatory reporting, but rather to cement the multi-agency involvement in many cases. 2 references.

CD-00844

Case Western Reserve Univ., Cleveland, Ohio. Dept. of Psychiatry.
Child Murder by Parents: A Psychiatric Review of Filicide.
Resnick, P. J.
American Journal of Psychiatry 126(3):325-334, September 1969.

Reports of 131 cases of filicide (murder of a child older than 24 hours by its parents) have been reviewed. Mothers comprised two-thirds of the murderers, were frequently judged psychotic, and covered a wide range of ages, whereas fathers were less frequently psychotic and were usually in their late twenties. Fathers tended to use more violent means than mothers. The victims were equally distributed as to sex and were most vulnerable in the first 3 years of life (nearly a third were less than 6 months). A new classification of filicide, by apparent motive, is proposed. Type 1, the "altruistic" filicide, may be done in association with suicide or to relieve the victim of suffering whereas type 2, the "acutely psychotic" filicide may be completed under the influence of delirium, epilepsy, or hallucinations. "Unwanted child" filicide, or type 3, may be carried out due to illegitimacy, extramarital paternity, or financial pressures. Type 4, the "accidental" filicide, is closely akin to the "battered child syndrome" and often involves overvigorous punishment. "Spouse revenge" filicide, type 5, is done deliberately to bring suffering to the marital partner. Many cases exhibit mixed motives. Perpetrators of types 1 and 2 filicides tend to confess spontaneously and show recovery from their symptoms shortly after the deed. Types 3 and 4, in contrast, usually attempt to conceal the deed. The spouse of a perpetrator, while initially abhorring the murderer has been known to become reconciled to their partner. Fathers who commit filicide are more frequently jailed or executed than mothers, who are more often hospitalized. However, perpetrators of types 3, 4, and 5 filicides are always punished criminally. That psychiatrists frequently spoke to the murderer shortly before the filicide, indicates that psychiatrists are insufficiently aware of possible filicide. 64 references.

CD-00845

Case Western Reserve Univ., Cleveland, Ohio. Dept. of Psychiatry.
Murder of the Newborn: A Psychiatric Review of Neonaticide.
Resnick, P. J.
American Journal of Psychiatry 126:1414-1420, 1970.

After a review of 37 reported cases of neonatal infanticide, it is proposed that this represents a unique category of filicides, and the term neonaticide is suggested for the phenomenon. Mothers who commit neonaticide differ from other mothers who kill older children in that they are younger, more often not married, and less frequently, psychotic. Most of the women who murder their newborn do so simply because they do not want the child, whereas most filicides of older children are carried out for "altruistic" reasons. The most common motive stems from

illegitimacy, although other reasons include extramarital paternity, rape, and viewing the child as an obstacle to parental ambition. The unmarried group includes two subgroups. Members of one group are immature, passive women who submit to, rather than initiate, sexual relations; these women often deny their pregnancy, and premeditation is rare. The other group includes women with strong instinctive drives and little ethical restraint; they tend to be older, more callous, and are often promiscuous. It is suggested that unresolved edipal feelings may be involved in some cases. Paternal neonaticide is rare, only two cases occurred in the series reviewed. 51 references.

CD-00846

Oklahoma Univ., Oklahoma City. Dept. of Pediatrics.
The Battered Child Syndrome: General and Medical Aspects.
Riley, H. D.
Southern Medical Bulletin 58(3):9-13, June 1970.

The history and incidence of child abuse are briefly reviewed. The physician's roles and responsibilities to the child, the family, and the court are summarized. A hospital examination checklist for medical detection of possible child abuse, including guidelines for history, observations, and physical examination, is presented. 16 references.

CD-00847

Illinois Univ., Urbana. School of Law.
The Abused Child.
Riley, N. M.
Rocky Mountain Medical Journal 68(1):33-36, January 1971.

In cases of child abuse, physicians' responsibilities go beyond treating physical symptoms because a child once abused is likely to be abused again and may ultimately tend toward antisocial behavior. Suggested lines of questioning of the parents by the physician to verify a suspected case of child abuse include the parents' attitude toward the child, the parents' upbringing, and the home environment. Most states have adopted the basic provisions of the U.S. Children's Bureau's 1962 Model Act for the States for the Mandatory Reporting by Physicians. Under that act, physicians and other medical personnel are required to report suspected child abuse to legal authorities. Violation of the Act is a misdemeanor. There is also a provision for civil and criminal immunity for persons reporting. Other aspects of the law are described. 4 references.

CD-00848

Children's Hospital, Los Angeles, Calif. Dept. of Pediatrics.
Failure to Thrive: An Analysis of 83 Cases.
Riley, R. L.; Landwirth, J.; Collipp, P. J.; Kaplan, S. A.
California Medicine 108(1):32-38, January 1968.

Among a series of 83 children hospitalized for failure to thrive, 26 cases showed evidence of maternal deprivation. There were 15 boys and 11 girls, 20 of whom were under 1

year of age. All exhibited significant weight gain when the environment was altered, but after 2 years only one child reached a weight above the sixteenth percentile. In 9 of those in whom skeletal age was assessed, there was significant retardation of skeletal maturation. History revealed child beating in several of these cases. Of the other cases in the series, 40 were found to have significant organic diseases as possible or probable cause, or contributing influence. The importance of hospitalization, obtaining a complete social history, and evaluation of siblings in cases of failure to thrive are emphasized. 13 references.

CD-00849

Case Western Reserve Univ., Cleveland, Ohio. Dept. of Pediatrics.
Mother-to-Child Speech at 2 Years--Effects of Early Post-natal Contact.
Ringle, N. M.; Kennell, J. H.; Jarvella, R.; Navojosky, B. J.; Klaus, M. H.
Journal of Pediatrics 86(1):141-144, January 1975.

Ten primiparous mothers were randomly selected from two groups of women who had spent different amounts of time with their newborn infants. The speech behavior of the mothers in the two groups was compared while they were addressing their 2-year-old children in an informal play situation. Speech patterns of the mothers revealed that those who had been given extra contact with their infants during the neonatal period used significantly more questions, adjectives, words per proposition, and fewer commands and content words than did the control mothers. These observations suggest that the linguistic behavior of the young child may be shaped by hospital-care practices for the mother and her infant. 9 references.

CD-00850

Liverpool Univ. (England). Dept. of Orthopedic Surgery.
Trauma in Childhood.
Roaf, R.
British Medical Journal 1(5449):1541-1543, June 12, 1965.

The range of physical trauma which may arise from child abuse is reviewed. The traumatogenesis and management of common fractures including greenstick, elbow fractures (pulled elbow, capitellar, supracondylar, and Monteggia fractures), and ankle injuries are summarized. Recommendations concerning the treatment of nervous, connective, and arteriovenous tissue injuries, as well as burns, are given. 2 references.

CD-00851

Columbia Univ., New York, N.Y. School of Social Work.
A Comparative Study of Social Caseworkers' Judgments of Child Abuse Cases.
Roberts, R. W.
Doctoral Dissertation, Ann Arbor, Mich., University Microfilms, 275 pp., 1970. 71-6247.

A comparative study analyzes 194 social caseworkers' diagnostic, prognostic, and placement judgments of child abuse cases. The caseworkers were selected from Chicago and California protective services, family services, child welfare, and public assistance agencies. Methodology required the caseworkers to read selected case reports rating them clinically and ranking them according to perceived risk of abuse to the child. Influences on the caseworkers' judgment were analyzed, and agency setting did not affect diagnostic judgments. Levels of agreement were nearly identical for caseworkers. 77 references.

CD-00852

The Laboratory, North Adelaide (Australia).
Histopathology of Healing Abrasions.
Robertson, I.; Hodge, P. R.
Forensic Science 1:17-25, 1972.

A histological study was made of skin abrasions excised at autopsy from 71 cases of death due to accidental injury in order to provide criteria to measure the time interval between infliction of injury and death. Although reparative changes in epidermis and collagen are assumed to begin almost immediately after injury, certain histological appearances are more prominent at different times during healing. These provide the basis for describing 4 different stages in the healing of abrasions: (1) scab formation up to 48 hours, (2) epithelial regeneration in 2 to 4 days, (3) subepidermal granulation in 5 to 12 days, and (4) regression of epithelium and granulation in 12 days. In an illustrative case, a 2.5-year-old child, who died of a freshly ruptured liver shortly after an alleged fall from his cot, was examined. Histological examination of abrasions found on the child's buttocks and face indicated injuries dating from 3 and 2 days previous. Investigation revealed that the child had been beaten by its mother 3 days before his death. 3 references.

CD-00853

Queen's Univ., Kingston (Ontario). Dept. of Psychiatry.
Child Murder by Depressed Parents.
Rodenburg, M.
Canadian Psychiatric Association Journal 16(1):41-47, February 1971.

A study of Canadian murder statistics between 1964 and 1968 showed that in 11 percent of the cases victims were under 16 years of age. Further study of these cases showed that the assailant is often severely disturbed, depressed, or anxious. Types of assailants (mother, father, nonrelative) age and sex of assailant and victim, means of death, and incidence of concomitant suicide by the assailant are presented statistically. Common mental disorders associated with child murder are discussed and similar statistics and topics presented in the literature are reviewed. 6 references.

CD-00854

New York State Univ., Brooklyn. Dept. of Rehabilitation Medicine.
Aftermath of Severe Multiple Deprivation in a Young Child: Clinical Implications.
Rosen, S. R.; Hirschenfang, S.; Benton, J. G.
Perceptual and Motor Skills 24:219-226, 1967.

A 3-year-old boy abandoned by his mother showed broad developmental retardation on being hospitalized for dehydration and severe malnutrition. Initially, the boy appeared to have a developmental age of 10 months. He did not verbalize, respond to human contact, or walk; in addition, his vision was impaired and he demonstrated reversed swallowing and infantile tongue thrusting. A 9-month course of therapy consisted of half-hour daily study of surrogate mothering, which emphasized tactile and verbal stimulation with special emphasis on speech development. The boy's myopia was corrected with glasses and he was taught to walk by therapists. After 9 months, the boy showed increased warmth and curiosity and rudimentary vocabulary; the reversed swallowing had disappeared. Nevertheless, the boy remained mildly retarded in all areas of development. At the age of 6, the boy, then living in a foster home, was given further speech therapy and placed in kindergarten. At 7, having been placed in the first grade, the boy still exhibited speech difficulties including stuttering, borderline intelligence, and difficulty in coping with the regular first grade environment. The boy, however, appeared to be educable and trainable. It is difficult to separate the effects of retardation due to deprivation, from organic brain damage, and psychogenic disorders.

CD-00855

Boston Univ., Mass. Law-Medicine Institute.
Compulsory-Disclosure Statutes.
Rosenberg, A. H.
New England Journal of Medicine 280(14):1287-1288, April 3, 1969.

Compulsory disclosure laws for physicians include reporting of gun wounds, drug users, and child abuse. The mandatory reporting laws hinder the physician's use of discretion and latitude in treating their patients. 4 references.

CD-00856

Boston Univ., Mass. Law-Medicine Research Inst.
The Law and Child Abuse.
Rosenberg, A. H.
In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 161-169, 1975.

Although differing in form and substance, laws are in effect in all of the states aimed at reporting of child abuse injuries and providing a protective response. Annual estimates of the size of the problem in Massachusetts have varied from 40,000 cases to 7,290 cases, but neither estimate corresponds favorably with the 200 to 300 cases reported

annually. Obviously reporting is inefficient, either through ignorance or negligence. Unfortunately, reporting is not always followed by appropriate servicing of affected individuals. Legislation alone is meaningless without the articulation of a philosophy and without a clear understanding of objectives necessary for a consistent, rational scheme for implementation. 1 reference.

CD-00857

Chicago Univ., Ill. School of Social Service Administration.
The Child and His Day in Court.
Rosenheim, M. K.
Child Welfare 45(1):17-27, January 1966.

The concept of the juvenile court, whose jurisdiction includes delinquent, neglected, and dependent children, has been in ferment in recent years. Attempts to define the scope of affected children, provide for procedural safeguards, and devise creative dispositional programs have been mired in controversy. In the case of child neglect, for example, despite numerous revisions of the law, standards remain blurred, and evidentiary and procedural questions abound. Although social workers tend to discourage legal representation in child welfare proceedings, a lawyer can serve to sharpen the issues, improve fact finding, bring an awareness of juvenile court problems to the community, and achieve a desirable degree of procedural formality. Excessive formality is not an inevitable consequence of legal representation. The financial strain of providing legal representation may be mitigated by having various social welfare agencies jointly hire lawyers. Specifically, lawyers may be able to answer the questions: (1) To what degree should social service agency records be admissible in juvenile court proceedings under exceptions to the hearsay rule? and (2) How shall the law define the best interests of the child? 40 references.

CD-00858

Eau Claire County Dept. of Social Services, Eau Claire, Wis.
A Practice Regimen for Diagnosis and Treatment of Child Abuse.
Roth, F.
Child Welfare 54(4):268-273, April 1975.

A step-by-step system for identifying child abuse cases and delivering the services and treatment required by the families and their children as developed by the Quincy District Office of the Illinois Department of Children and Family Service is described. Three types of abuse are recognized, in order of increasing severity: situational abuse, behavior-patterned abuse, and chronic abuse. Four basic characteristics of abusing parents can usually be quickly identified: low self-esteem, isolation, fear of rejection, and a low frustration tolerance. Success in work with abusing parents depends on 3 components: casework skills and input, client interest and ability, and concrete input in

the form of homemakers, volunteers, furniture, jobs, money, etc. The primary objective of the initial stage is to motivate the parents to accept their situation as a crisis and to receive help from the agency. Providing information is an important aspect of this phase. The second phase is directed toward improving the relationship between the parents and the child. Two general areas of treatment are behavior control and helping the parents meet their own needs. The importance of long-term service derives from the fact that child abuse is so often repeated. Abusing parent groups can be an effective tool in long-term treatment. 3 references.

CD-00859

Yale Univ., New Haven, Conn. Dept. of Pediatrics.
A Hospital Program for the Detection and Registration of Abused and Neglected Children.
Rowe, D. S.; Leonard, M. F.; Seashore, M. R.; Lewiston, N. J.; Anderson, F. P.
New England Journal of Medicine 282(17):950-952, April 23, 1970.

A program has been developed at the Yale University Medical Center to facilitate early identification of abused and neglected children. A registry of such patients and a committee of staff members who are particularly qualified to deal with such problems has been established. During the 18 months since the inception of the registry, 183 patients have been referred for evaluation primarily on the basis of suspicious or repeated injuries. One hundred and eighteen patients have been listed in the registry: 37 have evidence of abuse, 69 of neglect, and 12 are thought to be at high risk of maltreatment. The program appears to have increased the level of awareness of these problems, promoted their early identification, and led to thorough investigation, intervention, and followup observation. A report by the Committee does not replace the mandatory formal report to the State Health or Welfare Department, and the Committee's tasks include assisting the house officer in fulfilling this responsibility. 29 references.

CD-00860

Royal Society of Health Journal.
Battered Babies. (Editorial).
Royal Society of Health Journal 90(5):282-283, 288, October 1970.

A review covers briefly the history, incidence, etiology, clinical picture, and management of the battered child syndrome. The incidence is estimated to be much larger than reported cases would indicate. More boys than girls tend to be victims, and the younger child suffers greater likelihood of harm. The parents tend to be young (20-30 years old), emotionally unstable, with a probable history of having been beaten themselves. The clinical manifestations of multiple lesions in varying stages of healing and the alleged history at variance with the physical findings are

discussed. The health visitor, the general practitioner, and the emergency department physician are likely to be the first to suspect cases. Admission to the hospital is advisable for both treatment of the injuries and protection against further battering. A multidisciplinary rehabilitation approach to the home situation is indicated. Casefinding is one of the most important aspects of prevention, if identification is followed by appropriate supportive and protective action. 9 references.

CD-00861

Children's Bureau (DHEW), Washington, D.C.
The Need for Intervention.
Rubin, J.
Public Welfare 24(3):230-235, July 1966.

A review covers briefly the incidence of child abuse, characteristics of the abused child and abusing parent, and various facets of dealing with the problem. When parents are unable or unwilling to assume full responsibility for their children, as in cases of neglect and abuse, society must intervene. Legislation requiring physicians and hospitals to report cases of abuse to an appropriate authority, and establishment of central registries can assist in identifying instances where intervention is needed. Establishing necessary services for investigation and follow-up of reports and fostering a cooperative working relationship among social agencies, courts, and law enforcement agencies who are concerned with protection of the child and with his family are essential to achieving successful intervention.

CD-00862

Law, Medicine and Minors—Part IV.
Russell, D. H.
New England Journal of Medicine 279(1):31-32, July 4, 1968.

A brief history of child protection emphasizes the need for more effective child abuse laws. Mandatory laws should provide protection for children, prevent informers from litigation, define areas of responsibility, and present guidelines to implement social services. 4 references.

CD-00863

King's College Hospital, London (England). Dept. Pediatrics.
Subdural Haematoma in Infancy.
Russell, P. A.
British Medical Journal 2(5459):446-448, August 21, 1965.

Among 25 cases of subdural hematoma, 3 children presented with clinical histories suggestive of deliberate violence. The 3 most common symptoms associated with hematoma are generalized convulsions, vomiting, and drowsiness; the 3 most common signs are increased fontanelle tension, retinal hemorrhage, and anemia. Treatment usually consists of gradual subdural needling or aspiration, with

craniotomy when residual clots and membrane are detected. At followup 1-5 years later, 60 percent of the cases appeared mentally, as well as physically fit, 8 survivors displayed varying degrees of mental retardation. Owing to the rapid cranial development in childhood, swift surgical intervention cannot be overemphasized. Factors affecting the prognosis of this condition are explored. 19 references.

CD-00864

Child Abuse a Dozen Years Later.
Ryan, J. H.
In: *Professional Papers: Child Abuse and Neglect*. Chicago, National Committee for Prevention of Child Abuse, pp. 202-209, 1973-1974.

A general discussion of the progress made and progress still to be made since the original labeling of the child abuse problem as the Battered Child Syndrome includes the medical profession, self help groups, law enforcement groups, and social agencies. Development and implementation of innovative programs for abusive parents are strongly recommended.

CD-00865

St. Mary's Hospital, Kankakee, Ill. Dept. of Pediatrics.
The Battered Child Deserves a Better Deal.
Ryan, J. H.
Prism 1(5):39-43, August 1973.

Two cases are cited as illustrative of the role of the physician in child abuse. In the first case, suspicion was not reported in the face of sufficient evidence for further investigation (broken ribs allegedly sustained from a fall and multiple bruises over the body). When, 5 months later, the child reappeared in the emergency room, skull films revealed multiple old fractures in varying stages of healing. The case was reported and the child was awarded to the Department of Children and Family Services. The reporting physician dismissed the case, assuming the parent would be in therapy preparatory to receiving the child back in her home. Quite by accident the physician learned over one year later that the parent had not entered therapy and that the child had been moved from one temporary foster home to another. Follow-up by the physician might have prevented this. In another case, a physician at a custody case hearing was so vague in recalling information about a case of child abuse that the child was returned to the natural parents. Two months later she appeared dead on arrival at the hospital, the father reporting that he accidentally dropped her; there were multiple bruises and rib fractures, a ruptured liver, and a basal skull fracture. It is suggested that the physician was negligent in failing to prepare the case and recall what seems like overwhelming evidence at the time of the initial episode. It is further suggested that the physician has new responsibilities with the recognition of child abuse as a major medical phenomenon.

CD-00866

What Do We Know About Child Abuse? The Pediatrician's Overview.
Ryan, J. H.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 41-45, 1975.

A general overview of the child abuse problem is presented. Professionals should watch for the potential for child abuse or battering if they have contact with caretakers of children. In some cases, parents are victims of the trapped parent syndrome, lacking even rudimentary knowledge of infant development with the perception that the child is an owned object. Parents' first reactions to their newborn child are also very important and usually indicate basic attitudes towards the child. Parental inability to cope with the ordinary demands of parenting, obsessive expectations of the child, and role reversal, expecting the child to do the mothering are some of the more common problems abusive parents have. However, much more difficult to distinguish and yet far more common is psychological abuse. Many children fulfill these parental invectives by becoming juvenile delinquents and runaways. Children must be recognized as individuals by society if this situation is to be corrected.

CD-00867

Temple Univ., Jenkintown, Pa. Health Sciences Center.
Clinical Observations on Parricide.
Salk, L.
Psychiatric Quarterly 45(1):65-69, 1971.

Two cases of parricide (one matricide and the other patricide) with similar psychodynamics are reported. The first involved a 17-year-old boy who had a history of rebellious behavior and had been subjected to extreme disciplinary measures. A thoughtless reprimand for scholastic suspension and inappropriate remarks triggered an immediate homicidal reaction. His immediate reaction after the murder was one of relief, followed by depression. Past history revealed that he was dominated by a mother who treated him unfairly when compared to his younger sister. The second case involved a 22-year-old male who was dominated by his father. Again the fatality followed an instance of violent reproach. Past history indicated that the father was a violent man with a short temper who frequently physically abused him. In both cases there was a strikingly cruel and unusual relationship between the victim and the assassin. The ambivalent bond between child and parent involved fear and hatred on the one hand, and an inexplicable loyalty and yearning on the other. Predictability of violence was high in both cases as it is in all cases of severe parental mistreatment of children. 3 references.

CD-00868

Cornell Univ., Ithaca, N.Y. Medical Center.
On the Prevention of Schizophrenia.
Salk, L.
Diseases of the Nervous System 29(1):11-15, January 1968.

Experimental animals that have received reduced stimulation during early development show behavior that is strikingly similar to that of autistic children. Such children exhibit general unresponsiveness to human contact, mechanical and repetitive patterns of behavior, and irritability on exposure to normal environmental stimulation. Experiments have shown that at certain crucial periods of development, notably shortly after birth, maternal contact is necessary for the offspring to develop normal adaptive responses, and a threshold level of stimulation is required for future tolerance to normal levels of environmental stimuli. This implies that children who are left alone for long periods of time without maternal contact, particularly premature infants confined to incubators, are in danger of permanent neurological, and endocrine damage leading to developmental retardation, autism, and eventually schizophrenia. Expectant mothers must be counseled on the emotional and psychological development of their children. In particular, mothers must be cautioned about leaving passive or crying infants unattended, and hospitals should develop routines whereby premature infants confined to incubators can receive maternal contact. 27 references.

CD-00869

Cincinnati Children's Hospital, Ohio. Div. of Neurosurgery.
Subdural Hematoma in Infancy. Suggestions for Diagnosis and Management.
Salmon, J. H.
Clinical Pediatrics 10:597-599, January-December 1971.

Subdural hematoma in infants, usually the result of trauma, may cause vomiting, poor appetite, lethargy, and occasionally seizures. Bulging of the fontanelle, enlarged head circumference, retinal hemorrhages, widening of the sutures, or a fracture line are common signs of hematoma. In conjunction with other fractures and bruises, hematoma suggests battered child syndrome. Such a case in a 5-month-old girl is reported. Detailed instructions are presented on performing subdural taps. In many cases repeated subdural taps may be as effective as burr hole drainage and craniotomy but less traumatic and with fewer complications. When recognized early and treated properly subdural hematoma in infants carries an excellent prognosis. 5 references.

CD-00870

Stoke Mandeville Hospital, Oxford (England). Dept. of Pediatrics.
The Spectrum of Abuse in the Battered-Child Syndrome.
Salmon, M. A.
Injury 2(3):211-217, January 1971.

The range of physical insults inflicted upon children is illustrated by 6 case reports. In assessing a case, emotional factors involving the perpetrator of the injuries must be considered in addition to those involving the child, since treating child's physical injuries alone and discharging him to the same home environment is very likely to result in

fresh injury. A number of supporting studies are cited. 14 references.

CD-00871

Evaluation of A Foster-Grandparent Program.

Saltz, R.

In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, MacMillan Co., pp. 512-517, 1970.

Foster-grandparents, who are usually elderly persons with poverty level incomes, are employed to work with institutionalized children for about 20 hours a week. Their function is to develop a special friend or substitute grandparent relationship with one or two individual children, rather than to serve as an additional aide for a whole group of children. An evaluation of the first year's experience with the program at the Sarah Fisher Home in Farmington, Michigan, was undertaken through standardized testing, administration of research instruments such as Pre-School Inventory, periodic observations, and regular interviews with institutional staff concerning each of the children. The children ranged in age from infancy to 6 years. The overwhelming evidence indicated that the program was beneficial to the children in terms of social behavior, motor and social development, language, skills, intellectual development, social and emotional adjustment to the cottage setting, and a settling effect in the pre-school age range.

CD-00872

Medical Progress Has Little Effect on an Ancient Childhood Syndrome. (Editorial).

Sampson, P.

Journal of the American Medical Association 222(13):1605-1612, December 25, 1972.

Some aspects of the current status of the battered child syndrome as discussed at a recent panel discussion of the subject suggests that (1) the true incidence is unknown; (2) prediction is essentially impossible; (3) prevention amounts to removal of the child from the home; (4) there is still unwillingness on the part of some physicians and some hospitals to report suspected cases; and (5) without positive preventive measures, probably more than half of the patients seen by physicians as a result of abusive trauma will be dead or irrevocably brain-damaged within a year. On the positive side, the definitive diagnosis of this clinical entity is possible; laws granting immunity to the reporting physician have been passed in every part of the country; and at least some abusive parents can be rehabilitated.

CD-00873

Resistance to Dealing With Parents of Battered Children.

Sanders, R. W.

Pediatrics 50(6):853-857, December 1972.

Resistance to reporting suspected abuse cases and discomfort in dealing with parents of battered children are two major difficulties in the management of the battered child syndrome. Four case histories reveal the need for effective communication between the authorities and parents. An understanding of the involvement of medical professionals is essential to remedy these difficulties. Recommendations are offered for improving relations with battering parents. 15 references.

CD-00874

Justice Dept., Wellington (New Zealand). Psychological Services.

Behavioural Treatment of Parental Assault on a Child.

Sandford, D. A.; Tustin, R. D.

New Zealand Psychologist 2(2):76-82, 1973.

A novel approach to a young father's inability to tolerate his 13-month-old daughter's crying is described. Prior to treatment the man, who found the child at best tolerable, beat her when she cried. A treatment program was instituted to increase the father's tolerance for loud noise. Two types of aversive noise were used: the daughter and other children crying and screaming, and a noisemaker covering a particularly irksome frequency range to the father. A reinforcing stimulus of recorded folk music, for which the father had a strong preference, was also used. A conditioned reinforcer consisted of a depiction of the child on videotape. During a progressive treatment plan, there was an overall increase in both the intensity and duration of aversive noise to a maximum of 15 minutes, a period deemed sufficient for the wife to pacify the child in actual circumstances. The subject's asthma, which was usually intensified by the child's crying, seemed no longer aggravated after treatment. He was also happier in his work and less agitated by the noises around him. 4 references.

CD-00875

Downstate Medical Center, Brooklyn, N.Y. Div. of Child and Adolescent Psychiatry.

Child Abuse and Mental Retardation: A Problem of Cause and Effect.

Sandgrund, A.; Gaines, R. W.; Green, A. H.

American Journal of Mental Deficiency 79(3):327-330, November 1974.

Cognitive development was assessed in 60 abused, 30 neglected, and 30 control children between the ages of 5 and 12.9 years, all of whom were from families receiving public assistance. Children with major skull trauma including cerebral hemorrhage, laceration, or contusion were excluded. IQ was estimated by the Wechsler Intelligence Scale for Children or the Wechsler Preschool and Primary Scale of Intelligence. Both abused and neglected children had significantly lower IQs than did the nonabused children, with mean values 8-11 points lower than the controls on the verbal, performance, and full-scale tests. There was no significant difference between the abused and the neglected children. The incidence of IQs below 70 in the

abused and neglected groups was almost ten times that in the control group. The hypothesis that the abused group would be more severely affected was not supported. It is not certain whether cognitive impairment antedated abuse or was one of its consequences. 11 references.

