CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

THE CHILD'S PARTICIPATION IN PRE-PUBERTAL PHYSICAL CHILD ABUSE

A PROJECT SUBMITTED IN PARTIAL SATISFACTION OF THE REQUIREMENTS FOR THE
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ABSTRACT

THE CHILD'S PARTICIPATION IN PRE-PUBERTAL PHYSICAL CHILD ABUSE

BY

PATRICIA LOU CLINE

MASTER OF ARTS IN EDUCATIONAL PSYCHOLOGY COUNSELING AND GUIDANCE

Children's participation in their own physical abuse is a significant factor for professionals to consider when assessing an abusive family. The practice has been to look exclusively for parent psychopathology when faced with a case of child abuse. A careful review of related literature now indicates that close attention should be paid to the child's contribution, albeit unwitting, to the situation. This study synthesizes current research literature to try to come to conclusions regarding the above posed questions.

Children are considered at risk in this area of child abuse if they are born prematurely or if they have physical or mental deficits. The child considered particularly vulnerable is the one who had to be isolated during infancy in an intensive care unit, as the child has little chance of early bonding. Bonding failure is a major precipitant of child abuse. Frequent unassuaged crying perceived by the parents as willful on the part of the infant is the major cause of an abusive incident.
CHAPTER 1
THE PROBLEM

INTRODUCTION

RESEARCH IN CHILD ABUSE IS PLAGUED WITH DIFFICULTY IN DEFINING ABUSE AND DIFFICULTY IN DIFFERENTIATING THE TYPES OF ABUSE. THE RESEARCH, BY NECESSITY, HAS BEEN RETROSPECTIVE, FOR IF ONE HAD KNOWLEDGE OF ABUSE IT WOULD HARDLY BE ETHICAL TO STUDY THE ONGOING BEHAVIOR WITHOUT INTERVENING.

THERE IS A NEED FOR CONSOLIDATION AND SYNTHESIS OF KNOWN RESEARCH AND INFORMATION REGARDING THE CHILD'S PARTICIPATION IN PRE-PUBERTAL PHYSICAL CHILD ABUSE. THIS PROJECT, THEN CAN BE USED AS A BEGINNING POINT FOR DEVELOPMENT OF MORE SOPHISTICATED INTERVENTION TECHNIQUES RELATIVE TO TREATMENT IN THE CHILD ABUSE FIELD. "INCREASED KNOWLEDGE OF THE TYPES OF ABUSE, INCIDENTS, SOCIETAL CHILD-REARING PRACTICES, ETIOLOGICAL THEORIES, TECHNIQUES OF INTERVENTION WITH ABUSIVE FAMILIES (CURRENT AND HISTORICAL), AND RESEARCH DATA CAN OFFER THE CLINICIAN IMPROVED ABILITY TO INTERVENE APPROPRIATELY IN AN ABUSIVE FAMILY." (ROGERS, 1983, P.1)

THE PROBLEM

IT WAS THE PURPOSE OF THIS STUDY TO INVESTIGATE THE FOLLOWING PROBLEM: DOES THE CHILD PARTICIPATE IN HIS ABUSE, IF HE DOES PARTICIPATE, WHAT FORM DOES HIS PARTICIPATION TAKE? THIS STUDY SYNTHESIZES CURRENT RESEARCH LITERATURE TO TRY TO COME TO CONCLUSIONS REGARDING THE ABOVE POSED QUESTIONS.

THE IMPORTANCE OF THE PROBLEM

CHILD ABUSE IS A PERVERSIVE NATIONAL PROBLEM WHICH HAS GAINED POPULAR ATTENTION AT THIS TIME. "MUCH OF THE RESEARCH HAS FOCUSED ON INCIDENTS, CHARACTERISTICS OF ABUSIVE PARENTS, EFFECTS OF ABUSE ON THE CHILD, CONTRIBUTIONS OF THE CHILD TO THE ABUSIVE EPISODES, AND ENVIRONMENTAL STRESS
ASSOCIATED WITH ABUSE. (ROGERS, 1983, P.13)

While each of these areas need to be studied, perhaps most neglected has been the child's contribution. The idea is almost anathema to the helping professions including the researchers.

By focusing on the child's participation in child abuse I am not subscribing to any such theory as "blaming the victim". The needs of the child are paramount to this study of child abuse. The child is an innocent victim, but still a participant whose part needs to be known for earlier prediction and possible prevention.

LIMITATIONS OF THE STUDY

The children being considered in this study are limited to those from birth through ten years of age as reported during the last 21 years, from 1962 when C. Henry Kempe made the landmark report identifying the battered child syndrome in the Journal of the American Medical Association.

Consideration of sexual abuse is eliminated as far as possible. Emotional abuse and neglect are not specifically considered in this project either.

HYPOTHESES

The following hypotheses guided the research. (1) More can be known and done to reduce the incidence of child abuse in America. (2) Identifying the children most susceptible to abuse is possible in many instances. (3) Children often do participate in their own battering by either physical or emotional inability to conform to their parent's expectations.

DEFINITION OF TERMS

Child abuse refers to the non-accidental injury of a child as the result of an act by the child's caretaker.

At risk is a term which, for the purpose of this paper, means that the potential to abuse or be abused is greater than that normally perceived in
THE FAMILY.

CHILD PARTICIPATION IN ABUSE refers to the effect the child has on the caretaker which precipitates the abuse.

BONDING refers to the mutually rewarding emotional interaction of newborn infants and their parents.

OUTLINE OF THE REMAINDER OF THE PROJECT

I. THE CHILD'S PARTICIPATION IN PRE-PUBERTAL CHILD ABUSE

A. INTRODUCTION

1. HISTORICAL REVIEW
2. OVERVIEW OF CURRENT LITERATURE
3. DISCUSSION OF BONDING

B. BIRTH TO THREE YEARS

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2. PARENTAL EXPECTATIONS
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C. FOUR TO ELEVEN YEARS

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III: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

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1. DIVISION OF PROBLEM INTO TWO SECTIONS
2. IMPORTANCE OF CHILD'S CONTRIBUTION
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C. CONCLUSION

1. BI-DIRECTIONALITY OF CHILD ABUSE
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CHAPTER 2

THE CHILD'S PARTICIPATION IN PRE-PUBERTAL CHILD ABUSE

INTRODUCTION

THIS CHAPTER ATTEMPTS TO REVIEW RELATED RESEARCH IN BOOKS AND JOURNALS FROM 1962 THROUGH 1983 WITH A SHORT REVIEW OF HISTORICAL LITERATURE INCLUDED. HISTORICAL LITERATURE DEFINED AS PRIOR TO 1962 AS IT WASN'T UNTIL 1962 THAT THE LANDMARK KEMPE STUDY WAS COMPLETED.

