Reviewed in terms of a concept analysis is the literature on child abuse, and presented is an annotated bibliography of approximately 550 journal articles, 18 books, 6 dissertations, and 40 pamphlets on child abuse. Briefly reviewed is the historical context of child abuse. A concept analysis of child abuse is offered which suggests that any individual under the age of 18 who is under the charge of a caretaker and who is nonaccidentally injured should be identified as an abused child. A glossary of approximately 55 terms is given. The review of educationally relevant literature notes the frequent lack of definitions and narrow focus. Seven followup studies of abused children are summarized. It is suggested that research be conducted in areas such as the educational correlates of child abuse. Appended are examples of the application of concept analysis to the identification of abused children. The bibliography is alphabetical by author within format categories and includes bibliographical data and a brief nonevaluative description. (DB)
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Child Abuse
An Integration of the Research Related to Education of Children Handicapped as a Result of Child Abuse

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DFK--MAH
PREFACE

In the spring of 1974, the R.search Projects Branch in the Bureau of Education for the Handicapped initiated a request for proposals designed to stimulate research in areas of special education that had been left largely untouched. In response to this request (RFP 74-53) a proposal was made to integrate the research related to the education of children handicapped as a result of child abuse. Further, the Project anticipated a concept analysis to establish needed parameters for appropriate educational research involving the abused child. The proposed activities were intended to yield significant research questions that should be pursued by special educators interested in the abused child.

The underlying assumptions were: (1) A near void existed in the educational literature about the abused child. (2) The literature appearing in other professional journals was composed principally of professional opinion. (3) The data based literature that could be found in medical, social work, psychological, legal, or other journals could not be generalized in any significant way because of the lack of a common definition or concept of child abuse or the abused child.

Each of the underlying assumptions proved to be essentially correct. The purpose of this report is to present an annotated bibliography which will be of help to those interested in child abuse and/or the abused child. Further, a concept analysis is presented. The validity of the concept presented is dependent upon the extent to which we have been successful in identifying the attributes of the abused child as described in the extant literature. We believe the
concept of the abused child presented here to be adequate for establishing the parameters of research and for identifying those elements that should be included in any instructional sequence.
INTRODUCTION

Educators have become increasingly concerned with the special needs of all children. Recent federal court cases have placed a new emphasis on the role of the public school in providing education and training for all children. While the courts have dealt specifically with the problems of the intellectually handicapped and the culturally different, little has been done about involving the schools in dealing with the abused child.

Even though the Council for Exceptional Children (Official Actions, 1974) adopted a resolution at their national convention in April, 1974, calling for recognition "...of abused and neglected children as exceptional children," relatively little has been done to identify the ways in which educators may appropriately be involved.

Many reasons could be given for the lack of involvement on the part of educators and the schools in the problems of child abuse. In addition to fiscal problems and the already short supply of special educators, one might argue that most child abuse takes place during the pre-school years. However, the assumption that most child abuse occurs between birth and age three is yet to be validated even though there is a substantial body of opinion literature suggesting this is, in fact, the case.

Another rationale that might be offered is the fact that there is a near void in the professional literature that educators might be expected to read on the subject of child abuse or the abused child. And, the few articles that have been published in educational journals have been authored by non-education personnel.
In a subsequent section of this report a review of the literature discussing variables which may be related to the later school problems of the abused child will be presented. Only seven studies of this nature have been identified in a thorough review of the literature. The review suggests that there may be an infinite number of variables each of which impinges on subsequent learning problems. Clearly, mental retardation has been caused in some cases of severe child abuse. Child abuse that results in central nervous system damage may result in specific learning disabilities. Research reporting the extent to which child abuse results in problems requiring special personnel and special resources in the educational milieu is totally absent. The full cost, therefore, in terms of human potential or fiscal requirement is yet to be determined.

Most of the literature reviewed in this project supports Gil's (1970) argument that existing research has been fragmented, unsystematic, and distorted. Spinetta and Rigler (1972) also observed that most of the literature is "...composed of professional opinions on the subject (p. 296)."

The absence of any criteria for determining what to include or exclude from the concept represented by the term "abused child" has been a contributing factor to the fragmented, unsystematic, and distorted research to which Gil and others refer.

The lack of a conceptual framework about the abused child has also contributed to the problems associated with the development of instructional materials for use with professional groups. In addition, inter and intra agency conflicts may result from the fact that each has a somewhat different understanding of the term.
A great deal of credit must be given to Dr. Henry Kempe (1974) and his colleagues for providing two definitions of abused children. The first defines children whose problems must be reported, and the second serves to identify children in need of services. The definitions are worthy of repetition:

**Definition for identification of children for reporting purposes:** A child under the age of 18, who is suffering from physical injury (inflicted upon him by other than accidental means), or sexual abuse, or malnutrition, or suffering physical or emotional harm or substantial risk thereof by reason of neglect. Reporting of neglect shall take into account the accepted child rearing practices of the culture of which he or she is part.

**Definition for identification of children in need of services:** The child on whose behalf services should be given is one with or without an inflicted injury whose physical and emotional well-being is threatened.

These definitions are, in our opinion, excellent for purposes of legislation or for those trained and experienced in the area of child abuse. They are, however, too global to be of much value to the instructional developer concerned with transmitting knowledge or to the researcher.

If teachers, social workers, peace officers, mental health workers, and others are to gain an understanding of the problems of child abuse or participate effectively in the identification of abused children, a reliable and complete concept must first be provided.

An effective understanding of a concept requires that one must recognize that collection of stimuli (and their relationships) which evokes a common response. Without a widely accepted concept of the abused child, fragmented research and hit or miss teaching will continue as it has in the past.

The present project was undertaken in an attempt to provide a concept analysis drawn from the extant literature. The basic elements of
the concept were identified according to the procedures described by Markle and Tiemann (1970), and Thiagarajan (1974). As noted earlier, the validity of the concept presented is based on a thorough review of the available literature and is, in our opinion, adequate for purposes of defining research parameters and for systematic instruction.

A further objective of the present project was to provide an annotated bibliography which should be useful to those interested in the present state-of-the-art. On the basis of the literature reviewed and the resulting concept analysis, needed educational research is recommended.
The history of child abuse is a nightmare from which we have only recently begun to awaken. The further back in time one goes, the more likely children are found to be killed, abandoned, beaten, terrorized, and sexually mutilated or abused. Early civilizations justified the practice as necessary either to maintain discipline, to transmit educational ideas, to please certain gods, or to expel evil spirits (Radbill, 1974, p. 4; Bakan, 1971, Ch. 2).

Even the enlightened scholars of the classical period reflected the philosophy of their time as regards the status of children. Aristotle is quoted by Russell as follows:

The justice of a master or a father is a different thing from that of a citizen, for a son or a slave is property, and there can be no injustice to one's own property. (Russell, 1945, p. 174)

To be a different or exceptional child during these times was extremely dangerous. Plato, Aristotle, and Seneca all maintained that the killing of defective children was a wise custom (Bakan, 1971, p. 31). Roman Law (Patria Potestas) gave Roman fathers the right to sell, abandon, kill, or offer in sacrifice all their children.

Western Christianity seems to have been influenced by these customs for some of the teachings of the Old Testament embrace the

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1Mark Hopper, Reprinted from Breakthrough, Department of Special Education, Utah State University, Logan: Vol. 2, No. 2, 1974.
concepts that the infliction of pain upon children is a necessary condition to their proper development.² And, in Deuteronomy 21:18-21, a father is instructed to put a wicked son to death.

Early colonial America, founded as it was on strict religious principles, adopted some very stringent rules for governing their children. In 1646 the Massachusetts courts adopted the Mosaic law which imposed the death penalty on unruly children, and in 1651 Connecticut followed this example. A father was permitted by statute to put his child to death, and if need be he could call upon colony officers to assist (Light, 1973, p. 559). Very frequently, though, public whippings were substituted for this stringent law (Radbill, 1974, p. 4).

The first instances in America in which children were protected from cruel treatment concerned not parental treatment, which was never questioned, rather it dealt with the cruel treatment which some apprentices received from their masters. But even in these instances the issue was less the actual acts of cruelty than it was the fact that the master failed to live up to the indenture (contract) for an apprentice which usually stipulated that he would "allow his apprentice competent meat, drink, apparel, washing, lodging with all other things fitting for his degree" (Bremner, 1970, p. 108). For the most gross mistreatment which resulted in the child's death, a master

²Proverbs 13:24...He that spareth his rod hateth his son; but he that loveth him chasteneth him betimes.
Proverbs 19:18...Chasten thy son while there is hope, and let not thy soul spare for his crying.
Proverbs 22:15...Foolishness is bound in the heart of a child; but the rod of correction shall drive it far from him.
Proverbs 23:13...Withhold not correction from the child: for if thou beatest him with the rod, he shall not die.
14...Thou shalt beat him with the rod, and shalt deliver his soul from hell.
Proverbs 29:15...The rod of reproof giveth wisdom: but a child left to himself bringeth his mother to shame.
might be found guilty of manslaughter. Thus, in Plymouth, 1655, the jury appointed to view the dead body of one John Walker, a 12-year-old apprentice, "and to find the cause how he came to his untimely end," concluded "that the said John was put forth in the extremity of cold, though thus unable by lameness and soreness (from beatings by his master) to perform what was required; and therefore in respect of cruelty and hard usage he died (Bremmer, 1970, p. 123-124)." For this offense his master, one Robert Latham, was found guilty of manslaughter and ordered "burned in the hand" and "all his goods confiscated."

The case of "Little Mary Ellen," a nine-year-old child just a century ago in New York, 1874, is celebrated as the first effort to provide protection for children by law. Also the Society for the Prevention of Cruelty to Children (SPCC) was founded as a direct result of the case. Mary Ellen was successfully removed from her foster mother through the action of the Society for the Prevention of Cruelty to Animals (SPCA). After some soul searching the society decided that a child, as a member of the animal kingdom, was entitled to "at least the same justice as a common cur on the street." In pursuing the matter of Mary Ellen's treatment, the society managed to get the child removed from the foster mother, one Mary Connolly, who, found guilty of assault and battery, was sentenced to the maximum, one year in the penitentiary at hard labor (Bremmer, 1971, V. II, p. 185).

But in Mary Ellen's case the actions taken to protect the child did not involve a natural or legal parent-child relationship. In its reporting of the case, the New York Times, April 22, 1874 (Bremmer, 1971, V.II, p. 189) reported that a brother of Mary Connolly insisted
she had adopted the child, would prove it upon the expiration of her term and thus get the girl back. The successful removal of the child appears to have been possible only because Mrs. Connolly was not her legal parent.

The subsequent actions of the SPCC continued to be directed toward cruel usage and exploitation of children by adults other than their parents. Of particular concern of the society were the "padrones" who secured children and trained them as performers in dangerous acrobatics or as child musicians. In supporting the SPCC efforts, Harpers Weekly, December 11, 1875, under the heading of "Little Slaves of the Arena" stated:

The public should refuse to patronize places of amusement where little children are made to perform difficult and dangerous feats. The victims of the cruel taskmasters of the arena are generally poor little castaways, whom society should protect from servitude as wretched as slavery itself. They are sometimes picked up in the streets, but more frequently they are purchased of unnatural parents, who are glad to be relieved of their support, and, who do not care what becomes of them. (Bremner, 1971, V.II, p. 193)

While the selling of a child by a parent was considered "unnatural," still in the latter years of the nineteenth century, it was not considered "illegal." The absolute parental authority over children would extend well into the industrial revolution when the health and well-being of thousands of children would be sacrificed by their parents to the demands of industry for cheap labor.

Gradually though, and largely through the efforts of both the SPCC and the SPCA, some states began to expand their interest in the welfare of children beyond that of poor or delinquent children. The idea developed slowly that the state might have the right and duty to be concerned with cases of parental neglect or cruelty and abuse. If these things affected the health and education or morals of children,
then the state should have an interest in these matters.

Within this context, the beginnings of the modern period of recognition that child abuse exists came in the mid-1940's. Aided by the now fairly sophisticated practices of roentgenology, medical literature began reporting a strange "new syndrome" which manifest itself in skull fractures, and subdural hematomas in combination with fractures of the long bones which are in various states of healing. Articles published in medical journals (Caffey, 1946, "Infantile Cortical..."; Caffey, 1946, "Mulitple Fractures...") said much "between the lines" to suggest intentional parental injury. But another seven years lapsed before the issue was addressed directly. In 1953 Silverman wrote:

It is not often appreciated that many individuals responsible for the care of infants and children...may permit trauma and be unaware of it, may recognize trauma but forget or be reluctant to admit it, or may deliberately injure the child and deny it. (Silvermann, 1953, p. 424)

Yet it was not until 1961 that the first relatively public acknowledgment of the problem was made in a manner that could generate some consequences. In that year at a seminar sponsored by the American Academy of Pediatrics, six physicians made a presentation on the problem of child abuse using the term "Battered Child Syndrome." They presented the problem as a medical syndrome and a childhood disease in its own right with a set of symptoms and named it by its cause. This paper was later published in the widely read Journal of the American Medical Association (Kempe, Silverman, Steele, Brandt, Droegemueller, and Silver, 1962).
Later Kempe commented:

Knowing that pediatricians had for years been complacent about the problem of child abuse, it was felt that something had to be done to gain their attention and increase their desire to do something about the problem. The term "battered child" was adopted to make an impact upon pediatricians and shake society loose from its complacent attitude. The fact that this objective has been partially achieved is documented by the existence of reporting laws in all 50 states and the increasing general understanding of the problems of child abuse. (Kempe and Helfer, 1972, p. xi)

These efforts led finally to the passage in 1973 of national legislation in the Child Abuse Prevention and Treatment Act (S 1191, 93rd Congress, 1st Session). This (act) establishes (sic) a National Center on Child Abuse and Neglect which will provide supportive services and financial assistance for demonstration programs for the prevention, identification, and treatment of child abuse and neglect.

This is only a minute beginning, but seen in a perspective of the historical context, the fact that a society has recognized that the horrors of child abuse are widespread in its culture, represents a giant stride toward eradication.
A Concept Analysis of Child Abuse

One of the assumptions underlying the project effort (see page iv) was that the studies in the area of child abuse could not be generalized in any significant way because no consistent and generally acceptable definition existed.

The question of how one defines child abuse is very conspicuous throughout much of the literature. In a rather extensive discussion of the definitional problems, Gil (1970) noted that nearly every investigator "struggled with the problem of conceptual definition only to come up with an unsatisfactory, more or less complex, relative, and ambiguous statement (p. 5)." Kempe and Helfer (1972) identified the lack of a suitable definition as a primary source of confusion, misunderstanding, and limited communication among investigators of child abuse (p. xi). Burland, Andrews, and Headsten (1973) simply stated, "Child abuse does not seem to be a definable psychosocial entity (p. 588)."