CD-00876

Services to Neglected Children.

Sandusky, A. L.

In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*. Morristown, N.J., General Learning Corporation, pp. 152-157, 1974.

The problems of abusive parents are often varied and numerous causing equally diverse problems for their children, emotionally as well as medically. To empower one agency with the ability of taking care of all these problem areas is difficult. The effective development of social services for neglected children in 1960 was blocked by the lack of legislation defining the public welfare agency's responsibility in this regard and confusion about what the services were and what they could accomplish. Eventually, however, state and local public welfare agencies increasingly developed services. Trained, experienced child welfare workers and cooperation with other services are essential in providing for these families. The problems of decision making and issues involved in custody and adequate parenting are discussed. 5 references.

CD-00877

Institute of Child Health and Hospital for Children, Madras (India).

PITS Syndrome.

Santhanakrishnan, B. R.; Vasanthakumar Shetty, M.; Balagopala Raju, V.

Indian Pediatrics 10(2):97-100, February 1973.

Three cases of parent-infant traumatic syndrome (PITS) were observed in India. Multiple fractures and external cortical thickenings (traumatic involucrums) of both fractured and unfractured bones were the dominant lesions. Soft tissue injuries, hematoma, malnutrition, and infection were also observed. One child died of sustained injuries and recidivism was noted in all cases. The families were drawn from the middle and lower socioeconomic classes. Stresses due to pregnancy and childrearing contributed to the abuse in all cases (the mother was the abuser in 2 instances) and efforts to conceal the abuse were apparent. Because India lacks the social welfare facilities to adequately care for children outside of their homes, therapeutic measures must concentrate on counseling the parents in a sympathetic way to improve the home environment and removing the stresses of poverty and childrearing as much as possible. 5 references.

CD-00878

William Beaumont General Hospital, El Paso, Tex. Dept. of Psychiatry.

The Ecology of Child Abuse Within a Military Community.

Sattin, D. B.; Miller, J. K.

American Journal of Orthopsychiatry 41(4):675-678, July 1971.

A study of the effect of home locality on family life and specifically the prevalence of child abuse among military families in El Paso, Texas, showed that child-abusing households concentrate in certain low-income, run-down neighborhoods. Further studies are being done to determine if abusers are attracted to such neighborhoods or if the locale itself contributes to the stress or imbalance which produces an abuser. 11 references.

CD-00879

Preplacement Situations of Families: Data for Planning Services.

Sauber, M.

In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, N.Y., MacMillan Co., pp. 229-238, 1970.

Family characteristics were determined in 425 families with 891 children being placed outside the home for the first time in New York City. The racial composition was 24 percent white, 44 percent Negro, and 32 percent Puerto Rican. In 41 percent the mother was the only parent in the home, and in 3 percent the father was the only parent at home; in only 32 percent were both natural parents living at home. Almost half of the families were receiving some sort of public assistance. Health problems existed in one or more members of the family in 55 percent of families 1 year prior to placement, but this figure increased to 71 percent at the time of placement. Acute adult illness was 7 times more frequent at the time of placement than 1 year earlier, and twice as many families had a mentally ill adult at the time of placement compared to 1 year earlier. More children slept away from home at the time of placement than 1 year earlier. Community facilities and resources were not used extensively. In 54 percent of cases sibling groups of 2 or more children were placed. Only 58 percent of parents said they were in full agreement with the placement. Retrospectively it was judged that only 17 percent of the families could have kept their children at home even with needed services. This was judged to be the case in about 25 percent of those being placed because of physical illness of the mother but for only 7 percent of the group with children placed because of emotional problems.

CD-00880

California Univ., Los Angeles. Neuropsychiatric Inst.

Working With Abusive Parents. Group Therapy and Home Visits.

Savino, A. B.; Sanders, R. W.

American Journal of Nursing 73(3):482-484, March 1973.

The UCLA Neuropsychiatric Institute has established an outpatient therapy group for parents who have been charged in court with child abuse or for maintaining an unfit home. A child psychiatrist and a public health nurse conduct the sessions, providing both mother and father with familial models. Initially, most of the parents display extreme hostility toward authority and resentment toward their children. By using nonthreatening techniques the leaders allay these feelings and induce the parents to discuss the difficulties connected with their child abuse, which frequently include social isolation, life-long patterns of poor family interaction, and ignorance of normal child development. Instruction is provided to correct these deficiencies. Often, the public health nurse visits the home where she can unobtrusively serve as a model for the abusive parent and provide supportive comments when the parent encounters problems. While in the home, the nurse may witness behavior on the borderline between harsh discipline and abuse. The nurse must not interfere at the time, but should evaluate the case carefully to decide whether reporting is necessary. Punitive disciplinary practices should be replaced by the reinforcement-extinction method of child training. 8 references.

CD-00881

Rochester Univ., N.Y. Dept. of Pediatrics.
Community Committee on Child Abuse.
Sayre, J. W.; Foley, F. W.; Zingarella, L. S.; Kristal, H. F.
New York State Journal of Medicine 73(16):2071-2075, August 15, 1973.

A group of people representing medical, social services, and legal resources involved with the identification, reporting, protective, and legal aspects of child abuse have been holding regular monthly meetings to discuss their mutual concerns. This Committee on Child Abuse of Monroe County, New York, has been successful in identifying interagency problems and misunderstandings, discussing them openly and constructively, and suggesting ways of improving care of these complex cases. It provides a natural vehicle through which innovative community programs may be implemented in the future. Its history, composition, and accomplishments are briefly discussed. 9 references.

CD-00882

Harvard Univ., Cambridge, Mass. Dept. of Psychiatry.
An Examination of the Relevance for Mental Health of Selected Anti-poverty Programs for Children and Youth.
Scherl, D. J.; Macht, L. B.
Community Mental Health Journal 8(1):8-16, February 1972.

Several programs developed to deal with various aspects of the lives of poor children and adolescents are examined to determine their potential significance with respect to psychiatry and mental health. These programs foster psychological growth in children previously unreachable by more conventional mental health techniques. The lack of

hope and feelings of inadequacy common in many neuroses may simply be a realistic assessment of the situation in cases of the poor. This is why it is often necessary to improve the life prospects before expecting an improvement in outlook. Through his experience in the Head Start program a child can develop self-control and self-esteem by developing skills and learning to socialize in a new environment. This is particularly true for the child of a multiproblem family as it may provide his only contact with consistent, helping, stable adults. Encouraging parent participation may assist some parents, who feel they have no future for themselves, to focus constructively on the child's development, welfare, and future. The adolescent in job-directed programs and children in Head Start programs are discussed; two case reports are included. 19 references.

CD-00883

California Univ., Berkeley, Dept. of Education.
The Neglected Child's Perception of the Public School Experience.
Schermerhorn, W.
Doctoral Dissertation, Ann Arbor, Mich., University Microfilms, 202 pp., 1970. 71-9746.

An exploratory study of neglected children's perceptions of their teachers and peers involved 1 hour of classroom observation of each subject by a social worker and a psychologist followed by interviews using projective measures and direct questioning. Nineteen boys, determined to be neglected children, were compared with 17 boys from caring families. Analysis of the resulting data confirmed predictions that deprivation of nurturing care in young children makes them less capable of developing positive human relationships. Significant differences between the groups of boys were found in the areas of affiliation, positive self-concept, negative adult perception, positive teacher and peer relationships, and negative teacher and peer relationships. Specific suggestions for schools in helping neglected children include provision of more structural and emotional support to neglected children. Topics extensively discussed include child development; definitions and concept of neglect; and the neglected child's perception of teachers, adults, peers, and himself. 60 references.

CD-00884

McGill-Montreal Children's Hospital Learning Center (Quebec)
Mother-Child Interaction Observed at Home.
Schlieper, A.
American Journal of Orthopsychiatry 45(3):468-472, April 1975.

Interaction was observed in 16 lower socioeconomic mother-child pairs at home and compared with the interaction of 7 middle class mother-child pairs. In contrast to other studies, most of which are based on observations in

hospital waiting rooms and in laboratories, very few class differences were found in maternal behavior. Lower class mothers were significantly more directing and were more restricting, criticizing, and interfering at the 2 percent level. While not significant they also showed a tendency to engage in more interactive play. The home setting of the current study is suggested as a reason for its lack of agreement with earlier studies. 16 references.

CD-00885

Denver Dept. of Public Welfare, Colo. Child Welfare Services.
The Challenge of Helping the "Untreatables."
Schmidt, D. M.
Public Welfare 23(2):98-102, April 1965.

In order to accomplish the goals of social welfare and to attract capable, qualified caseworkers, agencies must adjust caseloads, refine services, and reduce paper work so that workers can work up to their potential. The result will be improved work, as well as improved public image of the agency. Many more untreatable clients will be able to be helped. 2 references.

CD-00886

Colorado Univ., Denver, Dept. of Pediatrics.
The Pediatrician's Role in Child Abuse and Neglect.
Schmitt, B. D.; Kempe, C. H.
Current Problems in Pediatrics 5(5):2-47, March 1975.

A comprehensive review of child abuse and neglect first defines the areas covered as physical abuse, nutritional neglect, drug abuse, medical care neglect, sexual abuse, emotional abuse, and safety neglect. The battered child syndrome and nutritional neglect are then discussed separately in detail, including the clinical manifestations, etiology, incidence, and prognosis. Pathognomonic cases of physical abuse are considered, as are suspicious injury histories, the psychosocial risk factors, and the typical behavior of the suspected parent in the hospital. Regarding nutritional neglect, false theories are dispelled, and 3 types commonly encountered are discussed; (1) underfeeding due to error or ignorance, (2) caloric deprivation due to maternal neglect, and (3) organic failure to thrive. Guidelines for initial management are detailed, and the use of the hospital-based child protection team is discussed. Child abuse can often be predicted and prevented, and even after abuse has occurred successful therapy is possible in more than 80 percent of families. However, the reluctance of physicians to report cases continues to be a problem. The detection of babies at high risk is discussed and a suggested follow-up for them is outlined. 54 references.

CD-00887

National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.
Prediction, Treatment, and Prevention of Child Abuse.
Schneider, C. J.
American Psychological Association Annual Meeting, New Orleans, La., 11 pp., September 1974.

A study was undertaken in Denver to test the validity of a screening questionnaire. Of 500 mothers from varying socioeconomic levels, 100 were defined as high abusing risk based on several criteria. Those mothers also responded significantly differently from others on a predictive questionnaire for unusual child rearing practices. They had higher than reasonable expectations for the child, had harsher and more self-righteous attitudes toward punishment, felt more unloved, criticized, and isolated than normal, and had a prevailing feeling of hopelessness, despair, and depression. The most heavily weighted item in prediction of abuse was a response indicating violent punishment of the mother by her parents. The questionnaire is now ready for extensive field studies. Treatment for the child abuse phenomenon falls into four categories; group therapy efforts; day care centers and 24-hour crisis nurseries; referral and crisis help services and child protective teams; and preventive treatment. Prevention may ultimately result from widespread practices aimed at identifying potential abusers before they abuse, but in the meantime, medical and social workers should be educated to recognize the cries of help which parents and their older children almost invariably give. 7 references.

CD-00888

Colorado Univ., Boulder, Student Health Center.
The Predictive Questionnaire: A Preliminary Report.
Schneider, C.; Helfer, R. E.; Pollock, C.
In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Co., pp. 271-282, 1972.

While a perfect questionnaire for identification of potential child abusers is impossible to design, some interesting results have been observed in the responses of 30 known abusers and 30 nonabusers to some sample questions. The goal is not to arrive at a single score which will identify an abuser, but simply to delineate a group of individuals which should receive further screening. Respondents were matched on the basis of parent age, education, socioeconomic status, number of children in the family, and the presence in the family of a corresponding child of the same age as the child who had been abused. Abusing parents reported significantly more severe physical punishment in their childhood, more anxiety about dealing with their children's problems, more concern about being alone and isolated, more concern with criticism, and higher expectations for performance for their children than did the normal controls. Some 50 responses which tended to separate abusers from nonabusers were subjected to cluster analysis. Four major clusters were identified regarding

isolation and loneliness, expectations of children, relationship to their parents and children, and upset and anger. Five different personality types were found, 2 nonabusing and 3 abusing. One of the nonabusing types was a person who might have certain neurotic tendencies which might need treatment but which would not classify him as an abuser; the other was the normal personality type. The 3 types of abusers were a pure type (corresponding to the psychiatrically predicted type) and 2 types which deny that they have abuser attitudes in some but not all of the crucial prediction area. The scores misidentified 2 abusers as neurotic type nonabusers and 6 nonabusers as denying abusers. Further research is necessary. 2 references.

CD-00889

Colorado Univ., Boulder. Student Health Center.
Interviewing the Parents.

Schneider, C.; Pollock, C.; Helfer, R. E.
In: Kempe, C. H.; Helfer, R. E. (Editors). *Helping the Battered Child and His Family*. Philadelphia, J. B. Lippincott Company, pp. 55-65, 1972.

An accurate assessment of the total family situation is vital to the institution of an appropriate and meaningful therapeutic program in cases of child abuse. Some suggestions are offered regarding the technique and nature of interview of these parents. The interview should be parent-centered, in a relaxed setting, short, honest, and should be conducted with both parents as well as with one at a time. The potential for abuse is explored through questions dealing with the parents' own rearing, the pattern of isolation, the interrelationships between the parents, and their view of the child. Information should then be collected regarding the child and the characteristics which contribute to his abuse. Finally the precipitating crisis or crises must be investigated and evaluated.

CD-00890

Jewish Family Service, New York, N.Y.
The Prevention of Family Break-up.
Schulman, G. L.; Leichter, E.
Social Casework 49(3):143-150, March 1968.

A discussion of family therapy uses 3 case examples to highlight main features of family systems where placement of a child is sought or untimely departure of a child is experienced, and of appropriate treatment for potential family breakup. In 2 cases, the parents wanted to place a child in another home because the child symbolized the family's problems although another member of the family was responsible for the problems. In the third case, children were rejected and chose to leave the family because the parents were too dependent on each other. The therapist is urged to become actively involved in the family system and challenge abnormal family transactions.

CD-00891

West Virginia Univ., Morgantown. School of Social Work.
The Child Sex Victim: Social, Psychological, and Legal Perspectives.
Schultz, L. G.
Child Welfare 52(3):147-157, March 1973.

Communities need sociomedical services for children who are the victims of sexual offenses. In most cases, the offender is either an acquaintance or relative of the victim, and the offense is not accompanied by violence; the offense itself is not generally traumatic. Often the victim was engaged in affection-seeking behavior or even outright seduction at the time of the offense, which may indicate that the child or its family is in need of therapy. Trauma may result when the offense has been violent, the offender was closely related to the victim, or most significantly, when society's reaction to the offense is itself traumatizing—either because the victim's parents have fostered a sense of guilt or because of the strenuous demands of the judicial process. Well directed casework can eliminate the permanent emotional and developmental harm that may occur in children with preexisting personality disturbances and reduce the strain on the child in all cases. Once the child has received any necessary medical treatment an interview should be conducted in familiar surroundings but in the absence of the child's parents to determine the factual basis of the offense and assess the child's emotional state. Unfortunately, few communities have personnel trained to conduct such a nonaccusatory interview. A decision can then be made whether to report the offense to the police. If the offense is reported and the offender does not plead guilty (which generally happens only when there is a question of cooperation), the child should be prepared for the vicissitudes of an adversary judicial proceeding and desensitized to contemplation of the offense. The social worker may also urge the court to take steps minimizing the burden on the child, such as permitting testimony in chambers rather than in open court. The social worker should accompany the child throughout the proceedings. 20 references.

CD-00892

Child Murder Today.
Schwartz, E. K.
Human Context 4(2):360-361, 1972.

The denial by parents of their hostile feelings towards their own children was a dominant theme of a weekend seminar on filicide attended by playwrights and psychologists. All of the playwrights had written at least one play on the subject. Doubts were expressed regarding public acceptance of and producer interest in such plays. The planners of the seminar feel that playwrights can make a major contribution to help save children by heightening awareness of filicide and other forms of child abuse and neglect.

CD-00893

Maudsley Hospital, London (England). Dept. of Forensic Psychiatry.
Parents Who Kill Their Children.
Scott, P. D.
Medicine, Science, and the Law 13(2):120-126, April 1973.

A discussion of filicide in England and Wales includes an analysis of the criteria used in classifying the parents. The main criterion for classification in parental filicide is motive. Quarrels, rage, insanity, depression, suicidal despair, or hatred of the child are often cited as motives leading to the impulsive murder. Motivation, however, is a highly subjective basis of categorization because it relies on the offender's statements or the observer's hypothesis of the situation, and often implies a process for sentencing. Six case histories are cited to illustrate these criticisms. To avoid using the motive criterion, alternatives are offered which refer to the source of the impulse to kill. Clinical classification observes the personality of the parent in relation to mitigating endogenous and exogenous factors leading to a child murder. Five sources of the homicidal impulse include elimination of an unwanted child, mercy killing, mental pathology, murder precipitated of the victim, and external-stimulus anger displacement. This classification process was applied to data on parents arrested for filicide; 44 percent of the fathers killed their child when the victim was the stimulus for the attack, whereas mothers were more likely to be mentally ill, psychotic, or depressed. 26 references.

CD-00894

Maudsley Hospital, London (England). Dept. of Forensic Psychiatry.
Fatal Battered Baby Cases.
Scott, P. D.
Medicine, Science and the Law 13(3):197-206, July 1973.

In a study of 29 cases in which the father or substitute father had been charged with killing his child, nearly two-thirds of the fathers were not married to their partner and more than half were not the biological fathers. Injuries were invariably multiple and excessively severe, involving combinations of fatal lesions. The fathers generally had unrealistic interpretations of the child's activities. Personality disorders were diagnosed in 75 percent of the cases and 27 percent of the fathers had records of previous violent crimes. Comparisons with nonfatal battered baby cases showed significant differences in the marital status, biological paternity, number of working mothers, locations of the injuries, and in the frequency and nature of previous convictions. 18 references.

CD-00895

The Battered-Child Syndrome. (Editorial).
Scoville, A. B.
Journal of the Tennessee Medical Association 64(4):346-347, April 1971.

A brief review covers the battered child syndrome. Mandatory reporting laws may correct the problem created by the reluctance of many professionals to report cases. Battering parents come from a wide variety of social origins and age groups. Reasons for battering derive from such causes as competition between child and parent, an unwanted or illegitimate child, annoying behavior of the child, the belief that a good spanking will improve behavior, and blaming of the child for the shortcomings of others. The importance of reporting is stressed. 3 references.

CD-00896

Wisconsin Univ., Madison. Dept. of Sociology.
Physical Child Abuse: An Expanded Analysis.
Seaberg, J. R.
Doctoral Dissertation, Ann Arbor, Mich., University Microfilms, 185 pp., 1974. 74-26,512.

In this doctoral dissertation, the data from the nationwide study conducted at Brandeis University are subjected to an expanded analysis basically oriented toward the testing of possible structural causal models derived from generalizations of the most current thinking in the area. Severity of injury was treated as the major dependent variable. Factor analysis was carried out using a large number of independent variables, and path analysis was used as a statistical technique to test the causal effects among variables in 4 models, which were developed: (1) poverty-violence in childrearing; (2) psychological; (3) reinforcement; and (4) comprehensive. The effects between variables in the models were generally in the directions expected, but the magnitude of the effects was usually less than expected and the accumulative effect in explaining the variance in the dependent variables was very slight. The stimulus for the act from the child had a negative effect on the injury severity. Effects from the perpetrator being a past victim of abuse and the perpetrator being psychologically sick on the prior abuse variable were not observed. Data from the national opinion survey were also examined, and the propensity variables were found to have no effect on recommended disposition. There were slight effects toward more harsh dispositions caused by poverty indicators, but the variance explained was slight. The general conclusion was that very little is known about the causes of severity of physical child abuse, and more research is necessary. 54 references.

CD-00897

The Sources of Aggression in the Home.
Sears, R. R.; Maccoby, E. E.; Levin, H.
In: Steinmetz, S. K.; Straus, M. A. (Editors). *Violence in the Family*. New York, Dodd, Mead and Company, pp. 240-246, 1974.

In a study to determine the causes of aggressive behavior in children, 379 mothers of 5-year-old children reported on the levels of their child's aggressive behavior, the degree to which they permitted such behavior, and the severity with which they punished it. Permissiveness was negatively correlated with punitiveness ($r = -.43$); however, both permis-

siveness and punitiveness were positively correlated with amount of the children's aggression ($r=+.23$ and $+.16$, respectively). Thus, the children of mothers who punished their aggressive outbursts severely as well as those whose mothers did not stop their aggressive outbursts at all were highly aggressive. Where a mother was both permissive and punitive the effects were cumulative. The use of physical punishment as opposed to other forms was not correlated with increased aggressiveness in the children except where it was used in conjunction with severe punishment of aggression, in which case the correlation was high. The effect of punishment seems to be twofold: (1) punishment creates additional frustration which leads to aggression, and (2) punishment provides an example of aggression rewarded. The conclusion is that parents should stop aggressive outbursts, but by means other than punishment. These conclusions are not likely to be heeded because parents find punishment satisfying, and because parents confuse desirable permissiveness with permissiveness toward aggressive outbursts. 3 references.

CD-00898

Czechoslovakian Academy of Sciences, Prague. Inst. of Experimental Biology and Genetics.
A Study of Children of Incestuous Matings.
Seemanova, E.
Human Heredity 21(2):108-128, 1971.

A group of 161 children from incestuous matings has been examined and compared with 95 of their half-sibs. The parental age distribution showed considerable differences between the groups, and the period of observation was longer in children of incestuous origin. The educational level of the parents was below average; 20 of the 141 mothers were mentally retarded. Information about the fathers was less complete in both groups, but 8 of 138 fathers in the consanguineous group were known to be mentally subnormal. Prenatal, neonatal, and infant mortality was higher among children from incestuous unions, and mental retardation as well as congenital malformations, single and multiple, were far more frequent among these children than among their half-sibs who were off-spring of unrelated parents. 3 references.

CD-00899

Columbia Univ., New York, N.Y. School of Social Work.
A Comparison of Some Characteristics of Abusing and Neglecting, Non-abusing Parents.
Segal, R. S.
Doctoral Dissertation, Ann Arbor, Mich., University Microfilms, 277 pp., 1971. 72-1386.

A study compared 32 couples who neglect their children with 31 couples who abuse their children in order to determine classifying characteristics between abusing and nonabusing parents. Interviews were used to obtain data, and research methods are explained. Evaluation included economic, social, and cultural criteria. Family interaction

was a major determinant of differences between the groups of parents and revealed varying attitudes to childrearing and family life. 104 references.

CD-00900

Clinton Valley Center, Pontiac, Mich. Div. of Child Psychiatry.
A Comparative Study of Predictive Criteria in the Predisposition of Homicidal Adolescents.
Sendi, I. B.; Blomgren, P. G.
American Journal of Psychiatry 132(4):423-427, April 1975.

Clinical, developmental, and environmental factors were applied to ten adolescents who had committed homicide, ten who had threatened or attempted homicide, and ten hospitalized controls to evaluate criteria supposedly predictive of homicidal predisposition. Six of the adolescent murders were schizophrenic, and seven of the group who threatened or attempted homicide had organic brain syndromes. The presence of a well-crystallized predisposition for committing, threatening, or attempting homicide was not supported. The predisposition for committing homicide was found to be psychotic-regressive, and the predisposition for threatening or attempting homicide was organic-impulsive. Environmental factors appeared to be important in reinforcing homicidal behavior. Eight environmental factors were identified for those who committed murder, including unfavorable home environment, parental brutality, exposure to violence, seduction by parent or parental perversion, brutal rejection by father, coincidental victim, firearms in the home, and encouragement of murder or violence by the family. Six factors were found significant in reinforcing homicidal threats or attempts: unfavorable home environment, having been an unwanted child, brutal rejection by father, distant and passive father, murder or violence anticipated by family, and murder or violence encouraged by family. The intense and widespread hostile-destructive nature of the environment of adolescent murderers appears more detrimental to their pre-murder disposition than the less intense but hostile-rejecting environments of adolescents who threatened or attempted murder. 13 references.

CD-00901

Beaumont Hospital, Lancaster (England).
Elastic Band Injuries. (Letter).
Seville, R. H.
British Medical Journal 1(5592):643, March 9, 1968.

A case which involved injuries incurred from a rubber band wrapped around the neck of a child is discussed. The division of cases into deliberate and accidental categories may overshadow the possibility that a subconscious motivation may enter into play.

CD-00902

Sex Problems Court Digest.
Conviction of Forcible Rape of a 15-Year-Old Daughter-Reversed.
Sex Problems Court Digest 6(1):2, January 1975.

The Supreme Court of Michigan reversed a lower court conviction of a 60-year-old man for forcible rape of his 15-year-old daughter on technical legal grounds. The alleged confession was not supported by testimony beyond a reasonable doubt that the statements were made after the defendant had waived his constitutional rights. Nor did the court admit the editorialized version of the defendant's statements by the arresting officer. Further, the jury had not been properly instructed regarding the element of penetration. A second case against the same defendant was also reversed because a physician's testimony should not have been admitted, since his examination was based on the prosecutrix's factual history of the alleged rape.

CD-00903

Sex Problems Court Digest.
Statutory Rape of 13-Year-Old Daughter--Conviction Upheld--Discussed.
Sex Problems Court Digest 6(1):3, January 1975.

The Supreme Judicial Court of Maine denied the appeal of a man convicted of statutory rape of his 13-year-old daughter since Maine law states that the intercourse is illegal simply because the girl is under the age of 14, not because the defendant specifically intended wrongdoing.

CD-00904

Allegheny County Health Dept., Pittsburgh, Pa.
Limits To Service In Child Abuse.
Shade, D. A.
American Journal of Nursing 69(8):1710-1712, August 1969.

Public health nurses can be effective in detecting child abuse and taking early steps to prevent its occurrence, including referral to the appropriate agency. But the nurse should realize that she lacks the competence to manage a persistent case of child abuse over a long period of time. Detection involves identifying high-risk situations such as teenage marriages, using published parental typologies, and carefully documenting instances of actual abuse or neglect. The nurse may then take steps to reassure and educate the parents and call in the appropriate protective agency if necessary. The parents cooperation should be obtained if at all possible. It is probably futile to continue contact with the family after these measures have failed. The nurse should also be aware of her agency's policy toward court testimony. 3 references.

CD-00905

Child Abuse: Search for Remedies.
Shaffer, H. B.
Editorial Research Reports 1(18):343-359, 1965.

A review covers the status of the problem of child abuse in 1965. Battered children come from all socioeconomic levels, and the majority of them are under 3 years old. Injuries include superficial soft tissue injuries and typical bone fractures. Recognition of abuse has been slow because of a reluctance to believe the phenomenon. The incidence in 1965 was thought to be as high as 10,000 cases annually. The need for legislation requiring reporting and new procedures for protecting injured children are pointed out. The outlook for rehabilitating abusive parents is considered poor, and the need for further study was emphasized. 24 references.

CD-00906

Use of Homemaker Service in Families That Neglect Their Children.
Shames, M.
In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, MacMillan Company, pp. 101-110, 1970.

A project is described in which homemakers were placed with seriously neglecting families receiving Aid to Needy Children. Homemakers were assigned to 12 families which had been particularly resistant to caseworkers' efforts to improve standards of household management and child care. All 12 families showed marked improvement in most problem areas, and gains made during the time the homemaker was present held remarkably well after she left. The homemaker's skill in household management was deemed less important than her intuitive ability to give the mothers the kind of acceptance, respect, and understanding which in many cases they had not previously encountered. The result was a strengthening of the mother or older children to the point of realignment of family relationships. Professional supervision of the homemaker was considered an important aspect of the program.