THE QUESTION WHETHER CHILDREN PARTICIPATE IN THEIR ABUSE AND IF SO, WHICH CHILDREN PARTICIPATE WAS EXAMINED THROUGH A LITERATURE REVIEW. THE REVIEW WAS BROKEN INTO TWO PARTS; THE FIRST PORTION EXAMINED CHILDREN FROM BIRTH THROUGH 3 YEARS OF AGE, WHILE THE SECOND WAS DIRECTED TOWARD THE SCHOOL AGE CHILD. THERE IS A PLETHORA OF RETROSPECTIVE RESEARCH DONE ON THE VERY YOUNG ABUSED CHILD WITH A SHARP DROPPING OFF OF RESEARCH ONCE THE CHILD REACHES SCHOOL AGE.

THE PRIMARY INTERVENTION SCHEDULE WAS DEVELOPED FROM THE LITERATURE REVIEW. IT WAS DIVIDED INTO THREE AREAS. FIRST ARE INDICATORS FOR THE PRIMARY TEACHER OF POSSIBLE CHILD ABUSE, INCLUDING PHYSICAL APPEARANCE AND BEHAVIOR, SECOND, A CONSIDERATION OF KNOWN SOCIAL FACTORS ABOUT THE FAMILY AND CHILD FROM A SCHOOL HISTORY. AND FINALLY, POSSIBLE QUESTIONS FOR THE PARENT-TEACHER CONFERENCE.

USED IN THIS STUDY WAS A COMPUTER RUN INCLUDING DATA FROM 1962 THROUGH 1985 USING THE DESCRIPTOR, BATTERED CHILD SYNDROME. 1962 WAS THE YEAR C. HENRY KEMPE FIRST USED THE DIAGNOSIS "BATTERED CHILD SYNDROME" TO DESCRIBE THE PHYSICAL SYMPTOMS COMMONLY FOUND IN CHILDREN WHO WERE BROUGHT INTO EMERGENCY ROOMS WITH INJURIES (KEMPE, ET AL, 1962) THESE SYMPTOMS WERE PRIMARILY MULTIPLE HEALED FRACTURES WHICH COULD NOT HAVE BEEN ACCIDENTAL,
EVEN THOUGH THAT IS HOW THEY WERE EXPLAINED BY PARENTS.

CHILD ABUSE HAS BEEN EXISTENT AS LONG AS FAMILIES HAVE EXISTED.

INFANTICIDE, THE ULTIMATE ABUSE, IS MENTIONED IN THE BIBLE. (EXODUS, 1:9)

MUTILATION WAS PRACTICED IN THE STONE AGE IN THE FORM OF CIRCUMCISION, AND IN SPITE OF ITS QUESTIONABLE VALUE IS CONSISTENTLY PERFORMED TODAY. (SMITH, 1975, P.12) MALTREATMENT OF CHILDREN HAS BEEN JUSTIFIED THROUGH THE CENTURIES AS NECESSARY FOR PUNISHMENT AND TO DRIVE OUT DEMONS. (RADBILL, 1968)

IN AMERICA IN 1875 THE CASE OF MARY ELLEN WHOSE ADOPTED PARENTS ABUSED HER CRUELLY, MARKS THE INCEPTION OF LAWS TO PROTECT CHILDREN. CONCERNED COMMUNITY LEADERS FOUND THERE WAS NO APPROPRIATE LEGAL RESOURCES TO PROTECT MARY ELLEN SO THEY APPEALED TO THE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, ASSERTING THAT SHE WAS A MEMBER OF THE ANIMAL KINGDOM. THE ORGANIZATION ACCEPTED THE CASE, MARY ELLEN WAS RESCUED AND HER GUARDIANS WERE SENT TO PRISON. AS A RESULT OF THIS CASE, A SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN WAS ORGANIZED. (KADUSHIN, 1981, p. 2)

THE DECISION WAS MADE TO ELIMINATE THOSE STUDIES WHICH FOCUSED ON THE MEDICAL ASPECTS OF CHILD ABUSE, AS THEY ARE SPECIFICALLY OF INTEREST TO PHYSICIANS. ALSO, INCEST AND SEXUAL ABUSE WERE ELIMINATED EVEN WHEN COMBINED WITH PHYSICAL ABUSE, AS SEXUAL ISSUES ARE BEYOND THE SCOPE OF THIS PAPER.

SOCILOGICAL BOOKS ON CHILD ABUSE, BOTH THOSE WRITTEN BY ONE AUTHOR AND THOSE WHICH ARE A COMPILATION OF NUMEROUS AUTHORS WERE STUDIED. A MONOGRAPH ON NON-HUMAN PRIMATE ABUSE WAS ALSO READ. THESE BOOKS WERE NEEDED FOR AN OVERVIEW OF HOW CHILD ABUSE IS SEEN THROUGH VARIOUS DISCIPLINES AND A MYRIAD OF RESEARCHERS AND AUTHORS.

SINCE THE RESEARCH ON CHILD ABUSE IS FOR THE MOST PART RETROSPECTIVE, IT IS ALSO SPECULATIVE, THE ABUSIVE POPULATION IS COMPRISED OF A DIFFUSE,
DEFENSIVE, MOBILE GROUP OF PEOPLE WHO ARE POOR HISTORIANS, ACCORDING TO ROGERS (1981, P. 13) ROGERS ARTICLE IS A SUCCINCT EXAMINATION OF CHILD ABUSE IN THE U.S. WHICH SUPPORTS MY CONTENTION THAT CHILDREN PLAY A ROLE IN THEIR ABUSE.

THE FORMATION OF HEALTHY BONDING BETWEEN PARENT AND CHILD IS A TWO-WAY PROCESS. ATTRIBUTES OF THE CHILD AND PERCEPTIONS AND EXPECTATIONS OF THE PARENT ARE BOTH INTEGRAL TO BONDING. THIS PROCESS MOST OFTEN BEGINS AS THE BABY IS PLACED ON THE MOTHER'S ABDOMEN AT BIRTH, THE SKIN TO SKIN EFFECT AT THAT TIME APPEARS TO EVOKE A POSITIVE REACTION FROM THE MOTHER. EYE TO EYE CONTACT OF MOTHER AND CHILD IS ALSO CONSIDERED TO BE ESPECIALLY IMPORTANT IN PROMOTING MATERNAL BONDING. "ALTHOUGH A NEWBORN'S ABILITY TO FOCUS ... IS LIMITED, HE CAN BEST ACCOMMODATE HIS VISION AT ... ABOUT EIGHT INCHES ... THE USUAL DISTANCE OF HIS MOTHER'S FACE DURING A FEEDING." (HELFER, 1976, P. 390) WHEN A PARENT IS PREVENTED FROM TOUCHING THE BABY DURING WHAT HAS BEEN TERMED A SENSITIVE PERIOD FOR RECIPROCAL INTERACTION, THE FIRST HOURS OR DAYS OF A CHILD'S POST-NATAL LIFE BONDING FAILURE MAY OCCUR. IN THE PAST FEW YEARS SOME OF THE MORE ENLIGHTENED HOSPITAL NURSERIES HAVE MADE MORE EFFORT TO INCLUDE NEW PARENTS IN THE DAILY CARE OF THEIR PREMATURE INFANTS. THIS INTERVENTION SERVES AT LEAST TWO PURPOSES; IT TEACHES THE PARENTS CHILD CARE AND HELPS ENSURE BONDING BY LESSENING THE SEPARATION OF PARENT AND CHILD.