A major problem with which such investigators struggle in defining child abuse is philosophically based, and one which is impossible to ignore. Our society supports the infliction of pain upon children as a means of discipline and training (an attribute not shared by all societies); yet concurrently looks upon child abuse as an act of criminal deviance. There is no clear line of demarcation between corporal punishment as a legitimate disciplinary measure and child abuse.

Obviously, though, there is some kind of a concept operating as to what constitutes child abuse. It is a reality that children are removed or otherwise protected from parents or parents are punished as a result of experiences which by some criteria are labeled "child abuse". However, as in research, the definitions vary. For example, Steele (The Pharos... 1970) reported a case of a father who blinded and partially
paralyzed his three-year-old step-daughter. While readily admitting to the act, on the defense that he had only done what was necessary to discipline his child and that he had only used his hands--something which is the right of every parent--he was acquitted and the child remained with him. Yet, on the other extreme, a three-year-old girl was removed from her mother for "child abuse" upon testimony that her mother permitted her to consume an alcoholic beverage on one occasion until the child fell asleep.

Setting definitional parameters for child abuse, then, is confounded by a network of complex societal sanctions which encourage corporal punishment as a healthy disciplinary method, but punish its use "in excess." Certain groups of professionals acting within statutory requirements are forced to define what constitutes that excess, and to take subsequent actions which may have a very profound effect upon both the parent and child. But there is a lack of systematic, empirical information as to the attributes these groups of professionals (mainly from the fields of law, medicine, psychology, social work, and education) see as critical in child abuse. Consequently, little is known of the parameters upon which their decisions are based.

Analysis of the existing research showed that decisions often rest on an a priori system of values of the professionals involved (Cheney, 1966; Varon, 1961). One worker even responded that questions relevant to how these decisions were made are not fair (Varon, 1961). Cheney (1966) called for "clear standards and an administrative procedure designed to expose the criterion actually applied in any case...(p. 88)." De Courcy and De Courcy (1973) document a series of cases in which professionals clashed on what should be classified as child abuse and
what interpretations should be placed on the classification. As a result of the confusion, children were returned to their parents and suffered permanent damage from further abuse. But at the opposite extreme, children are summarily removed from parents for rather minor activities which, by someone's criteria, constituted "abuse". Cheney (1966), for example, reported an agency petitioning for removal of a child because his mother visited taverns (p. 88). And in another case reported by the same author, a family lost 5 of their children through adoption while the parents were petitioning for a reversal of a decision denying the children's return to them because their home was too small (p. 88).

Another area in which the definitional problems cause difficulties is in research and descriptive studies of child abuse. Elmer (1963), commenting on the lack of research on child abuse, claimed the fact that there was no objective way of deciding whether an abusive action had occurred was a very practical difficulty which stood in the way of rigorous study (p. 180). Later she elaborated on this point as follows:

The investigator who wishes to study the problem of child abuse finds that the definition of abuse is by no means clear and commands no consensus—even among knowledgeable professional persons. Some claim that physical abuse is the only variety worth concern; others believe that, in the long run, emotional trauma can be fully as damaging to the child. If we concentrate on physical abuse, leaving out emotional trauma, a lack of consensus is still apparent. It is unclear, for instance, whether chronicity of mistreatment is a necessary condition to establishing abuse. In many families an isolated beating or hard spanking can be expected in the normal course of events. If this is so, how do we label the rare impulsive outburst that results in permanent injury to the child? Is this to be called abuse because of the damage to the child? Or is it to be called an accident since it never occurred before? When the parent is filled with remorse, should this affect our judgment? (Elmer, 1966, p. 28).
Kempe and Helfer (1972), in a like manner, cited definitional confusion as a formidable problem which has limited communication and caused misunderstanding among the various professionals working with child abuse (p. xi).

Dr. David Gil made an attempt to clear up such difficulties by developing a rationale for focusing on the caretakers' intent (Gil, 1970, Ch. 1, p. 1-17). In 1970, he proposed the following definition:

The intentional, nonaccidental use of physical force, or intentional, nonaccidental acts of omission, on part of a parent or other caretaker interacting with a child in his care, aimed at hurting, injuring, or destroying that child (Gil, 1970, p.6).

But it is interesting to note that earlier (in Kempe and Helfer, 1968, p. 20), he had proposed a different definition:

Non-accidental physical attack or physical injury, including minimal as well as fatal injury, inflicted upon children by persons caring for them.

And then in 1973, testifying before a Senate Subcommittee holding hearings on the Child Abuse Prevention Act (S. 1191, 93rd Congress, 1st Session), he defined child abuse as:

Any act of commission or omission by individuals, institutions, or society as a whole, and any conditions resulting from such acts of inaction (sic), which deprive children of equal rights and liberties and/or interfere with their optimal development (Gil, 1973, p. 14).

In his latest definition, Gil made it clear that he considered corporal punishment, which he referred to as "nothing but an ancient cruel ritual which never serves the real educational and developmental needs of children", as an act of abuse (Gil, 1973, p. 20).

Unlike Gil, most investigators do not attempt to develop a rationale for their definitions, and many others provide no definitions at all. Those definitions offered have ranged extensively. There is still disagreement as to whether psychological abuse and sexual abuse should be classified as "child abuse", or whether it should be confined
to physical abuse (See, for example, Light, 1973; and Spinetta and Rigler, 1972). There have been attempts to specify the nature and extent of the injuries as the criteria (Elmer and Gregg, 1967). Parental intent in inflicting the injury has been used to define abuse (Morse, Sahler, and Friedman, 1970). Delsordo (1963) and Bryant, Billingsley, Kerry, Leefman, Merrill, Senecal and Walsh (1963) used an a posteriori criterion which defined abuse as situations in which a child was physically mistreated by an adult to the point that care by someone outside the family (e.g. relative, foster parent, or institution) is needed (p. 126). Newberger, Hagenbuch, Eberling, Colligan, Sheehan and McVeigh (1973) define it more in global terms of "a syndrome with or without inflicted injury, in which a child's survival is threatened in his home (p. 846)."

Some of the earlier attempts to call attention to the problems of abuse resulted in the use of some very emotional laden terms to define it. Kempe and Helfer's term "battered child syndrome" is a good example of this. Elmer (1966) stated:

It (battered child) is less suitable today when the focus is on developing appropriate manners for management of the problem. The term "battered child" connotes willful assault, cruelty, even sadism; it leaves no room for the exploration of other etiological possibilities (p. 29).

And, Kempe and Helfer (1972), themselves, stated that they seriously considered dropping the term in favor of some "more clearly understood and all-inclusive term (p. xii)."

The lack of clarity on how to define child abuse has resulted in a wide variance in concepts and terminology associated with child abuse in the legal realm. Fraser (1974), a staff attorney for the National Center for the Prevention and Treatment of Child Abuse and Neglect, commented that every state defines child abuse differently in some respect (p. 12).
In summary, the review of literature reveals that concepts of child abuse are value-oriented, highly emotional and confused by corporal punishment. How to define child abuse clearly and objectively remains an open question.

The difficulty which such a lack of agreement on the concepts and terminology creates for research and training in child abuse was stated by Gil (1970) as follows:

"An essential first step in investigating a phenomenon as complex as physical abuse of children is to develop an unambiguous definition as a basis for identifying and describing discrete incidents (p. 4-5)."

A major goal of this project was the development of a means of defining or conceptualizing an abused child. To accomplish this goal it was proposed that a systematic procedure known as "concept analysis" (Markle and Tiemann, 1970, and Thiagarajan, Semmel and Semmel, 1974) would be applied to the content of literature reviewed.

Concept analysis as described by Thiagarajan et al is one of the first procedures employed in instructional development when defining precisely what information the completed instructional program should teach (Thiagarajan et al, 1974, p. 6). It is similar to task analysis (the means by which a task is broken down into various component subtasks) except for the content to which it is applied. Task analysis is used when skill development is the goal of instruction. Concept analysis is used when the acquisition of knowledge is the goal (Thiagarajan et al, 1974, p. 43).

A concept as used in the procedure of concept analysis refers to "a class the members of which share some properties in common (Markle and Tiemann, 1970, p. 5)." The shared properties enable generalizations
of the concept to new examples. The properties common to the concept and, therefore, the properties which must be contained in every example of the concept are called "critical attributes" by both Thiagarajan, et al (p. 43) and Markle and Tiemann, (p. 20).

Irrelevant attributes are properties of a concept which can be varied without affecting the integrity of the concept. Irrelevant attributes, therefore, are those by which examples may vary without losing their membership in the concept category (Thiagarajan, 1974, p. 83).

Those interested in a thorough discussion of the techniques involved in concept analysis are encouraged to read the references cited above. (Procedures used are explained in Appendix B, pp. 39a-39c.)

In order to identify an abused child three critical attributes must always be present. They are: (1) An individual under the age of 18, (2) Under the charge of a caretaker, and (3) Non-accidentally injured.

The first critical attribute has been extracted from the legal literature and is consistent with the law in most states.

The second critical attribute follows logically since, with specific exceptions enumerated in the law, an individual who has not reached the age of maturity (18 years in most states) is by definition under the charge of a caretaker.

The term caretaker is used here to convey the fact that children may be under the charge of an institution, foster parents, babysitters, and the like as well as under the charge of natural parents.

The third critical attribute of the abused child concept is the most difficult to comprehend. The question that is nearly always asked is, "How can you tell whether the injury was accidentally or non-accidentally induced?"
The literature from the field of medicine clearly establishes the fact that the history given of the specific injury and the nature of the injury must be compatible if one is to accept the cause as being accidental. When the nature of a physical injury is at variance with the history given of it, there is a strong likelihood that the injury occurred non-accidentally. In addition to the overwhelming evidence presented in the medical literature, some states (Connecticut and Louisiana) have adopted this language to define the term "abuse" in legislation mandating the reporting of suspected cases of child abuse.

The field of medicine has developed highly sophisticated diagnostic procedures to differentiate between accidental and non-accidental injuries. When used in conjunction with the "extended diagnosis" (See Glossary, p. 23) the margin of error is minimized. Thus, the critical attribute "non-accidentally injured" is not only essential to the concept of the abused child, but is also capable of being determined with a high degree of accuracy, even though the specific type of injury varies from example to example.

By referring to the concept analysis scheme presented on page 21, and, when necessary to the Glossary presented on page 22 the reader should be able to identify the critical attributes (Cols. 2, 3, and 4) necessary in every example of an abused child. Columns 5 and 6 of the concept analysis scheme show the category of injury and classify the injury as one of omission or commission. Columns 7 and 8 show the type of physical injury (irrelevant attributes which vary without affecting the integrity of the concept) and how the injuries are most frequently described in the existing literature. Column 9 identifies basic procedures employed in the medical diagnosis.
Columns 10, 11, 12, and 13 show the relationship between sociological and psychological descriptors and physical descriptors through the use of the extended diagnosis.

It should be noted here that consideration was given to omitting psychological injury from the concept analysis because hard data in the literature was insufficient to assume its existence as a discrete category. Moreover, the legal literature shows that many states refuse to recognize "psychological injury" or "emotional injury" unless it is accompanied by physical injury. However, the existence of psychological injury is so pervasive in the medical, social work, and psychological literature that inclusion of psychological injury is essential to a complete concept analysis. Moreover, the extended diagnosis with its psychological components has become such an integral part of the medical diagnosis of physical injury, that excluding psychological injury from the concept of the abused child would abort the entire analysis.

The reader will note in columns 4 and 5 that "Psychological Injury" is connected to critical attribute numbered 3 by both a dotted and a solid line. This is to indicate that the elements associated with psychological injury may require more sophisticated diagnostic techniques than are now available if psychological injury is to be considered by the courts as evidence of child abuse when physical injury is not also present. The solid line designates the direct relationship between an abused child and psychological injury because the literature strongly indicates that psychological injury must certainly accompany most cases of severe physical injury inflicted upon a child.

Inclusion of psychological injury seems justified for still another reason. The descriptors of sociological and psychological injury as found in the literature are those things which teachers, social workers,
mental health workers, peace officers, and others tend to observe. For this reason and, as mentioned previously, since these properties are essential to the extended diagnosis in cases of physical injury, the inclusion of psychological injury as a category seems essential. Moreover, inclusion of psychological injury increases the utility of the analysis as a means of identifying both the parameters for research and the elements that should be included in programs designed to transmit knowledge about the abused child.

Note: The reader is referred to Appendix A for an illustration of how the concept analysis is utilized to identify examples and non-examples of abused children.
ABUSED CHILD CONCEPT

Glossary of Terms

ABNORMAL: Deviating from a standard; not average, typical or usual.

ABUSED CHILD: The product of child abuse. Any person under the age of 18 years in the charge of a caretaker who is non-accidentally injured by an act of omission or commission.

AFFECTIVE DOMAIN: A sphere of activity or influence pertaining to feelings or emotions.

AGGRESSIVE: Behavior characterized by offensive acts or attacks; action or activity carried out in a forceful manner.

BILATERAL: Affecting, or pertaining to, both sides of the body.

BRUISE: An injury that does not break the skin but causes ruptures of small underlying vessels with resultant discoloration of tissues. Syn.: Contusion.

BURN: An injury produced by, or as if by, burning. Described in terms of degrees (1st, 2nd, 3rd) in accordance with their depth through the skin.

CARETAKER: Anyone responsible for the health and well-being of a child. A caretaker may be a parent, guardian, foster parent, teacher, baby sitter, or other person charged with the care of a child.

CENTRAL NERVOUS SYSTEM: The system controlling those bodily functions of, relating to, comprising or originating in the brain and spinal cord.

CLINGY: Behavior characterized by a strong tendency to physically hold onto and/or a reluctance to separate from; a strong emotional dependence.

COGNITIVE DOMAIN: A sphere of activity or influence pertaining or relating to the acquisition and application of knowledge.

COMMISSION: A willful or volitional act.

CONCEPT: A class the members of which share some properties in common.

CONFINED: A state existing when movement is restricted beyond accepted norms; bound, imprisoned, denied freedom, locked up, etc.

CRITICAL ATTRIBUTE: A property of every example of a concept. If it is removed, the example becomes a non-example.
DESCRIPTOR: A property of a concept which may, in and of itself be insufficient but delimits examples of the concept; pictures, words, descriptions, characteristics, etc.

DESTRUCTIVENESS: Behavior resulting in damage to property, self, or others.

DIFFERENT STAGES OF HEALING: Injuries of differing ages.

DOMAIN: A sphere of influence or activity.

EXTENDED DIAGNOSIS: The use of social, emotional, economic, or other environmental factors which tend to confirm or deny suspected cases of child abuse.

FRACTURE: A break or rupture in a bone.