CD-00907

Georgia Univ., Athens. School of Social Work.
The Process of Infantilization.
Sharlin, S. A.; Polansky, N. A.
American Journal of Orthopsychiatry 42(1):92-102, January 1972.

A study of 52 mothers and their mildly retarded children (I.Q.s 52-84, ages 7-12) investigated the nature and dynamics of infantilization. Infantilization, defined as actions which tend to encourage another to be less competent and self-sufficient than he otherwise might be, was measured as a greater than average drop in the child's

I.Q. over a 12-30 month test-retest interval. Such a drop correlated significantly with low gross muscle coordination and visual clinging behavior in a test situation. This indicates that infantilization is a unified phenomenon pervading many spheres of psychological and physical functioning. Open ended interviews with the mothers yielded 42 variables in maternal behavior that tended to promote infantilization. These behaviors tended to communicate 3 messages to the child: you are part of mother, you are fragile, and you are special. There was no evidence that the message: you are unlovable, was communicated. Behavior promoting infantilization included close, exclusive supervision of the child and too much attention towards the child's handicap with a corresponding reluctance to punish. Despite their overzealous attention, infantilizing mothers gave less emotional stimulation to their children than noninfantilizing mothers; they played with them less, and in a test situation offered the child less aid in problem solving. The resulting relationship is characterized by mutual separation anxiety and lack of stimulation. Previous studies have shown that neglectful mothers often infantilize their children and were often infantilized themselves. 15 references.

CD-00908

Virginia Univ., Charlottesville. Div. of Pediatric Surgery.
Would You Have Missed This Battered Baby?
Shaw, A.
Hospital Physician 9(3):59, 62-63, March 1973.

Three pediatricians discuss a case of child abuse seen at the University of Virginia Medical Center. Symptoms, history, and x-rays were reviewed before diagnosis was confirmed. A mandatory reporting law requires Virginia physicians to report cases. Suggestions for case management include parental counseling and a team approach to protect the child while improving the home environment. Nine clues in diagnosing child abuse are given. 6 references.

CD-00909

Virginia Univ., Charlottesville. Div. of Pediatric Surgery.
A Team Approach to Child Abuse.
Shaw, A.; Carr, C. H.
Virginia Medical Monthly 101:366-372, May 1974.

The goals, composition, and operation of the Committee for Child Protection at the University of Virginia Hospital are outlined. After receiving reports, the operation consists of reporting suspected cases to mandated authorities, assisting court and sheriff's department in making a determination of abuse or neglect, filing a petition of neglect or abuse, cooperating with the community for child protection and family rehabilitation, carrying out an educational program with professionals as well as in the community at large, and conducting research on selected abusing families. Of 87 cases which came to its attention,

43 reports came from the hospital and 44 from the community; 64 percent of the cases were returned to their families and 36 percent were placed in foster homes. Three cases illustrative of the functioning of the committee are briefly presented. A greater role on the part of Virginia physicians in local, state, and national programs against child abuse is strongly urged. 9 references.

CD-00910

The Effects of Overstimulation: Rat People.
Shengold, L.
International Journal of Psycho-Analysis 48:403-415, 1967.

A "rat person" syndrome has been observed in adults who were the victims of childhood beatings or sexual attack, particularly prolonged incestuous relationships. The patient regresses to a level of libido development characterized by the image of the cannibalistic rat in fantasies, dreams, and phobias. There is a continuous need for the patient to inflict but also suffer sexual violence; the patient continuously relives the traumatizing event and maintains a state of overstimulation, identifying with both the assailant and the victim. Part of this syndrome involves a pathological denial of the original attack, which is necessary for the patient to maintain an identification with the perpetrator. The patient displays large amounts of sado-masochistic sexual activity and rage and often seeks discharge through infantile means, such as urination or fainting. Autohypnosis is also practiced. Fantasies of vagina dentata and penis dentata are common. Parallels may be drawn between the patient and the protagonists of Sophocle's Oedipus Rex and Orwell's 1984. Several case histories are available for illustration of the syndrome. 28 references.

CD-00911

Wicker, Baker, and Goddin, Richmond, Va.
The Abused Child and the Law.
Shepherd, R. E., Jr.
Washington and Lee Law Review 22:182-195, 1965.

A discussion covers legal aspects of child abuse. The usual approach to abuse cases is stated in the verdict found in *Carpenter vs. Commonwealth* (Virginia Supreme Court of Appeals, 1947) that a parent has a right to punish a child within the bounds of moderation and reason, so long as he does it for the welfare of the child; but that if he exceeds due moderation, he becomes criminally liable. If the child dies because of the parents' failure to provide food, shelter, or clothing, the parents may be charged with manslaughter, or if the neglect is willful, with murder. However, willful neglect is difficult to establish. Despite these legal precedents, problems in reporting still exist. A mandatory reporting law would establish a clear path for physician reporting and, in conjunction with a protective services bill, would deemphasize the punitive aspects of such legislation. Numerous references.

CD-00912

Wicker, Baker, and Goddin, Richmond, Va.
The Abused Child and the Law.
Shepherd, R. E., Jr.
Virginia Medical Monthly 93:3-6, January 1966.

See Abstract CD-00911.

CD-00913

Child Welfare League of America, Inc., New York, N.Y. Research Center.
Children Adrift in Foster Care: A Study of Alternative Approaches.
Sherman, E. A.; Neuman, R.; Shyne, A. W.
New York, Child Welfare League of America, Inc., 129 pp., 1974.

A demonstration research project focused on 2 elements associated with the foster care problem: loss of children within the system, and elimination of natural parents from the system. Intervention strategies were developed to combat these problems and their effectiveness was tested with the foster care staff of the Child Welfare Division of the Rhode Island Department of Social Rehabilitation Services. The staff was divided into groups utilizing an administrative control device, assigning special caseworkers to work with natural parents, or using existing techniques. The study population included 413 children who had been in foster care less than 2 years. Results after 8 months indicated a significant difference between the experimental groups and the control group. Ironically, the administrative-planned return of a child to his parents was slower than in the control group. This was seen as beneficial because returns controlled by the parent were not always to the benefit of the child (28 percent were returned again to foster care). None of the children whose parents met with special workers were put back into foster care. As in the past, a strong correlation was found between time in foster care and likelihood of remaining there. The intervention strategies did not overcome this but did increase staff accountability and realism. 14 references.

CD-00914

The Abused Child--New York State.
Sherman, G.
New York State Dental Journal 36(2):109, February 1970.

Dentists should be alert to the problem of child abuse and be aware of the law, the protection it affords, and the necessary action it requires. The salient features in implementation of the provisions of Article X of the New York State Family Court Act include: (1) immediate report should be made to the local Department of Social Services followed by a written report within 24 hours; and police should be contacted only on an emergency basis; (2) color photographs are desirable; (3) written physical findings and examination record are a requirement in reporting; (4)

report forms are available from the local Department of Social Services; (5) the written report is admissible evidence, relieving the doctor of appearance at proceedings; and (7) the doctor reporting such cases is exempt by statute from liability.

CD-00915

Late Complications of Head Injuries in Children.
Shulman, K.
In: *Clinical Neurosurgery*. Proceedings of the Congress of Neurological Surgeons, Miami, Fla., 1971. Baltimore, The William and Wilkins Co., pp. 371-380, 1972.

A review covers the treatment of late complications of head injuries in children. Complications which require surgical care are skull defects, recurrent cerebrospinal fluid fistulas and infections, and posttraumatic hydrocephalus. Among those complications requiring nonsurgical care such as prophylactic anticonvulsants, rehabilitation programs of physical therapy, and orthopedic care are seizures, residual motor and intellectual loss following prolonged coma, and the repeated trauma associated with the battered child syndrome. This last type of injury is a preventable form of trauma. Physicians confronting children with chronic subdural hematomas or repeated severe, closed head injuries are urged to consider the possibility of battering as cause, to check for other signs of abuse, and, in cases of suspicious injury, to institute further investigation. 16 references.

CD-00916

North Carolina Univ., Chapel Hill. Dept. of Maternal and Child Health.
Family Planning: Its Health Rationale.
Siegel, E.; Morris, N. M.
American Journal of Obstetrics and Gynecology 118(7):995-1004, April 1, 1974.

A discussion of the effects of family size suggests that increasing family size is associated with a greater likelihood of child abuse. The main thrust of this paper deals with such effects as maternal, fetal, and neonatal mortality rates, prematurity rates, infectious disease rates, and lower intelligence quotient scores among children. 38 references.

CD-00917

National Center for Education Statistics (DHEW), Washington, D.C.
Neglected or Delinquent Children Living in State Operated or Supported Institutions. Fiscal Year 1972.
Siegel, L.

National Center for Education Statistics (DHEW), Washington, D.C., 40 pp., 1974. GPO 1780-1367.

A statistical compilation details expenditures during fiscal 1972 under title I of the Elementary and Secondary Education Act for supplementary services for neglected or delinquent children in state-operated or -supported institutions. The data include only those submitted by state-operated or -supported institutions, and participant and expenditure figures in this report are higher for delinquent than for neglected children, since the latter are more often assigned to locally operated facilities. Total expenditures reported for the period were \$16,130,001, with \$1,601,205 allocated to neglected children and \$14,528,796 for delinquent children. A comprehensive breakdown of expenditures for services and staff is presented.

CD-00918

Iowa Univ., Iowa City. Dept. of Pediatrics.
The Neurologist and the Physically Abused Child.
Silber, D. L.; Bell, W. E.
Neurology 21(10):991-999, October 1971.

Cases of child abuse frequently involve central nervous system injury, making it incumbent on the neurologist to maintain a high index of suspicion, and obtain a detailed history whenever dealing with young children. A detailed history often reveals discrepancies in parents' explanation of the injury that will further alert the neurologist, as do the characteristic physical signs of abuse including reversible growth failure, soft tissue injury, and multiple roentgenographic lesions. A roentgenographic survey should be made whenever inadequately explained head injuries are presented. Evidence of unsatisfactory home conditions may further create a circumstantial case of child abuse. When child abuse is suspected, the law requires the neurologist to report his suspicions to the local authorities; when this is done, the neurologist should attempt to establish a frank, nonaccusatory relationship with the parents in order to obtain the maximum cooperation possible. Case reports of 6 children, the oldest approximately 1 year, illustrate various aspects of the problem. 14 references.

CD-00919

The Rights of Juveniles Confined in Training Schools and the Experience of a Training School Ombudsman.
Silbert, J. D.; Sussman, A. N.
Brooklyn Law Review 40:605-633, 1973-1974.

A review details the rights of juveniles confined to training schools as determined by the courts in a large number of judgments and describes the difficulties encountered by Ombudsmen within the New York State Training School System. These difficulties fell into 5 categories: ascertaining the truth; obtaining effective action through institutional and administrative bureaucratic structures; possessing the power only to recommend; maintaining credibility with the residents; and protecting the children's rights when such were either ill-defined or unenforced. Because of pervasive

fear in staff administrators, and residents throughout the institution, there was a great tendency among the people to distort the truth, and contradictory statements abounded. The complex bureaucratic structure often generated an atmosphere of unaccountability on the part of staff and administrators. The lack of any real authority on the part of the Ombudsmen was a source of frustration, and this in part contributed to a difficulty in maintaining a relationship in which they could be trusted by the residents. Frequently the children's rights were flagrantly violated because they were so ill-defined that the children were unaware of them or they did not exist in the institution. It is concluded that residents are frequently not treated as human beings with feelings, fears, aspirations, and rights. Numerous references.

CD-00920

Rutgers Univ., New Brunswick, N.J. Dept. of Psychiatry.
The Psychological Aspects of the Battered Child and His Parents.
Silver, L. B.
Clinical Proceedings 24(11):355-364, December 1968.

Several criteria may be used in the hospital to distinguish parents and children involved in child abuse from those involved in accidental injury. The nonabusive parent shows guilt and concern over the child's injury, clings to the child, and readily discusses at length the accident and home environment. In contrast, the abusive parent appears defensive; attempts to extract a history may be met with evasions and contradictions or the explanation will not fit the injury. Such a parent shows anger toward the child and demeans it, often disappearing from the hospital completely. The accidentally injured child clings fearfully to its parents and wants to go home. The abused child, on the other hand, cries hopelessly, remains wary and irritable, and tenses when an adult approaches or a child cries. These children are constantly alert for danger, seem to fear going home, may be quiet and withdrawn, and may seek favors or gifts. Several other general observations can be made: (1) abusive parents seldom show guilt or seek help; (2) in contrast to child murderers, abusive parents are seldom psychotic; (3) generally, only one parent abuses the child, who is frequently the only child in the family who is abused; (4) both parents and children in an abusive situation tend to be young, and the child is often particularly troublesome or a scapegoat for family problems; (5) a nonpunitive approach to abusive parents is preferred and more practical (it avoids evidentiary problems); (6) violence in one generation tends to breed violence in the next, and some form of intervention would be desirable; and (7) abused children seldom fight back. 1 reference.

CD-00921

Rutgers Univ., New Brunswick, N.J. Dept. of Psychiatry.
Child Abuse Syndrome: A Review.
Silver, L. B.
Medical Times 96(8):803-820, August 1968.

A review of multidisciplinary literature covers definitions of child abuse, the extent of child abuse in the United States, history of child abuse research, aspects of physical diagnosis, psychological aspects and consequences of abuse, legislation, and community approaches to the problem. Accurate statistics on the extent of child abuse are difficult because of definitions. Conservative estimates show 200,000 cases each year. Most victims are very young children. Clinical history is often misleading. Physical signs, observations, laboratory evaluations, and radiological evidence can indicate traumatized children. Family social and economic problems correlate with child abuse incidence. Abusing parents may show uncontrolled hostility, rigidity and lack of warmth, or dependence and passivity. Permanent injury, death, and emotional abnormality are consequences for child victims. Legislation making child abuse reportable is necessary. Community approaches to child abuse should include assistance to family, police action, or both, but should emphasize protection and assistance rather than punishment. 57 references.

CD-00922

Children's Hospital, Washington, D.C. Dept. of Psychiatry.
Child Abuse Laws—Are They Enough?
Silver, L. B.; Barton, W.; Dublin, C. C.
Journal of the American Medical Association 199(2):101-104, January 9, 1967.

The physicians in the Washington, D.C., metropolitan area were questioned to assess their knowledge of the battered child syndrome, their awareness of the community procedures available, and their attitude toward reporting such cases under the protection of the new child abuse laws. Of the replies returned from the 450 questionnaires sent out, 1 in 5 reported rarely or never considering child abuse when seeing an injured child. One in 6 physicians reported mistakenly not having considered child abuse, and over half the physicians did not know the correct procedure to follow in their community. Results suggest that methods of communication between medical and community organizations and the physician have not been completely effective in familiarizing the physician with the battered child syndrome or with the community procedures to be used for reporting. 10 references.

CD-00923

Children's Hospital, Washington, D.C. Dept. of Psychiatry.
Mandatory Reporting of Physical Abuse of Children in the District of Columbia: Community Procedures and New Legislation.
Silver, L. B.; Barton, W.; Dublin, C. C.
Medical Annals of the District of Columbia 36(2):127-130, February 1967.

The District of Columbia law for reporting of child abuse cases and community procedures for handling such cases

are discussed in detail. The limitations of these statutes include (1) concentration on the one child seen as a patient fails to protect his siblings; (2) publicity about the new law may prevent parents from bringing an injured child in for treatment especially since only physicians are charged with reporting; (3) the suggested language appears to recommend the police as an appropriate agency to receive reports; and (4) mandatory reporting in itself will not eradicate child abuse, especially if social services are not expanded to treat these cases. 10 references.

CD-00924

Psychiatric Inst., Washington, D.C. Dept. of Children's Services.
Agency Action and Interaction in Cases of Child Abuse.
Silver, L. B.; Dublin, C. C.; Lourie, R. S.
Social Casework 52(3):164-171, March 1971.

The role of various agencies and their effectiveness in preventing further abuse was studied retrospectively in 34 cases. Interaction between such agencies as the Child Welfare Division Protective Services and children's hospitals is documented. A profile is given of the abused children including the frequency of earlier reports or crimes found in police files, and several cases are presented in detail. The study suggests that children are better cared for in their own homes if agency intervention is effective in preventing further abuse or improving the quality of the home atmosphere. 12 references.

CD-00925

Rutgers Univ., New Brunswick, N.J. Dept. of Psychiatry.
Child Abuse Syndrome: The "Gray Areas" in Establishing a Diagnosis.
Silver, L. B.; Dublin, C. C.; Lourie, R. S.
Pediatrics 44(4):594-600, October 1969.

A survey was undertaken to explore those cases of suspected child abuse which physicians are unwilling to report despite the almost universal legislation requiring them to do so. Records of 52 suspected abuse cases reported by staff or private physicians at the Children's Hospital of the District of Columbia June-December 1963 were reviewed 5 years later and supplemented by associated records from police and welfare agencies. Physicians were asked to explain any diagnostic difficulties they encountered with the cases. Five types of difficulties were noted: (1) subjective interference (28 percent)—the physician could not believe the parent capable of willful abuse and did not wish to jeopardize the physician-patient relationship, or believed that the reporting procedure was not useful; (2) benefit of doubt (19 percent)—the parent claimed the injury was inadvertent and the physician routinely accepted this; (3) responsibility for the act (19 percent)—the injury was inflicted by another child and the

physician could not fix responsibility for neglectful supervision on an adult; (4) parental privilege (6 percent)—the physician could not decide whether the parent had exceeded the legitimate privilege of punishing the child; and (5) effect of alcohol (12 percent)—the physician could not decide whether an inebriated parent was responsible for his acts. In types 3, 4, and 5 the physician was in fact usurping the court's duty to decide culpability. Cases like these should definitely be reported. Follow-up observations also show that abuse of a child was likely to be repeated, so that it is imperative that suspected abuse be brought to the attention of the appropriate agency. 11 references.

CD-00926

Rutgers Univ., New Brunswick, N.J. Dept. of Psychiatry.
Does Violence Breed Violence? Contributions From a Study of the Child Abuse Syndrome.
Silver, L. B.; Dublin, C. C.; Lourie, R. S.
American Journal of Psychiatry 126(3):404-407, September 1969.

To discover whether children who were subjected to violence tended to become violent themselves, the records of 34 cases of child abuse reported at Children's Hospital in Washington, D.C., were reviewed and supplemented by police and social service agency records of any previous or subsequent contact with the family. Family histories dating back 20 years, in some cases, could thus be obtained. In 4 cases, an abusive parent was shown to have been abused as a child, while in 7 cases, abused children had already come to the attention of the juvenile court because of delinquency within 4 years of their abuse. There is evidence that some abused children identify with their aggressors, becoming primitive and antisocial themselves. In other cases, children may unconsciously identify with the victim and unnecessarily place themselves in the path of aggression throughout their lives. 11 references.

CD-00927

Cincinnati Univ., Ohio. Dept. of Pediatrics.
Unrecognized Trauma in Infants, the Battered Child Syndrome, and the Syndrome of Ambrose Tardieu.
Silverman, F. N.
Radiology 104:337-353, August 1972.

A brief review of the history of child abuse as a social and legal concept is followed by a presentation of the clinical and radiographic findings in the abused child. Frequently, cutaneous lesions, ocular lesions, and mucosal lesions are seen in a child who shows signs of malnutrition and fear. Radiographically, a variety of skeletal findings, including new fractures, healing fractures, and increase in bone density are seen. Extraskelatal findings such as lung contusions, duodenal, mesenteric, and jejunal changes, and retroperitoneal hematoma are seen. The role of radiologists in recognizing abuse of a child and referring physicians to

available social and legal facilities is emphasized. "The Syndrome of Ambrose Tardieu" is offered as an eponymic title for the child abuse syndrome, as Tardieu first established the concept in a paper written in 1860. "The Battered Child" has been objected to because it is inadequate with respect to neglect and is pejorative with respect to parents. 96 references.

CD-00928

Cincinnati Univ., Ohio. Dept. of Pediatrics.
Radiologic Aspects of the Battered Child Syndrome.
Silverman, F. N.
In: Helfer, R. E.; Kempe C. H. (Editors). *The Battered Child*. Chicago, University of Chicago Press, pp. 41-60, 1974.

Radiologic examination in relation to the battered child serves as a case finding tool and as a guide to management. The outstanding features of skeletal injuries are predilection for the metaphyses, exaggerated periosteal reaction, multiplicity of lesions, and the differing stages of healing of the lesions. In the infant under 1 year of age the epiphyseal separation takes place at the weak cartilage-shaft junction. Initially the elevated periosteum and its underlying blood are radiolucent; calcification ensues within 2-3 weeks. Injuries less than 2 weeks old may be missed entirely. Although skeletal fractures predominate in the extremities, almost any bone can be affected. Sometimes soft tissue injury will show up radiologically. When skeletal lesions are observed, the possibility of subdural hematoma must be considered. In general the radiologic manifestations of the syndrome are so characteristic that diagnosis is obvious. Among the differential diagnoses discussed are: scurvy, congenital syphilis, osteogenesis imperfecta, infantile cortical hyperostosis, osteoid osteoma, self-sustained injury, little-league elbow, and a variety of other less common conditions. 48 references.

CD-00929

Cincinnati Univ., Ohio. Dept. of Pediatrics.
The Battered Child.
Silverman, F. N.
Manitoba Medical Review 45(11):473-477, October 1965.

The significance of radiologic examinations in diagnosing skeletal injuries is illustrated by 3 case histories of different groups of patients suffering from parental abuse. Trauma includes accidental injuries that occur during normal activity; injuries occurring in an unprotected environment; and intentionally inflicted injuries. The high incidence of reinjury in child abuse cases emphasizes the physician's responsibility to report suspected cases. However, the medical personnel should serve only as case finders, and social agencies should provide investigations and management. 10 references.

CD-00930

Jewish Board of Guardians, New York, N.Y. Preschool Liaison Project.
Early Intervention and Social Class. Diagnosis and Treatment of Preschool Children in a Day Care Center.
Silverman, M. A.; Wolfson, E.
Journal of the American Academy of Child Psychiatry 10(1-4): 603-618, 1971.

Experience at a day care center serving the 3-6 year old children of lower class families suggests that individual psychotherapy has been underutilized among the poor. Many of the children in the center had come from disorganized and traumatic environments and displayed emotional problems that would only be treated through individual psychotherapy such as crisis oriented counseling or long term psychoanalysis. Most cases treated within the center showed marked improvement; nevertheless individual psychotherapy was generally unavailable for the poor outside of the center. Reasons for the unavailability of psychotherapy to the poor include: (1) a feeling among social scientists that broad socioeconomic intervention is the preferred method for dealing with the problems of poverty; (2) the inability of many workers to distinguish individual psychopathology from the low level of social adaptation expected of lower class children; (3) doubts (here unfounded) that poor people have the necessary cultural orientation to benefit from psychotherapy; (4) a discomfort that middle-class psychotherapists feel when dealing with the poor; and (5) the exceptional burden that maintaining a program of psychotherapy for a poor person entails. Many of the children observed in the center had developed elaborate systems of avoidance and other ego defenses that could be penetrated only with exhaustive efforts. However, numerous examples of successfully applied individual psychotherapy can be cited. 14 references.

CD-00931

Child Abuse. Epidemiologic Study of Medically Reported Cases.
Simons, B.; Downs, E. F.; Hurster, M. M.; Archer, M.
New York State Journal of Medicine 66(19): 2783-2788, October 1, 1966.

An epidemiologic study of child abuse in New York City was carried out to achieve a better understanding of the problem. The New York City child abuse registry was the source for data collection. The study involved 313 case reports for one year (July 1964 to July 1965), and included only cases involving medical care. Reporting patterns reveal that hospitals register 87 percent of the cases. Mothers were the abusers in 29 percent of the cases; fathers were responsible in 19 percent. Less than half of the abusive parents were on welfare; 50 percent had psychological difficulties, and of that 50 percent, 20 percent were alcoholics or drug addicts. Different approaches in analyzing the data present much statistical material. The survey revealed abuse patterns and found a high proportion of cases (1) among racial and ethnic groups, especially Puerto

Ricans; (2) in families from lower socioeconomic environments, specifically crowded living areas; (3) where the family exhibited mental problems; and (4) when the victim was a low birthweight or out-of-wedlock infant. Identifying these epidemiologic factors helps define child abuse etiology and provide needed social services for children. 11 references.

CD-00932

Department of Education, Hamilton (New Zealand).
Non-Accidental Injury to Preschool Children in New Zealand.
Simpson, D. W.
New Zealand Medical Journal 531(81):12-15, January 8, 1975.

The true incidence of child abuse in New Zealand is difficult to ascertain because it is often concealed or denied and physicians cannot be relied upon for accurate reporting. The subject has not received appropriate attention in New Zealand in recent years, and a national interdisciplinary study group with government support is urged. Such a group could consider a national registry, a system of voluntary reporting, removal of names from the central file when cleared of suspicion, a professional multidisciplinary team with educative as well as therapeutic facilities, use of medical social workers in supportive work with known at-risk parents, and a reallocation of priorities by social welfare organizations. Education is particularly important, both in terms of general education for citizenship, parenthood and child care, and the education of paramedical, social work, and teacher groups. 13 references.

CD-00933

Guy's Hospital, London (England). Dept. of Forensic Medicine.
The Battered Baby Problem.
Simpson, K.
South African Medical Journal 42(26):661-663, July 6, 1968.

See Abstract CD-00934.

CD-00934

Guy's Hospital, London (England). Dept. of Forensic Medicine.
The Battered Baby Problem.
Simpson, K.
Royal Society of Health Journal 86:168-170, 1966.

A discussion covers definition, injuries, incidence, legal problems, and prevention of the battered child syndrome. Awareness on the part of health personnel is important for early recognition. This syndrome includes 6 characteristic

features: (1) the victims are usually 2-3 years old; (2) the violence is persistent or repeated; (3) the perpetrator is either or both parents, or the guardian; (4) the parents either fail to report or delay reporting injuries; (5) the parents lie or affect ignorance about the injury; and (6) the parents are inadequate, subnormal, or simple. A table compares 29 original explanations for traumatic injury with the truth. Five brief case histories are presented.

CD-00935

Guy's Hospital, London (England). Dept. of Forensic Medicine.

Battered Babies: Conviction for Murder.

Simpson, K.

British Medical Journal 1(5431):393, February 6, 1965.

On January 19, 1965, a 19-year-old father became the first Englishman to be convicted of murder in a case involving child abuse. The man was implicated in the death of two children 10 months apart, an illegitimate daughter (age 4 months) and a son (age 5 weeks) born in wedlock. Each presented with abdominal and head injuries (including a ruptured liver) and extensive bruising that the father attributed to ordinary handling. Prosecution was initiated only after the second death. 5 references.

CD-00936

London Hospital Medical Coll. (England). Dept. of Forensic Odontology.

Bite-Marks in the "Battered Baby Syndrome."

Sims, B. G.; Grant, J. H.; Cameron, J. M.

Medicine, Science and the Law 13(3):207-210, July 1973.

Since 1969, bite marks have figured significantly as a feature of the battered child syndrome. Pictures of battered babies prior to 1969 do not appear to demonstrate injuries which can be interpreted as bite marks, although this does not prove the absence of this type of injury. The bite marks on abused children tend to be poor in definition and detail with diffuse areas of bruising and are commonly found on the cheeks, shoulders, chest, abdomen, arms, legs, and buttocks. In 3 cases of bite marks found in association with other injuries in children less than 3 years old, evidence indicated infliction of the bite marks by mothers. The clinical details of the 3 cases and the use of dental evidence based on photographs of the bite marks and wax impressions of the mother's teeth to pinpoint responsibility are discussed, and other injuries commonly found in the battered child syndrome are reviewed. 8 references.

CD-00937**The Process of Separation.**

Sinofsky, M. S.

In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 109-115, 1975.