IT APPEARS THAT BONDING FAILURE IS A MAJOR FACTOR IN SUBSEQUENT CHILD ABUSE. THE CHILD WHO HAS TO BE ISOLATED AT BIRTH OR SHORTLY AFTER WILL OFTEN BE THE TARGET OF PHYSICAL CHILD ABUSE AS THE PARENT FEELS LITTLE CONNECTION WITH THE CHILD. THE CHILD'S CONTRIBUTION TO BONDING FAILURE IS, OF COURSE, INADVERTENT, THE INFANT IS BORN PREMATURELY OR WITH SOME PHYSICAL OR MENTAL IMPAIRMENT WHICH NECESSITATES HOSPITALIZATION. OTHER NEONATES DO NOT REACT
THE WAY THE PARENT WISHES OR EXPECTS AND ARE SEEN AS WILLFUL AND NAUGHTY AND THUS ELICIT ATTACK. (COHN, 1983) COHN'S (1983) ARTICLES DELINEATE THE COMPLEXITY INHERENT IN TRYING TO PREDICT WHO WILL ABUSE THEIR CHILDREN. AS, AT THIS TIME, IT IS IMPOSSIBLE TO ACCURATELY PREDICT ABUSEGENIC FAMILIES; SHE SUGGESTS THAT EDUCATING A BROAD POPULATION MAY LESSEN THE INCIDENTS OF ABUSE.

WHICH CHILDREN EVOKE CHILD ABUSE AND HOW CHILDREN PARTICIPATE IN THEIR OWN ABUSE ARE ISSUES NEEDING CLARIFICATION.

BIRTH TO THREE YEARS

NEONATAL AND INFANT PARTICIPATION IN CHILD ABUSE IS OFTEN DUE TO THE CIRCUMSTANCES OF THEIR BIRTH. PARENTALLY PERCEIVED PROBLEM OR DIFFICULT BABIES ARE MORE PRONE TO ABUSE. THEIR PROBLEMS INCLUDE PREMATURITY, HYPERACTIVITY, AND CONGENITAL DEFECTS WHICH SHOW THE CHILD TO BE OBVIOUSLY DISABLED; SUCH AS DOWNS SYNDROME OR CEREBRAL PALSY. (KLEIN & STERN, 1971) (KEMPE, 1971) THE CHILDREN WITH THE PREVIOUSLY MENTIONED CONDITIONS ARE DISPROPORTIONATELY SUSCEPTIBLE TO ABUSE. THE PREMATURE CHILD IS IN AN INCUBATOR DOESN'T HAVE THE OPPORTUNITY FOR BONDING WITH ITS PARENTS THUS AN IMPORTANT ELEMENT IS MISSING, AN ELEMENT WHICH MITIGATES ABUSE. (COHN, 1983, P.171) IT APPEARS THAT ANY CONDITION WHICH IMPEDES BONDING INCREASES THE CHANCE OF ABUSIVE BEHAVIOR FROM THE PARENTS. (COHN, 1983, P. 170)

PREMATURE BABIES AND NEONATES WITH NEUROLOGICAL DEFICITS TEND TO CRY MORE FREQUENTLY AND LONGER BECAUSE OF THEIR IMMATURE NERVOUS SYSTEM. FREQUENT UNASSUAGED CRYING FROM AN INFANT IS MAJOR PRECIPITATOR TO INCIDENTS OF PHYSICAL ABUSE. THE PERCEPTION OF THE PARENT IS OFTEN THAT THE INFANTS ARE NAUGHTY AND WILLFUL AND COULD STOP CRYING IF THEY WANTED TO. AS ONE NINETEEN YEAR OLD MOTHER SAID OF HER FOUR MONTH OLD SON, "HE DECIDED I
HAD TO WAKE UP AT 3 A.M."

THE PERCEPTION THAT THE BABY IS CONTROLLING THE FAMILY SITUATION IS
PERVASIVE IN MANY ABUSIVE FAMILIES. (KALMAR, 1977, P. 41) THE ILL OR PREMATURE
BABY REQUIRES MORE ATTENTION AND AT THE SAME TIME IS LESS RESPONSIVE TO THE
TREATMENT WHEN RECEIVED. THE INFANTS CONTRIBUTION TO ABUSE IS REACTIVE. THE
PARENT CARES FOR THE CHILD'S NEEDS AND HAS EXPECTATIONS OF A CERTAIN
BEHAVIOR FROM THE CHILD, IF THE CHILD DOES NOT REACT OR REACTS BY CONTINUING
TO CRY, THE BEHAVIOR IS AVERSIVE TO THE PARENT. THE CHILD IS THEN SEEN AS
RESPONSIBLE FOR THE PARENT'S FEELINGS OF INADEQUACY AND FAILURE. (FREEDMAN,
1975, P. 191) THE INFANT IS CAUSING THE PROBLEM IN MUCH THE SAME WAY THE
UNWANTED CHILD CAUSES THE PROBLEM.

THE ABUSED INFANTS ARE NOT MEETING THE DEMANDS PUT ON THEM BY THEIR
PARENTS. THESE DEMANDS ARE NOT CONSCIOUS AND OVERT BUT RATHER UNCONSCIOUS
EXPECTATIONS THAT THE BABY WILL FULFILL THEIR PARENTAL NEEDS. (KEMPE &
KEMPE, 1976) THE CRYING INFANT IS SEEN AS REJECTING, CRITICAL AND PUNISHING BY
THE PARENT.

FAMILIES WHERE THE PARENTS AND CHILD HAVE DYSTONIC PERSONALITIES ARE
AT RISK FOR CHILD ABUSE, THE PARENTS WANT THE CHILD TO HAVE A CERTAIN
BEHAVIORAL PATTERN BUT THE CHILD IS BORN WITH A DIFFERENT PATTERN, AS MIGHT
BE THE CASE WITH VERY ACTIVE PARENTS EXPECTING AN ACTIVE CHILD BUT THE CHILD
BEHAVES IN A PLACID, LETHARGIC MANNER. (STEEL & POLLOCK, 1968, P. 1280 CHILDREN
DO DIFFER IN ACTIVITY LEVEL AT BIRTH, SO THE AFOREMENTIONED CHILD COULD BE
SEEN AS UNSATISFACTORY AND UNCOOPERATIVE.

THE PHYSICAL ATTACKS ON THE INFANT AT THIS STAGE ARE OFTEN DONE IN A
FURY WITHOUT CONSCIOUS THOUGHTS. HOWEVER, EVEN AT THE NEO-NATAL STAGE
SOME PARENTS WILL SAY THE CHILD HAS TO BE TAUGHT TO "BE GOOD". PUNISHMENT AS
The equivalent of discipline is pervasive in U.S. culture. (Gil, 1970, p. 10)

Rogers (1981) speaks of primary and secondary intervention. Secondary intervention is what is commonly used in American communities at this time. An abusive situation is identified by some authoritative source, a pediatrician, an investigative officer or perhaps emergency room personnel will identify an abused child and report to the appropriate social service agency. At that time the resources of the community are brought to bear on the situation with medical and psychiatric help not only made available but made mandatory to the family.