CHIP FRACTURE: A break in a bone which separates a small fragment from the main body of the bone.

CONCUSSION FRACTURE: A break in a bone resulting from impact.

GREEN STICK FRACTURE: An incomplete fracture of the long bones; principally the forearm.

LONG BONE FRACTURE: A break in one of the elongated bones supporting a limb; e.g., femur, humerus.

SPIRAL FRACTURE: A break in a bone resulting from twisting or torque.

GROSS EXAMINATION: Physical examination without the aid of radiologic instruments or surgical entry.

HEMATOMA: A swelling containing blood.

INJURY: A harm or hurt, wound or maim which adversely affects health, looks, comfort, or success. A specific impairment of body structure or function caused by an outside agent or force which may be physical, chemical, or psychic.

INTERNAL INJURY: An injury to the internal organs, e.g., bowel, kidneys, spleen, liver, heart, lungs, mesentery.

LABILITY: Characterized by rapid emotional or mood changes.

LETHARGIC: Apathetic, sluggish. A state of overpowering drowsiness or sleep.

MALNUTRITION: Faulty or inadequate nutrition. The state resulting from inadequate or improper feeding.
MARASMUS: Progressive wasting or emaciation, especially a wasting in infants; failure to thrive.

MASOCHISM: The act of inflicting harm, or causing harm to be inflicted, upon one's self.

MESENTERY: The membrane enfolding the intestines.

METAPHYSEAL: The line of the junction of the shaft of a long bone (diaphysis) and segment of the bone (epiphysis) which during early life are separated by cartilage.

NEGLECTFUL: Giving little or no attention or regard to; careless; unattending; inadequate caring.

NON-ACCIDENTAL: Occurring by other than chance; e.g., an injury which is inconsistent with the stated cause.

OMISSION: The act of neglecting or leaving undone; neglect of duty; failure to act, etc.

PARALYSIS: Complete or partial loss of function involving motion or sensation in a part of the body.

PASSIVE: Not reacting visibly to something that might be expected to produce manifestations of an emotion or feeling.

PERFORMANCE LAG: An unexplained discrepancy between observed and realistically expectable behavior.

PHYSICAL: Of or pertaining to the body.

POSTURING: Remaining motionless for unusually long periods of time.

PSYCHOLOGICAL INJURY: That which adversely effects the emotional or intellectual well-being of a child.

PSYCHOTIC: Referring to mental disorders characterized by defective or lost contact with reality.

RADIOLOGIC: Of or pertaining to the use of radioactive substances in medicine; x-ray. Principally referring to x-ray diagnosis.

RETARDED: Limited in intellectual or emotional development.

RETINAL HEMMORAGE: Rupture of blood vessels in the perceptive structure of the eye.

ROLE REVERSAL: A pathological pattern of behavior wherein a child assumes the parent role of providing emotional support.

SCAPEGOAT: A person bearing the blame for others and/or receiving the brunt of punishment.
SCAR: A mark left by the healing of injured tissue. May be internal as well as involving the skin.

SIBLING: One of two or more persons having one common parent.

SOCIAL DOMAIN: A sphere of influence or activity involving the relationships of an individual to another individual or group.

SUBDURAL HEMATOMA: A swelling containing blood and underlying the membrane which enfolds the brain.

SUBSTANCE ABUSE: Improper use of controlled drugs such as alcohol, narcotics, etc.

THERAPEUTIC DIAGNOSIS: The identification of a disease or pathological state by removal of the patient from his usual setting, providing controlled treatment in a hospital or other therapeutic milieu, and comparing and contrasting observed differences.

TOXIC: Of, relating to, or caused by a poison.

TRAUMA: A wound or injury; especially damage produced by external force.

UNCOMMUNICATIVE: Not tending to communicate; untalkative; withdrawn.

UNILATERAL: Of, relating to, or affecting only one side of the body.

VISCERAL-ABDOMINAL: Of, relating to, or affecting the inner cavity of the abdomen.

VITRIOLIC: Virulent of feeling or speech; characterized by obscene or violent speech.

WELT: A ridge or lump raised on the body, usually by a blow.

WITHDRAWAL: The act of retreating physically or emotionally to a less exposed position; characterized by a low frequency of social interaction.
REVIEW OF EDUCationally RELEVANT LITERATURE

Only a small proportion of the studies of abused children have been concerned with problems beyond the immediate physical effects of the injuries. Of the 415 articles collected for this project, only 7 were addressed to determining the incidence of handicapping conditions following physical trauma. As stated by Martin (1972):

The morbidity of the syndrome is just beginning to be studied. We know that many children die. We now see that even larger numbers of children will be retarded, brain damaged, undernourished, and emotionally crippled (p.111, 112).

The existing evidence as to the incidence of educational handicapping conditions in the abused child population is difficult to assess. The lack of common criteria for selecting abused subjects has been cited as one major deficit in existing research studies (Geiser, 1973). As noted by Elmer, (1966):

The investigator who wishes to study the problem of child abuse finds that the definition of abuse is by no means clear and commands no consensus--even among knowledgeable professional persons. Some claim that physical abuse is the only variety worth concern; while others believe that, in the long run, emotional trauma can be fully as damaging to the child (p. 28).

The definitional problem has often been ignored in the literature. Many authors do not even provide a description of their subject selection criteria. In one study (Terr and Watson, 1968), Juvenile Court and Department of Pediatrics referrals served as the basis for subject selection--no injury data were given. Merrill (1962) studied the characteristics of 115 abusing families for which data were available. Selection
techniques and types of injuries were not described. Elmer (1963) selected subjects from the records of one hospital. The sample was limited to "50 former patients whose diagnosis included multiple bone injuries (p. 180)." In only one study (McRae, Ferguson, and Lederman, 1973) was the sample described by the authors as biased. Spinetta and Rigler (1972) addressed the problem when they stated:

...in most studies in this area, the researchers used samples easily available from ready-at-hand local populations, and thus the samples were not truly representative (p. 297).

An additional criticism of existing research is its narrow focus. A very few dependent variables have been assessed. The incidence of emotional disturbance among abused children has been reported in only three studies. Elmer and Gregg (1967) found that 40% of their sample was emotionally disturbed. In another study, Morse, Sahler, and Friedman (1970) reported that 29% were emotionally disturbed. McRae, Ferguson, and Lederman (1973) identified 9% as having emotional problems. The incidence of emotional disturbance among the non-abused children is difficult to determine. Hewett (1968) stated that more than 10% are disturbed; while a 4-7% figure was postulated by White and Harris (1961). But, as noted by Kirk (1972), "...a prevalence figure depends on the definition and degree of behavioral disorders an investigator establishes (p. 401)."

Retardation was the most frequently reported variable. In six studies (Elmer, 1963; Elmer and Gregg, 1967; Gil, 1970; McRae, Ferguson, and Lederman, 1973; Martin, 1972; Morse, Sahler and Friedman, 1970) the reported incidence ranged from 13% to 71%. The expected frequency of retardation in the normal population is 2.5% (Telford and Sawrey, 1972). Standardized I.Q. tests were used in each study to identify retarded
subjects; the use of a single I.Q. test as the sole criterion for determining retardation has been questioned (Smith, 1969).

The incidence of permanent neurological damage was reported in four studies. Kempe (1962) found that 15.2% of 749 abused children suffered permanent brain damage; while in another study (Martin, 1972), 43% of 42 abused children showed evidence of neurological defects. Elmer (1963) studied 50 abused children and reported that 4% were neurologically damaged. It should be noted, however, that her sample was comprised only of bone injured children. McRae et al reported a 9% incidence in 34 abused subjects. A major problem in determining the incidence of neurological damage in the normal population has been the fact that brain damage may result in a wide variety of symptoms. As noted by Kirk (1972):

The brain is the control center of the body. When something goes wrong with the brain, something happens to the physical, emotional, or mental functions of the organism. The number of things that can happen to the organism are probably as numerous as the nerves and cells of the brain (p. 351).

The Bureau of Education for the Handicapped (1970) and other standard references did not list neurological impairment as a specific handicapping condition. Thus, the incidence of neurological damage has not been studied.

The wide variability in the findings of follow-up studies of abused children preclude their use as a basis for determining the incidence of handicapping conditions among the abused child population.

Table 1 summarizes existing research concerned with the problems of abused children.

In only two of the studies in Table 1 (Gil, 1970; Kempe, et al, 1962) were attempts made to select a random sample. In both cases, however, subject selection techniques were not clearly spelled out. Both studies
used survey instruments and neither reported the percentage of their returns.

Other follow-up studies of abused children have been concerned mainly with injury data. Educational handicaps have not been selected as dependent variables in any of the studies reviewed. Whether or not retardation, emotional disturbance and neurological damage are related to school placement of abused children is not known.

Existing research in determining sequelae to child abuse can be faulted for several reasons: the lack of selection criteria, the lack of random sampling, and the narrow focus of existing studies. There also exists a lack of knowledge of the educational problems of abused children.
Table 1
Summary of Follow-Up Studies of Abused Children

<table>
<thead>
<tr>
<th>Study</th>
<th>Population Source</th>
<th>N</th>
<th>Retardation</th>
<th>Emotional Disturbance</th>
<th>Neurological Damage</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morse, et al (1970)</td>
<td>One Hospital</td>
<td>21</td>
<td>9</td>
<td>6</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Eimer (1963)</td>
<td>One Hospital</td>
<td>50</td>
<td>4</td>
<td>N/A</td>
<td>2</td>
<td>Physical Defect = 7</td>
</tr>
<tr>
<td>McRae et al (1973)</td>
<td>One Hospital</td>
<td>34</td>
<td>12</td>
<td>3</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>Martin (1972)</td>
<td>One Child Dev. Ctr.</td>
<td>42</td>
<td>14</td>
<td>N/A</td>
<td>18</td>
<td>Delayed Speech = 16</td>
</tr>
<tr>
<td>Elmer &amp; Gregg (1957)</td>
<td>One Hospital</td>
<td>20</td>
<td>10</td>
<td>8</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Kempe et al (1962)</td>
<td>Hospitals</td>
<td>71</td>
<td>302</td>
<td>N/A*</td>
<td>N/A</td>
<td>85</td>
</tr>
<tr>
<td>Gil (1970)</td>
<td>Nation-Wide Survey</td>
<td>12,610</td>
<td>1,639</td>
<td>N/A</td>
<td>N/A</td>
<td>378 never attended school</td>
</tr>
</tbody>
</table>

*Not assessed.
RECOMMENDATIONS FOR EDUCATIONAL RESEARCH

Few studies have been reported regarding educationally handicapping conditions resulting from child abuse. The residual effects of physical trauma are reported in terms of known cases of retardation, emotional disturbance, neurological damage, physical defects, delayed speech, death, and non-attendance at school in only seven of the studies reviewed. The bulk of the literature, however, reports on identification, diagnosis, and other variables associated with physical injuries.

Reports of studies involving family dynamics, psychological characteristics of the abusing parent, and socio-economic factors have commanded considerable attention but to a far lesser extent than physical injuries. The existing literature strongly suggests the need for data based research in nearly all disciplines concerned.

There are many major research problems worthy of consideration. Studies into the causes or precipitating factors within the family situation; socio-economic environments that contribute to abuse; relationships, if any, between the use of mood changing chemicals and abuse or neglect; recidivism rates among abusing parents; intervention strategies that result in discontinuation of abusive behavior and many other areas are certainly worthy of inquiry.

While each of the issues noted above is worthy of investigation and will, undoubtedly, yield fruitful results, the present effort was directed toward the identification of a body of educationally relevant research regarding the abused child.
Based on our review of the literature we have reached the following conclusions:

1. Due to the variety of definitions and terms of child abuse used in existing literature, few investigators were assessing the same facets of the phenomena.

2. Most of the literature reports only on very severe cases of abuse. Thus, we have looked at only one end of the continuum. The more critical issues for educators may be in the less dramatic types of abuse which may be related to specific learning problems.

3. Attention has been focused on symptoms and their alleviation rather than on causes and prevention.

4. Attention has been directed toward descriptive reports rather than data based research.

5. Most reports are professional opinions resulting, in part at least, from the crisis-oriented nature of the physical assault on children.

6. Follow-up studies have, at best, been incomplete.

7. The residual effects of child abuse in relation to requirements placed on the schools and other social institutions and agencies have not been a subject of systematic inquiry to date.

On the basis of the conclusions reached during the course of this investigation, the following educational research is suggested:

Area 1. Studies of the educational correlates of child abuse.

Even though there is some evidence that child abuse may result in severe retardation, emotional disturbance, neurological damage and
other problems, there has been no systematic inquiry into the relationships between child abuse and placement in school.

Examples of questions relating to this issue include:

1. Are specific types of abuse related to subsequent educational placement? That is, is there a relationship between central nervous system damage resulting from abuse and specific learning disabilities?

2. To what extent do abused children require special teachers, special resources, and special educational programs? What is the cost to society in terms of increased demands placed upon the schools and other social agencies and institutions?

3. What are the educational and psychological implications, if any, resulting from physical abuse among school aged children? For example, are behaviors of abused children more or less aggressive, hyperactive, and the like than non-abused children?

4. Are children adjudged as abused more likely to become socially maladjusted and delinquent than nonabused children?

5. Do abused children exhibit unique learning profiles? For example, do abused children handle abstract concepts as readily as nonabused children?

6. What role should the teacher play in providing information that may contribute to the extended diagnosis required in many cases of child abuse?

**Area 2. Studies involving the level of awareness among the teachers (and other) professions.**
With the near void existing in the literature published in educational journals which educators might normally be expected to read, a major research concern centers on the level of awareness teachers and others involved in education may have about child abuse and/or the abused child.

Examples of questions relating to this issue include:

1. To what extent are teachers aware of their legal obligation to report suspected cases of child abuse. For example, all 50 states have laws regarding the reporting of suspected cases of child abuse. Are teachers and other educators aware of their specific obligations to report?

2. To what extent are teachers aware of the immunities provided in the several state laws when they report in good faith?

3. To what extent are teachers aware of the potential liabilities that may result for failure to report suspected cases of child abuse?

4. To what extent are teachers aware of symptoms and signs of child abuse?

5. To what extent are teachers aware of the roles and relationships of other professionals involved in the field of child abuse? To what extent are teachers and other professionals aware of the community agencies designed to assist in the prevention and treatment of the abused child and his family? For example, what is the role of the social worker, the peace officer, the mental health worker, the physician, the lawyer in the prevention and treatment of child abuse?
6. Are teachers and other educators aware of the potential and irreparable physical and mental damage that may result from child abuse?

Area 3. Studies involving the schools as a social institution and its role in preventing child abuse.

Several articles in the literature suggest that the schools should be involved in programs designed to assist in the prevention and treatment of child abuse. To date, formal school programs designed to assist in the prevention of the phenomena have not been reported.