Separation resulting from placement of a child in cases of abuse or neglect is usually an enormously painful experience for both the child and the parent. Preplacement visits can often do a great deal to allay the separation anxieties which accompany placement, but separation work does not end here. Often others in the family are threatened by the removal of one child from the home, and their needs must be recognized. Also, separation may come to be viewed as further rejection by the child. Visiting as a part of placement and separation serves the purpose of keeping ties with the family. While an attitude of neutrality is often suggested on the part of the worker, it is unrealistic to think that a human being can be closely involved with separation procedures and not be touched himself.

CD-00938

National Society for the Prevention of Cruelty to Children, London (England). Dept. of Battered Child Research.

Seventy-eight Battered Children: A Retrospective Study.

Skinner, A. E.; Castle, R. L.

National Society for the Prevention of Cruelty to Children, London (England). Dept. of Battered Child Research, 21 pp., September 1969.

After a brief review of the literature, a retrospective study of 78 cases of the battered child syndrome analyzes the victims, the families, the battering adults, and the legal and social work intervention which followed. There were 45 males and 33 females in the group of children; 56 percent were 12 months old or younger at the time of injury. In 41 percent there had been a previous history of medical treatment for injury, and 9 had a history of failure to thrive. Ten cases of prematurity were recorded, although data were insufficient for an accurate estimate of the incidence. Most of the incidents occurred at home, and 91 percent of the children were subsequently hospitalized. There was no clear evidence for a seasonal influence on incidence. Death resulted in one case, and serious injuries were sustained in 57. Injuries to soft tissues were most common (77 percent), followed next by bone injuries (46 percent). Eleven cases of delayed intervention are briefly outlined. Re-battering occurred in 60 percent of the 40 cases available for follow-up. Both natural parents were living in the majority of families (77 percent), and the natural mother was present in 18 percent; the mean ages of the natural mothers and fathers were 22 and 25 years, respectively. Ninety-four percent of the families were Caucasian; 26 and 54 percent were employed in skilled and unskilled occupations, respectively. Thirty of the fathers and 74 of the mothers were unemployed. Financial problems were present in 29 families, and problems of accommodation were encountered in 35 percent. In about half of the families with more than 1 child, battering of more than 1 child occurred. Subsequent children were at high risk after the first-born was abused. The battering adults frequently had histories of emotional instability, and many of the men had criminal records. Legal action was taken in 21 cases resulting in 8 prison sentences and 10 probations. A wider distribution of knowledge about child

battering, new reporting legislation, and greater professional education are suggested. 19 references.

CD-00939**The Battered Child.**

Smith, C. A.

New England Medical Journal 289(1):322-323, August 9, 1973.

A discussion covers the growing recognition of the child abuse syndrome, etiology of the problem, and methods of management to prevent further battering. Although diagnosis and treatment provide protection, the major aim of health care professionals is to identify potential child abuse situations, and successfully intervene before battering. 13 references.

CD-00940

Missouri Univ., Kansas City. Dept. of Surgery.

Trauma in Children.

Smith, E. I.

Journal of the Oklahoma State Medical Association 62(11):511-517, November 1969.

A discussion covers etiology, diagnosis, and treatment of trauma, the leading cause of death in children. Careful emergency room examination and patient history enable proper diagnosis and treatment. Abused children usually suffer multiple trauma, and symptoms are often difficult to identify. Five tables present causes of various trauma-related deaths, etiology of burns, and the age and sex of burn victims. Physicians are responsible in helping to prevent further trauma. 13 references.

CD-00941

Oklahoma County District Court, Oklahoma City. Juvenile Div.

The Legal Aspects of Child Abuse.

Smith, H. A.

Southern Medical Bulletin 58(3):19-21, June 1970.

A discussion covers the legal protection of abused children and mandatory reporting of suspected abuse as provided by the Oklahoma statutes annotated in Title 21 of Oklahoma laws. In Oklahoma County reports by the doctor or hospital authorities are normally made to the local police, but sometimes to the child protective worker connected with the district court. The matter of a battered or abused child is considered by the police, the child protective worker, and the court as an extreme emergency situation. Provisions for reporting medical treatment of the child, temporary custody of the child, and court options for permanent disposition of the child are discussed. 2 references.

CD-00942**New York's Child Abuse Laws: Inadequacies in the Present Statutory Structure.**

Smith, J. L.

Cornell Law Review 55(2):298-305, 1969-1970.

Problems arising from the 1969 addition of a new child abuse proceeding as Article 10 of the New York Family Court Act are discussed. The new article delineated procedures for handling physical abuse cases specifying mandatory removal of the child from home. A previously enacted article and precedents based on it treat the problem of child abuse with a broader set of alternatives for the judges. Uncertainties generated by the coexistence of the two articles lie in the areas of flexibility for the judge, powers and procedures for temporary removal of the child, and final disposition of the cases. Specific guidelines in both articles and legal interpretations are discussed. Numerous references.

CD-00943**New Ways to Help Battering Parents.**

Smith, R. C.

Today's Health 51:59-64, 1973.

The University of Colorado Medical Center has adopted two programs to deal with the problem of child abuse. The lay therapist or parent aide program is made up of women who visit the homes of battered children offering whatever help they can in alleviating the parents' stresses, isolation, and lack of childrearing skills. In a second program, Families Anonymous, battering parents meet voluntarily in group therapy sessions. Under the supervision of a psychiatric social worker and a public health nurse, the group, in a homelike atmosphere, discusses their past childrearing experiences, their own childhoods, and their current problems. The group attempts to simulate a family relationship accepting its member for what they are rather than trying to mold them to preconceived expectations. When group members are under particularly great stress they phone one another for support. Rehabilitation of the child batterer can be successful but never easy. Eventually a network of child protection centers will be set up across the country; in the meantime, help can be sought from the local child protection agency or the pediatrics department of the local hospital.

CD-00944

Birmingham Univ. (England). Dept. of Psychiatry.

Child Injury Intensive Monitoring System. (Letter).

Smith, S. M.

British Medical Journal 3:593-594, September 15, 1973.

A response to a published recommendation for a British national registry of child abuse cases notes that local authorities in certain areas already maintain such registers and suggests that the principal shortcomings of handling

cases of child abuse and gathering reliable statistics are the reluctance of certain physicians to report cases and the entrustment of management to inexperienced field workers. The establishment of a hospital-based regional team consisting of a pediatrician, psychiatrist, social worker, and psychologist to tackle the overall program is proposed.

CD-00945

Birmingham Univ. (England). Dept. of Psychiatry.
Child Abuse Syndrome. (Letter).
Smith, S. M.
British Medical Journal 3:113-114, July 8, 1972.

A group of 50 children (average age 14 months), hospitalized for "unexplained injuries," showed signs of being physically abused by their parents. Although 36 percent were admitted for symptoms other than injuries, 88 percent had old or recent fractures; 12 percent had old burn marks, and 50 percent had head bruises. Forty-five percent had a history of previous maltreatment; 22 percent had siblings with a history of maltreatment; and many had been previously hospitalized for failure to thrive. Only 6 percent of the parents had sought immediate medical attention for the child. The evidence did not indicate that abuse is restricted to the lower social classes or that the abused children were unwanted children or the youngest in the family. British legislation providing for an index of abused children, the issuance of care orders, and the prosecution of parents does not seem to be used to an effective extent.

CD-00946

Birmingham Univ. (England). Dept. of Psychiatry.
134 Battered Children: A Medical and Psychological Study.
Smith, S. M.; Hanson, R.
British Medical Journal 3(5932):666-670, September 14, 1974.

A controlled investigation of 134 battered children (mean age 18.5 months) showed that nearly half had serious injuries and 21 died. The control group consisted of 53 children hospitalized for conditions not involving trauma. Sixty-five had been battered more than once, 20 had permanent neurological sequelae, a quarter were low-birth-weight babies, and 10 had serious congenital defects. Bruises, intracranial hemorrhage, fractures, and burns were the most frequent injuries. Twenty-three had been previously admitted to the hospital with failure-to-thrive and the overlap with physical neglect was considerable. Mortality and morbidity among their siblings was also high. Difficulties with the child were attributable to interaction with neurotic mothers. Twelve parents were convicted of either murder or manslaughter. The establishment of specialized hospital teams to tackle the overall problem may be a method of improving management. Prevention may lie in educating mothers in the basic physical and psychological requirements of children and overcoming their reluctance to avail themselves of medical care. 61 references.

CD-00947

Birmingham Univ. (England). Dept. of Psychiatry.
Failure to Thrive and Anorexia Nervosa.
Smith, S. M.; Hanson, R.
Postgraduate Medical Journal 48:382-384, June 1972.

A 23-year-old woman with a history of anorexia nervosa battered her elder son and in collusion with her psychopathic husband starved to death her 10-week-old daughter a year later. The parents denied neglecting the daughter in any way. Intelligence, attitude, and personality tests were administered to both parents 3 months after the daughter's death. The mother showed an I.Q. of 84 and extreme hostility, self criticism, and guilt. She had found the child extremely demanding and had exhibited disturbed reactions to problems with neighbors occurring before the death of the child. The father showed an I.Q. of 82, a high lie score, no guilt feelings, and practically no self criticism. He was unemployed at the time of the incident. It appears that the mother, frustrated and angry at the child's inability to gratify her, could find no emotional support from her husband or from her parents, who disapproved of her marriage. 4 references.

CD-00948

Birmingham Univ. (England). Dept. of Psychiatry.
Social Aspects of the Battered Baby Syndrome.
Smith, S. M.; Hanson, R.; Noble, S.
British Journal of Psychiatry 125:568-582, 1974.

A 2-year study of 214 parents of battered babies under 5 years of age and admitted to a hospital, examines a wide variety of social characteristics and the role of social class. The battering parents and a control group of normal parents were given standardized psychiatric, psychological, and social interviews covering childrearing practices, occupation, ethnic and religious background, financial status, and mother's attitude toward pregnancy and the child. Other questions were related to accommodations, social relations, marriage, and general preoccupations in life. The investigations show that premarital pregnancy and illegitimacy, absence of the child's father, marital disharmony, and rejecting attitude toward the child are precursors of baby battering. Most battering parents distrust contraception, live in social isolation, and lack kinship support. These findings indicate a striking similarity to social and economic factors common to other deviant behaviors. Classification and observation of battering parents is necessary for developing treatment measures, and effective education regarding the baby battering problem are urged. 10 references.

CD-00949

Birmingham Univ. (England). Dept. of Psychiatry.
Parents of Battered Babies: A Controlled Study.
Smith, S. M.; Hanson, R.; Noble, S.
British Medical Journal 4(5889):388-391, November 1973.

A controlled investigation of 214 parents of battered babies shows that they were young (mean age: mothers, 23.5 years; fathers 27.0 years) and predominantly of lower social class. Premature parenthood (mothers average age at the birth of her first child, 19.7) is an associated feature. Among the mothers 76 percent had an abnormal personality and 48 percent were neurotic. Nearly half were of borderline or subnormal intelligence; 11 percent had a criminal record. Of the fathers 64 percent had an abnormal personality, more than half being psychopaths. Twenty-nine percent had a criminal record. Recidivism was common. The risk of battering possibly diminishes with time. The teaching of appropriate childrearing skills, symptomatic relief, and social relearning are suggested as realistically based treatment methods and should be combined with a care order. When response to treatment appears unlikely permanent removal from parental care should be considered. 24 references.

CD-00950

Birmingham Univ. (England). Dept. of Psychiatry.
E.E.G. and Personality Factors in Baby BATTERERS.
Smith, S. M.; Honigsberger, L.; Smith, C. A.
British Medical Journal 3(5870):20-22, July 7, 1973.

Of 35 parents who battered their children 8 had an abnormal E.E.G. as indicated by noticeable theta activity, dominant activity of low frequency, marked asymmetry, or the complex associated with epilepsy. All of these were found to be psychopathic, of low intelligence, and to be persistent batterers. The presence of an abnormal E.E.G. strongly suggests that some baby batterers are more closely related to other groups who commit acts of violence (and who demonstrate high frequency of abnormal E.E.G.) than to the general population, and that taken as a whole, child abusers are not a homogenous group. The possibility of a separate subgroup among baby batterers, therefore, needs close attention, and overgeneralization should be avoided. 13 references.

CD-00951

Children's Hospital Medical Center, Boston, Mass.
Notes on Childhood Trauma.
Snedeker, L.
New England Journal of Medicine 275(14):1061-1062, October 6, 1966.

A statute enacted in Massachusetts on September 15, 1964, requires physicians to report suspected cases of child abuse to the Department of Public Welfare, and provides for immunity against defamation suits resulting from the report. Standard reporting forms are supplied by the Department. During the first year after enactment only 134 cases of abuse were reported—far below expectations. Of these, 43 children were placed in protective custody and 5 died. One limitation of the law is that it deals only with active trauma and not neglect. The Massachusetts law differs somewhat from the laws of the surrounding New

England states. Chiropractors and osteopathic physicians are covered in only a few of the other states; in all states but Massachusetts the administrator of a hospital rather than the employees reports; in some states the police as well as the public welfare authority must be notified; in some states the age of reporting is 18, rather than 16; and some states provide penalties for nonreporting. Some opposition to the law has been observed among physicians. One group feels that it impairs the physician-patient relationship, while another feels that it provides an unnecessarily high regard for parental rights. 1 reference.

CD-00952

Social and Rehabilitation Service, Washington, D.C.
Social Service Program for Individuals and Families. Implementation of Title XX of the Social Security Act.
Federal Register 40(72):16802-16811, April 14, 1975.

Tentatively proposed regulations relating to federal financial participation in accordance with title XX of the Social Security Act for social services for individuals and families are set forth. Areas covered include the following: (1) state plan requirements, reports, maintenance of effort, and compliance; (2) comprehensive annual services program plan; service limitations; (3) financial limitations; (4) limitations of individuals served, eligibility, and fees; (5) purchase of services; (6) training or retraining; and (7) general administrative expenditures for which federal financial participation is available. The proposed regulations were approved by the Secretary of Health, Education, and Welfare on April 4, 1975.

CD-00953

Social Welfare Court Digest.
Physically Abused Child Held "Deprived."
Social Welfare Court Digest 17(4):2, April 1972.

The Supreme Court of North Dakota affirmed a judgment terminating parental rights over a child who has suffered numerous unexplained injuries while in the care of his father. The child showed fractured ribs, a burned mouth and esophagus, and bruises on the face and body. It also appeared that the child had had a broken rattle forced into his throat. The court held that the child was "deprived," that the mother failed to protect, nurture, and care for the child, and that the circumstances were likely to continue. 1 reference.

CD-00954

Social Welfare Court Digest.
First Degree Murder Indictment of Parents. Child Neglected.
Social Welfare Court Digest 16(12):1, December 1971.

The Court of Appeals of Oregon upheld a lower court dismissal of an indictment, which alleged that a husband and wife had committed first degree murder by "willfully failing and refusing to secure and provide him with adequate sustenance, and medical and hygienic care." The child was under 3 years of age. The indictment was dismissed as being insufficiently precise because (1) the indictment failed to state the inclusive dates of the deprivation and (2) although the term "medical care" was sufficiently precise, the terms "sustenance" and "hygienic care" were not. 1 reference.

CD-00955

Social Welfare Court Digest.
Mother Did Not Abandon Children Even If She Failed to Support Them.
Social Welfare Court Digest 20(3):3, March 1975.

A Maryland Court of Special Appeals ruled that a mother had not abandoned her children, although there was evidence that she had neglected them and failed to support them. It was also held that the trial court erred in holding an interview with the children without the express waiver by the natural mother of recording by the court reporter, and without informing the mother of the substance of the interview.

CD-00956

Social Welfare Court Digest.
Mother Incarcerated Held Not to Have Abandoned or Neglected Children.
Social Welfare Court Digest 20(3):4, March 1975.

A California appeals court ruled that a mother incarcerated on a marijuana charge did not abandon or neglect her children by failing to communicate with them during her imprisonment despite the contention that writing to them twice monthly was insufficient since they could not yet read.

CD-00957

Center for Community Research, New York, N.Y.
History and Demography of Child Abuse.
 Solomon, T.
Pediatrics 51(4, Part 2):773-776, April 1973.

Infanticide has been practiced in all nations since the beginning of history, and numerous examples of it are to be found in the Bible and in mythology. Child abuse arose concomitantly with the arrival of urbanization. Numerous examples of 19th century abuse are cited. The last half of that century witnessed the development of Societies for the Prevention of Cruelty to Children, and the first half of the

20th century was characterized by concern with the emotional factors in the abusing adults and with treatment. It is estimated that in the United States 200,000 to 250,000 children annually are in need of protective services, and of these 30,000 to 37,500 may be badly injured. The average age of the abused child is under 4 years, and the death rate is estimated at 5 to 25 percent. There is no sex differentiation. Regarding the parent, the majority are married and living together and in their twenties; fathers are slightly more likely to abuse, but more severe injury results from maternal abuse. Between 30 and 60 percent of abusing parents were abused as children. Predisposing factors include youthful marriage, unwanted pregnancies, illegitimacies, forced marriages, social and kinship isolation, emotional marital problems, and financial difficulty. Three nonspecifically related problems are mentioned: severe or gross neglect is more widespread and potentially more dangerous than child abuse; children in need of supervision may be mixed with delinquents in detention facilities; the traditional songs and stories for children reflect an enormous amount of child abuse.

CD-00958

Let's Stop Destroying Our Children.
 Soman, S. C.
 New York, Hawthorne Books, Inc., 274 pp., 1974.

A broad survey of societal neglect of children includes several case histories to support the hypothesis that child abuse is caused by community neglect of family problems. Isolation, loneliness, and inability to communicate are conditions leading to child abuse. A more humane approach by institutions and professionals concerned with child abuse is strongly recommended. Other chapters in the book discuss victimization of children by toys, bicycles, recreational programs, vehicles, furniture, appliances, poisonous substances, poor living conditions, lack of material necessities, and dangerous occupational situations.

CD-00959

Children's Hospital, Los Angeles, Calif. Div. of Psychiatry.
The Child-Abusing Parent: A Psychological Review.
 Spinetta, J. J.; Rigler, D.
Psychological Bulletin 77(4):296-304, 1972.

Review of the literature reveals that (1) the abusing parent was himself raised with some degree of emotional or physical deprivation including rejection, hostility, or indifference; (2) the abusing parent brings to his role as parent mistaken notions of childrearing often making premature demands on the child or expecting the children to provide adult comfort or love; (3) there is present in the parent a general defect in character structure allowing aggressive impulses to be expressed too freely (parental temperament

has been described as hostile, rigid, dependent, and immature); and (4) while socioeconomic factors might sometimes place added stresses on basic personality weakness, these stresses are not of themselves sufficient or necessary causes of abuse. A recent demographic survey placing primary emphasis on the elimination of the common cultural attitude permitting the use of physical force on children, reducing the general level of violence in society, and raising the general level of human well-being does not effectively address itself to the problem of child abuse. 88 references.

CD-00960

Alberta Children's Hospital, Calgary. Child Abuse Advisory Committee.
Non-Accidental Trauma in Children.
 Stainton, M. C.
Canadian Nurse 71(10):26-29, October 1975.

A brief overview of child abuse aspects which concern the nursing profession discusses types of abuse; general characteristics of those who mistreat children; a theoretical framework for treatment; and a case illustration of the use of a homemaker service. Specific guidelines for prevention and treatment cover: (1) identification and follow-up; (2) prenatal education; (3) education of parents in child development; (4) observational checklists for obstetric personnel; (5) community resources for young parents; (6) team treatment of the problem without competition; (7) total family therapy; and (8) awareness of punitive attitudes. 8 references.

CD-00961

Pacific Inst. of Rehabilitation Medicine, Honolulu, Hawaii, Children's Protective Services Center.
Conference, 1975. Recollections and Reverberations.
 Starbuck, G. W.
Frontiers 1-6, January-February 1975.

This Parents Anonymous publication contains recollections of the Pacific Regional Conference of the Child Welfare League of America and of establishing chapters in various cities. A firing line, letters to the editor, poetry, and anecdotal material are included.

CD-00962

Bedford CoH., London (England). Dept. of Sociology.
The Battered Child. Does Britain Need a Reporting Law?
 Stark, J.
Public Law 48-63, Spring 1969.

A discussion analyzes factors behind child abuse reporting legislation in the U.S. and compares them with similar factors in Britain. Lack of reporting in the U.S. was a result of physicians' fears of costly involvement. British physi-

cians are not dependent on patient's fees and are less liable. Physicians in the U.S. were frequently unaware of the proper community resources before legislation. Britain has had a popular national children's organization for some time. Public awareness of child abuse in Britain is limited, but legislation has increased awareness in the U.S. The need for central registries for reporting in both countries is emphasized. 39 references.

CD-00963

Parents Anonymous: Reflections on the Development of a Self-Help Group.
 Starkweather, C. L.; Turner, S. M.
 In: Ebeling, N. B.; Hill, D. A. (Editors). *Child Abuse: Intervention and Treatment*. Acton, Mass., Publishing Sciences Group, Inc., pp. 151-157, 1975.

Parents Anonymous offers its members 2 forms of help, weekly meetings for abusive or potentially abusive parents and personal and telephone contact among its members during periods of crisis. The initiation of the Boston chapter is described, along with the many problems which plagued the organization at the beginning. The insistence on frankness on the part of the parents in assuming responsibility for their actions is stressed. It is pointed out that while the use of information and guidelines from the parent chapter was useful, certain adaptations to the local situation were required. The roles of a professional advisor were identified as: to provide aid enabling the leader to achieve a degree of objectivity; to provide knowledge of resources available to help people outside the organization; and to provide knowledge about how to lead the group so that meetings can be productive.

CD-00964

Colorado Univ., Denver. Dept. of Psychiatry.
Report From the Prevention and Rehabilitation Work Group.
 Steele, B.
Clinical Proceedings 30(2):42-45, 1974.

The Prevention and Rehabilitation Work Group of the National Conference on Child Abuse recommends that therapeutic or preventive programs for families where child abuse or neglect occurs should be multidisciplinary with a comprehensive approach which deals with the entire family unit. Program coordination and the delineation of responsibilities is also essential. Elements of a comprehensive program include a 14-hour-a-day crisis intervention service, extended service involving therapy and foster placement of either the parent or the child if necessary, and provisions for follow-up contacts. Parents Anonymous has been a particularly useful method of extended service. Therapy should be directed to all aspect of the family environment from childrearing to vocational skills, and families should be classified as to their treatability and curability. Programs should be directed to all aspects of the family environment from childrearing to vocational skills, and families should of information must be organized at all levels of govern-

ment, with long term federal funds available for state programs. The identification of high-risk families should have a high priority.

CD-00965

Colorado Univ., Denver. Dept. of Psychiatry.
Violence in Our Society.
Steele, B. F.

Pharos of Alpha Omega Alpha 33(2):42-48, April 1970.

Parents who severely batter their children in disciplining them often received this type of punishment as children themselves. These parents are generally within the norm psychologically but are convinced that the children should conform to unrealistically high standards of performance. When the child fails to meet this expectation he is severely battered. The child often identifies with his own aggressive parent, perpetuating the belief in the necessity of severe physical punishment. Parents raised in this punitive system firmly believe that the abuse is justified and are rarely curbed by trials or imprisonment. Nonjudgmental rehabilitation measures for parents are more effective than criminal proceedings. Aspects of aggression, a brief history of child abuse, and typical child abuse cases are described.

CD-00966

Colorado Univ., Denver. Dept. of Psychiatry.
A Psychiatric Study of Parents Who Abuse Infants and Small Children.

Steele, B. F.; Pollock, C. B.
In: Helfer, R. E.; Kempe, C. H. (Editors). *The Battered Child*. Chicago, University of Chicago Press, pp. 89-133, 1974.

A clinical study covers the psychiatric aspects of 60 families of abused children who were followed for varying periods of time. The families were from all levels of socioeconomic strata and presented a wide spread of emotional disorders. Treatment was directed toward improving the basic pattern of childrearing. Useful contact was established with all but a few of the families, and among those treated there was significant improvement in over 75 percent. Some changed greatly, some slightly, and some were still in therapy. Of equal importance was a decrease in demands on the child and criticism of him accompanied by an increased awareness of the child as an individual with age-appropriate needs and behavior. A further sign of improvement in the parent occurred when there was the development of wider social relationships as opposed to relying too heavily on the child. Resolution of all psychological conflicts within the patients was not always the goal of treatment, and in general such problems were dealt with only to the extent of the patients' wishes or need felt by the therapists. The humanitarian aspects of the therapeutic approach are pointed out, and it is hoped that treatment in this generation will reduce the incidence of this aberrance of childrearing in future

generations. The characteristics of abusing parents are reviewed in detail. 44 references.

CD-00967

Delaware Univ., Newark.
Violence in the Family.
Steinmetz, S. K.; Straus, M. A.
New York, Dodd, Mead and Co., 337 pp., 1974.

A collection of 38 papers explores several aspects of familial violence. An overview of the subject is followed by sections on violence between spouses and kin, violent parents (child abuse), and the influence of familial violence on societal violence. Each section describes the nature and extent of the violence, theories of causation, legal aspects, and possible methods of control. Articles comprise several types including research reports, reviews, and personal speculation.

CD-00968

Delaware Univ., Newark.
Violent Parents. Part Three.
Steinmetz, S. K.; Straus, M. A.
In: Steinmetz, S. K.; Straus, M. A. (Editors). *Violence in the Family*. New York, Dodd, Mead, and Co., pp. 141-147, 1974.

The notion that child abuse has its roots in normal or ordinary physical punishment is advanced. The entire history of the American people has been characterized by a propensity to use violence to achieve national and personal goals. In the interest of reducing the level of violence, we should develop both informal and legal prohibitions of physical punishment and replace the use of physical force in child rearing with nonviolent, constructive modes of parental influence. A beginning has been made in the enactment of antipoverty and child protection legislation of the past decade, but the fundamental problem of the legality of physical punishment is not covered in these laws. While the law can exert important influences on social patterns, it is ineffective if it is too far ahead of the population. 14 references.

CD-00969

Intra-family Violence. I. General Introduction: Social Myth and Social System in the Study of Intra-family Violence.
Steinmetz, S. K.; Straus, M. A.
In: Steinmetz, S. K.; Straus, M. A. (Editors). *Violence in the Family*. New York, Dodd, Mead and Co. pp. 3-25, 1974.

Common notions about violence in the family remain permeated by myth and stereotype. Society holds as its ideal a family governed by love and gentleness and yet surveys indicate that most people approve and use violence in the family, and that the family is a principal source of

criminal violence. To understand the phenomenon of familial violence, it is necessary to reject certain myths. The first is the consensus view of society, which sees all conflict as a deviation from the norm and hence an abnormality; conflict must be seen as an integral part of the social process. Myths of causation must also be discarded because despite their kernel of truth, most are oversimplifications. While it is true, for example, that mixed evidence may indeed show that greater violence exists in lower class families than middle class families it must not be assumed that the lower classes represent a culture of violence to be contrasted with a middle class culture of repression. Rather, one must look to factors such as the lower class individual's lack of alternate resources and higher degree of frustration. Similarly, violence in the family may well be linked to the family's role as the main arena for sexual contact. Nevertheless, the relation between sex and violence may be influenced by such diverse factors as biological drives, general societal attitudes repressing both sex and violence, and antagonisms arising from the definitions of sex roles. The least reliable of the common myths is the catharsis theory, which states that the expression of approved forms of violence prevents the occurrence of more tragic forms. This theory persists despite persuasive empirical and theoretical arguments to the contrary. Violence must be seen as arising from a combination of interacting individual, familial, and societal variables, and precipitating circumstances, including the intense nature of the family relationship. Scientific research must be conducted to delineate the causes and consequences of familial violence. 44 references.

CD-00970

British Columbia Univ., Vancouver. Dept. of Psychiatry.
When Shall We Tell Kevin? A Battered Child Revisited.
Stephenson, P. S.; Lo, N.
Child Welfare 53(9):576-581, November 1974.