There is an American cultural heritage typified by the saying, "a man's home is his castle" which carries the implication that what happens inside the home is not society's business but is sacrosanct to the family. There is also a vestige from antiquity that children are the possessions of their parents. (Young, 1964, p. 66) Since these ideas are shared by the courts and the social workers from protective services, abuse in America has to reach the state of moderately severe to severe before any agency will intervene to help the children.

Primary intervention would intervene before an act of abuse has happened, even before the birth of a child. Formal education now takes the place the extended family once had in teaching cultural mores. Child growth and development units in classes from upper grammar school through high school could be beneficial to American society. Cohn (1983) stated, "it can no longer be assumed that people can adequately learn about parenting from their parents...education for parenting requires resources outside the family especially for high risk parents". (p. 172)

Four to eleven years
MANY OF THE SAME PROBLEMS APPLY TO THE POST-INFANT STAGES OF CHILDHOOD, ESPECIALLY THE CONSCIOUS USE OF PUNISHMENT TO TEACH THE CHILD TO BE GOOD. SOMETIMES THE BEHAVIOR A PARENT FINDS WILLFUL, SUCH AS GETTING LOW GRADES IS THE RESULT OF AN UNDIAGNOSED MEDICAL PROBLEM SUCH AS MYOPIA OR A HEARING DISABILITY.

THE MAJOR PORTION OF THE CONCERN AND RESEARCH ON CHILD ABUSE HAS BEEN WITH THE NEONATAL TO 3 YEAR OLD GROUP. THE CHILD FROM NURSERY SCHOOL THROUGH GRAMMAR SCHOOL HAS NOT AS YET HAD THE ATTENTION. ONE REASON FOR LESS ATTENTION BEING PAID TO THE SCHOOL AGE CHILD IS THAT THEIR INJURIES TEND TO BE LESS SEVERE AS THEY ARE LARGER AND NOT AS LIKELY TO BE HOSPITALIZED. (GIL, 1970, P. 106)

THE OBVIOUS PLACE FOR IDENTIFICATION OF CHILD ABUSE OF THE SCHOOL AGE CHILD IS THE SCHOOL. DREWS (1972) STATED, "FOR THE OLDER CHILD WHO IS PHYSICALLY ABUSED, HIS SCHOOL MAY BE HIS ONLY RE COURSE. AND YET, IT IS THIS VERY SOURCE OF HELP THAT SO OFTEN LETS HIM FLOUR AND RETURN TO HIS HOME DAY AFTER DAY TO BE THE VICTIM OF CONTINUED ABUSE". (P. 115) THE RESISTANCE AMONG SCHOOL PERSONNEL TO REPORTING SUSPECTED CHILD ABUSE IS QUITE UNDERSTANDABLE, EVEN THOUGH THEY HAVE A DUTY TO REPORT SUSPECTED CHILD ABUSE UNDER THE STATE CHILD ABUSE REPORTING ACT OF 1976. ABUSE OF THE SCHOOL AGE CHILD IS OFTEN NOT NOTICED BY SCHOOL PERSONNEL. THE CHILD MAY NOT KNOW HIS PARENTS'S BEHAVIOR IS ABNORMAL OR HE MAY FEEL HE DESERVES WHATEVER THEY DO TO HIM. CHILDREN WANT TO KEEP FAMILIES INTACT AT ANY COST TO THEMSELVES, SO PERPETUATE THEIR PROBLEM BY NOT TELLING ANYONE THEY HAVE BEEN ABUSED. ALSO, REPORTING THEIR OWN ABUSE POSES THE RISK OF NOT BEING BELIEVED AND ULTIMATELY SUFFERING HARSHER ABUSE.

SCRAPES, CUTS, BURNS AND BRUISES CAN EASILY BE PASSED OFF AS ACCIDENTS
TO SOOTHE THE TEACHERS CONSCIENCE, GIVEN THE AGE OF THE POPULATION. QUITE
OFTEN ABUSED CHILDREN BECOME VERY QUIET AND WITHDRAWN AND WITH CLASSES OF
THIRTY OR MORE CHILDREN THE TEACHER IS UNDERSTANDABLY DELIGHTED TO HAVE A
QUIET NON-DISRUPTIVE CHILD IN THE CLASSROOM WITHOUT LOOKING DEEPER FOR THE
REASON. ALSO, IN THE LARGE CLASSROOMS OF TODAY BRUISES, ABRASIONS AND BURNS
ON THE EXTREMITIES WOULD OFTEN GO COMPLETELY UNNOTICED BY THE TEACHER, LET
ALONE THE MORE SUBTLE SIGNS OF ABUSE. IF THE WOUNDS WERE ON ANY OTHER PART
OF THE BODY THEY WOULD NOT BE SEEN IN THE NORMAL COURSE OF EVENTS ANYWAY.
EVEN IF WOUNDS ARE SEEN OR THERE IS SUSPECTED CHILD ABUSE THERE IS GREAT
RELUCTANCE TO BECOME INVOLVED, GIVEN THE LITIGIOUS CLIMATE PERVERSIVE IN THE
UNITED STATES TODAY.

ABUSE OF THE SCHOOL AGE CHILD IS SOMETIMES A CONTINUATION OF EARLY
ABUSE. ALTERNATIVELY, THE ABUSE MAY START WHEN THE CHILD REACHES A
DEVELOPMENTAL STAGE WHICH IS PARALLEL TO THE A PROBLEM IN THE PARENTS' LIVES.

ABUSED CHILDREN FORM A DICHTOMY IN THAT SOME WILL WITHDRAW AND TRY
TO BE INVISIBLE SO AS TO NOT ATTRACT ATTENTION FROM THE ABUSIVE PARENT, AS
THAT ATTENTION IS LIKELY TO BE BATTERING. OTHER CHILDREN SEEM TO TAKE THE
ATTITUDE THAT ANY ATTENTION IS BETTER THAN NONE AND WILL BEHAVE IN WAYS
WHICH ARE ALMOST GUARANTEED TO ELICIT A PHYSICAL ATTACK. THE SCHOOL AGE
CHILD WILL OFTEN PERSEVERATE IN A BEHAVIOR WHICH THEY KNOW WILL EVOKE
ABUSE PERHAPS BECAUSE THE PARENTS BEHAVIOR IS KNOWN AND THE PREDICTABLE IS
EASIER TO HANDLE THAN THE UNPREDICTABLE. WITHDRAWAL AND EXTREME PASSIVITY
IS NOTICED ON THE PART OF OTHER ABUSED CHILDREN. MCKINNEY, (1976) STATES, "THE
ONLY AVAILABLE EMOTIONAL EXPRESSIONS SEEM TO BE OVERREACTIONS, OR UNDER
REACTION." (p. 62)

THERE IS A PARALYZING EFFECT OF VERY CROSS AND REPEATED VIOLENCE.
(SCOTT, 1978, P. 176) THE YOUNG CHILD'S IMPOTENCE AND HELPLESSNESS AND THEIR FEAR OF RETALIATION OR EVEN DEATH, KEEPS THEM FROM REPORTING THEIR OWN ABUSE. MANY OF THEM HAVE INTERNALIZED THEIR PARENTS PERCEPTION OF THEIR "BADNESS" AND FEEL THEY DESERVE THE ABUSE. OFTEN THEY DON'T REALIZE THAT VIOLENCE ISN'T THE NORM FOR OTHER FAMILIES IN THE NEIGHBORHOOD. CHILDREN WILL GO TO GREAT LENGTHS TO PROTECT EVEN THE MOST ABUSIVE OF PARENTS AND TRY TO KEEP THE FAMILY INTACT AS THEIR FAMILY IS THE ONLY SECURITY THEY KNOW.