A substantial number of articles report that the abused child is likely to become an abusing parent. It seems logical, therefore, that the school or other appropriate social institutions and agencies must intervene if the abused child-abusing parent cycle is to be interrupted. And, the question of how appropriate parenting behaviors can best be taught is still a matter of conjecture. At the present time, the role of the school has not been clearly defined.

Examples of questions related to this issue include:

1. Can appropriate parenting behaviors be taught through traditional modes of formal instruction?

2. What elements need to be included in courses designed to teach appropriate parenting behaviors if, in fact, they can be taught via traditional methods of instruction?

3. To what extent, if any, should courses on child abuse be included in teacher preparation programs?

4. To what extent, if any, should courses on child abuse be included in the preparation programs for other professionals.
That is, social workers, nurses, mental health workers, peace officers, and the like.

5. Do schools have established procedures for dealing with problems of suspected cases of child abuse?

The three broad areas of concern outlined above should be of interest to those charged with providing programs for exceptional children. The obvious programmatic and fiscal implications that may come from data based research involving the educational correlates of child abuse, the appropriate involvement of schools, and the interdisciplinary cooperation and communication, seem limitless. Neither the major areas of concern nor the questions illustrative of researchable areas are intended to be inclusive. Rather, the purpose of this project was to identify some areas of appropriate research and to provide a concept which might set parameters if such research should be undertaken.
SUMMARY

The present study was undertaken in an attempt to integrate the extant literature from the fields of medicine, social work, psychology, law, and education and to develop a concept of the abused child. The concept analysis of the abused child is deemed to be an essential prerequisite to significant data based research on the phenomena.

The bibliography presented here contains, to the best of our knowledge, the significant literature that has been published in professional journals. It is recognized, however, that the increased interest in, and writings about, the problems of child abuse make it impossible to have included everything that may now be available. As this report went to press, the project team was fully aware that some articles have been published that are not included here. We believe, however, that anyone interested in the subject will find the work fairly complete and helpful.

In an effort to keep the work as up to date as possible, the items in the present bibliography are being stored in the Utah State University computer. Updating the bibliography will be accomplished by periodic review of newly published items. The entry of new items in the computer will keep the bibliography up to date and easily available. Students interested in any aspect of the subject can retrieve cited materials by key word inquiry of the computer, or should they be interested, the entire bibliography can be retrieved.

As might be expected, the project team is convinced that research into the phenomena of child abuse and/or the abused child will be a rewarding area of inquiry and particularly fruitful for those who are concerned at the residual effects of child abuse in relation to subsequent educational problems.
APPENDIX A

Concept Analysis of Abused Children

EXAMPLES

1. J is a nine year old boy suffering from a fractured left arm and X-ray reveals several old fracture lines. J states he received the fractures by being thrown by his father. J is afraid of returning home.

2. B is a two year old girl with straight welts on her back and buttocks. B's mother states the father spanks her because she is such a bad child.

3. M is a three year old boy with 3rd degree burns on both hands from finger-tips to wrists. Mother states she was teaching M not to play with hot water.

4. T is a five year old girl whose weight is 27 pounds. She is suffering from several infections. Her four brothers and sisters seem well-fed. Mother states she sometimes forgets to feed T. Hospital feeding increases T's weight to 38 pounds in two weeks.

5. K is a three year old boy seen in the emergency room for nosebleed and dizziness. Radiological exam identifies subdural hematoma. Father states he doesn't know how it could have happened. Several weeks later, K returns to the hospital with retinal hemorrhage. Father admits to shaking K for misbehavior. Father cannot control K since K's mother died.

6. D is a two year old boy living with his mother who is admittedly alcoholic. The neighbors have been concerned at the way D appears "sick all the time." Medical examination reveals mesenteric damage and bleeding in the abdomen. Investigation reveals that mother punches the boy in the stomach when he won't eat properly.
7. F is a 10 year old girl referred by her teacher to the principal for excessive absences and poor performance in school. F is extremely shy and frightened of peers and adults. F's mother, a single woman of 27, is unemployed and often absent from the home for days at a time. F's mother states she loves F and to protect her from "getting into trouble" while she's gone, she locks her in her closet and sees nothing wrong with the procedure. The consultant psychiatrist has diagnoses F as severely neurotic and has recommended hospitalization.

NON-EXAMPLES

1. L is a nineteen year old female living at home with both parents. She is pregnant and father admits to being responsible for the pregnancy.

2. T and D are eight and 9 year old brothers whose parents were killed in an automobile accident three months ago. Neither parent has living relatives and when the Division of Family Services was finally notified, T and D were near starvation in a squalid and dirty tenement apartment.

3. S is a 12 year old girl brought to the emergency room by her mother. S is suffering multiple bruises and abrasions and has a fracture of the left humerus. S states she fell out of a neighbor's moving car during an argument with the neighbor boy two years her junior.
APPENDIX B

Procedures Employed by the Research Team to Identify Critical and Irrelevant Attributes

To insure that the critical and irrelevant attributes essential to the concept of the abused child were included, and to eliminate attributes that were not strongly supported in the extant literature, the research team established a coding system to identify all significant properties of the concept. The coding system used by the team is shown below.

### Abused Child Concept Analysis Coding System

<table>
<thead>
<tr>
<th>Index Code</th>
<th>Subject</th>
<th>Index Code</th>
<th>Subject</th>
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</thead>
<tbody>
<tr>
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<td>Historical</td>
<td>1.0</td>
<td>Social</td>
</tr>
<tr>
<td>0.1</td>
<td>Anthropological</td>
<td>1.1</td>
<td>Socio-Economic</td>
</tr>
<tr>
<td>0.2</td>
<td>Religious</td>
<td>1.2</td>
<td>Single Parents</td>
</tr>
<tr>
<td>0.3</td>
<td>Colonial</td>
<td>1.3</td>
<td>Religious</td>
</tr>
<tr>
<td>0.4</td>
<td>Child Labor</td>
<td>1.4</td>
<td>Parent-Child Relationship</td>
</tr>
<tr>
<td>0.5</td>
<td>Other</td>
<td>1.5</td>
<td>Peer Relationships</td>
</tr>
<tr>
<td>0.6</td>
<td>Ancient Civilization</td>
<td>1.6</td>
<td>Incidence &amp; Demographics</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Cultural Mores</td>
</tr>
<tr>
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<td>Psycho-Emotional</td>
<td>3.0</td>
<td>Medical</td>
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<td>Emotional Disturbances</td>
<td>3.1</td>
<td>Development</td>
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<td>Children</td>
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<td>Parents</td>
<td>3.3</td>
<td>Types of Trauma</td>
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<td>Intelligence &amp; Intellectual Development</td>
<td>3.4</td>
<td>Sexual Abuse</td>
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<td>2.3</td>
<td>Psychological Abuse</td>
<td>3.5</td>
<td>Neurological &amp; Cerebral</td>
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<td>5.0</td>
<td>Educational</td>
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<td>of Children</td>
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<td>Mental Retardation &amp; Learning Disabilities</td>
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<td>of Parents</td>
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<td>Abuse in Schools &amp; Institutions</td>
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<td>Prevention &amp; Remediation</td>
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<td>Societies Interest</td>
<td>5.4</td>
<td>Handicapping Conditions from Physical, Intellectual, Socio-emotional</td>
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<td>4.2</td>
<td>Children's Rights</td>
<td>5.5</td>
<td>Educational Methods which Foster Optimal Development</td>
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<td>4.3</td>
<td>Parent's Rights</td>
<td>5.6</td>
<td>Abuse as Secondary Condition of Care Requirements</td>
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<td>Case Law</td>
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<td>Courts</td>
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<td>5.81</td>
<td>For reporting</td>
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<tr>
<td>4.7</td>
<td>State Laws</td>
<td>5.82</td>
<td>Desirable Teacher Competencies in Working With Abused Child</td>
</tr>
<tr>
<td>4.8</td>
<td>Federal Laws</td>
<td>5.9</td>
<td></td>
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</tbody>
</table>
As each article was read by a team member, appropriate code numbers were recorded on 4x6 cards. To establish inter-reader reliability many articles were read by all team members and any differences in coding were resolved. The coded cards were subsequently used to identify and enumerate the attributes. When necessary, articles were retrieved from the file to insure that the critical or irrelevant attribute had been adequately identified in the literature.

The team, using an interactive mode, sorted through hundreds of cards for the descriptors which have been used to identify abused children. For example, each of the fifty states, the District of Columbia, Puerto Rico and the Virgin Islands have enacted laws that define "child". While most state laws refer to the chronological age (18 years) some states include any person under the age of 18 years as well as mentally retarded persons regardless of age. In order to accommodate the systematic procedures of concept analysis the chronological age of 18 years was, therefore, identified as a critical attribute—a property of the concept present in every example of the concept.

The procedure illustrated above was used through the entire analysis. The critical attribute identified as "under the care of a caretaker" evolved from the numerous articles that differentiated between natural parent, foster parent, baby sitter, and the like. Hence, the generic term "caretaker" has been used to include anyone who is charged with the care of a child. Again, a critical attribute that must be present in every example of the concept.

As noted on page 17 and 18 the critical attribute identified as "non-accidentally injured" resulted from application of the process
and responds to the literature that is in substantial agreement regarding the nature of non-accidental physical injuries.

Identifying the irrelevant attributes—those properties which can be varied without affecting the integrity of the concept—became a matter of identifying the properties reported in the literature and arranging them on the abused child concept scheme in logical relationships to other irrelevant attributes of the concept.
REFERENCES


Fraser, B. The tragedy of child abuse-"Momma used to whip her". Compact, 1974, (Mar.-Apr.).


Kempe, C. Clinical Proceedings Children's Hospital National Medical Center, 1974, 30 (3) 38.


Annotated Bibliography

ARTICLES


Brief review of some conflicting reports of the incidence of child abuse (Gil & Fontana) with discussion of some ways schools might help combat the problem through reporting procedures and the institution of educational courses for parents and children.


Describes the feelings of rage thousands of mothers feel towards their children and discusses the merits of "Parents Anonymous" groups to "turn self-hate into self-help." Includes sources of help and addresses for parents who are interested in forming a Parents Anonymous group.


A brief historical account of the child abuse problem with a discussion of incidence psychiatric and socio-economic factors associated with the problem. Examines some of the problems encountered in making adequate laws for prevention which touch on such factors as patient-client relationships and civil vs. criminal laws and the adversary system employed in courts. Proposes a model legislative system as a solution for prevention and rehabilitation.


Describes five cases of death due to sibling aggression or playfulness and analyzes characteristics of battering children.


Describes the death of a forty-two month old girl, caused by asphyxia, following the pouring of contents of a pepper shaker into her mouth by her mother.
A study of forty-six homicides in which the victims were children.

Editorial comment urging awareness and action on the part of physicians.

A third year nursing student's term paper. Concise review and statement of contemporary conditions.

Presents a concise medical description of the Battered Child Syndrome. Includes characteristics of injuries associated with battering and, in addition, presents other conditions which closely resemble battering. Presents several case examples describing injuries.

Presents some demographic data on child abusers and discusses the problem of reporting. Includes, in tabular form, a breakdown of sources of reports.

Discusses the Minnesota State Law concerning child abuse reporting, and demonstrates that these statutes do obtain results in terms of prompt action.

Discusses incidence of child abuse, but recognizes the fact that figures are at best inaccurate. Recommends stronger state laws in response to abuse.
A short letter asking that physicians report child abuse, if not for the child's sake, for humanity's.


Renames the "battered child syndrome" the "Maltreatment syndrome." Claims that the latter term is more encompassing to include abuse and neglect. Discusses the scope of the problem and societal moves which inhibit effective treatment.


List the types of trauma associated with abuse. An outline of the physicians role in diagnosis when abuse is suspected.


Two letters discussing 1) possible link-up of minimal brain dysfunction and the child who gets abused because of his very provocative behavior, which results from MBD. Also speculates on possibility that the parents who abuse may in some cases also have MBD. 2) the state of the art among physicians in preventing and predicting abuse.


A call for strengthening of the interdisciplinary ties between professionals dealing with child abuse and for more adequate services to back up remediation efforts once the problem has been identified.


A book generally adequate in presenting many facets of the maltreatment syndrome.


A report which presents case histories typical of the maltreated child and discusses the diagnostic and social problems encountered in this syndrome.

Consideration of child abuse by a panel composed of representatives from Children's Bureau, HEW, a child psychiatrist, and three members of the armed service; particularly concerned with military personnel.


Types of fractures: etiology and descriptions.


Suggests the term "violent parents" has more to commend it than "battered-baby syndrome". Argues that concern should be focused on prevention rather than case-finding.


Case study of an infant victim of child abuse with no external manifestations of trauma and a picture closely mimicking organic brain disease. Makes case for early consideration of child abuse as etiology and outlines symptom review.


The battered baby syndrome as evidenced in England and Wales.


Discusses a group-prevention approach to aid parents in families where abuse patterns are developing. Further objectives: 1) service to parents and children; 2) training of personnel; and 3) discover origins of familial violence.


Describes case of abuse and school's handling of it. Calls for uniform procedure for reporting and protecting child.

Focuses on the psychodynamics of child abuse, with guidelines for intervention. Stresses the fact that child abuse is self-perpetuating cycle which must be interrupted.


Outlines the results of experimental co-therapy approach used with mothers of children involved in child protection cases.


Lengthy review of torts involving child-parent litigation. Shows bias of the court changing from total immunity from prosecution for parents to creation of children's rights.


Reviews ten cases of battered child syndrome from the standpoint of the assailant. Discusses significant experiences in the life of the assailant which result in aggression upon child as a form of displacement. Also discusses problems of early recognition and management.


Includes, in addition to historical and etiological considerations, lists of behaviors by which children and parents involved in abuse may be tentatively identified. Lists forty-six items which might be included in what is now called an "extended diagnosis."


Examines the California penal code with respect to child abuse and finds it loose and perhaps useless, if not dangerous. Underscores the need for clarity and definition.


Letter to the editor expressing concern over sacrificing a child's right for orderly predictable growth to a parent's
right to privacy. Asserts that at the present time in Australia the child's right to normal growth is not protected in any way as vigorously as the adult's right to privacy.


A comparison of problems and functions of child protection services as they are rendered under different agencies.


A case study of a young child who received broken ribs and cerebral damage as a result of attacks by the father.


Transcript of address before the Victorian Branch of the Australian Medical Assn., November 12, 1969. Covers a multitude of topics dealing with areas in which medicine and law touch. Included are references to the battered child, the maltreated child and the sexually abused child. Contends that biological material does not easily lend itself to law making.


A series of cases describing maltreated children and general clinical features found in such children. Contains observations on similarities in families of these children, and discusses the problems of recognition and prevention.