The case of 14-year-old Kevin illustrates the critical factors in telling an abused foster child why he was taken from his own parents. When Kevin was 19 months old, his mother, who was then 14-years-old and an inmate at a girls training school, attempted to kill him by putting lye in his milk. The incident left him with an esophageal stricture, which impaired his ability to eat and required recurrent painful treatments. At the age of 2, Kevin was permanently placed in a foster home, which, while large and warm, had the disadvantage that the mother suffered from hypertension and the father from the early stages of Parkinson's disease. Over the years Kevin displayed numerous emotional problems apparently stemming from such factors as the esophageal stricture, his race (black), and the fact he was overweight and his observation of other transient children. His symptoms included bed-wetting, belligerence, and attention getting behavior. When Kevin was 10, caseworkers decided that it was unwise to tell him about his mother but instead to apply firm, consistent, accepting management of his case at home and in school; some improvement was noted. In 1972, shortly after Kevin reached puberty, he was charged with assault, removed from the household of his then seriously ailing foster parents (toward whom he had

displayed great hostility), and told of his mother's attack. This information apparently relieved Kevin's hostility toward his foster parents and after an initial period of agitation Kevin seemed greatly improved. The questions remain whether Kevin could have been informed about his mother at an earlier age and whether the foster parent's health should have been given more consideration in the initial placement decision. 8 references.

CD-00971

Montreal Children's Hospital (Quebec). Dept. of Newborn Medicine.

Prematurity as a Factor in Child Abuse.

Stern, L.

Hospital Practice 8(5):117-123, May 1973.

In a series of 51 abused children, 12 (23.5 percent) were of low birthweight as compared to 7-8 percent of children in general. Furthermore, 9 of the 12 suffered from serious neonatal illness or congenital defects requiring an initial hospitalization of on the average 41.4 days (only 2-5 percent of children in general require intensive care). The high incidence of prematurity and intensive care among battered children suggests that the disruption of the normal neonatal contact between the mother and infant may influence the etiology of child abuse. In particular, studies have shown that mothers whose contact with their children is delayed do not smile at, hold, or caress their infants as much as other mothers. Combined with other factors such as emotional immaturity, separation may lead to a rejection of the infant producing neglect or even overt battering. Psychologically, such a reaction may stem from an anticipatory grief precipitated by the prematurity. A countermeasure to this reaction is to allow the mother maximum contact with her premature infant in the nursery. Experience has demonstrated that when the mother handles or helps care for the infant no significant contamination or disruption of the nursery occurs. Special notice should be taken of any mothers who are reluctant to have such contact, since they may be prime candidates for abusing their children. 9 references.

CD-00972

Plain Talk About Child Abuse.

Stoenner, H.

Denver, Colo. American Humane Association, 24 pp., January 1973.

Reprints of 6 articles which originally appeared in the Denver Post provide an overview of the problem of child neglect and abuse. Popularly-held myths are examined and types of abuse other than battering (moral, emotional, medical, community, educational, and sexual), are described. Particular problems presented by sexual abuse in terms of damage suffered by victims and establishment of proof are discussed. Alternatives to punitive action, multidisciplinary approaches to salvaging the home life, and the activities of welfare child protective agencies are described.

CD-00973
The Juvenile Court and Emotional Neglect of Children.
Stoetzer, J. B.
University of Michigan Journal of Law Reform
8(35):351-374, Winter 1975.

Juvenile emotional well-being is not well defined in legislative terms. Standards for state intervention in cases of emotional neglect should be established. The courts must find a causal relationship between parental conduct and its adverse impact on the child in order to intervene, and where emotional neglect is involved, the courts must be prepared to look for its nonphysical effects. Legislative recognition of the problem varies depending on whether the primary focus is on the parent's emotional or mental capacities, on the parent's failure to meet the particular mental or emotional needs or incapacities of the child, or on the basis of a child's well-being. A note of caution is sounded against premature intervention on the part of the courts, lest further damage to the child result, as well as unnecessary disruption of the family. Numerous references.

CD-00974
Harvard Univ., Boston, Mass. Dept. of Law.
Mental Health and Law: A System in Transition.
Stone, A. A.
National Inst. of Mental Health (DHEW), Rockville, Md.,
(ADM)75-176, 266 pp., 1975.

The interactions of medical and legal systems, when addressed to cases involving mental illness, are reviewed, and their attendant problems are discussed. Salient conceptual, ethical, and moral stumbling blocks which arise in the course of judicial proceedings are examined from the psychiatric, as well as the legal point of view. While the monograph concentrates mainly on general mental health problems, the perspectives and recommendations are, nevertheless, applicable to the child abuse or neglect field. Numerous references.

CD-00975
National Committee for Prevention of Child Abuse. Chicago, Ill.
Opening Session.
Stone, D. J.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 15-16, 1975.

Documented annual reports show that there are 25,000 cases of reported child abuse, 50,000-70,000 cases of sexual abuse, and over 100,000 cases of child neglect. These opening remarks discuss a few of the National Committee for Prevention of Child Abuse's efforts to reduce these figures.

CD-00976
National Committee for Prevention of Child Abuse, Chicago, Ill.
How Do We Work Together?
Stone, D. J.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 203-207, 1975.

The private sector of child abuse agencies has an advantage over the government in its ability to move quickly with less bureaucratic maneuvering, to use more innovative and controversial approaches, to utilize untapped resources such as volunteers, and to develop long range plans unaffected by political fluctuations. However there are considerable advantages in cooperation between the two sectors. The problems of disseminating information, repetition of the same research while other areas remain unstudied, and lack of evaluative processes for programs and research are only a few of the areas which might improve considerably. A plan devised to coordinate private and public efforts is presented.

CD-00977
Royal Hospital for Sick Children, Glasgow (Scotland).
Dept. of Child and Family Psychiatry.
Psychological Aspects of Early Mother-Infant Relationships.
Stone, F. H.
British Medical Journal 4:224-226, 1971.

Most mothers quickly enter into a tender, loving relationship with their newborn infants, thus insuring that the infant's physical and emotional needs are met. She learns, sometimes after an initial period of apathy, to recognize both contentment and distress in the infant, and takes pleasure in the infant's own reciprocal responsiveness. This relationship is normally flexible enough to endure both the ordinary vicissitudes of childrearing and a wide range of childrearing customs. In other cases, however, congenital defects in the infant, either physical or behavioral, may upset the relationship and require professional counseling to prevent rejection or overprotection of the infant. Similarly, puerperal psychosis or aggravated preexisting emotional disorders may also endanger the relationship and the infant. Drugs, supportive psychotherapy, and a temporary transfer of child care responsibilities to another person may be required, particularly if the mother possesses limited personality resources and lives under adverse social conditions. If corrective steps are not taken, impulsive, rough handling of the infant may result. Situational factors, most notably social isolation, and accidental pregnancy, may further create danger to the infant. Short term psychotherapy is often the answer. Contemporary British practices encourage maximum accommodation to the personal predilections of both the mother and infant and foster increased mother-child interaction during immediate postnatal hospitalization.

CD-00978
Cultural and Social Organizational Influences on Violence Between Family Members.
Straus, M. A.
Mental Hygiene Institute Conference on Sex, Marriage and the Family, Montreal, 23 pp., November 30, 1972.

Violence, defined as the use of physical force, is so widespread among American families as to be nearly universal. In fact, it is likely that a majority of all violence occurring within American society occurs between family members. Thus, familial violence must be considered as a result of cultural norms and values and social organization as well as more frequently considered psychological influences. Despite the fact that family peacefulness and love are held as cultural values, most Americans consider violence as an inevitable and even desirable fact of society. War, violence in law enforcement, violence in entertainment, and violence as a sign of manliness seem generally to be approved. Within a family, cultural and organizational influences may combine to enhance the level of violence. For example, it is a cultural norm that a husband should be the leader of a household. Where economic factors deprive him of this role, he is under cultural pressure to assert his status in other ways—including by violence. The number of children within a family provides an example of social organization. Large families tend to exhibit more violence than small families particularly within the lower classes. This may be due to the generally higher level of stress generated within a large family and the difficulty of applying any means of punishment besides physical force under such conditions. Thus, cultural and social organizational factors may play a decisive role in determining the incidence of familial violence. 24 references.

CD-00979
California Univ., Berkeley. School of Social Welfare.
A Study of Social Work Practice in Protective Services: It's Not What You Know, It's Where You Work.
Streshinsky, M.; Billingsley, A.; Gurgin, V.
Child Welfare 45:444-450, 471, October 1966.

From a study of the responses of a large sample of workers to questions relating to hypothetical, but realistic, case situations involving physical neglect and physical abuse of children, some conclusions were drawn regarding where in the welfare department, protective services would most appropriately be lodged. Nine communities were studied. Forces within a community (such as a smoothly running liaison with officials of the court) can lead to certain trends in intervention rather than to individualized intervention based on the nature of the client problem itself. It is suggested that perhaps more important than the absolute size of caseloads and education of the individual workers is the manner in which the welfare department is organized and functions, and the extent to which the community understands and supports welfare function. However, despite community differences, protective service

workers remain more consistent in their responses to client situations than do AFDC (Aid to Families with Dependent Children) workers, regardless of whether they are professionally in regular or specialized service units. 4 references.

CD-00980
Children's Aid Society, New York, N.Y. Foster Care Services.
Homemaker Service in Neglect and Abuse. II. A Tool for Case Evaluation.
Stringer, E. A.
Children 12(1):26-29, January-February 1965.

A homemaker placed in the household of an abused child can be useful in demonstrating proper child care, intervening on behalf of the child in stressful situations, and observing and reporting a complete picture of the child's environment. This last function can be illustrated by instances in which the presence of a homemaker disclosed to the authorities family situations far more serious than previous fragmentary contact outside the home had revealed. Without the report of the homemaker, widespread patterns of abuse would have gone unobserved and the presence of psychotic family members unsuspected. By supplying this type of information, the homemaker can help solve the dilemma facing child welfare authorities, who must intervene aggressively on behalf of the child but at the same time respect the parent's presumption of competence. Evidence furnished by a homemaker can facilitate the decision to place the child in foster care. 5 references.

CD-00981
The Social Worker's Role.
Stroud, J.
In: Franklin, A. W. (Editor). *Concerning Child Abuse*, Edinburgh, Scotland, Churchill Livingstone, pp. 95-105, 1975.

A social worker may be called in when a health visitor sees that a baby's bruises may be from other than natural causes and may be in danger of further bruising. Broadly speaking, the social worker will be focusing on the adults in the situation with a view to assessing their functioning, their potential for positive development, and the effect of various types of intervention. Regular reports covering change in circumstances, the home, the parents, the children, the finances, and an evaluation and plan should be made every six months following discussion with the senior social worker. In cases headed for crisis a case conference should be called. In cases where home supervision is indicated by the courts, it is unrealistic to expect the social worker to perform this function.

CD-00982

Office of Child Development (DHEW), Washington, D.C.
Research in the Field of Child Abuse.

Sudia, C. E.

In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 161-165, 1975.

Taking a simplistic approach to the child abuse problem is detrimental to analysis of the real factors involved in abuse. Having a simple model does not prevent distinction between cases at the service level but does prevent clear cut therapeutic directives from being devised for specific problems. There is no way to classify adults that will distinguish which will be an abuser and which will not. There is no classic type and yet many program and research projects are still based on the assumption that there is. Two of the more commonly ignored issues are abusers other than mothers and the effects of adult interaction. Also very little attention is actually directed toward the child once his immediate medical and social needs are met. However the greatest failing has been the lack of evaluation or follow-up on activities, so that there has been no feedback or correction factor for the system. Some new approaches to consider are suggested.

CD-00983

Child Neglect: The Environmental Aspects.

Sullivan, M. F.

Ohio State Law Journal 29:85-115, 1968.

Ohio statutes as of 1968 governing child neglect trials are vague in many respects. Simultaneous delegation of power to the judiciary allows the courts to impose their individual notions of child care and morality on parents. An alternate approach to child neglect cases which focuses on the causal relationship between parental behavior and harm to the child and gives weight to the right of parents is suggested. It is concluded that significant progress is not probable until careful legislation materializes and the courts supplement it with other professional assistance. Numerous references.

CD-00984

Paddington Green Children's Hospital, London (England).
Battered Baby Syndrome. (Letter).

Sumpter, E. E.

British Medical Journal 1(5490):800-801, March 26, 1966.

The battered baby syndrome is distinct from and more serious than general child neglect and mistreatment. The child is subjected to recurrent danger and terror from parents who are incapable of curbing their destructive outbursts, and the parents usually seek immediate medical help, in effect, begging to be stopped. When battered baby syndrome is detected, the investigation should be confined to the hospital until, at least provisional, medical and social decisions are made in the best interest of the child's welfare. Where assault is suspected, the physician must either inform the police or condone a felony.

CD-00985

Montana State Dept. of Social and Rehabilitation Services,
Helena. Social Services Bureau.

Report on Child Abuse and Neglect in Montana From
January 1, 1974 Through June 30, 1974.

Surdock, P. W., Jr.

Montana State Dept. of Social and Rehabilitation Services,
Helena. Social Services Bureau, 22 pp., November 1974.

Extensive statistical analyses of the characteristics of the children and the parents, and specific referral sources involved in abuse cases are presented for a 6-month period in 1974 in Montana. The data were obtained from National Clearinghouse for Child Neglect and Abuse standard reporting forms.

CD-00986

Montana State Dept. of Social and Rehabilitation Services,
Helena. Social Services Bureau.

A Community's Team Approach to Abuse and Neglect.

Surdock, P. W., Jr.

Montana State Dept. of Social and Rehabilitation Services,
Helena. Social Services Bureau, 8 pp., October 2, 1974.

Montana has established 8 community consultation teams to deal with child abuse and neglect. Each team consists (with some variation) of a pediatrician, county welfare social worker, county attorney, public health nurse, psychiatrist, and the representative of a local hospital, all of whom work as part-time volunteers, and a full time professional team coordinator. When a case of child abuse is uncovered, the team is called in on a consulting basis; it evaluates the medical and psychiatric aspects of the situation, recommends protective or legal action if necessary and provides the abusing family with access to community educational and other resources. Although the teams sometimes contain a hospital representative, they are not primarily hospital based. Initially, the teams experienced difficulty in quelling interdisciplinary rivalry and reconciling the opposing biases of the different professions. Gradually, however, the team members have developed a sense of unity and institutional integrity, while retaining the uniqueness of each member's individual role. 14 references.

CD-00987

Institute of Judicial Administration, Inc., New York, N.Y.
Model Child Abuse Reporting Law Project.

Reporting Child Abuse: A Review of the Literature.

Sussman, A.

Family Law Quarterly 8(3):245-313, Fall 1974.

A literature review covers (1) the history of medical and social recognition of child abuse and legal proposals for reporting the problem; (2) purpose clauses in reporting laws; (3) persons legally required to report suspected child

abuse; (4) definitions of child abuse and neglect; (5) the reporting person's degree of certainty before reporting; (6) guidelines for contents of a child abuse report; (7) general methods of reporting; (8) agencies who receive reports; (9) temporary emergency removal of endangered children; (10) immunity from prosecution for persons reporting; (11) penalties for failure to report; (12) waiver of privileged communications; (13) use of central registries; (14) rights of involved parties to due process; and (15) issues of religion, reporting bias, and program funding. 398 references.

CD-00988

New York Univ., N.Y. School of Law.

Reporting Child Abuse and Neglect: Guidelines For Legislation.

Sussman, A.; Cohen, S. J.

Cambridge, Mass., Ballinger Publishing Co., 255 pp., 1975.

The book presents a model child abuse reporting law developed by the federally funded Juvenile Justice Standards Project of the Institute for Judicial Demonstration. Chapter discussions include the text of the law; a section by section commentary on the law; a review of child abuse reporting literature; U.S. child abuse incidence; a national survey of professional opinions regarding reporting systems; a four state study of child abuse reporting; central registers and the problem of data banks; a study of the operation of California child abuse laws; and child maltreatment in military communities. Numerous references.

CD-00989

California Univ., San Francisco. Dept. of Pediatrics.

Skin Manifestations of the Battered-Child Syndrome.

Sussman, S. J.

Journal of Pediatrics 72(1):99-101, January-June 1968.

Skin lesions are probably the most common indication of child abuse. In a series of 11 cases, all of which presented skin lesions, only 6 involved fractures and none involved intracranial bleeding. Skin lesions associated with child abuse characteristically clustered around the trunk and buttocks and less frequently the head and proximal segments of the extremities. Their shape tended to be characteristic and corresponded to the instrument used to inflict the... Bleeding into the skin was purpuric and almost never petechial, and was distributed among the abrasions and scratches. Skin lesions of varying age were often present. 5 references.

CD-00990

California Univ., San Francisco. Dept. of Pediatrics.

The Battered Child Syndrome.

Sussman, S. J.

California Medicine 108(1):437-439, January 1968.

Sociomedical aspects of 23 episodes of physical abuse among 21 children in 18 families (including one death) are predominantly child age below 2 years, with no unusual race or sex distribution but a tendency toward low income. There was a high incidence of head trauma (17 cases), skin lesions (17 cases), and bone changes (9 of 18 surveyed) with a common history of previous abuse in the patient and siblings. Intact families had few children in the house but in some cases children had previously been placed. Parents were usually young (most were 16-25), had a high incidence of illegitimate births, mental disease, previous criminal records, and marital discord. Abuse was often inflicted by a close relative, usually the mother, who in turn usually presented the child for medical care. Child battery is now a common cause of death in California. 18 references.

CD-00991

Mayo Clinic, Rochester, Minn. Section of Psychiatry.
Alcohol Abuse in a Population of Indian Children.

Swanson, D. W.; Bratrude, A. P.; Brown, E. M.

Diseases of the Nervous System 32:835-842, 1971.

The effects of excessive alcohol drinking were studied among a population of 42 American Indian children. Most of the social activities of these children include drinking, making it not only acceptable but expected behavior. The Indian respect for individual autonomy tends to produce a permissive and neglectful parent who allows the child to determine how much he will drink. Consequences of drinking included school dropout, sexual promiscuity, illegitimate pregnancy, delinquency, physical complications, and suicide. Preliminary data indicate that these children usually become adult alcoholics. A 4-phase treatment program is proposed, and 2 case histories are given. 22 references.

CD-00992

Children's Bureau (DHEW). Washington, D.C. Specialized
Police Services for Children and Youth.

Role of the Police in the Protection of Children From
Neglect and Abuse.

Swanson, L. D.

In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*. Morristown, N.J., General Learning Corporation, pp. 112-116, 1974.

Generally, the role of the police in cases of child neglect can be broken into receiving and investigating, verifying, evaluating, and disposing of complaints. Dispositions generally fall into 4 categories: (1) case closed, no further action needed; (2) referral of case to a police unit specializing in children's cases; (3) referral to community agencies; and (4) referral to a juvenile or family court. All communities should have some sort of shelter care facility to take care of children in emergency situations. Police officers should be permitted to exercise some discretion with respect to referring parents for prosecution in cases of neglect, taking into account the continuing relationship

between child and parent. The court and other community agencies must also be involved in an adequate community program for the protection of children from neglect and abuse. 6 references.

CD-00993

Oklahoma Univ., Oklahoma City. Dept. of Radiology.
The Beaked, Notched, or Hooked Vertebra. Its Significance in Infants and Young Children.
Swischuk, L. E.
Radiology 95:661-664, June 1970.

Conditions producing hooked or notched vertebrae in infants are reviewed. This abnormality is sometimes seen in battered children due to acute trauma or hyperflexion of the spine. It is often associated with neuromuscular problems, and in battered children is commonly noted in those with subdural hematoma, permanent brain damage, and chronic hypotonia. Despite the variety of seemingly unrelated conditions in which notched vertebrae exist, all cases involve hypotonia, exaggerated thoracolumbar kyphosis, and anterior herniation of the nucleus pulposus. 9 references.

CD-00994

Oklahoma Univ., Oklahoma City. Dept. of Radiology.
Spine and Spinal Cord Trauma in the Battered Child Syndrome.
Swischuk, L. E.
Radiology 92:733-738, March 1969.

Six cases of battered child syndrome with spinal injury and one case with both spine and spinal cord injury are reviewed. Four patients showed intervertebral disk-space narrowing and anterior vertebral notching at the thoracolumbar junction possibly caused by excessive hyperflexion of the spine. Two others showed simple vertebral body compression fractures also probably the result of hyperflexion. In one child, fracture-dislocation appeared in both the cervical and lumbar areas of the spine accompanied by cervical cord injury; whiplash due to violent shaking seems a likely cause. The spinal injuries were frequently associated with metaphyseal fractures of the extremities, clavicular and rib fractures, subdural hematoma and other skull injuries, superficial bruising, and behavioral abnormalities. Repeated injury was sometimes observed. Uncomplicated vertebral fractures were frequently asymptomatic. 8 references.

CD-00995

Oklahoma Univ., Oklahoma City. Dept. of Radiology.
The Battered Child Syndrome; Radiologic Aspects.
Swischuk, L. E.
Southern Medical Bulletin 58(3):24-26, June 1970.

Skeletal injuries in infants and children indicative of the battered child syndrome, and their radiologic manifestations are described to increase the roentgenologist's awareness of the syndrome. Among those injuries discussed are epiphyseal-metaphyseal injuries due to jiggling or twisting the epiphysis on the metaphysis and resultant healing patterns; spiral fractures resulting from rotary stress; midshaft transverse or oblique fractures resulting from a brisk blow; and other injuries to the skull, clavicle, ribs, spine, and spinal cord. 6 references.

CD-00996

Aurora Hospital, Helsinki (Finland).
Experiences of an Abused Child.
Taipale, V.; Moren, R.; Piha, T.; Valanne, E. H.
Acta Paedopsychiatrica 39(3):53-58, 1972.

A child abuse follow-up report illustrates the psychological development of a battered child. The case involves a 7-year-old boy who was less than 3 years old when he suffered multiple fractures and contusions inflicted by his stepfather. The extensive case history shows that the boy was placed in 8 different institutions, homes, and hospitals. These traumatic moves had a greater psychologically damaging effect than the original abuse. Play therapy revealed the child's separation anxiety and explained his resulting difficulty in trusting new parents. However, his current foster home at the time of the study provided an adequate environment and he appeared to be thriving both emotionally and mentally. This case emphasizes the need for careful placement of abused children in order to achieve successful followup care. 12 references.

CD-00997

Florida Univ., Gainesville. Div. of Pediatric Surgery.
Identification and Treatment of Thoracoabdominal Injuries in "Battered Children."
Talbert, J. L.; Felman, A. H.
Southern Medical Bulletin 58(3):37-43, June 1970.

The range of diagnostic devices and their capabilities in evaluating abdominal and genitourinary trauma are reviewed. Characteristic radiographic features of skeletal or soft tissue injuries may confirm the diagnosis of battered child syndrome. In general, the guidelines of management are analogous to those for adult care; however, significant emphasis should be placed on follow-up to prevent fatal recurrences. 16 references.

CD-00998

Allegheny County Court of Common Pleas, Pittsburgh, Pa. Family Div.
Neglect Proceedings and the Conflict Between Law and Social Work.
Tamilia, P. P.
Duquesne Law Review 9:579-589, 1970-1971.

Conflict between social workers and lawyers occurs on 2 levels. One level encompasses those problems which result from fundamental differences in objectives and methodology, and the second and more superficial level encompasses conflicts arising out of the specific setting or organizational framework in which lawyers and social workers are expected to coordinate their services. As an example of the first category, caseworkers are prone to incorporate in their reports and consideration material from numerous sources which are unavailable to the court or from persons unwilling to be involved. They are also impatient with legal requirements of proof and are inclined to make their case for agency or judicial intervention in a narrative summary of their knowledge of the situation. Social work as a profession does not provide any clearer criteria of what constitutes neglect than does the law. Regarding the second level, if the goal is to provide legal service to the poor or any client, then social work is a tool or adjunct to the legal service; if the objective is to provide a social service to an individual, then legal service is utilized to assure the best presentation of the social service need. No impact in resolution of this conflict is anticipated unless it is accomplished on the community level. While the conflict may be an irritant to all those functioning in the area of social welfare, it will eventually benefit the many unfortunate people who must have these services. 24 references.

CD-00999

Queen Mary's Hospital, London (England).
Facial Injuries Associated With the Battered Child Syndrome.
Tate, R. J.
British Journal of Oral Surgery 9(1):41-45, July 1971.

A report on 6 cases of abused children whose injuries included facial trauma emphasizes the importance of correctly diagnosing battered children. Of the 6 children (3 boys and 3 girls, 18 months to 4 years), 3 died as a result of injuries sustained on the head and face. In 2 cases there was a prior history of battering; in 5 cases explanations volunteered for cause of injuries were inconsistent with clinical findings. One child wet her clothes and apparently precipitated violent abuse by a depressed mother. In 2 cases children suffered lacerations of the lip, a fairly common facial trauma in battered children. 7 references.

CD-01000

Kentucky State Dept. of Health, Frankfort.
Kentucky Legislation Concerning Reporting of Abused Children.
Teague, R. E.
Journal of the Kentucky Medical Association 64(7):584, July 1966.

Kentucky legislation enacted in 1964 requires all persons who suspect that a child under 18 has been willfully injured

by a parent or guardian to report in writing to the local law enforcement officers with a copy to the Department of Child Welfare. Cases in which a child is killed are included. The law also provides immunity for any liability that may stem from the reporting and waives the physician-patient and husband-wife privileges. Although few incidents were reported within 2 years of the law's enactment, Kentucky plans to establish a central registry of child abuse incidents and begin detailed follow-ups of these cases.

CD-01001

Michigan Univ., Ann Arbor. Maternal and Child Health Unit.
A Preventive Approach to Problems of Child Abuse and Neglect.
Ten Have, R.
Michigan Medicine 64(1):645-649, January, 1965.

Family planning may prevent new cases of child abuse and neglect by delaying pregnancy and childbirth for couples who have shown that they are unwilling and ill-prepared psychologically for the responsibilities of parenthood. It is much more difficult to help the parents and the child in abuse cases where the child was always unwanted. With the help of physicians and health departments, prevention of the births of one or more unwanted children by more effective birth control may be an essential adjunct to counseling. Families with one unwanted and abused child are also likely to abuse a subsequent unwanted child. In families with limited material and emotional resources the expansion of the family size may cause enough stress to trigger abuse of any or all the children where it would otherwise not occur. The problems of detection and reporting, the lack of sufficient legislation, the psychological problems of the parent, and the role of the physician are briefly discussed. 15 references.

CD-01002

Case Western Reserve, Cleveland, Ohio. Dept. of Psychiatry.
A Family Study of Child Abuse.
Terr, L. C.
American Journal of Psychiatry 127(1):125-131, July 1970.

Ten battered children and their families were interviewed, and observations were made of interactions between family members, to identify etiological factors in child abuse. The children ranged between 3 months and 9 years; most had been abused on multiple occasions, and the abuser was usually the mother. Three factors were identified as significant. First, the abuser frequently experienced fantasies about the abused child; fear of punishment, fear of helplessness, fear of sexuality, and disappointment in the child were all fantasized. Second, exaggerated dominant-submissive or aggressive-passive relationships appeared between the spouses, who were frequently unable to deal with aggressive impulses. Third, the children often contributed to their own abuse by displaying physical abnormalities or

ego defects frustrating to the abuser. Most children exhibited abnormal behavior at the time of the study. Siblings of the abused children were abused depending on the readiness of the abuser to transfer her fantasies to the sibling. Psychiatrists can best aid abused children by first accumulating enough information to describe the total family relationship and then treating the family conjointly. Cooperation with outside agencies may be necessary. 15 references.

CD-01003

Case Western Reserve Univ., Cleveland, Ohio. Dept. of Psychiatry.
The Battered Child Rebrutalized: Ten Cases of Medical-Legal Confusion.
Terr, L. C.; Watson, A. S.
American Journal of Psychiatry 124(7):1432-1439, January 1968.