REFERENCES RELATED TO TOPIC

SEXUAL CHILD ABUSE IS USUALLY ACCOMPLISHED WITHOUT BATTERING THE CHILD. THE MOLESTER, MOST OFTEN THE FATHER OR OTHER ADULT MALE PARENTAL FIGURE IN THE FAMILY, IS IN A POSITION OF POWER RELATIVE TO THE CHILD. SGROI (1982) STATED, "AUTHORITY AND POWER ENABLE THE PERPETRATOR, IMPLICITLY OR DIRECTLY, TO COERCe THE CHILD INTO SEXUAL COMPLIANCE". (P. 9)

SGROI (1983) STATED, "THUS THE DYNAMICS OF CHILD SEXUAL ABUSE INVOLVE A SEXUAL EXPRESSION ... OF NONSEXUAL ISSUES. INEVITABLY, THE OFFENDER'S POWER POSITION IN RELATION TO THE CHILD VICTIM AND THE CHILD'S PERCEPTION OF HIS OR HER SUBORDINATE ROLE ARE THE PRINCIPAL DETERMINANTS OF WHAT OCCURS BETWEEN THEM, HOW IT OCCURS, WHERE, WHEN AND WHY IT OCCURS, WHETHER OR NOT THE ACTIVITY IS KEPT SECRET, WHEN AND UNDER WHAT CIRCUMSTANCES ... THE SECRET IS DISCLOSED ... THE CHILD PARTICIPATES IN CHILD SEXUAL ABUSE BY KEEPING THE SECRET. THE CHILD MAY FEAR THE CONSEQUENCES OF TELLING; ANGER, DISBELIEF OR REJECTION FROM BOTH PARENTS AND POSSIBLY JAIL FOR THE OFFENDER. THE CHILD MAY ALSO ENJOY THE ACTIVITY. IF THIS PERSON IS A VALUED MEMBER OF THE FAMILY THE CHILD MAY FEEL IMPORTANT IN A SPECIAL GROWN-UP WAY AND KEEP THE SECRET TO MAINTAIN THE FEELING OF IMPORTANCE IN THAT PERSON'S LIFE. USUALLY BY ADOLESCENCE THE CHILD REALIZES THE INAPPROPRIATENESS OF THE ACTIVITY BUT MAY
STILL BE SUBORDINATE TO THE PERPETRATOR AND CONTINUE TO KEEP SILENT THROUGHOUT THEIR LIFETIME.

WIFE BATTERING IS ANOTHER ASPECT OF FAMILY VIOLENCE WHICH IS BEING TAKEN SERIOUSLY AT PRESENT. THE PARALYZING EFFECT MENTIONED PREVIOUSLY ALSO OCCURS WHEN WOMEN ARE BEATEN. THEY, ALSO, CAN REACT WITH FEELINGS OF IMPOTENCE AND HELPLESSNESS. ANOTHER IMPORTANT ASPECT OF FEELING IN BOTH THE CHILD VICTIM AND WIFE VICTIM IS RAGE. SOMETIMES THE WIFE WILL TURN THE ANGER ON THE CHILD AND BECOME A CHILD BATTERER, SOMETIMES THE WOMAN'S RAGE IS REPRESSED UNTIL IT SPILLS OVER AND IS TURNED ON HER BATTERER. SOME ALCOHOLISM IN WOMEN CAN BE SEEN AS A RESULT OF FEELING THERE IS NO WAY OUT OF THE CYCLE OF VIOLENCE.

SCOTT (1978) FOUND THAT 25% OF CHILD-BATTERING FATHERS ALSO BATTER THEIR WIVES. ROSENBAUM & O'LEARY (1981) TURNED THAT IDEA AROUND AND STATED THAT 45% TO 54% OF CHILD ABUSING FATHERS ALSO BATTERED THEIR WIVES, SO IT APPEARS CLEAR THAT THERE IS OVERLAP OF THE TWO TYPES OF VIOLENCE, TO WIVES AND TO CHILDREN.

THE MALE CHILD WHO WITNESSES PARENTAL WIFE ABUSE IS AT SIGNIFICANT RISK TO BECOME A WIFE ABUSER. CHANCES ARE ALSO GOOD THAT THE CHILD WITNESS OF ABUSE WAS ALSO ABUSED BY ONE OR BOTH PARENTS. (ROSENBAUM & O'LEARY, 1981)

THERE IS NO AGREEMENT ACROSS STUDIES AS TO THE GENDER AGE OR OTHER DEMOGRAPHIC DATA REGARDING WHO THE CHILD ABUSERS ARE. ONE STUDY ASSERTS THAT MOST PERPETRATORS ARE MALES OVER 30 IN CONTRAST CHILDREN ARE SHOWN TWICE AS LIKELY TO BE BEATEN BY THEIR MOTHERS THAN THEIR FATHERS. (STRAUS, 1971) STEELE, (1976) CONCLUDED INFANTICIDE IS MORE COMMONLY DONE BY MOTHERS THAN FATHERS HENRY (1978) STATES, "PARENTS WHO ABUSE CHILDREN ARE MOST OFTEN UNDER 25 YEARS OF AGE". (P.216) ABOUT THE ONLY CONCLUSION TO BE DRAWN FROM
THE DIVERSITY OF THE STUDIES IS THAT ADULTS DO ABUSE CHILDREN.