Transcript of retiring president's address to the Victorian Branch of the Australian Medical Association. A review of the abused child problem, with emphasis on the mother-child disturbances. Calls upon the medical community to be more sensitive to mother's expressions which are indicative of anxiety and doubt.

A report on eight cases among East African children. Discusses the etiology, clinical features and management.


Historical background from ancient times to today with emphasis on major child abusers like the Nazi war machine.


A pseudo-fantasy describing conditions of the 60's and 70's including one section on child abuse.


Study of radiologic recognition of characteristic skeletal injury in identifying the abused child.


General discussion of some recent state-enacted laws on child abuse in the United States and the statutes of legislation in Canada. Examines symptoms of the "battered child syndrome" and the interdependence of the professional disciplines (law, medicine, and social work) in dealing with the problem.


A review of therapeutic approaches used in treating child abusers. Includes data regarding incidence and estimates of how successful therapy may be. Estimates of numbers based on data presented by other investigators.


Discusses normal and abnormal violence toward children with emphasis upon the motivation and desire which constitutes the abnormality.

A concerted effort to clarify roles and effect closer interdisciplinary communication as a result of evident shortcomings in the protection of abused children, even when professionals are aware that children are in danger resulted in a dramatic reversal the follow year (1960) in protective actions taken when child abuse was indicated.


Seven case studies to illustrate the problems inherent in identifying the battered and/or neglected child. Considers the roles of the physician, social worker, district attorney, etc. as they relate to handling the problems posed. Offers a five-point approach to be used by physicians who encounter such children.


Due to the fact that procedures in identification and treatment of child abuse "at the grass root level" are difficult and misunderstood, proposes a system of child abuse control centers located throughout the country.


Comprehensive treatment of problems and questions concerning agency responsibility in delivery of services and prevention.


Describes the effect of the Gault Decision on the Juvenile Court System.


Identifies characteristics of parents who abuse their children and the dynamics of their behavior. Presents some therapeutic considerations.

Presents guidelines for diagnosing wilful abuse: 1) injuries incompatible with given history; 2) evidence of previous abuse; 3) report of all suspected cases.


Report of findings from a study that indicates an increase in physical abuse of children by parents in Massachusetts and that community resources are inadequate to deal with it. Identifies some characteristics of abusive parents and abused children.


Two letters to the editor: A plea to develop a greater understanding of psychological abuse, so that cases of psychological abuse could be handled better. A refutation that battering parents possess low I.Q.'s.


A letter to the editor asking for removal of children from homes where misguided authoritarian parents may be overdoing authoritarianism to the point of psychological damage to the child.


Based on a review of the social agency records of twenty-eight children who had experienced parental abuse or severe neglect. States that conclusions are, therefore, "impressionistic." Concludes that child abuse is only one, and in some cases a relatively insignificant, element in a complex parent-child interaction pattern. Calls for more attention to meeting the child's and the parent's dependency needs, rather than focusing so exclusively on the abuse itself.

Explains that children's rights are now receiving more attention than in the past, but that case law and statutes are falling behind reality.


Presents the number of suspected battered children reported in Indiana during twelve months of 1966, their disposition by the courts, sources of referral, etc.


Describes six infants with subdural hematoma and associated multiple fractures in the long bones. Explains that although it was agreed that the injuries were of traumatic origin, parents were not identified as perpetrators of abuse.


Links shaking and whiplash to traumas of the brain, eyes, and limbs and suggests diagnostic guidelines for physicians.


Presents need for deep and sustained study of trauma, "the greatest killer and crippler of children." Advocates the creation of a new subspecialty in medicine: pediatric traumatology.


Discusses examples of residual traumatic cupping. Emphasizes the fact that cupping is a residual lesion that develops gradually after several months and years of bone growth.


Describes the management system for handling child abuse in the Department of Child Health at Adelaide Children's Hospital, Australia. Includes tabular form summary of cases of child abuse found at the hospital.

Substantiates the frequent occurrence of inflicted injury on children and recognizes the immediate and imperative need for protection of such children.


Discusses the psychological, socio-economic factors thought to be associated with abuse. Explains, in some detail, types of injuries typical to abuse.


Provides some historical and medical background on the problem of abuse and details the approach of a multidisciplinary team to deal with abusers. Gives an overall plan along with results achieved in a study.


Discusses the question of protecting children from neglect as opposed to violating the legal rights of parents. Contends that present statutes are vague and uncertain as to definition and litigation regarding neglect. Deals with psychological abuse as a concomitant of deprivation and neglect.


Concerned with parents who are not able to assume responsibilities for their children, and who are themselves products of deprived childhoods. Discusses strategies for more effective services to the multi-problem family. (Bowen Centtey demonstration project on Chicago's North Side.)


A position paper dealing with identification, treatment and prevention of child abuse. Presents some suggestions on working with abusive families.

Review of the 1965 changes in Ohio's statute covering reporting of child abuse. Explains the 1965 amendments which considerably broadened who must report (nurses, teachers, social workers) and provided some clear immunity provisions to protect those who do report. Describes these legal changes in context of some of the history of child abuse. Emphasizes that the new law is intended to be "protective rather than punitive."


Legal brief and proposed legislation granting children rights of privileged communication with parents and Bill of Rights protection.


Gives a brief outline of the clinical entity "battered child syndrome". Comparisons of Canadian and American aspects of the problem with acknowledgement that most of the work conducted on the matter has been done in the U.S.


Four in depth case studies drawn from a military population describes impulsive, immature S's burdened with multiple economic and marital problems.


A reevaluation of child abuse study by the Victorian government showing inadequate methods were used for the study, giving a distorted view of the problem.


Urges that all states have laws which not only require doctors to report suspected child abuse, but also provide legal sanction for their doing it.

An article based on a speech presented by Dr. John Caffey before the June 1972 convention of the A.M.A. Particularly focuses on the common disciplinary and playful practices thought to be benign, which are potentially severely damaging to blood vessels in the brain. States that not only snaking, but many common practices in the American culture all which involved a whiplash form of motion (tossing a baby into the air, "riding a horse", crack the whip, "skinning the cat") can lead to permanent brain damage. Explains that pre-mature infants are particularly vulnerable and that male infants are twice as vulnerable as female.


A six point program which should aid communities in identifying abused children and in protecting them from further abuse. Concerned primarily with the physically abused child.


Letter concerning the practice of delaying radiologic diagnosis defended in an earlier letter. Points out the fact that the law makes mandatory a complete skeletal survey in cases of skeletal injury of any child under two years.


Covers the historical background of abused children, followed by descriptions of maltreated children and psychological factors involved. Examines the legal aspect of the battered child. Provides an overall view of child abuse.

Corbett, J. A psychiatrist reviews the battered child syndrome and mandatory reporting legislation. Northwest Medicine, 1964, 63, 920-922.

A review of the battered child syndrome from a psychiatric point of view. Reviews the better known literature and knowledge base of child abuse. Takes exception to two points commonly accepted. States that only a small number of abused children suffer the type of physical abuse as described in "the battered child syndrome," and that the age group usually identified with child abuse (under age 4) is not consistent with the author's experiences.

Report of a study at Marland Hospital, Newark, New Jersey of how the hospital managed and followed-up child abuse cases. Emphasizes that abuse is symptomatic of chronic pathology in child's home environment and that there is little about the abused child which makes early identification easy, and that cooperation with other community agencies is essential.


A discussion of the rights of children, in a philosophically oriented analysis which ties in the origin of "human" rights with the Kant and Grotius decisions. Makes a case for emphasizing the protection of children over infringement of parental rights.


Quote of Michigan law on reporting confidentiality and immunity from prosecution by a Department of Social Services' employee.


A summary of papers on child abuse, dealing with the dilemmas and 1) function and administrative set-up of agencies, 2) differences within the law, 3) dependence of agencies upon others for referrals and 4) lack of experience of workers.


Emphasizes the need for awareness of problem; describes in general terms the procedures in autopsy plus extended diagnosis, includes four case studies.


A brief survey of the historical, influence, and demographic aspects of the child abuse problem. Discusses two case reports in the light of the need for close interagency cooperation, in the handling of cases of abuse.

Critically examines the hypothesis of role-reversal. Cites sources which provide empirical evidence for critical comments.


Reviews a large amount of literature on child abuse, including the characteristics of the child and characteristics of the parent. Discusses treatment modalities. Includes a detailed discussion of various aspects of child abuse legislation as it is codified in the state statutes. Draws similarities and contrasts between and among many of the state statutes, and finally, discusses Florida's child abuse law.


Examines the incidence and demography of abuse with implications for parental and societal actions. Presents legal definitions and medical symptoms.


Description of a boy who suffered severe abuse until age 10 and then was removed from his parents. Explains how, by operating on the premise of health rather than pathology in the child's constitution, social workers were able to effect some emotional health so that at age 5 the child could be successfully placed in an adoption home.


A summary of a larger (328 pages) report conducted by the Children's Division of the American Humane Association over a two year period. Objectives: to determine what communities were presently doing; to identify the legal basis under which programs were operating; to assess the size and scope of each program and to evaluate to what extent the programs are actually meeting the needs in each community.


Presents an analysis of state laws regarding abuse. Provides typical portions of state laws which have been enacted for prevention and reporting. Comments...
oares and criticizes statutory provisions of various state laws in light of their purpose, implementation and effect. Concludes that, while these laws are a step in the right direction, alone they are insufficient to effect any resolution to the child abuse problems.


A descriptive article briefly touching on the history of child abuse, parental needs and the community's needs for child protection services.

DeFrancis, V. Preventing maltreatment of children. Public Welfare, 1966,

brief outline of problems of child protection.


An attempt to identify parent factors in physical abuse to children. Identifies etiology as 1) mental illness, 2) overflow abuse; 3) anger; 4) disciplinary abuse; and 5) misplaced abuse. Identifies approaches to protective intervention on the basis of etiology.


Questions the authenticity of child abuse statistics and criticizes hastily created child abuse laws.


A description of reporting procedures for dentists who suspect child abuse. States that dentists are required by law to report.

A discussion of the practical aspects of the North Carolina Child Abuse laws which alleviate the physician's fear of reporting. Stresses the physician's responsibility towards the abused child.


Describes a three stage computer based system for reporting and monitoring child injuries. Explains that the system collects information and provides monitoring service; results are then printed, circulated and organized for rapid retrieval.


A letter discussing abuse by siblings stresses the responsibility of parents.


Mentions but does not treat psychological abuse, the unloved child, emotionally traumatized child, etc. Discusses "what the law must do to ameliorate the problem" but confines discussion to review of laws. Contains tables summarizing provisions of all the states' reporting laws. Opposes provisions that parent will not be called negligent if child is deprived of medical care for religious reasons.


Study conducted at Guy's Hospital, London, which undertook to determine if cases of child abuse seen in the hospital failed to get reported. Concluded that many were missed at admission, but a portion of these would be detected later while in hospital. Outlines a policy for attempting to cope more adequately with the problem by cooperation between Accident, Pediatric, and Medical Social Work Departments.


A review of the 1966 Gault decision, in light of child's right to due process when accused of a crime.

Discusses legal concepts and principles in relation to neglect. Explains the essential difference between "social neglect", as apposed to "legal neglect." Emphasizes it is "legal neglect" which courts can understand and act upon. Specifies the essential elements in the preparation of neglect cases.


A study of six prisoners convicted of premeditated murder, four of whom had suffered physical brutality at the hands of their parents, two of whom were obviously psychotic. Makes the case that overly sadistic family patterns may result in a tendency towards violent crimes.


Review of five homicidal or potentially homicidal adolescents. Illustrates, by cases studied, a sequence of circumstances progressively more difficult for the subjects (including parental abuse). Gives criteria for assessment of adolescent homicidal risk.


Relates lack of affectional relationship of parent to infant with severe battering of child. Describes in-patient and out-patient therapy. Describes state of "frozen watchfulness" seen in abused children. Links behavior sequences with psychodynamic relationships.


A review covering the historical role of juvenile probation departments in caring for neglected or abused children; jurisdictions of juvenile-probation departments, law enforcement agencies and CPS units; effective implementation of CPS; and the establishment of a central depository for child welfare statistics.

Description of procedures used by pathologist to prove, legally, that a thirteen-month-old child's death had resulted from abuse rather than by an accidental fall from the couch as claimed by the father.


A case described as the first known reported case of abuse caused intramural hematoma of the jejunum.


Describes a group of carefully selected children assumed to have been abused. Stresses, through a comparison of the initial study and follow-up study, the problems faced by doctors, social workers, and the courts in evaluating all variables when considering the abusive vs. the non-abusive family.


A study of techniques for identification of abused children. Emphasizes that radiologic evidence is only a beginning. Explains that social and psychological factors, such as parent-child relationships and family constellation, can bear some relationship to abuse.


Examines a study which attempted to trace fifty children who were admitted to Children's Hospital of Pittsburgh as suspected victims of abuse over a period from 1949 to 1952. Concentrated on twenty in the follow-up study. Concludes that only two of the twenty were found to be normal in the five areas considered: physical development, intellectual functions, emotional health, speech, and physical defects.


Description of syndrome, treatment, reporting laws and a multi-disciplinary approach. Explains that childhood injury investigating committee supervises investigation, treatment, follow-up and research.

Description of child abuse monitoring system in a population of 90,000.


A description of seven cases where multiple fractures were found in infants as a result of parental violence.


Description of group therapy, psychopathology of six women with infanticidal tendencies.


A report of the Kansas State Attorney General's opinion concerning the reporting of instances of child abuse by physicians. States that the physician has a duty to report suspected cases of child abuse and that such reports do not place the physician in danger of suit for defamation if he should be in error. Explains that in reporting the physician gives an opinion that a particular child is being mistreated, but accepts no one of the crime.


An opinion of the Attorney General of Kansas on the Kansas State child abuse reporting law. Points out that many physicians feel that it is a violation of privileged communication to report suspected abuse, whereas it is against the state code of ethics not to report.


Considers diagnostic advances in identifying deliberate trauma and incidence of such occurrences, and lists six kinds of abuse that have resulted in serious consequences. Strongly advocates a protective social agency supported by public funds to investigate and follow up on cases of abuse.

Describes a case in which bone lesions and other symptoms mimicked the battered child syndrome. Explains that, upon further diagnosis, however, the symptoms were recognized as the result of congenital syphilis.


Reports four case studies. Illustrations and X-rays.


An opinion that abused children are unwanted children. Emphasizes pre-pregnancy parent training, abortion, and better preparation of youth to assume responsibility of parenthood.


A brief study of child abuse, its nature, and possible action which can be taken to protect children.