A survey of 10 cases of suspected child abuse reveals numerous procedural defects in both the medical and legal institutions designated to deal with this problem. Frequently, the result is needless additional suffering. Delays in prosecution and adversary tactics often expose the battered child to a prolonged period of insecurity in the custody of parents who have been further enraged by their predicament. Prosecution tends to be arbitrary, with only the most obvious and notorious cases being prosecuted. In criminal child abuse proceedings, the rules of evidence and privilege tend to force the family lawyer to suppress relevant information to the detriment of the child, and the family physician to reveal information jeopardizing the parents' constitutional rights. Furthermore, it is difficult to initiate any kind of therapy program while prosecution is in progress. Similar difficulties arise in juvenile court proceedings. Often the court's intervention does not include long range plans, is inadequate, or unnecessary. Courts of different jurisdiction may issue contradictory orders. Where legislation is directed toward punishment rather than treatment, the physician-patient relationship is impaired and therapy thwarted. The medical profession also frequently mishandles child abuse. Physicians have failed to diagnose, report, record, or discuss with parents suspected child abuse. Many physicians, social workers, and psychiatric workers, emphasizing the voluntary nature of their relationship with the parents have failed to take decisive action when child abuse came to their attention. Remedies for these situations include the establishment of a juvenile court-based, therapy-centered, program bringing to bear both the full therapeutic resources of the community and the compulsion of judicial process. Temporary placement in foster homes should be discouraged and surveillance and aid within the home encouraged. 15 references.

CD-01004

Texas Medicine.
Battered Child Law Reporting Procedure Places Moral Obligation on Physician. (Editorial).
Texas Medicine 63(5):120, May 1967.

Physicians have been granted immunity from civil and criminal liability for reporting cases of battered children under a 1965 Texas law. However, reporting is not mandatory, leaving the decision with its moral and ethical considerations up to the physician. Where protection of the child is involved it is important that the report be made quickly and to the proper authority.

CD-01005

Washington Univ., St. Louis, Mo. Dept. of Social Work.
Implementing a Child Abuse Law: An Inquiry Into the Formulation and Execution of Social Policy.
Theisen, W. M.
Doctoral Dissertation, Ann Arbor, Mich., University Microfilms, 184 pp., 1972. 73-13,716.

Changes in social welfare policy, either legislative or administrative, affect services provided by those agencies. A study of a recent child abuse law in St. Louis, Missouri, analyzes the effectiveness of the law by examining protective services. The organizational structure of social service systems are described in relation to policy formation and execution. Evaluation of social welfare policy includes a study of various methods for implementing laws, receiving victims, and arranging agency coordination to provide services.

CD-01006

Child Neglect Proceedings--A New Focus.
Thomas, E. K.
Indiana Law Journal 50(1):60-81, Fall 1974.

A review covers the nature and legal status of the various interests involved in neglect proceedings, the test governing disposition, and approaches to some legal bases which might be used at the dispositional stage. Regarding parents rights, it has been suggested that there exist 2 systems of family law, one derived from the civil courts and one from the Elizabethan poor laws, and that the presumption in favor of the parents does not exist in the second. It has often been stated with regard to the child's rights that his was the right to the care of his parents, and failing that, the state would benevolently provide for his care. The prima facie assumption that either the parents or the state necessarily represents the interests of the child is questioned. In cases of neglect based on criteria other than medical necessity, once the court finds neglect and assumes jurisdiction, a wide range of dispositional alternatives is open, not necessarily limited to alleviating the home situation. A standard more satisfactory than best interest should be developed which would stress evidence of neglect and demand that the situation be incapable of correction by available services. There are several broad sources of legal support for the proposition that parents charged with neglect are entitled to remedial and supportive services designed to ameliorate the conditions constituting neglect rather than the quasi-punitive response of removing the child. These are drawn from state and federal statutes as well as from constitutional rights. Greater judicial concern with postdispositional problems is urged. 73 references.

CD-01007

North Carolina Univ., Chapel Hill. Dept. of Public Law and Government.
Child Abuse and Neglect. 1: Historical Overview, Legal Matrix, and Social Perspectives.
Thomas, M. P., Jr.
North Carolina Law Review 50:293-349, 1972.

Child abuse and neglect is reviewed from an historical viewpoint. The history of childhood maltreatment, sanctioned by social custom and usage, early judicial decisions regarding child abuse, and reform efforts of the nineteenth and twentieth centuries are covered. Theories about the causes of child abuse are reviewed. Legal and social issues involved in child protection are outlined and areas for future development are suggested. 192 references.

CD-01008

Office of Human Development (DHEW), Washington, D.C.
Federal Priorities on Behalf of Neglected and Abused Children.
Thomas, S. B.
In: 4th National Symposium on Child Abuse. American Humane Association, Charleston, S.C., October 23, 1973. Denver, Colo., American Humane Association, pp. 34-38, 1975.

Programs and activities of the U.S. Office of Human Development directed toward the problem of child abuse and neglect are outlined. Grants to states and local communities were planned for augmenting public awareness, improving case detection, and developing an integrated approach to the delivery of services. Other programs and activities include updating of the Model Child Abuse Reporting Law; a research project to determine early warning signals; use of Medicaid facilities and services; design of an effective training model for teachers, including the Head Start program; amendment of Aid to Families with Dependent Children (AFDC) and Child Welfare Services laws to require services for abused and neglected children; establishment of Parents Anonymous groups; and testing the feasibility of a national clearinghouse for gathering data on the nature and characteristics of child abuse and neglect.

CD-01009

Testimony on Child Abuse.
Thomas, S. B., Jr.
Statement Before the House of Representatives, Committee on Education and Labor, Washington, D.C. 11 pp., October 5, 1973.

A statement of the opinion of the Department of Health, Education, and Welfare regarding the proposed establishment of a National Center on Child Abuse and Neglect

suggests that no new legislation is required to carry out the objectives of the proposed Center. The Center is viewed as having too narrow a focus in the total complex of problems. It is asserted that HEW is already performing the functions which would be assigned to the proposed Center.

CD-01010

Dept. of Health, Education, and Welfare, Washington, D.C. Office of the Secretary.
Providing Services to Children: The Role of the Office of Human Development in Child Advocacy.
Thomas, S. B., Jr.
National Council of Organization for Children and Youth, Washington, D.C. Available from ERIC Document Reproduction Service, 30 pp. (ED 099120), September 13, 1974.

This speech describes the role of the Department of Health, Education, and Welfare and the Office of Human Development (OHD) in providing services to children and emphasizes the need for nongovernmental groups to aid in child advocacy. The federal role, as embodied in OHD, is one of developmental assistance to vulnerable groups in society. Specific programmatic initiatives designed to meet youth needs are mentioned. More detailed descriptions of two program areas are given: Project Head Start (programs for handicapped children) and foster care plans now being tested and implemented. OHD's work in implementing the Child Abuse Prevention and Treatment Act is also described. The development of a Youth Services System is planned which will coordinate networks of all youth services, both public and private, in local communities. Help is needed from organizations outside the government, specifically to play an advocacy role and to provide stimulus for new ideas on program needs and development.

CD-01011

Child Abuse. A Community Challenge.
Thompson, E. M.; Paget, N. W.; Bates, D. W.; Mesch, M.; Putnam, T. I.
East Aurora, N.Y., Henry Stewart, Inc. 169 pp., 1971.

A report on a 4-year child abuse demonstration-research program in Erie County, New York, covers (1) definitions and philosophy of child protection services; (2) interpretation and procedures of the Child Abuse Project; (3) the investigative role of the protective social worker; (4) the procedural role of the doctor; (5) various aspects of the role of the lawyer including a description of the typical abuse trial; (6) the role of the foster care social worker; (7) sample cases of battered children and analysis of project statistics; and (8) a brief summary of conclusions and recommendations regarding incidence and prevention of child abuse. Also included are New York legislation on reporting and format, and tables of data from the project, hospital records, and foster care records.

CD-01012

Problems of Consent.
Thurston, G.

British Medical Journal 2(5500):1405-1407, June 1966.

In Britain, the slightest touch during medical treatment can constitute assault unless the patient gives full and free consent. For trivial procedures, such as hypodermic injection, the implied consent of participation is sufficient, whereas for major surgery written consent following full explanation is essential; other procedures run the gamut in between. The medical defense organizations have devised guidelines for such difficult situations as dealing with underage, unconscious, mentally ill, or non-English speaking patients and patients in clinical experiments. One particularly thorny problem is that of refusal of transfusions based on religious grounds. If such a patient is an adult the physician has no choice but to terminate treatment or continue without performing a transfusion. If the patient is under 16, however, and it is the child's parents who refuse consent the physician has the option under the Children and Young Persons' Acts to apply to the local welfare authorities for their permission. Nevertheless, this procedure is generally discouraged for practical and ethical reasons. In practice, the physician must either proceed as with an adult or risk a suit for assault. 3 references.

CD-01013

A Neurosurgeon's Viewpoint.
Till, K.

In: Franklin, A. W. (Editor). *Concerning Child Abuse*. Edinburgh, Scotland. Churchill Livingstone, pp. 56-62, 1975.

The neurosurgeon's experience with child battering is largely restricted to patients suspected of having subdural hematoma, half of whom also have retinal hemorrhages. The latter may result from a severe blow to the head or to sudden increased intrathoracic pressure from sudden grasping and shaking of the chest. Subdural hematomas are treated by needle aspiration or surgical drainage, whereas retinal hemorrhages are left to resolve slowly. Of those battered children with head injuries, about 5-10 percent are ineducable, and a further 10 percent are educationally subnormal; subsequent epilepsy develops in less than 5 percent.

CD 01014

Hospital for Sick Children, London (England). Dept. of Neurosurgery.
Subdural Haematoma and Effusion in Infancy. (Letter).
Till, K.

British Medical Journal 3:804, September 28, 1968.

The treatment of subdural hematoma and effusion is still sub judice; however, partly because it is simpler and less traumatic, subdural-pleural shunting may be preferable to craniotomy. The psychosocial histories of a group of children with subdural hematoma revealed that 14 percent came from foster homes, and that others were intentionally

injured by their parents--sometimes with legal consequences. Nevertheless, evidence in Britain is insufficient to describe a battered child syndrome comprising repeated injury; more psychosocial work must be done. Protecting the child from further injury is a difficult task for those involved.

CD-01015

Fresno State College, Calif. Dept. of Criminology.
Procedural Problems Inhibiting Effective County and Community-wide Resolution of Battered Child Problems.
Tocchio, O. J.

In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*. Morristown, N.J., General Learning Corp., pp. 117-122, 1974.

Problems confronting the probation department and the juvenile court in the resolution of battered child cases are the lack of philosophical continuity stemming from the yearly turnover of judges, the adjudication of child abuse cases by untrained Juvenile Court Referees; difficulties in obtaining psychiatric examinations and therapy for aggressive parents, and difficulty in gaining evidence of satisfactory rehabilitation. Problems of the police include the need for personnel training in the battered child syndrome, the need to develop specific juvenile unit policies, a need to encourage social work agencies to assist law enforcement personnel, and a need for interagency procedures and extradepartmental planning. Problems at the Fresno General Hospital involve the need for a Central Index File System, uncertainty as to the future of the Battered Child Committee, conflicts in authority between medical and welfare forces, and a need to keep practitioners informed of recent progress on battered child syndrome. The problems of the Welfare Department include difficulty in locating foster homes, personnel shortages, specifically oriented and trained staff, and the need for caseload reduction through county or state child protection services agencies. 3 references.

CD-01016

American Univ., Washington, D.C.
Legislation and Law Enforcement in California for the Protection of the Physically Battered Child.
Tocchio, O. J.

Doctoral Dissertation, Ann Arbor, Mich., University Microfilms, Inc., 426 pp., 1967. 67-12,045.

A comprehensive study of the effectiveness of California legislation and law enforcement in controlling and preventing child battering involved documentary research; analysis of case studies; and a survey of opinion from practitioners of law, medicine, public health, social work, and law enforcement. Analysis of the data revealed that existing laws and enforcement resources and techniques were not preventing or controlling child abuse despite high public interest. Numerous procedures for more effective treatment of the problem are suggested. Extensive discussion includes

evaluation of legislative problems concerning children, parents, physicians, and local governments; and description of existing procedures for handling battered child cases in California. 163 references.

CD-01017

Case Western Reserve Univ., Cleveland, Ohio. Dept. of Pediatrics.

A Psychological Exploration of the Nonorganic Failure-to-Thrive Syndrome.

Togut, M. R.; Allen, J. E.; Lelchuck, L.

Developmental Medicine and Child Neurology 11(1):601-607, February 1969.

A study was made of 9 infants, (8 were under 8 months old) who were hospitalized for growth failure in the absence of organic cause. The infants, 8 of whom were Negro, appeared cachectic and dirty, generally coming from large poverty stricken households lacking an effective father. All were the youngest children in their families and the products of complicated pregnancies in which inadequate prenatal care was given. Mothers had normal intelligence, but appeared overburdened with the task of caring for the household, which frequently contained several preschool children and evidenced functional abnormalities including an inability to deal with aggressive and sexual impulses, a high level of anxiety, insecurity, and guilt, and an inability to give nurturance. Many appeared to project their feelings of hostility on their children, while others suppressed their feelings at the cost of limiting their ability to interact with their environment. Following hospitalization the growth rates of the children slowed in those cases where improvement in family relations or transfer to a foster home was not achieved. 13 references.

CD-01018

Child Victims of Incest.
Tormes, Y. M.

American Humane Association, Denver, Colo. Children's Div. 40 pp.

A review was made of 20 cases of father-daughter incest and 20 cases of nonincestuous sexual abuse from the records of the Brooklyn Society for the Prevention of Cruelty to Children to identify factors in family life that contribute to incest. Incestuous relations were generally repeated and took place in the home often before witnesses. Nevertheless, they were seldom reported until a family quarrel or pregnancy occurred and the reporting was less often by the mother than in nonincestuous offenses. Mothers, in addition, seemed unwilling or unable to protect their daughters from flagrant attacks by the fathers. Incestuous families were characterized by more homogeneous backgrounds, more foreign born mothers, and less time spent in the city than nonincestuous parents. The parents were younger, closer in age, married earlier, had larger families, had more young children, and had fewer

relatives than nonincestuous parents. The parents' educational and employment levels were somewhat lower in incestuous families and there was a higher rate of illegitimacy; however, mothers in incestuous families had fewer extramarital affairs than those of nonincestuous families. Fathers in incestuous families displayed chronic brutality and alcoholism as well as incestuous behavior or else dominated the family with affection, handling every detail of family life; money was strictly curtailed. The victims were always the oldest daughter and showed decreased participation in extrafamilial activities. Within the family, the mothers and daughters were submissive or attempted to placate the fathers. More incestuous families than nonincestuous families were known to social agencies and more often for financial or marital difficulties than for difficulties in child behavior. These observations should aid social agencies in identifying high risk families. 34 references.

CD-01019

Yale Univ., New Haven, Conn. Dept. of Surgery.
Battered Children With Abdominal Trauma.

Touloukian, R. J.

GP 40(6):106-109, December 1969.

Battered children with abdominal visceral injuries usually suffer pancreatic, duodenal, mesenteric, and proximal jejunal injuries, whereas accidental trauma is more often associated with lateral abdominal injuries such as renal, splenic, and hepatic disorders. Early diagnosis of distinctive abdominal visceral injuries is important in recognizing child abuse cases to prevent further battering. Abdominal injuries are the second major cause of death in child abuse cases.

CD-01020

Yale Univ. New Haven, Conn. Dept. of Surgery.
Abdominal Visceral Injuries in Battered Children.

Touloukian, R. J.

Pediatrics 42(4):642-646, October 1968.

The incidence of visceral injury as part of the battered child syndrome is illustrated with 5 case histories from the records of the Rhode Island State Medical Examiner's Office and the clinical files of the Rhode Island Hospital. The cases involved 4 boys aged 15 months, 16 months, 2 years, and 3 years, and 1 girl aged 3 years. Injuries were generally reported as originating from typical domestic accidents, and, in 1 instance, a beating by the father. All children on autopsy, revealed multiple bruises on the head and trunk and duodenal, pancreatic, and mesenteric injuries accompanied by retroperitoneal hematoma. The abdominal injuries were best explained by blunt trauma such as a punch or blow. Although no roentgenographic studies were undertaken, 1 child showed gross skeletal deformity from a healing supracondyl deformity and evidence of prior craniocerebral trauma. The untreated complications of the injuries, including peritonitis, hemorrhagic and hyper-

volemic shock, and sepsis resulted in death. In each instance the injuries were at least potentially curable had this form of abuse been known and considered and appropriate treatment administered. 15 references.

CD-01021
Washington Univ., Seattle. Dept. of Psychiatry and Behavioral Sciences.
Attempting To Build A Fail-Safe Program.
Tracy, J. J.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee For Prevention of Child Abuse, pp. 237-244, 1975.

The consultation plan used for the Child Abuse Project at Presbyterian-University of Pennsylvania in 1973 consisted of assessment of needs, redefinition of the project, and training staff to meet the redefined needs. Social learning theory was the main concept behind the new therapeutic emphasis. Particular emphasis is placed on the difference between description and interpretation because description does not allow value judgments. A prominent assessment and treatment tool was Antecedent, Behavior, Consequences (A-B-Cs) which is useful in determining strategies for behavior modification. Assessment of total family behavior was also emphasized. Behavior modification is seen not only as a useful therapeutic tool for child abuse but is useful for achieving greater self-direction. 6 references.

CD-01022
Washington Univ., Seattle. Dept. of Psychiatry and Behavioral Sciences.
Child Abuse Project: A Follow-up.
Tracy, J. J.; Ballard, C. M.; Clark, E. H.
Social Work 20(5):398-399, September 1975.

The first year results of a project designed to identify families affected by child abuse, increase effective parental behavior, and decrease abusive behavior using techniques of behavior modification are described. There were 41 families in the program, 11 with abused children and 30 at high-risk. Specific behaviors were clustered into domestic "concerns", the 41 families providing a pool of 129 concerns. Of these, 84 percent were rated as improved or very improved, 9 percent were rated as the same or worse, and 7 percent were rated as unknown. Much of the intervention with the abusive parent was done by family health workers; women 35-50 years of age living in the community. An illustrative case study is presented. A plea is made for a more precise definition of abused children and abusing parents in literature reports.

CD-01023
Washington, Univ., Seattle. Dept. of Psychiatry and Behavioral Sciences.
Treatment for Child Abusers.
Tracy, J. J.; Clark, E. H.
Social Work 19(3):338-342, May 1974.

The child abuse program at Presbyterian-University of Pennsylvania Medical Center attempted to treat the parents of abused children using a social learning model. The model involves identifying behavioral goals followed by specific techniques for achieving them, and stands in contrast to treatments based on primary psychological modification. Children entering the hospital emergency ward were screened for injuries of suspicious origin. Where child abuse was confirmed, a report was made to the Department of Public Welfare and an assessment of the parent's techniques of child management was conducted, emphasizing the specific parent and child behavior immediately preceding the abuse. An abusive parent frequently turned out to be a single mother with inadequate childrearing skills, who was ignorant of child development and who used punishment as the sole means of controlling her children. A family health worker, was then sent into the home to serve as a role model for the parent. All of the project members as well as most of the parents were black. The health worker sought to identify specific material changes that could be made in the home and to demonstrate alternative means of controlling children (praise instead of punishment). The worker's approach was supportive but designed not to foster dependency. Special efforts were made to avoid redundant or inconsistent contacts with the parents and to develop among the staff a uniform language for describing behavior, simplified evaluation methods, and a better understanding of behavior theory. 5 references.

CD-01024
Connecticut Univ., Hartford. Dept. of Pediatrics.
Prevention of Child Abuse: Current Progress in Connecticut: I. The Problem.
Trouern-Trend, J.B.G.; Leonard, M.
Connecticut Medicine 36(3):135-137, March 1972.

From October 1, 1967 to August 31, 1968, Connecticut recorded a child abuse incidence of 11.5 per 100,000 children per year. The actual rate in Connecticut is probably higher than this figure, since many physicians remain either unaware of the problem or unwilling to report. A physician should suspect child abuse when: (1) the parent's explanation for the child's injury is inadequate or if the parent behaves oddly; (2) particular types of injuries appear, such as multiple fractures and concentrated lesions; or (3) the child comes from a high-risk family—one involved in a serious stress situation or one in which the mother complains about the child's irritability or crying. When child abuse is suspected a physician should report the incident; he is granted legal immunity. 5 references.

CD-01025
State Univ. of New York, Buffalo. Dept. of Psychology.
An Analysis of the Concept of Cultural Deprivation.
Tulkin, S. R.
Developmental Psychology 6(2):326-339, 1972.

Those who advance the concept of cultural deprivation limit the understanding of developmental processes because (a) they do not focus attention on the effects of specific experiences, (b) they ignore cultural relativism, and (c) they fail to recognize that the majority culture has contributed to the development of many of the problems evidenced in deprived populations. Social scientists have been missionaries when they needed to be social change agents, and the result is that many programs have met with very minimal success. Suggestions are presented for specific changes in social scientists' approaches to minority group problems. 58 references.

CD-01026
State Univ. of New York, Buffalo. Dept. of Psychology.
Mother-Child Interaction in the First Year of Life.
Tulkin, S. R.; Kagan, J.
Child Development 43(1):31-41, March 1972.

A group of 30 middle-class and 26 working-class Caucasian mothers were observed for a total of 4 hours at home with their firstborn 10-month-old daughters. Social class differences were minimal in areas of physical contact, prohibitions, and nonverbal interactions. In contrast, every verbal behavior observed was more frequent among middle-class mothers. Middle-class mothers more often entertained their infants and more often gave their infants toys to play with; they also responded to a higher percentage of the infant's spontaneous frets and responded more quickly. There was no class difference in the infant's tendencies to vocalize spontaneously. Large within-class differences in maternal behavior were also observed, working-class mothers less frequently believed that their infants were capable of communicating with other people, and hence felt it was futile to attempt to interact with them verbally. In addition, working class mothers more often believed themselves unable to influence their child's development. 11 references.

CD-01027
U.S. Medicine.
Child With Congenital Glaucoma May Be Victim of Parental Abuse.
U.S. Medicine 11(14):6, July 15, 1975.

A news report discusses the finding of a case of congenital glaucoma in a 9-week old infant which was a result of gross neglect by the infant's mother. The infant had bilateral enlarged and hazy corneas with extreme intraocular pressures and iridodialysis (separation of the iris from its attachment) of the left eye. Examination also revealed scars on the infant's face, neck, and chest in various stages of healing. Treatment of the eye injuries is described. Physicians' responsibilities regarding the general problem of child abuse are briefly discussed.

CD-01028
United States Senate, Washington, D.C. Committee on Labor and Public Welfare.
Child Abuse Prevention and Treatment Act, 1974.
93d Congress, 2d Session, Public Law 93-247(S. 1191), 10 pp., January 31, 1974.

A copy of the 1974 Child Abuse Prevention and Treatment Act includes questions and answers pertaining to the law and an analysis by the Library of Congress. The law provides for establishment of a new National Center on Child Abuse and Neglect in the Department of Health, Education, and Welfare to administer demonstration, grant, and state assistance programs. The Center will also publish annual research summaries, conduct research, maintain a clearinghouse on child abuse and neglect programs, conduct a study of the incidence, and provide technical assistance. The Act requires that all programs related to child abuse and neglect and funded under Title IV-A or IV-B of the Social Security Act have a reporting law in effect, have a procedure for investigating reports of abuse and neglect, provide immediate protection for the child when necessary, provide for confidentiality of records, and provide for cooperation among police, state agencies, and court officials. The law authorizes \$15 million for fiscal 1974, \$20 million for 1975, and \$25 million each for 1976 and 1977. Funds will be used to support major promising efforts to prevent, identify, and treat child abuse and neglect.

CD-01029
University of Chicago Law Review.
The Custody Question and Child Neglect Rehearings.
University of Chicago Law Review 35(3):478-492, Spring 1968.

Conflicts between a child's well-being and the parent's rights leads to inconsistencies in the law and its application in custody questions and child neglect rehearings. The application of a general custody rule to parental petitions for return of neglected children fails to take into account the basic differences between neglect cases and other custody disputes. Furthermore, a general neglect case rule cannot be reconciled with the position of the custody rehearing on both original temporary placement and final, permanent disposition of custody. The child's best interests and unfit parent standards are, thus, inadequate devices for dealing with this intermediate problem. A custody rule should be tailored to place the burdens of persuasion at rehearing concerning both the child's welfare and the parents' future conduct on the child welfare agency or other original complainant, rather than on the parent. This reversal of the burdens of persuasion is highly desirable in view of the tactical disadvantages faced by the parent. Numerous references.

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volemic shock, and sepsis resulted in death. In each instance the injuries were at least potentially curable had this form of abuse been known and considered and appropriate treatment administered. 15 references.

CD-01021

Washington Univ., Seattle. Dept. of Psychiatry and Behavioral Sciences.

Attempting To Build A Fail-Safe Program.

Tracy, J. J.

In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee For Prevention of Child Abuse, pp. 237-244, 1975.

The consultation plan used for the Child Abuse Project at Presbyterian-University of Pennsylvania in 1973 consisted of assessment of needs, redefinition of the project, and training staff to meet the redefined needs. Social learning theory was the main concept behind the new therapeutic emphasis. Particular emphasis is placed on the difference between description and interpretation because description does not allow value judgments. A prominent assessment and treatment tool was Antecedent, Behavior, Consequences (A-B-Cs) which is useful in determining strategies for behavior modification. Assessment of total family behavior was also emphasized. Behavior modification is seen not only as a useful therapeutic tool for child abuse but is useful for achieving greater self-direction. 6 references.

CD-01022

Washington Univ., Seattle. Dept. of Psychiatry and Behavioral Sciences.

Child Abuse Project: A Follow-up.

Tracy, J. J.; Ballard, C. ...; Clark, E. H.

Social Work 20(5):398-399, September 1975.

The first year results of a project designed to identify families affected by child abuse, increase effective parental behavior, and decrease abusive behavior using techniques of behavior modification are described. There were 41 families in the program, 11 with abused children and 30 at high-risk. Specific behaviors were clustered into domestic "concerns", the 41 families providing a pool of 129 concerns. Of these, 84 percent were rated as improved or very improved, 9 percent were rated as the same or worse, and 7 percent were rated as unknown. Much of the intervention with the abusive parent was done by family health workers, women 35-50 years of age living in the community. An illustrative case study is presented. A plea is made for a more precise definition of abused children and abusing parents in literature reports.

CD-01023

Washington, Univ., Seattle. Dept. of Psychiatry and Behavioral Sciences.

Treatment for Child Abusers.

Tracy, J. J.; Clark, E. H.

Social Work 19(3):338-342, May 1974.

The child abuse program at Presbyterian-University of Pennsylvania Medical Center attempted to treat the parents of abused children using a social learning model. The model involves identifying behavioral goals followed by specific techniques for achieving them, and stands in contrast to treatments based on primary psychological modification. Children entering the hospital emergency ward were screened for injuries of suspicious origin. Where child abuse was confirmed, a report was made to the Department of Public Welfare and an assessment of the parent's techniques of child management was conducted, emphasizing the specific parent and child behavior immediately preceding the abuse. An abusive parent frequently turned out to be a single mother with inadequate childrearing skills, who was ignorant of child development and who used punishment as the sole means of controlling her children. A family health worker, was then sent into the home to serve as a role model for the parent. All of the project members as well as most of the parents were black. The health worker sought to identify specific material changes that could be made in the home and to demonstrate alternative means of controlling children (praise instead of punishment). The worker's approach was supportive but designed not to foster dependency. Special efforts were made to avoid redundant or inconsistent contacts with the parents and to develop among the staff a uniform language for describing behavior, simplified evaluation methods, and a better understanding of behavior theory. 5 references.

CD-01024

Connecticut Univ., Hartford. Dept. of Pediatrics.

Prevention of Child Abuse: Current Progress in Connecticut: I. The Problem.