CHILD ABUSERS CROSS ALL SOCIOECONOMIC AND CULTURAL LINES. THE OVER-
REPRESENTATION OF THE LOWER SOCIOECONOMIC CLASSES IN STUDIES CAN BE
EXPLAINED BY THE FACT THAT THEY ARE THE ONES MOST VULNERABLE TO BEING
STUDIED. THEY ARE VISIBLE IN CLINICS AND WELFARE OFFICES, ANYWHERE THE
BUREAUCRACY KEEPS STATISTICS. THE MIDDLE AND UPPER CLASSES, IF THEY ARE
CHARGED AT ALL, HAVE PROTECTION, MORE PROTECTION THAN THEIR CHILDREN. THEY
CAN HIRE PRIVATE THERAPISTS AND ATTORNEYS AND ARE NOT LIKELY TO BECOME A
STATISTIC IN A BATTERED BABY STUDY. (BURGESS, 1979, P. 150)

"EXCELLENT RELATIONSHIPS EXISTED BETWEEN THE PARENTS AND THE
CHILDREN UNTIL ... THE DYNAMICS OF CHILD'S STAGE OF DEVELOPMENT CORRESPONDED
WITH PROBLEM AREAS IN THE PARENTS' OWN LIVES. THIS SEEMS OFTEN TO DETERMINE
AT WHAT AGE A PARTICULAR CHILD GETS BATTERED." (MILOWE & LOURIE, 1964)

SCOTT (1978) SAYS, "THE STIMULUS FOR BATTERING ALWAYS COMES FROM THE
CHILD". (P. 191) MANY BATTERED CHILDREN ARE VERY AGGRAVATING, UNAPPEALING
CHILDREN WITH A PARTICULARLY IRRITATING CRY. IT HAS OFTEN HAPPENED THAT
WHEN TAKEN FROM THEIR PARENTS AND PLACED OUTSIDE THE HOME IN FOSTER CARE
THEY HAVE SUFFERED ABUSE AGAIN. IF THESE CHILDREN HAVE TO BE HOSPITALIZED
THEY CAN BE FOUND IN THE FURTHEST CORNER OF THE NURSERY BECAUSE THE NURSING
STAFF FINDS THEM AVERSIVE AND DIFFICULT.

LYNCH (1976) STATES, "ABUSE IS AN EXTREME MANIFESTATION OF BONDING
FAILURE. THE FORMATION AND MAINTENANCE OF A HEALTHY BOND IS A TWO-WAY
PROCESS, INFLUENCED BOTH BY ATTRIBUTES IN THE CHILD AND BY THE PERCEPTIONS
AND EXPECTATIONS OF THE PARENTS." (P. 43)

A PERVERSIVE THEME IS THAT ABUSIVE PARENTS HAVE EXPECTATIONS OF THEIR
CHILD WHICH FAR EXCEED HIS DEVELOPMENTAL STAGE OR HIS ABILITY TO PERFORM.
THIS FINDING IS DISPUTED IN ONE STUDY WHICH PURPORTS TO HAVE DISCOVERED THE
OPPOSITE CASE, THAT ABUSING PARENTS HAVE LATER DEVELOPMENTAL EXPECTATIONS
THAN NON-ABUSERS. (KRAVITZ & DRISCOLL, 1983)

THE "CHILD AS PARTICIPANT" ALSO HAS NO PLACE IN YOUNG'S (1964) DESCRIPTION
OF CHILD ABUSE, "IT IS NOT THE TOO SEVERE DISCIPLINE NOR THE PHYSICAL ROUGHNESS
OF IGNORANCE. IT IS THE PERVERSE FASCINATION WITH PUNISHMENT AS AN ENTITY IN
ITSELF". (P.44)

SUMMARY

THERE IS QUITE UNIVERSAL AGREEMENT THAT BONDING FAILURE IS PRIMARY
PRECIPITATOR OF CHILD ABUSE IN THE NEONATAL AND INFANT STAGES. BONDING
FAILURE CAN OCCUR BECAUSE THE INFANT IS PREMATURE OR OTHERWISE ILL AND MUST
BE IN AN INCUBATOR. THE BABY CAN BE CRANKY AND UNAPPEALING TO ITS PARTICULAR
MOTHER. THE PARENT AT RISK IS LIKELY TO FIND THE CRYING WILLFUL AND PUNISH THE
INFANT TO TEACH IT TO OBEY.

ABUSED SCHOOL AGE CHILDREN WILL OFTEN WITHDRAW AND BE QUIET, "GOOD"
CHILDREN SO AS TO NOT ATTRACT ATTENTION OR CONTRARIALLY THEY WILL ACT OUT AND
ELICIT ABUSE TO REDUCE THE CONSTANT TENSION.

SEXUAL ABUSE IS USUALLY WITHOUT PHYSICAL COERCION, THE MOLESTER RELIES
ON HIS POSITION OF POWER TO COMPEL ASSENT.

SPOUSAL ABUSE IS PART OF THE WHOLE SPECTRUM OF FAMILY VIOLENCE.
COMMONLY IF THE WIFE IS BEING BATTERED, ONE OR MORE OF THE OFFSPRING ARE
BEATEN AS WELL. EITHER BY THE MALE IN THE HOUSE OR BY THE MOTHER, AND OFTEN
BOTH PARENTAL FIGURES WILL ABUSE THE CHILDREN.

THE PERSONALITY AND ATTRIBUTES OF A CHILD AT ANY PARTICULAR STAGE OF
DEVELOPMENT APPEAR TO MITIGATE OR EXACERBATE ABUSE FROM THE CARETAKERS
AROUND THE CHILD.
SADISTIC TORTURE FOR ITS OWN SAKE IS ONE DESCRIPTION OF CHILD ABUSE.

ONE ADULT WOMAN WROTE OF HER TORTURED CHILDHOOD:

ENDURANCE

HELPLESS TO CHANGE IT

DON'T CAVE IN

ENDURE

ENJOY WHEN
CHAPTER 3
PRIMARY INTERVENTION SCHEDULE

INTRODUCTION
I developed this three-part schedule as an aid for primary grade teachers to help them assess which children may be at risk for child abuse.

The California Child Abuse Reporting Act has been in effect since 1976. The act has been updated to further insure the protection of those under mandate to report suspected child abuse. The updates have also broadened the spectrum of who has a duty to report child abuse. Teachers come under the heading of child care custodian in the act and are under a fairly heavy burden to report if there is a reasonable suspicion of child abuse.

"Reasonable suspicion of child abuse 'means' that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position ... to suspect child abuse." (Rein, 1984, p. 185) Any doubt should be weighted in favor of the child. Teachers are encouraged to report and cannot be made civilly or criminally liable for any report required by the act. However, any teacher who fails to report an instance of child abuse which they should reasonably know exists is guilty of a misdemeanor. (Rein, 1984)

The first portion of the questionnaire reflects the teacher's observation of the children. These observations include the surface indicators of physical appearance and behavior. The second part considers the school history of the children and their families. The items listed under school history are listed in order of seriousness.