Review of two cases of abusive mothers with no history of being physically mistreated as children—normal in every respect of behavior except toward children they abused. Defence mechanisms described. Examines parental incapacity to learn from experience and appreciate inevitable consequences of actions. A suspicion that those defense mechanisms are implicated in many cases and a recommendation of psychoanalysis to reduce dependence on mechanisms.


A concise discussion of the nature, incidence, symptoms, recognition and prevention of "maltreatment syndrome" from a medical point of view. A study of the semantics of "maltreatment" and "battered child" syndromes. Summarizes reasons doctors don't report.

A short letter asking that physicians report child abuse, if not for the child's sake, for humanity's.

Fontana, V. Further reflections on maltreatment of children. *New York State Journal of Medicine, 1968, 68, 2214-2215.*

Renames the "battered child syndrome" the "Maltreatment syndrome." Claims that the latter term is more encompassing to include abuse and neglect. Discusses the scope of the problem and societal moves which inhibit effective treatment.


List the types of trauma associated with abuse. An outline of the physicians role in diagnosis when abuse is suspected.


Two letters discussing 1) possible link-up of minimal brain dysfunction and the child who gets abused because of his very provocative behavior, which results from MBD. Also speculates on possibility that the parents who abuse may in some cases also have MBD. 2) the state of the art among physicians in preventing and predicting abuse.


A call for strengthening of the interdisciplinary ties between professionals dealing with child abuse and for more adequate services to back up remediation efforts once the problem has been identified.


A book generally adequate in presenting many facets of the maltreatment syndrome.


A report which presents case histories typical of the maltreated child and discusses the diagnostic and social problems encountered in this syndrome.

A complete paper of child abuse, covering both parent and child. Includes case studies of trauma and social responsibility along with proposed legislation to cover the child abuse problem.


An exchange of letters reflecting a definition of abuse involving social, psychological and legal, as well as medical, aspects.


Letter recommending more stringent reporting by physicians of early abuse as preventative of severe abuse.


Inclusive review of issues concerning the rights of children. Concise summary. Reference source on general topic of child rights.


Details preventive approach to neglect and abuse, utilizing paraprofessional homemakers in homes seeking support.


Points out that child health is an important concern and that neglect and abuse diagnosis is the responsibility of the physician.


Outlines development in twenty-one states of laws restricting physician patient privilege of confidentiality in cases of suspected child abuse.
Fraser, B. Momma used to ship her...Compact, 1974, (Mar-Apr), 10-12.

Briefly reviews the history, incidence, and legalities of child abuse. Includes some suggestions to teachers and other community members.


A series of case studies concerning children virtually deprived of human contact from early infancy to seventeen years of age. Studies the effect on their behavior and development before human contact was established, and the results of the effort to establish human characteristics after contact was made.


An article which points out that the battered child syndrome needs to be defined more clearly so that the responsibility of various protective agencies can be determined. Stresses that there’s a need for legislation protecting the reporter of abuse.


Summarizes observations gathered over a five year period on children identified as abused. Concludes abuse is a symptom of social, family, and personal conflicts.


Describes the operation of a child care center designed to provide relief for abusing parents, which enables them to make changes in their beliefs and attitudes towards their children. Identifies some practical problems which occur in setting up a therapeutic center/program.


Refers to a recent Iowa Supreme Court decision, which placed primary stress upon parental I.Q. as a rationale for permanent deprivation. Examines the nature and reliability of I.Q. tests and concludes that I.Q. has no proper place in termination proceedings.

Comprehensive article defining the problems of identification and intervention in cases of physical and psychological battering. Points out that laws discourage rather than encourage reporting of child abuse incidents, and identifies reforms which may prove fruitful—including removal of abuse cases from criminal jurisdiction to conciliation courts.


Uses a case study to illustrate how an abused child can be diagnosed, yet left in care of abusing parents because the juvenile court failed to act.


Asserts that major deficiencies exist in view of child abuse as psychopathology, because there are a wide range of other variables which are causative. Suggests that a more dimensional approach to child abuse is possible by focusing on the sociological and contextual variables associated with abuse.


Discusses the major findings of the author's nationwide study of child abuse. Focuses on the sanctioned use of force in child rearing as the basis of all physical abuse of children. Explains that a second determinant relates to differing attitudes toward the amount of physical force approved by different ethnic groups, while the third dimension is determined by environmental chance factors which transform "acceptable" disciplinary measures into unacceptable outcomes.


A report on the nationwide survey on which the book "Violence Against Children" is based. Presents a great deal of demographic and statistical data. Concludes that child abuse is not as prevalent as the media coverage and attention it is receiving indicates.

A broad study on a nationwide scale, conducted by Brandeis university, of physical child abuse. Stresses the socio-logical and cultural aspects of the phenomenon and makes five recommendations for long term reduction of physical child abuse through 1) family planning; 2) family life edu-cation; 3) neighborhood based national health service; 4) neighborhood-based social services; and 5) a system of services to help families.


A report on a nationwide study of child abuse, using epidemi-ological, public opinion, and press surveys to attempt to understand the dimensions of the problem. Presents the scope of the phenomenon and selected findings from the sur-veys.


A response by Dr. David Gil to the criticism of his 1970 (Violence Against Children) publication which appeared in the book section of Pediatrics.


Outlines steps for involving school personnel in treatment and prevention of abuse. 1) self education, 2) understanding of parents, 3) close cooperation with agencies, (4) development of family life education programs, 5) treat exceptionalities which may bring on abuse, 6) abolition of corporal punishment in schools. Etiology discussed. Re-commendations: 1) change of attitude toward physical force, 2) elimination of poverty, 3) delivery of more social and medical services, 4) delivery of services on basis of con-structive and therapeutic, not punitive philosophy. In-cludes table of important statistics which shows high re-lationship between exceptionality and abuse.


Presents specific physical symptoms of battered children. Presents the frequency and demograph of these injuries and suggests protective measures.

Report which holds that parental mistreatment of children is a result of noxious societal pressures which impinge on families. Contends that among low-income families several factors inherent in the status of poor people, including the direct stresses of poverty and structural deficits in their relationship to community systems of support, are particularly prevalent among mistreating families.


Contains generalizations about social conditions of families and behavioral uses of force - physical and otherwise - in maintaining control. Analysis of violence-producing dynamics. Considers abuse to be not so much a result of social pressure as of prior socialization in which abusing parents were deprived of motherliness and tenderness of their parents. Explains dynamics of "role-reversal".


Summary of sexual molestation problem. California law quoted. Suggestions to teachers and others for protection of children. Also considers molestation by parents and other family members.


Case histories of six battered children, all of whom presented lesions and histories of abuse. Explained that epigastric and small intestine injuries were most common and that delay in referral contributed to death in two cases.


Brief review of history of battered child syndrome. Suggests need for less sensational term. Lists criteria for suspecting cases of abuse.


A team approach detailing the specific roles and types of involvement necessary if individual abuse cases are to be successfully handled.

A study of the apparent relationship between self-multilation and early history of physical child abuse.


Green, K. The abused child. Maryland State Medical Journal, 1966, 15, 47-49.

Reemphasizes the need of the medical community to be continually alert to the possibility of abuse when treating trauma in children. Provides a short review of radiological findings which are highly correlated with abusive injuries.


Brief description of the battered child, including some demographic and incidence data, along with an abbreviated diagnostic scheme for assessing whether an injury is caused by abuse.


A study (with ten black and white glossy X-rays, with circles and arrows, and a paragraph on the back of each one telling what its abuse is all about) of the essentially non-white ghetto child who has been abused or traumatized, accidentally or intentionally, by parental misuse. Centering on skeletal trauma in all aspects and commenting on social problems in latter paragraphs of the article.


Discusses "active" and "passive" accidents, accidents with furniture and equipment. Describes injuries associated with child abuse, extended diagnosis. Emphasizes need for parental knowledge of child development and child care. Gives information on reporting and follow-up.

Suggestions to physician for acting on suspected cases of child abuse. Contains diagnostic checklist.


Four medical case studies of long bone injuries in babies caused by abuse with stress on the use of full skeletal X-rays in diagnosis.


A transcript of proceedings presented at Children's Hospital in 1965, with a discussion of the legal-socio-medical aspects and their inter-relationship by the panel on a question and answer format.


Describes a folk cure for fallen fontanelle which produces subdural hematoma. Questions if there are not, perhaps, many more unrecognized cases.


Presents whiplash as a common cause of subdural hematoma in infants who are abused. Explains that no external trauma is evident in these cases and physicians are urged to be aware of shaking as well as battering as a medium of abuse.


Details the characteristics found when X-ray diagnosis of abused children is made, and describes associated injuries to soft tissue structures.

Presents characteristics of abused children and abusing parents. Urges training and increased involvement in protective efforts by nursing professionals.


Discusses the fact that trauma is the most prevalent cause of death in children. Points out ways in which children react to multiple trauma which differ from the adult. Calls for more specialized capability in treatment of trauma in children.


Reports that subgaleal hematoma is a clue to child abuse, and that without evidence of other causes, it should be regarded as the result of child abuse.


An article which focuses on the need to help abusing parents and assumes a goal of maintaining families intact.


A brief summary of the Nebraska reporting law, rationale, immunity, privileged communication, who makes and who receives reports, and the need for therapy.


A study of the development of child abuse laws and incidence of abuse. Sees further legislation as necessary to a legitimate approach to abuse.


A report to a professional meeting which traces the history of Nebraska's reporting statutes.

Part I: Guidelines: Waiver of doctor-patient privilege, central reporting (intra-state and interstate), second occurrence madatory separation, direction and provision of financial means to focus on family and community resources, direction of proper disciplines to make necessary studies, funds to be made available to insure involvement and payment of agencies, exceedingly close supervision, invocation of res ipsa loquitur.

Part II: Stresses that court's responsibility does not end, but begins with decision. Describes one type of temporary and two types of permanent separation (termination). Reviews statutes of various states. Need for reduction of amount of time children are wards of state. Courts: A broad discretion of juvenile court prerogative rather than distinction between parental and children's rights is the general rule, "in the best interests of the child". Termination: Legislation calls for stricter requirements for a finding of neglect justifying termination, and greater flexibility in considering temporary neglect orders. Trend in judgement is toward "best interests of the child" the rights of a child are more important than the rights of the parents to custody.


Discusses eleven battered children with ocular damage and emphasizes the importance of ophthalmic exam in diagnosis.


A copy of the South Carolina law, as of February 1965.


Contends that the incidence of deliberately inflicted trauma is three times that of birth traumas.


A very technical article describing the clinical manifestations of cranio-cerebral trauma. Physicians exhorted to protect the child and report to appropriate authorities.

Outlines a family center approach to a therapeutic program in cases of child abuse. Proposes the establishment of a center for study and care of abused children.


Study in which the solution to the battered child problem is seen as multidisciplinary. Presents suggestions for awareness of the problem and methods of reporting for physicians, police, social workers, attorneys, etc.


An exchange of letters, wherein Helfer argues for continued research into understanding of child abuse, while Gil expresses concern that additional research will be used as an excuse for not acting now on the knowledge already available.


An outline of the hospital's responsibility in identification of child abuse, and suggested approach to obtaining data from abusing parents.


A report which suggests that reporting be legislated to child welfare agencies at the state or local level rather than to law enforcement agencies.


Explains that regardless of precautions, battering will always be with us and that the problem lies in identifying these families early and effecting appropriate treatment.

Describes the organization and functions of a protective services agency in some detail. Lists the financial and psychological benefits to society of children who are left in their homes as opposed to foster placement.


Letter to the editor of New England Journal expressing concern over Yale University Hospital's DART program and its method of record keeping of abused children. Response by Rowe, one of the authors of the DART program.


An exchange of letters between John F. Hick, M.D. and Alfred Steinschneider, M.D., Ph.D. to the editors of Pediatrics. A controversial and somewhat technical exchange surrounding the difficulty in diagnosing child abuse. Provides practical evidence of the problems associated in conceptualizing the phenomenon of child abuse. Includes a description by Steinschneider of two siblings who died from "sudden infant death syndrome" (Pediatrics, 1972, 50, 646) and a review by Hicks, who felt that possibility of child abuse should have been considered and preventative measures taken. Presents Dr. Steinschneider's defense of his actions on the basis of the information available to him.

Hiller, H. Battered or not--a reappraisal of metaphyseal fragility. American Journal of Roentgenology, Radium Therapy and Nuclear Medicine, 1972, 114, 241-246.

A case against Caffey's theory that metaphyseal fractures are conclusive evidence that a child has been abused.


A case of a traumatic retinal detachment which was probably bilateral in a seven-month old infant who had been battered. States that this condition should be considered a possibility in the differential diagnosis of retinoblastoma.

A longitudinal study of children under six years of age admitted into emergency rooms for trauma. Estimates that 10% of these children were injured as a result of abuse. Suggests preventive measures.


A study of thirteen cases of severely burned children, studied from the psychological and social point of view. Contends that, gross emotional disturbances within the family units appeared to have propelled the children into tragic situations resulting in severe burning. Includes suggestions for medical and paramedical staffs working with these children.


Describes hospital team approach. Contains description of homemaker role.


Article which presents the challenge to the nursing profession in their relationship with the parents of the abused child. Discusses the background and characteristics of the abusing parent and suggests treatment of the abusive parent.


Investigates county administration's response to child abuse legislation and reporting of abuse to law enforcement. Administration regulations are preferred over legislative mandates when these mandates interfere with effecting treatment.


A quick look at the most noticeable outward signs of child abuse in both child and parent.

Hudson, P. How to set up a no-budget battered child program. The Journal of the Medical Society of New Jersey, 1973, 70, 441-442.
An outline of actions taken to start a program of legal protection of abused children where money was not present.


Letter to editor warning of inherent dangers of using intelligence scores as determinants of parental ability.


Brief review of the Illinois registry. Describes establishment process, types of cases, types of demographic information required, the use of information and the distribution of types of abuse and neglect recorded.


A brief recap of some of the significant findings of a nationwide survey. Discusses incidence, characteristics of abusers and the conditions under which abuse takes place.


A discussion of the personality of the abusing parent and the type of therapeutic intervention.


Concerned with the importance of the psychiatric approach to cases of child abuse. Discusses selected cases, in 22 out of 699 families, seen in a child psychiatry department in a three year period.


Review of one hundred cases of physical injury to children, eighteen of which are shown to be misdiagnosed cases of child abuse. Suggests that diagnostic procedures be reviewed.


A brief definition of abused/neglected children, with a discussion of reporting procedures.

Article discussing causative factors in physical abuse and neglect. Noted child factors of unruliness, hyperactivity and toilet training problems, and parental factors of abusive backgrounds as children, marital strife, and economic pressures.


Points out that denial of medical care is considered abuse. Discusses religious objections and presumption of abuse. Describes medical-legal cases.


Emphasizes types of trauma, stages of healing and lack of case histories as being typical of abuse.