Trouern-Trend, J.B.G.; Leonard, M.

Connecticut Medicine 36(3):135-137, March 1972.

From October 1, 1967 to August 31, 1968, Connecticut recorded a child abuse incidence of 11.5 per 100,000 children per year. The actual rate in Connecticut is probably higher than this figure, since many physicians remain either unaware of the problem or unwilling to report. A physician should suspect child abuse when: (1) the parent's explanation for the child's injury is inadequate or if the parent behaves oddly; (2) particular types of injuries appear, such as multiple fractures and concentrated lesions; or (3) the child comes from a high-risk family—one involved in a serious stress situation or one in which the mother complains about the child's irritability or crying. When child abuse is suspected a physician should report the incident; he is granted legal immunity. 5 references.

CD-01025

State Univ. of New York, Buffalo. Dept. of Psychology.

An Analysis of the Concept of Cultural Deprivation.

Tulkin, S. R.

Developmental Psychology 6(2):326-339, 1972.

Those who advance the concept of cultural deprivation limit the understanding of developmental processes because (a) they do not focus attention on the effects of specific experiences, (b) they ignore cultural relativism, and (c) they fail to recognize that the majority culture has contributed to the development of many of the problems evidenced in deprived populations. Social scientists have been missionaries when they needed to be social change agents, and the result is that many programs have met with very minimal success. Suggestions are presented for specific changes in social scientists' approaches to minority group problems. 58 references.

CD-01026

State Univ. of New York, Buffalo. Dept. of Psychology.

Mother-Child Interaction in the First Year of Life.

Tulkin, S. R.; Kagan, J.

Child Development 43(1):31-41, March 1972.

A group of 30 middle-class and 26 working-class Caucasian mothers were observed for a total of 4 hours at home with their firstborn 10-month-old daughters. Social class differences were minimal in areas of physical contact, prohibitions, and nonverbal interactions. In contrast, every verbal behavior observed was more frequent among middle-class mothers. Middle-class mothers more often entertained their infants and more often gave their infants toys to play with; they also responded to a higher percentage of the infant's spontaneous frets and responded more quickly. There was no class difference in the infant's tendencies to vocalize spontaneously. Large within-class differences in maternal behavior were also observed, working-class mothers less frequently believed that their infants were capable of communicating with other people, and hence felt it was futile to attempt to interact with them verbally. In addition, working class mothers more often believed themselves unable to influence their child's development. 11 references.

CD-01027

U.S. Medicine.

Child With Congenital Glaucoma May Be Victim of Parental Abuse.

U.S. Medicine 11(14):6, July 15, 1975.

A news report discusses the finding of a case of congenital glaucoma in a 9-week old infant which was a result of gross neglect by the infant's mother. The infant had bilateral enlarged and hazy corneas with extreme intraocular pressures and iridodialysis (separation of the iris from its attachment) of the left eye. Examination also revealed scars on the infant's face, neck, and chest in various stages of healing. Treatment of the eye injuries is described. Physicians' responsibilities regarding the general problem of child abuse are briefly discussed.

CD-01028

United States Senate, Washington, D.C. Committee on Labor and Public Welfare.

Child Abuse Prevention and Treatment Act, 1974.

93d Congress, 2d Session, Public Law 93-247(S. 1191), 10 pp., January 31, 1974.

A copy of the 1974 Child Abuse Prevention and Treatment Act includes questions and answers pertaining to the law and an analysis by the Library of Congress. The law provides for establishment of a new National Center on Child Abuse and Neglect in the Department of Health, Education, and Welfare to administer demonstration, grant, and state assistance programs. The Center will also publish annual research summaries, conduct research, maintain a clearinghouse on child abuse and neglect programs, conduct a study of the incidence, and provide technical assistance. The Act requires that all programs related to child abuse and neglect and funded under Title IV-A or IV-B of the Social Security Act have a reporting law in effect, have a procedure for investigating reports of abuse and neglect, provide immediate protection for the child when necessary, provide for confidentiality of records, and provide for cooperation among police, state agencies, and court officials. The law authorizes \$15 million for fiscal 1974, \$20 million for 1975, and \$25 million each for 1976 and 1977. Funds will be used to support major promising efforts to prevent, identify, and treat child abuse and neglect.

CD-01029

University of Chicago Law Review.

The Custody Question and Child Neglect Rehearings.

University of Chicago Law Review 35(3):478-492, Spring 1968.

Conflicts between a child's well-being and the parent's rights leads to inconsistencies in the law and its application in custody questions and child neglect rehearings. The application of a general custody rule to parental petitions for return of neglected children fails to take into account the basic differences between neglect cases and other custody disputes. Furthermore, a general neglect case rule cannot be reconciled with the position of the custody rehearing on both original temporary placement and final, permanent disposition of custody. The child's best interests and unfit parent standards are, thus, inadequate devices for dealing with this intermediate problem. A custody rule should be tailored to place the burdens of persuasion at rehearing concerning both the child's welfare and the parents' future conduct on the child welfare agency or other original complainant, rather than on the parent. This reversal of the burdens of persuasion is highly desirable in view of the tactical disadvantages faced by the parent. Numerous references.

CD-01030

Valparaiso University Law Review.
Criminal Liability of Parents for Failure to Control Their Children.
Valparaiso University Law Review 6(4):332-352, Summer 1972.

While research confirms that inadequate parents may be a cause of delinquency, there may be many other causes of equal import operating at the same time; a summary condemnation of parents with delinquent children is, thus, ill-founded, and this popular notion of causation is not a fitting basis for criminal liability. For his own inaction, the parent should be liable in only 3 situations; (1) he knew that the child was going to commit the act, had the ability to stop it, and did not do so; (2) he did not know of the conduct of his child but had a special, limited duty to be informed and failed to comply; or (3) he was so indifferent to the conduct of the child that he was criminally negligent. In these situations, the parent should be convicted only after proof that he was aware of his wrongdoing or was indifferent to the consequences of his inaction. Beyond legal considerations, limitation of the criminal liability of a parent is necessary if prosecuting parents is to have any constructive influence on delinquency control. A parent imprisoned or fined on the basis of strict or vicarious liability is more likely to be alienated than reformed. Numerous references.

CD-01031

Valparaiso University Law Review.
Indiana's Statutory Protection for the Abused Child.
Valparaiso University Law Review 9(1):89-133, Fall 1974.

The 1971 Indiana child abuse reporting law is one of 4 which requires universal reporting. Unfortunately, it limits incidents to abuse by a parent or other person responsible for the child's care, and therefore places an investigative task on the reporter. Reports are to be made to the county department of public welfare or the proper law enforcement agency. There is an immunity clause, and provision is made for abrogation of evidentiary privileges. It is suggested that this statutory framework needs thoughtful additions, revisions, and consolidations. Implementation should begin with enactment of a broad child protection article as part of Indiana's family law. At the beginning of the article should stand the mandatory reporting law, newly enlarged to require reporting cases of neglect as well as abuse. The provision on dependent and neglected children, currently found in 3 separate chapters and overlapping each other considerably, could be consolidated. Hopefully a single definition of neglect would also be part of the article. Finally, statutory presumptions of prior abuse as evidence of an abusive environment and the child's condition as prima facie evidence of abuse or neglect must be included as part of a child protection article. The law should spur all those involved with child abuse to make its impact felt most effectively where it is needed. Numerous references.

CD-01032

Illinois State Dept. of Children and Family Services, Peoria. Child Abuse Unit.
Understanding Child Abuse.
 Van Dyke, V.
 Illinois State Dept. of Children and Family Services, Springfield. 6 pp., 1974.

While the true incidence of child abuse is unknown, it has been estimated at between 250 and 300 per million population per year in New York City and in Denver. Abuse of a child results from the interaction of several factors: the abuse potential of the parent, the characteristics of the child which stimulate abuse, and the immediate precipitating crisis. Boys are more often abused than are girls, and the age distribution of reported cases seems to be shifting upwards in recent years, probably because of the recently required reporting by school personnel, social workers, and others. The 1973 amendment to the Illinois child abuse act expanded the list of those required to report to include school personnel, social workers, registered and practical nurses, nursery school and day care center personnel, law enforcement officers, and field personnel of the Illinois Department of Public Aid. It also stipulated that investigation by the Department of Children and Family Services was to be initiated within 24 hours of the receipt of the report and provided for establishment of a Central Registry. Treatment of abuse consists of immediate provision for the child's safety and rehabilitation of the home situation. Some new approaches which have had some success lately are the Parents Anonymous, the Lay Therapy Program in Denver, and a day treatment center for both parent and child. 17 references.

CD-01033

The Battered Child in Canada.
 Van Stolk, M.
 Toronto, McClelland and Stewart Ltd., 127 pp., 1973.

This overview of the dimensions of child abuse in Canada covers the role of the parent, the physician, the law, the social services, and the community. What produces a child batterer, the role of the other parent, the rights and limits of parenthood, and the societal standards of parenthood are discussed in detail. The future of the child, particularly in light of social intervention, is also discussed. Numerous references.

CD-01034

Communications: Client, Community, and Agency.
 Varon, E.

In: Kadushin, A. (Editor). *Child Welfare Services. A Sourcebook*. New York, MacMillan Co., pp. 36-45, 1970.

Interviews with former clients and non-clients of the Massachusetts Society for the Prevention of Cruelty to Children were conducted to determine their perception of the agency. The subjects lived in working class neighbor-

hoods and were skilled to unskilled-laborers, many of whom received some form of assistance. Attitudes varied from pessimistic (more common among former clients) to optimistic. On the whole there was not only a lack of knowledge about agencies, but also a lack of curiosity. They were not inclined to go to an agency when they saw someone else in need (specifically neglect), but they were more likely to report to the police, do something themselves, or involve the church or relatives. There was a tendency to view agencies as punitive, and many felt that there was not hope once a case went to court. There was, however, general support for the concept of agency intervention in drastic cases such as abandonment.

CD-01035

Goa Medical Coll. Panaji-Goa (India). Dept. of Orthopedic Surgery.
The Battered Baby. (Editorial).
 Venkatadri, P. C.
Clinician 36(9):369-370, September 1972.

An editorial briefly describes the discovery of the battered baby syndrome and its clinical features, and makes recommendations for prevention of the condition. Clinical manifestations of the syndrome include soft tissue swelling, bruises, fractures in different stages of healing, fracture separation of non-ossified cartilaginous epiphyses, malnutrition, and inaccurate histories. Recommendations include recognition of the syndrome as a social and national problem and governmental action to raise the standard of living, institute family planning, and set up child care centers and parent counseling programs. Prompt recognition of the syndrome, on the part of physicians, is urged.

CD-01036

Villanova Law Review.
Legislation as Protection for the Battered Child. I. The Problem and Its History.
Villanova Law Review 12(2):313-323, Winter 1967.

Mandatory reporting laws by themselves are not a solution to the problem of child abuse. Other components of a complete treatment of the situation include provisions in the criminal laws for punishing the abuser, juvenile court acts enabling the court to undertake protective supervision of the child or order his removal from the home, and legislation which establishes protective services as part of a comprehensive public program of child welfare services. It is the responsibility of the legal profession to correct shortcomings in the various states which do not provide such complete protection. Numerous references.

CD-01037

Virginia Health Bulletin.
Child Abuse.
Virginia Health Bulletin 26(2, series 2):1-20, October, November, December 1973.

A review of the problem of child abuse and neglect in Virginia and the approaches to the problem being taken at all levels of government includes a description of those likely to be abused, general characteristics of battering parents, types of physical and other forms of abuse, and a history of the legal aspects of abuse. The Virginia reporting law was one of the last state child abuse laws passed, and as such it benefited from the strengths and weaknesses of earlier laws. The law requires health and welfare personnel to report, and permits any citizen to report, suspected cases of child (under 16) abuse or neglect to the local Clerk of the Juvenile and Domestic Relations Court. A Governor's Task Force in Virginia has recommended the establishment and maintenance of a Committee for Child Protection in hospitals throughout the Commonwealth to review suspected cases, make appropriate referrals, and carry out the hospital's legal responsibility. The task force also recommended examination of siblings of abused children, autopsies in cases of sudden death, a consolidation of all current laws relating to the subject, and funding of studies on and implementation of child protective services. Child protection and prevention of abuse are the 2 main approaches to the problem today. A coordinated multidisciplinary approach to rehabilitation of offending parents is the principal means of treating the situation. A copy of the Virginia report form is included in the appendix.

CD-01038

Virginia State General Assembly, Richmond. House Committee on Health, Welfare, and Institutions.
Amendment in the Nature of a Substitute for House Bill No. 416.
 Virginia State General Assembly, Richmond. House Committee on Health, Welfare, and Institutions, 6 pp., July 1, 1975.

The proposed 1975 Virginia law pertaining to child abuse mandates reporting of suspected cases involving children under 18 by all medical personnel, employees of public and private schools (including nursery schools), social workers, probation officers, and Christian Science practitioners; encourages the reporting of cases by others; and includes the immunity clause. The local department of public welfare is designated as the receiver of the report, which may be oral initially but eventually presented in writing. Failure to report carries a \$500 fine for the first offense, and \$1,000 for subsequent offenses. The duties of the local department are detailed regarding the provision of child protective services, and hospital and community-based multidisciplinary teams are encouraged. The law also creates a Child Protective Services Unit in the state Department of Welfare, establishes a central registry, defines conditions for taking a child into protective custody, and provides for the creation of an advisory committee.

CD-01039
University Inst. of Forensic Medicine, Copenhagen (Denmark).
Sexual Offences in Copenhagen: A Medicolegal Study.
Voigt, J.
Forensic Science 1:67-76, 1972.

A review of 650 cases of sexual offense in Denmark, occurring over a ten-year period, shows that in 9 percent of the cases, the offender was the father or stepfather of the victims; in 4 percent another relative; and in 3 percent, the mother's cohabitor. Most of the 650 victims were females under 19 years, the highest percent of them between 10 and 14 years old. Methods of physical examination of sexual offense victims are outlined. 6 references.

CD-01040
Arkansas Medical Society, Little Rock.
Battered Child Syndrome.
Warren, E. R.
Journal of the Arkansas Medical Society 62(10):413, March 1966.

In 1965, Arkansas enacted a statute requiring physicians to report all cases of child abuse to the appropriate police authority. An initial oral report must be followed by a written report specifying the names and addresses of the parents and child, the child's age, and the nature and extent of the injuries. Hospital employees report to their superiors rather than directly to the police. The statute also provides immunity from defamation suits stemming from the report (the report is presumed to be in good faith) and abrogates the physician-patient and husband-wife immunities in any proceedings arising from the report.

CD-01041
California Univ., Los Angeles. School of Social Welfare.
Early Careers of Professional Social Workers in a Public Child Welfare Agency.
Wasserman, H.
Social Work 15(3):93-101, July 1970.

After following 12 newly trained professional social workers on the job in a child welfare agency for 2 years, it was concluded that the working conditions, nature of the work, heavy caseloads, constant emergencies, and the cumulative emotional effects resulting therefrom made it impossible for these highly trained individuals to apply their training effectively to their new jobs. They felt frustrated by the natural constraints of the working structure that did not allow them to apply the knowledge, values, and skills with which they were prepared, and they were exhausted by having day after day to face critical human situations with insufficient material, intellectual and emotional resources, and support. After 2 years, 8 of the 12 left the agency for other employment. The question is posed whether a professional social worker can function

effectively under existing conditions in some agencies. 15 references.

CD-01042
Bradford Univ. (England). School of Applied Social Studies.
The Abused Parent of the Abused Child.
Wasserman, S.
Children 14(5):176-179, September-October 1967.

The battering parent, though seldom psychotic, generally displays a marked inability to set up genuine relationships with others and is frequently involved in wide-ranging interpersonal conflicts. In many cases, the parent was emotionally abandoned as a child, creating a pervasive feeling of rejection and hostility. He is left incapable of giving to another the love he never received himself. A person in this state of mind is unfit to be a parent. Such a person perceives a child not as an object of affection but as a competitor and projects on the child the identities of those he despises. The child's immaturity is seen as disobedience and disorder to be punished. Simply removing the child from the home will not cure this underlying problem. The battering parent requires a caseworker to firmly set limits on his behavior without being punitive. The caseworker must help the parent see things realistically and overcome the parent's imbedded distrust of close human relationships. The task is long and arduous, requiring the caseworker to absorb much of the hostility previously inflicted on the child. Of particular importance is the necessity of maintaining continuous contact with a single caseworker; switching personnel is likely to be interpreted as rejection. 6 references.

CD-01043
Odyssey House, Inc., New York, N.Y.
Preliminary Report on the Sociological Autopsy in Child Abuse Deaths.
Wathey, R.; Densen-Gerber, J.
American Academy of Forensic Sciences 27th Meeting, Chicago, Ill., 26 pp., February 20, 1975.

A case of child abuse and neglect covering 2 generations is presented in detail and subjected to a sociological autopsy, an analysis of prior decision points in a case prior to death, where intervention might have prevented death. The first patient was born to a drug-addicted prostitute and her alcoholic husband. After 5 months the mother deserted and the father assumed custody of the child. At age 10 she was made a permanent ward of the state because of several years of gross neglect, and over the next few years she was placed in a large number of foster homes, county homes, juvenile centers, and training schools. At age 14 she was discovered to be pregnant, and was allowed to marry the father. The child was pronounced dead on arrival in the emergency room at 4 months, presenting multiple injuries. Subsequently the mother was charged with homicide, but

the case was dismissed on the grounds of insufficient evidence. After another pregnancy occurred, the subject was subsequently entered at Mabon Odyssey House where she was evaluated for mothering potential. A sociological autopsy indicates that the mother should have been removed from her parents and put up for adoption; failing that, there should have been some permanency in her foster home placement. Custody of the first child and marriage to the father should have been prevented.

CD-01044
Otago Univ., Dunedin (New Zealand). Dept. of Pediatrics and Child Health.
Il-Thrift.
Vatt, J. M.
New Zealand Medical Journal 75(480):285-287, May 1972.

Failure-to-thrive resulting from emotional deprivation is an important pediatric problem which may present as an emergency. The infant presents with dwarfism, retarded bone age, and minimal or absent growth hormone response; hypoglycemia at the time of diagnosis, which rapidly turns to normal following environmental improvement. The infant is behind in developmental milestones. Behavior at the time of hospital admission is frequently apathetic and passive at first, then watchful and alert, then cheerful, and then almost pathologically friendly. The persistence of the infantile posture of the upper limbs past the fifth month of life is a useful sign when present. A reliable history and observations of mother-child interactions are helpful in diagnosis. The often rapid dramatic change in the infant upon hospital admission frequently makes the diagnosis. Three typical cases are presented. This syndrome could be attacked as vigorously as the battered child syndrome. 11 references.

CD-01045
Burt Associates, Inc., Bethesda, Md.
Report and Plan on Recommended Approaches and Methods for Determination of National Incidence of Child Abuse and Neglect. Volume II.
Webb, K. W.; Burt, M. R.; Friedman, F.G.A.; Kanin, L.; Kundra, I.; Webb, L.
Office of Child Development (DHEW), Washington, D.C. Children's Bureau, 218 pp., July 28, 1975.

A detailed report presents the recommended methodological approach for child abuse and neglect incidence estimates, including questionnaire schedules, sampling plans, cost estimates, and indicated pretests. The recommended approach utilizes separate surveys of abuse and neglect, relying on citizen surveys. In-person interviews by social workers using structured questionnaires are suggested for determining the incidence of child neglect. Questionnaire development, evaluation of the neglect survey data, and sampling plans for the neglect methodology are examined

in detail. Telephone nomination interviews and in-person randomized response questioning are recommended for estimating the incidence of child abuse. The nomination survey, the randomized response technique, the abuse questionnaires, and sampling plans for the abuse estimation using the nomination technique are discussed in detail. Special problems associated with sampling institutional, American Indian, military, and migrant populations are considered; a questionnaire adaptable for institutional surveys is suggested, but additional exploration through field testing will be necessary for the other sub-groups. Model questionnaires and sampling plans are presented for the recommended neglect and abuse surveys. Cost estimates depend on the requirements for state as well as national estimates; and the assumed incidence, margin of error, and confidence limits. With an assumed incidence of 0.005, a margin of error of plus or minus 0.005, 95 percent confidence limits, and state sampling, the abuse survey would cost \$398,000; with an assumed incidence of 0.30, a margin of error of plus or minus 0.05, 95 percent confidence limits and state sampling, the neglect survey would cost \$756,000. The total projected cost of the surveys would be under \$1.5 million. Numerous references.

CD-01046
Burt Associates, Inc., Bethesda, Md.
Report and Plan on Recommended Approach(es) and Methods for Determination of National Incidence of Child Abuse and Neglect.
Webb, K. W.; Burt, M. R.; Friedman, F.G.A.; Kanin, L.; Kundra, I.
Prepared for: Office of Child Development (DHEW), Washington, D.C. 41 pp., July 17, 1975.

A report describes the development of a methodological approach for determining the incidence of child abuse and neglect during an initial 12 month period as baseline material and detecting trends during succeeding years of implementation. Operational definitions were developed to distinguish between child abuse and child neglect and to describe characteristics necessary for designating a case as abuse or neglect. Thirteen possible approaches for estimating incidence are identified and discussed: (1) citizen survey; (2) teacher survey; (3) survey of children; (4) nomination survey; (5) physician and hospital survey; (6) national health screening; (7) profile development; (8) combined citizen survey, agency records, and regression analysis; (9) combined citizen survey and national health screening; (10) combined citizen survey, national health screening, agency records, and regression analysis; (11) national health screening and teacher survey; (12) combined citizen survey, teacher survey, national health screening, agency records, and regression analysis; and (13) combined neglect citizen survey, abuse nomination survey and randomized response. Each methodology is evaluated according to specific criteria: success of implementation within 12 to 18 months, estimate of sufficient accuracy for program and policy development, ability to provide information in sufficient detail for analysis, cost of 2 million

dollars or less, trend analysis, identifiable sources for information, and the likelihood of receiving official permission at all levels. Each approach is further evaluated with regard to 12 postulated policy issues and cost effectiveness. Based on evaluation criteria, a methodology is recommended consisting of 2 independent approaches for determining abuse incidence (a nomination survey utilizing a questionnaire and a randomized response telephone survey) and 2 independent approaches for determining neglect incidence (an in-person random citizen survey utilizing a questionnaire and interviews by a highly-trained social worker). Numerous references.

CD-01047

Report From the Education Work Group.
Webster, T. (Chairman).
Clinical Proceedings 30(2):46-48, 1974.

The Education Work Group of the National Conference on Child Abuse has identified several categories of people who must be taught about the causes of child abuse and the community resources for dealing with it. The general public, especially those families with a high risk of abuse must be given information in proper childrearing practices and of child abuse—a task for which the schools and mass media are particularly suitable. Efforts must also be taken to reach people who may come in contact with an abusing family, either as a friend or incidentally as part of their professions. Special emphasis should be given to devising educational programs, either formal or informal, for the relevant professionals including legislators, police, judiciary personnel, educators, social service workers, and health workers.

CD-01048

South Carolina Univ., Columbia. Coll. of Social Work.
Case Management of Child Abuse.
Weinbach, R. W.
Social Work 20(5):396-397, September 1975.

A number of obstacles in the medical setting which prevent effective handling of child abuse cases are defined and discussed. Identification of cases is still inefficient because of lack of awareness on the part of many medical personnel. A persistent reluctance to report is compounded by procedural ambiguity and the lack of central registries in many areas. In many cases, relevant treatment is not available. It is concluded that the medical social workers or the social work consultant is the most suitable professional to coordinate the range of activities required for adequate case management and to implement the program.

CD-01049

Department of Health, Education, and Welfare, Washington, D.C.
Where Do We Go From Here?
Weinberger, C. W.
In: Harris, S. B. (Editor). *Child Abuse: Present and Future*. Chicago, National Committee for Prevention of Child Abuse, pp. 265-273, 1975.

Steps for effective nationwide treatment of child abuse have been taken. The Federal government has funded several demonstration projects to encourage coordination of therapeutic efforts. Emphasis for the future should be on determination of causes of child abuse so that more effective prevention and treatment can take place. The Department of Health, Education, and Welfare (DHEW) will have research as its new main priority. The newly instituted National Center on Child Abuse and Neglect is granting funds for training, demonstration, information collection, and especially research. Specific areas to be investigated include precipitating factors of child abuse, family characteristics, drug abuse and its relationship to abusive behavior, intervention techniques and their effectiveness, and legislation. Achievements in these areas have already begun since the concerned agencies of DHEW were directed in 1973 to make a coordinated attack on the problem.

CD-01050

Department of Health, Education, and Welfare, Washington, D.C.
The Oath Did Not Make Any Allowance for Group Practice. (Editorial).
Weinberger, C. W.
Medical Insight (10):30-32, October 1973.

The federal government and particularly the Department of Health, Education, and Welfare (HEW) have long been interested in child welfare and the problem of child abuse, and HEW has supported some of the early work by Kempe. Further HEW efforts in the battle against child abuse include creation of an Intra-Departmental Committee on Child Abuse, preparation of a bibliography, arrangement of conferences and funding of various research programs by the National Institute of Mental Health, and project funding by the Office of Child Development and the Social and Rehabilitation Service. Physician reporting is urged as an essential step in reducing the incidence of this syndrome in the future, and under HEW auspices, a project is undertaking the development of a long needed, improved reporting system.

CD-01051

San Francisco State Coll., Calif. Dept. of Social Welfare.
The Disposition of Child Neglect Cases Referred by Caseworkers to a Juvenile Court.
Weinberger, P. E.; Smith, P. J.
Child Welfare 45:457-463, 471, October 1966.

A retrospective study of the outcome of petitions filed with the Juvenile Court by child welfare workers on behalf of neglected children whose parents were receiving public assistance showed that requests for placement outside the home were followed in less than one-third of the cases studied. Both the Probation Department, which investigated the families, and the court frequently failed to accept social workers' recommendations. No statistically significant differences in acceptance of recommendations were found in relation to family size or age or sex of children. The principal factor influencing the court's decision was court-admissible evidence of clear and present danger to the safety of the child. It is suggested that social agencies involved with the filing of neglect petitions might benefit from legal counsel with the preparation of petitions. Further, a study group composed of representatives of the Juvenile Court, the Probation Department, and the Bureau of Public Assistance might develop more concrete criteria of what constitutes neglect. 12 references.

CD-01052

Saint Louis County Circuit Court, Clayton, Mo.
Legal Rights of Children.
Weinstein, N.
Saint Louis County Circuit Court, Clayton, Mo., 41 pp., June 1973.

This comprehensive outline of the rights of children begins with the development of differential treatment of children in the legal system and a discussion of children as chattels of the family unit. Parents' rights versus children's rights and the right to counsel in neglect and dependency matters are reviewed. Case documentation is provided in each area. With regard to neglect and dependency cases, matters of vagueness of statutory language, pretrial discovery, prehearing, jurisdiction, disposition, and post-dispositional proceedings are covered, as is evidence and the standard of proof. Similar matters relating to delinquency are outlined, and, in addition, arrest or custody, search and seizure, confessions, waiver of rights, lineup and right to counsel, probable cause, bail, and notice of charges are included. Transfer from juvenile to criminal court is considered, and related matters such as burden of proof, jury trials, confrontation, cross examination, and incrimination are discussed. The review closes with an outline of disposition, the right to treatment, and the inherent power of the juvenile court.

CD-01053

St. Mary's Hospital, London (England).
The Pregnant Narcotic Addict: A Psychiatrist's Impression.
Weir, J. G.
Proceedings of the Royal Society of Medicine 65(10):869-870, October 1972.

Subjective impressions at a British drug dependency treatment center reveal that addicts belong to a distinct subculture motivated by hedonism, and consequently will

not follow a program of prenatal care. However, both pregnancy and childbirth have a generally sobering effect on the addict, who often sincerely desires to care for the child. In some cases, even when the addict does not abandon drugs, she is able to order her life sufficiently to give the child adequate pre- and postnatal attention. Otherwise, the child must be fostered to avoid neglect. At judicial proceedings for determining an addict's adequacy as a parent, her psychiatrist should not give testimony.