The third part suggests questions which may be asked during the parent-teacher conference. The teacher would also note the attitude of
THE PARENT AT THE CONFERENCE. A SOURCE OF CONCERN IS THE PARENT WHO DOESN'T ATTEND THE CONFERENCE AND OFFERS NO EXPLANATION OR WHO DOES ATTEND AND ISN'T CONCERNED ABOUT THEIR CHILD. IF THE PARENT APPEARS COLD AND RIGID OR CONTRARILY BECOMES ENRAGED AT THE TEACHER, IT MAY BE THAT THEY ARE AT RISK FOR BEING ABUSIVE. THE TEACHER ALSO NEEDS TO KEEP IN MIND THAT OFTEN THE NON-ABUSIVE PARENT WILL PROTECT THE ABUSIVE ONE AND THE WHOLE FAMILY SYSTEM MAY USE DENIAL AS A DEFENSE AGAINST SOCIETIES' INTERVENTION.
PRIMARY INTERVENTION SCHEDULE

INDICATORS OF POSSIBLE CHILD ABUSE

PHYSICAL APPEARANCE

1. DOES THE CHILD APPEAR DIFFERENT FROM HIS PEERS IN HIS PHYSICAL APPEARANCE
   A. IS HE DIRTY, GIVEN THE NORMS OF HIS SCHOOL AND NEIGHBORHOOD? YES NO
   B. IS HE DRESSED IN A MANNER CONSISTENT WITH HIS CLASSMATES? YES NO

2. DOES THE CHILD HAVE FREQUENT UNEXPLAINED OR BIZARRE INJURIES?
   A. DOES HE HAVE ROPE BURNS? YES NO
   B. DOES HE HAVE STRAP MARKS? YES NO
   C. DID HE HAVE MORE THAN 3 INJURIES DURING THE SCHOOL YEAR? YES NO

3. IS HE THREE TO FOUR STANDARD DEVIATIONS BELOW THE NORM IN HEIGHT AND WEIGHT?
   A. DOES HE APPEAR MALNOURISHED? YES NO
   B. DOES HE EXHIBIT A WAN APPEARANCE WITH DARK CIRCLES AROUND HIS EYES? YES NO
BEHAVIOR

1. IS THE CHILD WARY OF PHYSICAL CONTACT, DOES HE FLINCH WHEN SOMEONE COMES NEAR OR WHEN HE IS TOUCHED? YES NO

2. IS HE DEPRESSED OR UNUSUALLY FEARFUL? YES NO
   A. DOES HE ENJOY RECESS? YES NO
   B. DOES HE RISK TAKING PART IN NEW ACTIVITIES? YES NO
   C. DOES HE VENTURE INTO RELATIONSHIPS WITH THE OTHER CHILDREN? YES NO

3. IS HE EMOTIONALLY DISTURBED? YES NO
   A. IS HIS INTERPRETATION OF EVENTS INADEQUATE GIVEN HIS AGE? YES NO
   B. DOES HE EXHIBIT EXTREMELY MATURE OR IMMATURE BEHAVIOR FOR HIS AGE? YES NO

4. IS HE CONSTANTLY SEARCHING FOR SOMETHING; FOOD, FAVORS, THINGS OR SERVICES FROM THE OTHER CHILDREN OR ESPECIALLY THE TEACHER? YES NO

5. IS HE WATCHFUL, STANDING ON THE OUTSIDE OF THE GROUP IF GIVEN THE CHOICE? YES NO
   A. DOES HE APPEAR TO BE ENDURING LIFE? YES NO
   B. DOES HE ACT AS IF HE HAD ONLY HIMSELF TO RELY ON? YES NO
6. DOES HE HAVE A PROVOCATIVE ATTITUDE?

A. IS HE DEFIANT?

B. IS HE ALWAYS TESTING THE TEACHER'S PATIENCE?

C. DOES HE COME TO SCHOOL SPORADICALLY AS IF IT HAD NO MEANING IN HIS LIFE?

YES  NO

YES  NO

YES  NO

YES  NO
SCHOOL HISTORY OF FAMILY

1. IS THE FAMILY SOCIALLY ISOLATED? YES NO
   A. DO YOU HAVE A FAMILY OR COMMUNITY SUPPORT SYSTEM TO ALLEVIATE STRESSFUL SITUATION? YES NO
   B. DO THEY RECOGNIZE THE NEED FOR SUCH A SUPPORT SYSTEM? YES NO

2. ARE THEY CONCERNED ABOUT THEIR CHILD? YES NO
   A. DURING A PARENT-TEACHER CONFERENCE, DO THEY FOCUS ON THEMSELVES TO THE EXCLUSION OF THEIR CHILD YES NO
   B. ARE THEY SO NEEDY OF ATTENTION THAT THEY CAN'T GIVE TO THE CHILD AND RESENT THE TEACHER'S INTEREST YES NO

3. ARE KNOWN FOR OR IS THERE SUSPICION OF SUBSTANCE ABUSE? YES NO

4. IS THERE A LACK OF PARENTAL SUPERVISION? YES NO

5. IS THE CHILD EXPLOITED? YES NO
   A. IS HE EXPECTED TO CARE FOR THE PARENTS? YES NO
   B. DOES THE CHILD HAVE RESPONSIBILITIES AND CHORES BEYOND THE AGE LEVEL NORM? YES NO

6. DOES THE FAMILY HAVE FINANCIAL PROBLEMS? YES NO

7. DO THE PARENTS HAVE MARITAL PROBLEMS? YES NO
PARENT-TEACHER CONFERENCE

1. WHAT BEHAVIORS OF YOUR CHILD REQUIRE DISCIPLINE?

2. DOES THE CHILD HAVE A HISTORY OF PHYSICAL PROBLEMS?

3. DOES THE CHILD DIFFER IN ANY SIGNIFICANT WANT FROM OTHER SIBLINGS?

4. WHAT SPECIAL BEHAVIORS OF YOUR CHILD ELICIT PRAISE FROM YOU?

5. WAS YOUR CHILD ILL OR PREMATURE AT BIRTH?

6. HOW, IN YOUR OPINION, CAN THE SCHOOL BE HELPFUL TO YOUR CHILD?

7. HAS THERE BEEN ANY SIGNIFICANT CHANGE IN YOUR FAMILY IN THE PAST YEAR?
   A. HAS ONE OR BOTH PARENTS LOST THEIR JOBS?
   B. HAS THE FAMILY HAD TO MAKE ACCOMMODATIONS TO INCLUDE ANOTHER PERSON IN THE HOME, SUCH AS GRANDPARENT?
   C. HAS THERE BEEN A MAJOR ILLNESS IN THE FAMILY?
   D. HAVE THE PARENTS SEPARATED?
CHAPTER 4
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

INTRODUCTION

PRE-PUBERTAL CHILDREN'S PARTICIPATION IN THEIR OWN PHYSICAL BATTERING HAS BEEN EXAMINED BY A REVIEW OF BOOKS AND ARTICLES ON CHILD ABUSE.

SUMMARY

THE PROBLEM WAS BROKEN INTO 2 SECTIONS ACCORDING TO THE AGE OF THE ABUSED CHILD. THE RESEARCH AND WRITING WAS FOUND TO BE PREDOMINANTLY ABOUT THE NEONATAL THROUGH 3 YEAR OLD CHILDREN. THERE DOES, HOWEVER, APPEAR TO BE AN AWAKENING OF INTEREST IN THE PLIGHT OF THE SCHOOL AGE.

A REVIEW OF THE RELATED LITERATURE INDICATES THAT CLOSE ATTENTION NEEDS TO BE PAID TO THE CHILD'S CONTRIBUTION TO THE SITUATION AS WELL AS POSSIBLE PARENT PSYCHOPATHOLOGY.

CHILDREN WHO ARE BORN PREMATURELY OR WITH PHYSICAL OR MENTAL DEFICITS ARE CONSIDERED T RISK FOR PHYSICAL ABUSE. THE CHILD WHO HAS TO BE ISOLATED AT OR SHORTLY AFTER BIRTH IS PARTICULARLY VULNERABLE BECAUSE OF THE GREATLY REDUCED CHANCE FOR PARENT CHILD BONDING.