Panel discussion which underscores the school's reluctance to get involved.


Refers to study of criminal neglect and severe assault. Indicates that physicians must be aware of the problem and that failure to cope realistically cases leads to severe injury or death in subsequent abuse incidents.


An account of the battered child syndrome from a medical point of view with consideration given to incidence, clinical manifestations, and psychiatric aspects of the problem.

Describes 3 year old boy with a rare pseudocyst of the pancreas due to abuse. Discusses clinical features and X-ray diagnosis and presents an outline of guidelines for handling abuse cases.


Suggests possible factors of child abuse, maternal deprivation, mental retardation or other medical conditions, enforced maternal-child relationships such as premarital and out-of-wedlock conception. Relates prematurity and low birth-rate to abuse and neglect. Includes one case study. Reports data on 51 cases.


A general description of a study conducted in Wayne County (Michigan) regarding child abuse. Details some clinical data along with some general observations relative to abusive parents. Briefly examines hypotheses on the nature of abusive parents, along with management techniques and a criteria for making the decision of when or when not to return a child to an abusive parent.


A brief discussion of the problem of child abuse in Manitoba, followed by an outline of existing laws.


A case study of a child suffering from malnutrition, abnormal stools and distorted abdomen. Discusses the relationship between neglect and celiac symptoms.


Illustrates deprivation with three case histories. Considers maternal deprivation to be different from abuse or neglect. Identifies factors common to each case.

Calls attention to the widespread practices of child abuse in the context that thousands of battered children are coming to school each year and that educators need to understand the problems faced by these children and their parents.

LeBourdias, E. Look again ... Is it accident or abuse? Canadian Hospital, 1972, 49, 26-28.

Surveys demography and incidence of abuse and suggests increased awareness and increased reporting.


Reviews the medical aspects of the battered child syndrome briefly, then discusses the legislative efforts in the states to protect the battered child. Focuses on reporting laws and doctor-patient privilege waivers.


Discusses the Washington State statutes on child abuse and presents some serious shortcomings which make effective prevention difficult. Suggests some alternatives.


Explains that legislation detailing mandatory reporting, immunity and abrogation of physician-patient privilege has not spelled out who must report or to whom. Discusses proposed legislation which involves teachers and social service workers more formally.


Discussion of a single case of child abuse, in technical medical terms in which the child died as a result of severe physical trauma.


A short, inclusive article, on the problem of child abuse.

Narrative account of a doctor who diagnosed a serious case of child neglect and battering but was powerless to prevent the murder of the child, even though he was certain it would occur.


A description of the types of personalities observed most frequently among neglectful mothers. Includes suggestions for social workers in handling neglectful parents. Discusses implications for research, prevention before the fact, and treatment after the fact.


Contends that communities as well as individuals are self-deceptive about reality and the seriousness of their neglect of children. Compares community neglect with parental neglect. Describes high visibility and low visibility neglect. Explains that parental and community neglect feed on each other. Calls for communities to face up to weaknesses: (1) case finding procedures, (2) professional oversights, (3) uneven geographic distribution of neglect prone families (4) uneven distribution of neighborhood facilities and services.


Article investigating the process of criminal justice as it relates to child victims. Suggests that special officers be involved in interrogations of child victims because of the psychological effects of such a traumatic situation. Includes some discussion of psychological injury attendant to sexual assaults and makes several suggestions to safeguard the victims and accused's rights in a courtroom setting.

Article which stresses three themes: (1) more data exists on child abuse than have been carefully studied: (2) the policy suggestions that have been offered have rarely been developed from existing data; (3) it is possible, in advance of implementation, to predict whether a social policy is likely to work. Addresses, in some detail, the problem of establishing the incidence of child abuse. Proposes a formula for establishing incidence which is based on Gils nationwide survey. Contends that it would be a grave mistake to formulate a policy on child abuse without knowing the true incidence. Following the discussion of incidence, calls for experimentation with educational curricula on child rearing.


An analysis of parent personalities and characteristics of 18 abused children. Includes a comparison with the findings of existing literature and a discussion of treatment of abusers.


Discusses incidence and classification of abuse. Proposes a conceptualization of the families and makes suggestions for prevention.


Descriptive findings on the psychological characteristics and developmental problems of a group of 21 preschool children who were raised in homes where external danger from parents (abuse) was present.


A report of the findings of a study by the American Humane Association, wherein 662 instances of child abuse are analyzed as to characteristics of the abuse and abuser and case disposition. Gives relevant demographic data and a description of the origin and content of the Nebraska State law.

Martin, D. The growing horror of child abuse and the undeniable role of

A discussion of the incidence and typology of physical abuse with an outline of current reporting statutes and an encouragement to educators to become aware of and actively involved with abused children via the reporting channels.


A report on the nature of the psychological environments of 50 children who sustained thermal injuries. Concerned with specific determinants of these accidents, with reference to the nature of interactions between the child and various members of the family. Subjects clinical findings to statistical analysis where possible.


An article addressed to physicians in New Jersey, alerting them to their "moral, professional, and legal responsibilities" in the area of child abuse. Reviews the problems and characteristics of abused children along with diagnostic procedures. Presents New Jersey law concerning who must report and to whom reports are made.


Comparison of 10 abusing mothers with 10 non-abusing mothers.


A report by University of Iowa Hospital on socio-economic factors in families who were reported for suspected abuse from 1965-1969. Includes seven recommendations, involving need for follow-up reports to the court, family planing, need for central registry, complete reporting, family life education and additional study.

Miller, D. Fractures among children: I. Parental assault as causative agent; Minnesota Medicine, 1959, 42(9), 1209-1213.
Several cases of fractures in children with parental assault as probable causative agent. Mentions incidence of abuse and urges physicians to consider parental assault as a possible cause of fracture in many cases.


Describes types of fractures and appropriate treatment.


An article in which baccalaureate students describe how they initiated a community project to alleviate child abuse. No presentation of results.


Report of a project in Springfield, Mass. to meet the needs of children abandoned or neglected during hours when most social welfare agencies were closed (holidays, nights, and weekends). Exp. ins that homemakers were used extensively and that children were removed from their homes only when no alternative existed.


A discussion of the contributions which some children seem to make in the etiology of child battering in the context of a classification of abusive parents into 4 categories.


Gives partial definition.


A narrative account of a case worker's obligation to the battered child. Suggests that low socio-economic status of parents contributes to abuse, because of a lack of alternatives for self-fulfillment.

Discussion of Georgia's child abuse reporting statute as it affects physicians.


An expression of concern for reporting of battered children, noting need for laws to protect and assist any physician and family in need of help.


Based on experiences of the social services department in a Philadelphia hospital. A description of three broad classifications of abusing parents, which compares and contrasts the parent-child interaction observed between abusing and non-abusing parents. Several case examples included.


A study of twenty-five children, approximately 3 years after their hospitalization for injuries or illnesses judged to be caused by abuse. An assessment of intellectual, emotional, social, and motor development which disclosed that 70% of the children were outside of normal range, though it is not certain whether the disabilities preceded or followed the abuse.


A brief discussion of the historical aspects of early child labor laws, followed by a description of how guidelines for legislation were developed. Gives the results of a mandatory school reporting program. Underscores the value of educators in identifying abuse cases.


Presents the clinical and pathological features of a case of two eyes which required removal because of severe injury following parental abuse. Discusses similarity with Coats' disease. Photographs included.

A discussion of twelve battered children who have suffered permanent visual impairment as a result of abuse. Includes a recommendation by the author that, though ocular damage is not generally associated with abuse, this option be considered more often.


Considers the doctrine of immunity, as evidenced in various court cases - pros and cons.


Extensive legal review identifying existing statutes relating to identification and reporting of cases of child abuse. Identifies legal, medical, and social service responsibilities in reporting and intervention. Discusses problems in reporting, including reluctance, vague statutory language, social taboos, and suggested guidelines for immunity and other tools to increase reporting.


Presents case studies of ten children with unexplained visceral trauma where abuse was suspected. States that four of the ten died, emphasizing the seriousness of visceral trauma in the battered-child syndrome. Explains that evidence of abuse and neglect was found in six of the ten patients as manifested by poor nutrition, contusions, brain damage, and/or multiple skeletal fractures.


Presents the experience of the Children's Hospital of Winnipeg, with statistical data on 132 children. Includes follow-up study on a group of abused children with suggestions for prevention.

A general article reporting HEW definition of child abuse, requirement for reporting abuse, increases in numbers of cases reported in some states, need for education and emphasizing recognition of family stress as a causative factor. A clarification of the role of the federal government in identification, intervention and rehabilitation. Quotes statements from D. G. Die and S. G. Thomas before the Senate Sub Committee on children and youth and Select Sub Committee on Education (Senate and House respectively).


A critique of Gil’s (1970) monograph. Highly critical of Gil's treatment of child abuse, specifically citing the format and methodology employed by Gil from which he drew macrospective conclusions on the cause, nature, and incidence of child abuse.


A report of the effectiveness of a team approach to reducing the actual cost of medical service and the risk of reinjury subsequent to the diagnosis of child abuse.


A consideration of minimal brain dysfunction in children and parents as a possible causative factor in the behavior problems of both child and parent which precipitates abuse.


Describes a management plan for handling cases of child abuse which will improve interagency cooperation.


A series of recommendations presented by a Study Group on child abuse to the United Kingdom with the hope the recommendations would be implemented.


Report of one school district's effort at organized response to child abuse reporting and child advocacy. Resulted in increased awareness of child abuse and accelerated reporting of suspected cases.


A comprehensive, cogent treatment of the issues involved in child protection. Outlines agency responsibility.


Brief review of issues and a call to communities to remedy the problem.


Examines whether it is realistic to expect the child abuse laws to protect children from abusive parents.


Description of a family pedigree, in which three generations were subjected to abuse and neglect as children. Shows that child abuse victims are likely to become abusers.

Detailed description of a family of five generations of ill-treated children. Representative of a number of other such families. Attempts to show that the generational effect of child abuse is much more serious than much of the current literature implies.


An editorial response to specific child abuse articles which encourages surgical recognition and reporting by surgeons of battering injuries.


Presents patterns of physical injuries and their psychological concommitants. Outlines most commonly encountered trauma, with the suggestion that early detection and treatment of the syndrome may prevent death in many cases.


Presents a synopsis of Oregon's child abuse law and a discussion of what brought it about. Draws some comparisons and parallels with the statutes of other states and makes recommendations for modifications in the Oregon statues.


Discusses clinical manifestations of child neglect through starvation or physical abuse and presents the social, psychiatric, legal and medical implications.


Develops the concept that parental immunity from prosecution by the child grows out of societal conditions in which, without the family, a child would perish. Explains that such a situation no longer exists and the immunity laws have become similarly outdated.

Letters commenting on article of Dr. Graham Jackson in *British Medical Journal* (24 June, 1972, p. 756.)


Presidential address of the American Orthopsychiatric Association. Sociopolitical address. Opinions presented concerning the problems of malnutrition and hunger and the attitudes necessary to solve them. Includes some passages relevant to research on the effects of neglect (malnutrition) on development of children.


Survey of physicians in Hawaii, 1965, concerning the reporting or nonreporting of child abuse cases by physicians.


Explains that the incidence of child abuse in India is assumed to be high, but no legislation or reporting techniques exist. Suggests that legislation modeled upon U.S. practices be implemented.


Report of a procedure employed by Milwaukee's Childrens Hospital to handle cases of suspected abuse through the use of a child abuse committee comprising social, psychiatric, medical and administrative personnel.


Concerned with legislative models dealing with child abuse and various state laws dealing with the problem. Concludes that "No law can be better than its implementation, and its implementation can be no better than the resources permit."

A non-technical, amply footnoted, comprehensive article which traces the chronology of abuse reporting laws.


Focuses on the concept that child abuse statutes must be placed within an existing framework of law. States that criminal codes in existence, for example, are capable of handling any criminal prosecutions which might be required as a result of child abuse. Explains that the biggest problem is finding the cases where protective intervention is necessary and, in this regard, reporting laws which are effective. Discusses, finally, the need for effective treatment once an abused child has been identified. A presentation of these major points, using case examples and some historical legal perspectives relative to parent-child relationships.


A survey of statutory reporting and preventive laws which suggests more emphasis be placed upon protective services which are under statutory control.


Discussion of occurrence of pseudocyst of the pancreas resulting from abuse in children under three. Contends that in school age children this injury (and many abdominal injuries) are relatively common accidents from bicycle handlebars, contact sports, etc., but that in younger children, abuse should be considered, especially if there are indications.

A description of pathological findings of children who died from parental abuse. Stresses the varieties of assault on the children and describing these as "incredible." Emphasizes the physicians critical role in detection and assuring later protection for the child. Includes case examples and illustrations.


A presentation of three cases of hypernatremic dehydration following water deprivation by psychotic mothers as examples of child abuse.

Pickett, L. Role of the surgeon in the detection of child abuse. Connecticut Medicine, 1972, 36, 513-514.

Focuses on the role which surgeons have in detecting and reporting child abuse injuries. Expresses suspicion that many instances of child abuse are seen and treated by surgeons, but not reported. Emphasizes that reporting does not indicate an accusation. Reviews the Connecticut legislation requiring the physician to report.


Discusses the concept of the "battering" of children and proposes a measure for control.


A correlational study which attempts to determine what specific traits in mothers produce what specific consequences in the children.


A summary of the information obtained from seventy-one Arkansas physicians, who answered a questionnaire concerned with the abused child. Presents radiologic evidence and psychiatric aspects of child abuse.

A short reply to questions (unknown) asked by Mr. J. Cronin, concerning incidence of child abuse and the steps being taken.


An identification of three disciplines involved with the battered child and his family. Contends that medicine is charged with identification, social work with improving the child's situation and parent's skills and the law with clarifying the dichotomy between parents and child's rights.


Discussion of abuse by neglect. Presents several reasons for parents not obtaining appropriate care for their children.


A discussion by a panel of four professionals representing the legal, medical, and social viewpoints concerned with child abuse, involving the problems of detecting, aiding and prosecuting the adult who abuses a child.


An article focusing on the advantages and disadvantages of mandatory child reporting laws.


Report of a cooperative trial project for special registration cases coming to several child severing agencies in which evidence indicates neglect or abuse of such severity as to endanger the life of a child. The objective being to close the cracks between services in such a way as to provide for improved case findings and more effective case handling before irreparable damage was done to the children involved.

Reports on the findings of a study in New York City (1966) dealing with parental representation in child neglect cases. Makes comparisons between dispositions of the cases when there was parental representation and when there was not. Proposes changes which would protect parents' legal rights more in context of their constitutional due process guarantees and in light of the Gualt decision. Concludes that the present scheme (in New York City, 1966) is wholly inadequate.