CD-01054

Welfare Law Bulletin.
Cager Court Disallows Existence of Illegitimates as Sole Basis for Neglect Removals.
Welfare Law Bulletin (16):8-9, March 1969.

The Maryland Court of Appeals rules in a four to one decision that an illegitimate child cannot "judicially be found to be neglected because of the sole fact that he lives with a mother who has had another illegitimate child who also lives with her." The case indicates that the standard for a finding of neglect is broader than a mere failure to provide a stable moral environment due to illegitimacy. The State's Attorney in this case used information gleaned from application forms for Aid to Families with Dependent Children and in so doing was held to have violated the Social Security Act.

CD-01055

Queens Hospital Center, New York, N.Y. Dept. of Psychiatry.
Battered Children and Baffled Adults.
Wertham, F.
Bulletin of the New York Academy of Medicine 48(7):887-898, August 1972.

A review of the battered child syndrome focusing on the battering adults and their motives suggests that the present methods of prophylaxis are inadequate and that philanthropic half-measures are not enough. The key word for remedy and prevention is protection for infants and young children. Many cases of severe abuse remain undiscovered or are passed over. An increased level of social awareness of the syndrome and its many practical and theoretical manifestations is required. Prevention is a scientifically attainable goal. 5 references.

CD-01056

New Mexico Univ., Albuquerque. Dept. of Pathology.
The Pathology of Child Abuse.
Weston, J. T.
In: Helfer, R.E.; Kempe, C.H. (Editors). *The Battered Child*. Chicago, University of Chicago Press, pp. 61-86, 1974.

The role of the forensic pathologist in child abuse and neglect cases is considered from preliminary investigation to follow-up studies. Preliminary investigation is usually carried out by the local police organization, but occasionally the pathologist may become involved by a visit to the site and personal investigation. In the external examination of the body, in addition to the usual medical details, attention is directed to such things as degree of preservation, degree of nutrition, degree of diaper rash, cleanliness, and condition of clothing. In terms of internal examination, special attention must be directed toward subtle color changes and other evidences of healing which make dating of traumatic lesions possible. Exogenous poisoning should be ruled out. In follow-up studies, questioning should not be limited to parents, but should also include siblings. Upon reaching a conclusion, the pathologist should be able to present his evidence convincingly in court. He must remember that his role is not that of an advocate, but rather of an amicus curiae. Patterns of childhood maltreatment fall into two distinct patterns: abuse by physical injury, and neglect. A series of 24 deaths by neglect and 36 deaths by physical abuse in the Philadelphia area from 1961-1965 is reviewed, including findings at external and internal examination, the family status and size, and the alleged vs. the admitted means of injury. The importance of teamwork between the clinician and law enforcement officers and case workers is stressed. 16 references.

CD-01057

Los Angeles County Dept. of Public Social Service, Calif.
Children of the Court: A Profile of Poverty.
Wheeler, G. R.

Crime and Delinquency 17(2):152-159, April 1971.

Poor children, who make up the bulk of dependency and delinquency cases, are being victimized by social institutions that neither understand the root of their problems nor adequately protect their rights. Too often, financial aid given these children is merely token, and contact with social agencies traps them in a degrading maze or else throws them in a social "trashcan". Social agencies often serve to disrupt rather than strengthen the poor family and thus perpetuate a cycle of poverty from generation to generation. Educational programs in social work must recognize that the economic stresses of poverty represent primary causes of child neglect and delinquency and not merely additional variables mediated through a basically inadequate personality. The emphasis in social agencies must shift from professional self-aggrandizement and parsimony to meeting the complete needs of the clients. Juvenile courts must extend their recent emphasis gain in due process from the hearing room to all phases of the decision making process and consider factors brought up by advocates of the child as well as by the sometimes self-serving welfare agencies. 23 references.

CD-01058

Georgia State Dept. of Family and Children Services, Atlanta, Protective Services.

Protecting the Abused Child in Georgia: Identifying and Reporting.

White, D. J.

Journal of the Medical Association of Georgia 60:86-88, March 1971.

Between 1967 and 1968, 147 known and reported cases of the battered child syndrome were recorded in Georgia. The Georgia child abuse reporting law requires medical and social service professionals to report suspected cases; designates the county Department of Family and Children Services to provide protective services and continuing care; and outlines information to be included in both oral and written reports. The legislation aims to rehabilitate families; however, cooperation is needed to achieve effective community resources. 3 references.

CD-01059

Wayne State Univ., Detroit, Mich. Dept. of Pediatrics.

Evidence That Growth Failure From Maternal Deprivation Is Secondary to Undereating.

Whitten, C. F.; Pettit, M. G.; Fischhoff, J.

Journal of the American Medical Association 209(11):1675-1682, September 15, 1969.

This study was instituted to test the validity of the assumption that the growth failure in the "maternal deprivation syndrome" is due to psychological factors. Eleven of 13 maternally deprived infants gained weight at an accelerated rate when fed adequately while living in a hospital environment which simulated their home environment. Two failed to gain, but their intakes were low. In addition, 7 deprived infants gained rapidly in their own homes when fed an adequate diet by the mother (in the presence of our observer) during a period when it was unlikely that overzealous maternal handling improved. The data suggest that maternally deprived infants are underweight because of undereating which is secondary to not being offered adequate food or not accepting it, and not because of some psychologically induced defect in absorption or metabolism. 18 references.

CD-01060

Saint Andrews Hospital, Essex (England).

Battered or Pigmented?

Wickes, I. G.; Zaidi, Z. H.

British Medical Journal 2:404, May 13, 1972.

Mongolian spots, blue-grey areas of pigmentation commonly found in Negro infants and occasionally in Caucasians, may be taken for bruises and lead to a false diagnosis of child abuse. The spots may be found over the sacral area buttocks, back, sometimes on the shoulders and legs, and occasionally on the buccal mucosa. Their pigmentation is more uniform than a bruise's and does not change with time as a bruise does. The spots disappear spontaneously

during the first 3 years. A case has been observed where Mongolian spots were observed on the body of a 5-month old illegitimate infant whose father had murdered the infant's sister. Based on the circumstances and the spots, an incorrect initial diagnosis of child abuse was made, a conclusion which was reversed after prolonged observation of the spots.

CD-01061

West Sussex County Council (England).

Baby Battering and Its Prevention.

Wild, D.

Midwives Chronicle and Nursing Notes 84(1002):242-244, July 1971.

Early diagnosis of child battering situations is formalized into a surveillance system. Criteria predisposing possible child battering include a history of battering in parents' own childhood; lengthy separation of parents and child during infancy; habitual aggression or mental illness in one or both parents; social isolation of parents; and medical records showing past trauma of child. Forms for reporting suspected fulfillment of criteria to the county are completed and county medical officers use the information to decide if: (1) it is necessary to seek further information on the basis of the original form; (2) they should consult with other colleagues; (3) emergency action is warranted; or (4) an ongoing surveillance system should be arranged. Expediency and discretion are emphasized. 5 references.

CD-01062**Coping With Child Abuse: One State's Experience.**

Winking, C. H.

Public Welfare 26(3):189-192, July 1968.

Among the significant features of the Illinois child abuse law is the designation of a single agency to receive reports of cases and to act on them. Persons under 16 are designated as children to be protected by the law and reporting is required of physicians, surgeons, dentists, and other practitioners and hospitals. The character of the law is significantly nonpunitive and immunity is provided for all who report. Experience since enactment of the law reveals that more than half of the cases are children less than 3 years old, and boys are more frequently abused than girls. Most cases have come from poor and poorly educated families. The importance of follow-up is stressed, but several barriers stand in the way of adequate follow-up including lack of staff and facilities, inexperience of staff in dealing with the sick abuser, and the varying philosophies of social and legal agencies. Increased funding shows much promise toward the resolution of these problems.

CD-01063

Wisconsin Medical Journal.

The Abused Child Law. (1967).

Wisconsin Medical Journal 68:31-32, January 1969.

The 1967 Wisconsin Legislature strengthened the previous child abuse law, adding dentists and hospital administrators to those required to report child abuse. City police were added to the list of proper county authorities to be notified. Civil immunity was added to the criminal immunity provision for those reporting.

CD-01064

Wisconsin Medical Journal.

The Abused Child Law.

Wisconsin Medical Journal 69:25-26, January 1970.

Wisconsin Statute s48.981 (1965) requires all physicians, surgeons, nurses, hospital administrators, dentists, social workers, and school administrators having reasonable cause to believe that a child has been deliberately injured, to make an immediate oral report to either the police or a specified county child welfare agency. The oral report must be followed by a written report; however, no particular form for the written report is specified. The recipient of the report is charged with notifying the other eligible recipient within 48 hours and each must conduct an investigation. The police determines if prosecution is appropriate, and the welfare agency determines if removal of the child is necessary and formulates a counseling strategy. Submission of a report relieves the reporter of any possible liability, whereas failure to report is punishable by a \$100 fine, 6 months in prison, or both.

CD-01065

Wisconsin State Board of Public Welfare, Madison. Interprofessional Citizen's Committee on Planning for the Abused Child.

The Abused Child Law. How It Affects You.

Wisconsin Medical Journal 66:23-24, January 1967.

A discussion covers the 1965 Wisconsin Child Abuse Law, the action that must be taken by people who are charged with responsibility by the law, and followup services that are to be provided to the child and his family. The 1965 legislature strengthened old legislation by making reporting of suspected child abuse cases mandatory and extending the ranks of those required to report, from physicians and surgeons only, to include nurses, social workers, and school administrators. The law as Section 48.981 of Wisconsin statutes is quoted in full.

CD-01066**Are Doctors Too Soft on Child Beaters? (Editorial).**

Wolff, H.

Medical Economics 43(21):84-87, October 3, 1966.

Private physicians fear that their relationship with the accused family will be permanently impaired, or that misdiagnosis will lead to embarrassment while other physi-

cians remain ignorant of the symptoms of child abuse. As a result, children needlessly suffer repeated injury or even death. Possible solutions include teaching physicians to recognize the telltale signs of child abuse (including aberrant behavior by the parents) and emphasizing to them that the spirit of the law is to report suspicions and protect health and welfare, not to establish guilt or to punish. Although 43 of the 49 states with child abuse reporting laws require physicians to report suspected abuse, and all but one immunize the physician from parental law suits, many cases continue to go unreported.

CD-01067

Texas Univ., Dallas. Div. of Psychology.
Intellectual and Personality Characteristics of Parents of Autistic Children.
Wolff, W. M.; Morris, L. A.
Journal of Abnormal Psychology 77(2):155-161, April 1971.

Five sets of parents with autistic children and two with schizophrenic offspring were administered intelligence and personality tests to check the psychogenic hypothesis of autism. This hypothesis speculates that the parents of autistic children are highly intelligent, but emotionally deficient. Findings indicated that Rimland's Checklist was a reliable means of distinguishing autistic from schizophrenic behavior. Parents of autistic children were moderately well educated, middle-aged, and socioeconomically above average; however, their intelligence, as measured by the Otis scale, tended to be only slightly above average (range 90-124 with wives' scores generally higher than their husbands'). Personality measures using the Kemp version of the Whitehorn-Betz A-B type scales and the Minnesota Multiphasic Personality Inventory did not reveal any uniform personality patterns of significance. Maternal profiles resembled parents of disturbed children more closely. The parents showed elevated depression and other deviations, but not in a meaningful degree. The psychogenic hypothesis is not supported by these results. 26 references.

CD-01068

Milwaukee Children's Hospital, Wis. Psychiatry Center.
Hospital Acts on Child Abuse.
Wolkenstein, A. S.
Hospitals 49:103-106, March 16, 1975.

The history of the Advisory Committee on Child Health of the Milwaukee Children's Hospital (earlier known as the Advisory Committee, on Child Abuse) is reviewed since its inception in 1965. The committee consists of the pediatrics chairman, the hospital administrator, the chief of staff, the medical chairman of the outpatient department, a child psychiatrist, three local pediatricians, the chief resident, the director of the department of social work, radiologic consultants, and the representatives of the public health nursing division, Protective Services, and Visiting Nurses Association. Following a medical evaluation and written referral to the department of social work by the physicians, a family diagnostic study is completed by a social worker

and the Protective Services representative, and the committee develops a case plan with follow-up for the family. Success of the program is attributed to concern by the hospital administration, relationships between the hospital staff and public agencies with cooperation between the two, the variety of alternatives offered to referring physicians, increased responsibility of reporting physicians in caring for reported cases, frequent review of cases, an ongoing research program to determine the effectiveness of treatment, and cooperation with other local hospitals. Child abuse programs should be tailored to the needs of the particular community. 13 references.

CD-01069

The California Legislative Approach to Problems of Willful Child Abuse.
Wooster, K. C.
California Law Review 54(4):1805-1831, October 1966.

The history of California laws relating to child abuse is reviewed through 1966 in terms of reporting statutes and laws pertaining to prosecution of the abuser. While the precise requirements of the reporting statutes are unclear, the recognition of a legal responsibility of the physician to report cases of suspected child abuse should result in a greater awareness by physicians of their responsibility in this field. Revocation of license is suggested as a possible deterrent for negligence in reporting. The 1965 amendment to the California criminal statute pertaining to child abuse both clarified its substantive prohibitions and provided more flexible procedures under which to prosecute abuse cases. It is recommended that primary responsibility for child abuse cases be tentatively placed with a special unit in county welfare departments in a few pilot counties because of the inappropriateness of the probation department as the primary agency in handling these cases. Experimentation with social casework in the field is suggested. Numerous references.

CD-01070

Oklahoma Univ., Oklahoma City. Dept. of Pediatrics.
Psychologic Aspects of the Battered Child Syndrome.
Wright, L.
Southern Medical Bulletin 58(3):14-18, June 1970.

A discussion covers the nature and incidence of child abuse in the United States, and certain characteristics relating to the development of battered children and the personality of battering parents. An estimated 20,000 or more cases of child abuse occur in the U.S. every year. Approximately 40 percent of such abuses involve a battered child. Battering parents can be found at all strata of society as far as race, religion, intelligence, and socioeconomic standards are concerned. However, white parents of lower socioeconomic-educational standing seem to be somewhat more frequent abusers. One investigative follow-up of battered children reports that only 10 percent of them appear to

develop normally, while 40 percent have emotional disturbance, 50 percent mental retardation, and 60 percent some failure in some physical growth. Personality test data and clinical observations of parents of battered children yield an increasingly clear picture of them as severely disturbed and psychopathic, though capable of maintaining an overt facade, which to the casual or untrained observer would contraindicate their tendency toward severe disturbance or child battering. They are also depressed; excessive in their demands on children; looking for emotional support from children rather than seeing themselves as the providers of emotional support; suffering from severely frustrated dependency needs; and possessed of long histories of emotional deprivation, and marital and vocational failures. Attempts at psychotherapy for such parents are described. 16 references.

CD-01071

Oklahoma Univ., Oklahoma City. Dept. of Pediatrics.
The "Sick but Slick" Syndrome as a Personality Component for Parents of Battered Children.
Wright, L.
American Psychological Association Annual Meeting, New Orleans, La., 9 pp., September 1974.

Thirteen convicted child-battering parents (5 males, 8 females) were matched with 13 nonabusive, nonnegligent parents for age, sex, race, number of children, marital and educational status, and family income. Intelligence was assessed by the Peabody Picture Vocabulary Test, and within 2-6 months of the battering episode several more personality tests were administered: Rorschach, Minnesota Multiphasic Personality Inventory (MMPI), and Rosenzweig Picture Frustration Study. Battering parents scored significantly lower than nonbattering parents on the Rorschach variable of bizarre content and significantly higher on the Rosenzweig group conformity rating, the Rosenzweig intro-punitiveness scale, the MMPI lie scale, and the MMPI K scale. Some difference was found on the MMPI psychopathic deviance scale, with the battering parents appearing more psychopathic. The battering parents also scored significantly lower on the intelligence control measure. The data are interpreted as supporting a "sick but slick" component in the personality characteristics of the battering parents. The possibility that the sample was biased (only convicted parents) is considered. This characteristic suggests potential deterrents to success with traditional psychotherapeutic measures, namely denial and misrepresentation of self. It can also contribute to underestimating the potential for disturbance and violence. 15 references.

CD-01072

Adelaide Children's Hospital (Australia). Dept. of Child Health.
Radiographic Features of the Battered Child Syndrome.
Wurfel, L. J.; McCoy, W. T.
Journal of the College of Radiologists of Australia 9(3):220-223, October 1965.

The radiographic features of 26 children known to be suffering from battered-child syndrome included gross fractures, metaphyseal fractures, epiphyseal displacements, and periosteal reactions. Recognition of the radiologic findings, which are often the sole evidence for the syndrome, is important so that appropriate action can be taken to prevent an expected recurrence of the violence. Informational aids for differential diagnoses are given. 6 references.

CD-01073

Waterloo Lutheran Univ. (Ontario). Graduate School of Social Work.
The Abused Child—A Reminder of Despair.
Yelaja, S. A.
Canadian Welfare 49(2):8, 10-11, March-April 1973.

Our current understanding and definition of child neglect and abuse are based on individual rather than societal pathology. Many cases of abuse might never become such if social, health, and welfare services were within reach of the patients—if there were no community neglect. The various forms of neglect (cultural deprivation, poverty, ill health, poor housing, poor education, poor nutrition, poor dental care, etc.) may have the long-term effects of continuing the cycle of poverty. Risk will be minimized by maintaining and strengthening the child in his family.

CD-01074

Ankara Univ. (Turkey). Hacettepe Medical Faculty.
Children Not Severely Damaged by Incest With a Parent.
Yorukoglu, A.; Kempf, J. P.
Journal of Child Psychiatry 5:111-124, 1966.

Two cases of parent-child incest are presented, one involving mother and son (12 years old at the onset) and the other between father and daughter (13 years old at onset). In neither case was the child seriously or permanently impaired psychologically, probably because of their having developed healthy ego functioning prior to the incestuous experience. 7 references.

CD-01075

Parents Who Hate.
Young, L.
In: Steinmetz, S. K.; Straus, M. A. (Editors). *Violence in the Family*. New York, Dodd, Mead and Co., pp. 187-189, 1974.

An instance of abuse is presented, typifying several aspects of child abuse. The victim is the son of a well-educated middle class citizen who punished him severely, causing his eventual hospitalization for a broken leg. The father indicated that he hated the child because he was so much like his mother, an example of the most widely offered explanation for child abuse. Although the incidence of

child abuse increases as socioeconomic status decreases, child abuse remains a problem among middle class families.

CD-01076

Child Service Association, Newark, N.J.
An Interim Report on an Experimental Program of Protective Service.
Young, L. R.
Child Welfare 45:373-381, 387, July 1966.

A program integrating casework, education, and groupwork for neglectful, disorganized families is described and the tentative findings of 2 years experience are reported. The program relied heavily on the concept of compensation (developing strengths to compensate for weaknesses). Of the 125 families in the project, 77 percent were receiving some sort of public assistance; 98.5 percent had annual incomes of \$4,000 or less; and the average family size was 8. Neglect was sufficiently severe and consistent to have attracted the attention of schools, health agencies, and other community resources. Early results indicated that during the first year deterioration was checked in 90 percent of families, even though there may be some transient, sporadic change for better or worse; children in this period showed considerably more progress, especially those placed in preschool. During the second year, 55 to 60 percent of families showed progress in at least one area of family functioning. The few families which completed a third year indicated a growth of family cohesion. Income management, household practices, and full employment of fathers were areas of improvement. The importance of family planning as a requirement for future family stability is stressed. 11 references.

CD-01077

Whittington Hospital, London (England).
Battered Baby Syndrome. (Letter).
Yudkin, S.
British Medical Journal 2(5493):980-981, April 16, 1966.

The battered child syndrome is not necessarily distinct from other forms of overt neglect and mistreatment; nor do the parents of such children promptly seek medical aid. When a battered child is detected, there is no justification for confining the investigation to within the hospital; other agencies are likely to have important information. The duty of the physician on detecting a battered child (in Great Britain) is to report it to the children's department of the local authority not to the police. If there is a danger of reinjury, the child should be confined to a hospital.

CD-01078

Case Western Reserve Univ., Cleveland, Ohio. School of Applied Social Sciences.
The Abused Child: II. A Typology for Classification and Treatment.
Zalba, S. R.
Social Work 12(1):70-79, 1967.

A typology of child abusing parents can be made based on the immediate danger to the child, the locus of dysfunction, the immediate reason for the hostility, and the prescribed treatment. In types 1-3 the danger to the child is grave and the locus of the problem is within the personality; these situations can be controlled only by separating the parent and the child. Type 1 is the psychotic parent; type 2 are parents whose abuse is an impulsive expression of general rage (these are usually women who demonstrate an overall pattern of irresponsibility); and type 3 is the depressive, passive-aggressive, parent (whose abuse stems from resentment at having to meet the needs of others). Type 4, the cold, compulsive, disciplinarian parent can be controlled by individual or group therapy even though the locus of the problem is in the personality system. Such a parent is cold, rigid, and compulsively neat and will defend his disciplinary tactics by feigning compliance with treatment. Type 5 is the impulsive, but generally adequate parent (usually the father) with marital conflict. Here, because the locus of the problem is within the family rather than the personality system family therapy may be applied with good results (the children will also manifest emotional difficulties). In type 6 the parent is undergoing an identity and role crisis such as loss of a job or a disability. Behavior of a type 6 resembles that of a type 4, but it is best treated through practical measures such as vocational rehabilitation and developing other outlets for frustration. The prognosis for the various typologies increases 1-6. As part of the subsidiary treatment of the family any one of a number of therapy strategies may be called for including: institutionalization, reality-based planning, relationship-based casework, traditional psychotherapy, psychiatric treatment, activity-relationship treatment, group therapy, conjoint family therapy, or ego-supportive surveillance. 46 references.

CD-01079

Treatment of Children.
Zalba, S. R.
In: Steinmetz, S. K.; Straus, M. A. (Editors). *Violence in the Family*. New York, Dodd, Mead and Co., pp. 212-222, 1974.

Among the problems encountered in casework treatment of child battering parents are, (1) massive denial of abusive behavior or other personal problems; (2) provocative behavior toward the worker; (3) fear of close relationships; and (4) little guilt over abusive or other hostile behavior. In some cases group therapy is superior to individual treatment. Regarding treatment for the child, three phases are outlined: (1) management of the reality situation and achievement of environmental stability, (2) a firm and consistent approach to regression and expression of direct hostility, and (3) psychotherapy when needed. The need for a federally supported ongoing program of public welfare programs for treatment in these cases is pointed out; further research is also indicated. 49 references.

CD-01080

Case Western Reserve Univ. Cleveland, Ohio. School of Applied Social Sciences.
The Abused Child: I. A Survey of the Problem.
Zalba, S. R.
Social Work 66:3-16, 1966.

A review of child abuse covers the history, definition, etiology, and epidemiology of the problem. Efforts at formulating a precise typological system with predictive indicators of dangers to children and prognosis for treatment are discussed. The need for educating the medical profession to identify abuse at an early stage and for assigning responsibility and accountability for protective services to assure a minimum acceptable level of service is stressed. 49 references.

CD-01081

Battered Children.
Zalba, S. R.
Trans-Action 8(9,10):58-61, July-August 1971.

Abusing parents come from all social and economic strata, are frequently young with marital difficulties, and often have unwanted or illegitimate children. The children are considered special problems by the parents for a variety of reasons. While the true incidence is unknown, it has been estimated that between 200,000 and 250,000 children in the United States annually need protective services, 30,000-37,500 of whom may be badly hurt. While one group of abusing parents may be said to have personality problems, another group appears to be generally adequate but highly impulsive with marital conflicts or identity-role crises. The reluctance of many individuals in a position to identify cases to report such cases is unfortunate, and has only been partially rectified by the state reporting laws. Equally distressing is the apparent unwillingness of our society to appropriate sufficient funds to deal with the situation. Also, little is invested in professional preparation or in-service training for child care work, and typically the pay is poor. Early identification once again surfaces as a major aspect of prevention.

CD-01082

Mothers Anonymous: The Last Resort.
Zauner, P.
In: Leavitt, J. E. (Editor). *The Battered Child. Selected Readings*. Morristown, N.J., General Learning Corp., pp. 247, 1974.

Mothers Anonymous grew out of the need of a child battering mother who was repeatedly refused help by counseling social agencies because she was not in the right category. Finally, after an attempt to strangle her daughter, she was accepted into therapy. Guided by the idea that if alcoholics could stop drinking by getting together, she thought that perhaps mothers could stop abusing their children by the same means. Through a series of newspaper ads the program was initiated, and now there are over 200 mothers involved in several groups in California. At times of

crisis they call each other for help or to take the at-risk child for a few days. Results are encouraging.

CD-01083

Child Abuse and Neglect. Report of a Survey of Public Departments of Social Services.
Zawisza, C.; McKinney, G.; Hartnett, J.
Community Services Administration (DHEW), Washington, D.C., 44 pp., December 1974.

A report analyzes data gathered from a survey conducted to identify problems in provision of services to abused and neglected children, and discusses a conceptual framework designed to alleviate major problems. The survey consisted of personal interviews with administrative, supervisory, and casework staff from 10 selected state and 30 local departments of social services. Three problems which had the greatest impact on the functioning of the child welfare system were: (1) insufficient numbers of trained personnel; (2) inadequate legal requirements and processes; and (3) inadequate reporting requirements. Other problems were late intervention and over-dependence on foster care. Several suggestions from the survey indicated need for development of a child welfare system in which protective services represent one element of a systematic approach to the multifaceted and complex problem of child abuse and neglect. Social systems theory is used to outline a conceptual framework for a child welfare system and case illustrations are included to demonstrate the utility of the systematic, integrative approach.

CD-01084

Ohio State Univ., Columbus. Coll. of Medicine.
Child Neglect and Abuse. A Study of Cases Evaluated at Columbus Children's Hospital in 1968-1969.
Zuckerman, K.; Ambuel, P.; Bandman, R.
Ohio State Medical Journal 68(7):629-632, July 1972.

A review of the outcome of 60 child abuse cases reveals that 2 children died; 4 children were lost to follow-up; 20 children were placed in other homes; and 24 children were returned home. Four of the children returned home had to be removed again because of a second incident. Ten children were abused by outside parties and were returned home. Inadequacies in the follow-up and treatment of these child abuse cases are indicated. Twenty-two cases were referred for criminal prosecution and only 4 convictions were made. The emphasis on conviction was punishment of the adult rather than protection for the child. In 63 percent of the cases, follow-up was left to the parents. Reasons for unsuccessful follow-up programs include lack of coordination among responsible agencies, a rapid increase in number of cases reported because of new legislation, lack of physician involvement, and incorrect legal emphasis. Improvements are suggested in these areas. Incidence and family-type statistics, and psychological abuse are also briefly discussed. 1 reference.

AUTHOR INDEX

This index lists authors and coauthors of child abuse and neglect publications. When two or more publication titles are listed under an author's name, they are listed in accession number order.

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Identification of Abused Children.
CD-00261

- ABDELMONEM, A. A.**
An MMPI Scale for Identifying "At Risk" Abusive Parents.
CD-00779
- ADAMS, P. C.**
Kinky Hair Syndrome: Serial Study of Radiological Findings With Emphasis on the Similarity to the Battered Child Syndrome.
CD-00001
- ADAMS, P. L.**
Family Styles of Fatherless Households.
CD-00576
- ADELMAN, L.**
Child Abuse Reporting Laws—Some Legislative History.
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- ADELSON, L.**
The Battering Child.
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Intra-abdominal Injuries in the Battered Baby Syndrome.
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- ANDERSON, F. P.
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Pain Agnosia and Self-injury in the Syndrome of Reversible Somatotropin Deficiency (Psychosocial Dwarfism).
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