CONCLUSION

IT HAS BEEN ASSUMED THAT CHILD ABUSE AROSE AS A SYMPTOM OF PARENTAL PATHOLOGY, HOWEVER, CURRENT THOUGHT SHOWS INCREASING ACCEPTANCE OF A BI-DIRECTIONAL PARENT, CHILD INTERACTION IN ABUSE INCIDENTS. KADUSHIN AND MARTIN (1981) STATE CLEARLY IN THEIR CONCLUSIONS,"THE FACT THAT BOTH PARENTS AND CHILDREN ARE ACTIVE PARTICIPANTS IN THE ABUSE EVENT DOES NOT IMPLY THAT THEY ARE CO-ACTING EQUALS OR CO-EQUAL ACTORS. IT IS CLEAR THAT PARENTS HAVE MORE AUTHORITY AND POWER..." (P.255) THE INFANT IS AN UNWITTING AND UNWILLING BUT
IMPORTANT PARTICIPANT WHOSE DEMANDS ON PARENTAL RESOURCES, TIMES AND ENERGY NEED TO BE CONSIDERED WHEN ASSESSING A CHILD ABUSE SITUATION. THE BABY IS BLAMED FOR NOT BEING WHAT THE PARENTS WANTED OR EXPECTED. WHEN A CRANKY, COLICKY BABY CRIES THE PARENTS OFTEN ATTRIBUTE A WILLFULNESS TO THEIR INFANTS WHO THEN BECOME TARGETS FOR NEGATIVE PROJECTION OF THE PARENTS. THE INFANT FORM PREMATURELY OR WITH ANY PHYSICAL OR MENTAL DEFICIT WHICH INTERFERES WITH BONDING IS DEFINITELY AT RISK FOR ABUSE.

AN IMPORTANT ASPECT IS THE PARENTS' PERCEPTIONS OF THE CHILD'S BEHAVIOR. (MARTIN, 1976, P. 28) THERE ARE INHERENT BIOLOGIC-PSYCHOLOGICAL GIVENS IN EACH NEWBORN WITH WHICH CHILD AND PARENT ALIKE MUST CONTEND.

REFERRING TO PROSPECTIVE STUDY, ROGERS (1981) SAID, "THE ABUSED INFANTS WERE LESS MATURE AT BIRTH AND HAD MORE CONGENITAL ABNORMALITIES THAN OTHER NEWBORNS IN THE INTENSIVE CARE UNIT. IT IS SPECULATED THAT THESE BABIES WERE ABUSED BOTH DUE TO THE INCREASED BURDEN OF REARING A PREMATURE INFANT (GREATER TENDENCY FOR COLIC, DISTRACTIBILITY, SLEEP DISTURBANCE, ETC.) AS WELL AS A WEAKENING OF THE PARENTAL ATTACHMENT (BONDING) TO THE NEWBORN AS A RESULT OF THE SEPARATION AT BIRTH DUE TO MEDICAL NEEDS". (P.8)

RESEARCH REGARDING PREDICTION OF CHILD ABUSE NEARLY ALWAYS CENTERS ON THE PRENATAL AND NEONATAL BEHAVIORS OF THE MOTHER AND INFANT; THE OFTEN MENTIONED BONDING OR BONDING FAILURE AND POSSIBLE MEDICAL PROBLEMS. THOUGH THERE IS NOT CONSENSUS REGARDING PREDICTION, THERE IS FAIRLY BROAD SUPPORT THAT FAMILIES CAN BE IDENTIFIED WHO ARE AT RISK FOR CHILD ABUSE. (SCHNEIDER, 1982 P. 170) THE REASON TO SPEND RESOURCES ON PREDICTION IS TO LEAD TO PREVENTION OF CHILD ABUSE. THERE IS LITTLE KNOWN ABOUT CHILD ABUSE WHEN IT FIRST APPEARS IN A FAMILY AFTER THE CHILD REACHES SCHOOL AGE. CHILD ABUSE OFTEN CONTINUES UNTIL THE CHILD LEAVES HOME, HOWEVER, IT MAY BE THAT IT IS
RARE THAT ABUSE BEGINS AFTER 4 YEARS OF AGE. HELFER (1976) STATES, "BY THE TIME THE CHILD HAS REACHED THE GE OF FIVE AND IS READY FOR FORMAL SCHOOLING, A GOOD DEAL OF CHILD REARING HAS ALREADY TAKEN PLACE. IT WOULD SEEM THAT UTILIZING THIS PERIOD OF TIME TO SCREEN OUT HIGH RISK FAMILIES IS MUCH BEYOND THE TIME WHEN TRULY PREVENTATIVE PROGRAMS COULD BE HELPFUL. THIS DOES NOT MEAN THAT FAMILIES WITH REARING PROBLEMS WITH THEIR 5-YEAR-OLD CHILDREN SHOULD NOT BE HELPED. THESE WOULD BE AFTER-THE-FACT SERVICES RATHER THAN PREVENTATIVE SERVICES". (P. 368)

KADUSHIN AND MARTIN (1981 SPEAK IN BROADER TERMS, "THE LEVEL OF VIOLENCE IN SOCIETY GENERALLY AND IN THE MASS COMMUNICATION MEDIA SUGGESTS AN ACCEPTANCE OF THE USE OF FORCE IN SETTLING INTERPERSONAL DISPUTES" (P. 6). ANY CHANGE IN SOCIETY CANNOT VERY WELL BE LEGISLATED, IT WILL BE GRADUAL STARTING WITH SMALL CHANGES BEGINNING SIMULTANEOUSLY THROUGHOUT THE NATION. SCHOOLS COULD HAVE A TREMENDOUS AND MARVELOUS RESPONSIBILITY TO TEACH PARENTING SKILLS AND CHILD DEVELOPMENT CLASSES THROUGHOUT THE PUBLIC SCHOOL LIFE OF THE CHILD.

RECOMMENDATIONS

IT IS RECOMMENDED THAT RESEARCH BE CONSIDERED REGARDING WHETHER THERE IS SUBSTANTIAL CHILD ABUSE WHICH BEGINS AFTER FOUR YEARS OF AGE.

GIL (1970) STATED, "NO MOTHER SHOULD BE EXPECTED TO CARE FOR HER CHILDREN AROUND THE CLOCK 365 DAYS A YEAR." SOCIAL MORES ARE LAGGING FAR BEHIND WHAT IS ACTUALLY HAPPENING IN SOCIETY. IT IS RECOMMENDED THAT MUCH EFFORT AND MONEY BE PUT INTO RESEARCH WHICH WOULD HELP PERSUADE GOVERNMENT AND BUSINESS THAT DAY CARE CENTERS ARE NECESSARY FOR HEALTHY CONTEMPORARY LIVING.
REFERENCE


YOUNG, L. (1964). WEDNESDAY'S CHILDREN. NEW YORK: MCGRAW-HILL BOOK CO.