Outlines the doctor's responsibility in reporting cases of abuse, from a legal point of view.


Report of a survey of school personnel concerning numbers and kinds of abuse and action taken.


Describes the risk factor of child murder involved when a parent is depressed or psychotic. Presents a case history of child murder, with a psychological interpretation of the incident.


Report of the "DART" (Detection, Admission, Reporting, and Treatment) Program instituted at Yale University Medical Center for the management of child abuse. Explains that reported results of the program are an increased level of staff awareness of the problems of abuse, early identification leading to thorough investigation, active intervention, and follow-up observation.


Paper presented at American Public Welfare Administration's 1965 Southwest Regional Conference. Discusses the status of protective services and need for more sophistication. Summarizes some current knowledge including characteristics of parents who abuse and the children who are abused as well as incidence.

Discussion of children's rights detailing abuse of "parents patriae" approach of institutionalizing all minors as a panacea. Includes suggestions for changes.


Urges passing of better reporting laws.


General view of the problem of child abuse as discussed by a panel. Summarizes views of panelists concerning reporting, diagnosis, interdisciplinary cooperation, and a non-judgmental approach to parents.


An article which raises vital questions about the way battering parents are received and treated by society as a whole. Places special emphasis on the role of the physician, nurse, and others who resist reporting for societal reasons, and makes suggestions about how parent-professional relationships can be accommodated.


Outlines services presently available through child welfare agencies and identifies legal and societal blocks to expansion of these services. Some discussion regarding the relationship between neglected children and psychological impairment.


Letter citing the need for coordination and discreet investigation of the background circumstances of injuries before any kind of confrontation with the parents over possible abuse. Cites case example where parents could have been wrongly accused.

Letter discussing how parents who battered children are related to the children in terms of natural, step, or foster parent, etc.


Comparative study of abusive and non-abusive parents in military families. Hypothesizes that abusive parents (1) predominate in certain (low income, low status) areas of the city of El Paso, Texas, and (2) live in different residential areas than non-abusing parents. Explanation offered: possible prior personality variables and/or financial-environmental stress.


A general article by a nurse and a psychiatrist. Does not emphasize research; rather encompasses the experiences of the authors in working with abusive parents both through an outpatient group therapy program and visiting nurses. Discusses some characteristics and needs of abusing parents in context of the sensitive nature of dealing with their problems. Studies techniques of supporting abusive mothers and child management courses.


Discusses what is and what is not permissable corporal punishment by teachers in schools in light of laws and case decisions. Explains that various states use differing criteria for determining both civil and criminal liability for torts committed upon students under a broad authority which most states give teachers to corporally discipline children.


Reports on 85 cases of child abuse which occurred in Kansas during 1962 and 1963. States that fourteen of these children died and others suffered permanent central nervous system damage and obvious psychological trauma. Involved a high proportion of very young parents. Presents case examples.

Editorial urging physicians to report cases of suspected abuse to aid police in taking action.


A treatment and demographic oriented article discussing incidence of and approach to various trauma associated with child sex victims.


A psychiatric case report of a child starved by parents. Presents implications for community involvement.


A series of 29 cases in which the father had been charged with killing his child (under 5 years old) compared with a series of non-fatal battered baby cases. Comparisons showed significant difference in several cases.


Discussion of "Battered Child" Bill requiring physicians to report suspected cases and provisions of immunity from civil or criminal liability which might result from such reports.

Shaw, A. How to help the battered child. *RISS*, 1963, 6, 70-77, 80, 84, 89-90, 95, 98, 101, 104.

A discussion of doctor-parent relationships. Legal problems involved in attempting to secure protection of abused children.


Discussion of the clinical manifestations of abuse. Describes the physician's responsibility in such cases.

Article presenting a psychoanalytic explanation with case examples of the problems of adults who, as children, were beaten and/or sexually overstimulated by parent(s).


A short article indicating the need for revised child abuse laws nationally and making suggestions for such revisions.


Touchees on all aspects of child abuse from the history to identification. Places emphasis on the fact that the law is not well defined in the matter of child abuse and has lagged behind medicine and social work in seeking solutions to the problem.


Covers radiologic indications of child abuse and the incidence of such abuse. A few concluding paragraphs on the law and correction of problems the parents have developed.


Emphasizes the importance of the responsibility of the neurologist in recognizing the possibility of abuse, and reporting such cases to the appropriate agencies. Describes six of purposefully human-induced trauma.


Review article presenting literature on the history, incidence, demography, medical symptoms, legal definitions, identification, prevention, and treatment of the child abuse syndrome.

Presents a brief review of the child abuse reporting laws, discusses some reasons for the apparent reluctance of many physicians to report child abuse. Contends that many physicians are unaware of their responsibility and the reporting procedures.


A detailed description of the child abuse reporting law for the District of Columbia. Stresses the physicians' responsibility for reporting, and outlines the reporting procedure.


Explores those situations in which the physician finds it difficult to establish or rule out the diagnosis of child abuse. Concludes that it is essential that all suspected instances of abuse be reported.


Cites the need for protective services intervention in cases of child abuse before the child is released from hospital care. Concludes that the only way to effectively prevent further abuse is to remove the child from the home. Presents early recognition and referral as a viable alternative.


Examines types of injuries associated with trauma and abuse. Describes parents as the likely causal agent. In terms of specificity of injuries, an early landmark study of types of abuse which gives some indications of the reactions of parents when interviewed about the trauma detected in their children.


Reviews the history, semantics, incidence, probable causation, clinical features, and types of injuries related to types of assault. Establishes rationale that "the radiologist as a medical specialist can assist in the diagnosis of the battered child."

An epidemiologic study of 313 cases of child abuse registered in New York City during the first year following the 1964 legislation which demonstrated a broad spectrum of abuse patterns with a wide range of physical injuries. Reports that a strikingly high proportion of the reported children came from multi-problem families where the interplay of mental, physical, and environmental stresses appeared as strong etiologic factors and where the abusive acts appeared chiefly as late indicators of serious family difficulties.


Presents incidence, demography, and legalities surrounding child abuse in Britain. Urges physicians to become aware of and involved in the protection of battered children.


Reports that since 1969 bite-marks have been found to figure significantly as a feature of the battered child syndrome. Presents three case reports to illustrate this type of trauma.

Smith, A. The beaten child. Hygeia, 1944, 22, 386-390.

Description of cases of child beating and suggestions for treatment of parents and children.


Briefly discusses history, probable causes and prevention of child battering.

Smith, R. Now experts are trying to draw out these battering parents. Today's Health, 1973, 51.

Article which surveys parent-help organization in Denver. Therapy approach to abusing parents described as more helpful than punishment.

Argues a cross-disciplinary approach to child abuse as the only legitimate action.


A controlled study of British parents of battered babies indicating personality, intelligence, social class, and age. Shows the correlation of all factors to incidence of child abuse.


A case study of an anorexic mother who starved her 10 week old child to death.


Study of 35 parents, 8 of whom had abnormal E.E.G. patterns) who battered their children. Reports that the 8 shared the characteristics of low intelligence, psychopathy, and were persistent batters. Suggests the possibility of a subgroup among the abusers.


Brief notes on medical concerns about the physician's role with battered children.


Discusses hospital procedure in dealing with suspected cases of child abuse.


A review of some 88 articles on child abuse from the fields of medicine, law and social work, with medical literature constituting the majority of the articles. Proposes to "bring together the published professional opinion on the psychological characteristics of the abusing parent, in
order to determine from the most commonly held opinions what
generalizations can be induced, and thus to lay the ground-
work for more systematic testing of hypotheses." Concludes,
from the review, that (a) the abusing parents were them-
selves raised with some deprivation, (b) they have some
mistaken notions of child rearing, (c) they have a general
defect in character structure, (d) socioeconomic factors
are a contributor to, but not a cause of child abuse.

Stark, J.  Battered child--Does Britian need a reporting law?  Public Law,
1969, 48-63.

Outlines case reporting in the United States. Purposes to
provide data for decision. Various state laws compared as
to their strengths and weaknesses, and implications for
drafting a British law. Recommends additional legislation,
clarification of procedures.

Steele, B.  Violence in our society.  The Pharos of Alpha Omega Alpha,

A discussion of child abuse in the context of the acceptance
of violence in our culture. Emphasizes that our society, as
well as many other societies, both contemporary and ancient,
reinforce the commission of violent acts so long as these are
committed in a "legally" prescribed manner. Relates this over-
all acceptance of violence to child-rearing patterns, citing
several case examples illustrative of the enactment of pat-
terns of violence by which parents feel fully justified in
battering their children. Calls for a closer look to those
"moral forces" which dictate that violence directed in cer-
tain ways are desirable and necessary and a way of doing
"good."

Steinmetz, S.  Occupation and physical punishment: A response to Straus.

An exploratory study suggesting that the type of work done,
not the traditional social class identification is related
to the type of control devices workers use with their children.

Stevenson, W.  Battered baby syndrome.  The Medical Journal of Australia,
1973, 2, 1073.

Letter and answer concerning possible missed cases of child
maltreatment in the Royal Children's Hospital-Brisbane. Cases
surveyed. Includes information on reporting law.

Article which explains that burns are the primary injury in 10% of abuse cases and the physician must recognize intentional burns and act to prevent subsequent injury.


Six case studies from Australian literature, all of which involved unexplained fractures and child abuse diagnosis.


Presentation of a linkage theory which holds that physical punishment by parents is influenced by parents' conception of the roles the child is to play as an adult.


Informal position paper with panel reactions. Describes, from various points of view, the shortcomings of state intervention. Relates abused and neglected children to a form of institutional abuse.


Case studies which are used to establish the value to homemaker service in homes where there is child neglect or abuse.


A discussion of the problems inherent in the handling of child abuse cases. Stresses the fact that inter-agency cooperation is needed.

A presentation of the socio-medical aspects of physical abuse of 21 children in a California study. The predominant age of the child below 2. Explains that there was no unusual race or sex distribution, but there was a common history of previous abuse in the patient and siblings.


Report concerned with skin lesions of the battered child, noting characteristics which distinguish such lesions (illustrated).


Reviews police procedures: Investigation, referrals, custody, shelter, care, community planning for protection of children.


Proposes a common denominator hypothesis for the frequent occurrence of the notched vertebra at the thoracolumbar junction. Asserts that etiology is believed to be mechanical and battering can be among the mechanical causative factors.


A four page descriptive article on the development and workings of a community child abuse committee.


A case study which details psychological, as well as physical, ramifications of abuse and suggests an increased emphasis on treatment and placement of abuse victims.


A brief description of the type of parent who is likely to be an abuser and the characteristics of the typical abused
child. Outlines the common types of injuries and reporting procedures for physicians.


Discussion of teacher's responsibility in recognizing and reporting child abuse cases to the Illinois Department of CFS (Department of Children and Family Services).


Treats new legislation in Kentucky for reporting of child abuse and discusses some problems of getting the cooperation of doctors to report even though the law requires it.


Description of a largely educational approach to treatment of parents and children. Discusses formal and informal methods as means to change parents' and child's behaviors.


An article advocating prevention of new cases of child abuse and neglect through family planning by helping delay pregnancy for those who are unwilling or unprepared psychologically for parenthood. Contends that this may be more effective than counseling.


Five medical case studies of skeletal injuries (with pictures) of the battered child.


Report of a study in which 10 battered children and their families were evaluated over a 6-year period. Identifies important psychological patterns in abuse, fantasies of the abuser, exaggerated dominance-submissive patterns in the marriage and abnoxious behavior of the child.

A study which effectively describes and gives examples of confusion, delay and conflicts among agencies which prolong and intensify child abuse. Points out need for coordination and education.


Article which provides a brief review of child abuse in an historical context, and a review of the history and development of the laws surrounding child abuse. Extensively treats the development of the concept of *parens patriae* as well as the parental rights and prerogatives to rear children as they see fit. Examines values, attitudes, and philosophies which relate to child abuse, with respect to their historical and contemporary effect on the law. Reviews much of the knowledge and research relating to child abuse.

Thompson, E. Child abuse is no myth. *Instructor*, 1974, 83, 84-85.

Interview with social worker indicating general prevalence of child abuse. Differentiates abuse and neglect and physical and psychological abuse.


A letter of explanation and clarification on a previous article written.


A case study that arrives at a final diagnosis of battered child syndrome.


An exploratory study of psychological factors, focusing on familial relationships and other pertinent environment factors. Explains that diagnosis requires three elements: (1) lack of organic etiology; (2) response to therapeutic regimen; (3) psychosocial pathology in the family.

Community (social) obligation as concerns the abused child, what is being done, and how, with some opinions on the future course of action.


A study of five fatal cases of abdominal visceral injuries in battered children. Explains that abdominal injuries are often overlooked in battering cases, and social-environment investigation is recommended in these cases.


Describes, in detail, types of abdominal trauma associated with child abuse. States that renal, splenic, and hepatic injuries are rarely found in cases of child abuse with visceral injury. Specific description of abdominal injuries. Well documented.


Article which describes a hospital based treatment program, but one which worked with abusive parents in their own homes. Explains that social learning theory, with some techniques of behavior therapy, are used as the basis for treatment. Describes the theoretical framework which underlies the program, and discusses its operation including the limitations encountered.


Article which quotes from various cases concerned with the in "loco parentis" rule in the United States. Points out that teachers stand in "loco parentis" to pupils, and their criminal liability is determined on nearly the same basis as others who stand in "loco parentis."

Reviews of the child abuse problem in Connecticut and efforts being made for remediation.


Article which focuses specifically on Oregon's statute which permits termination of parent-child relationship. Explains that, put into practice, it is virtually impossible to terminate the relationship because of the Court's increasingly sympathetic attitude toward the parent. Points out that there is some question that this was the intent of the legislature when the law was enacted, however, the conditions of "unfit" were not specified in the law, leaving this up to the courts to determine.


A brief history of child abuse in England. Recommends a court system that will view the problem in a positive rather than a punitive manner.


Discusses the dynamics of battering parents in terms of isolation and exclusion from their own parents and from their communities. Discusses therapeutic treatment as a very difficult and time-consuming process. Examines social attitudes toward violence which the battering parents may adopt to justify what he is doing.


A psychodynamic explanation of "role reversal" in battering parents.


A psychiatric viewpoint of battering parents. Argues that, in the clinical sense, few abusive parents are diagnosed as mentally ill and treatment is essentially a waste of time. An argument for stronger and more precise legal and medical responses to parental violence.

Associates the shaking of children with occurrence of subdural haematoma.


A description of a pigmentation problem peculiar to blacks which may be mistaken for abuse.


Demonstrates some significant differences between mothers suspected of physically abusing their children and mothers of children whose accidents do not involve the suspicion of abuse.


Examines the dilemma doctors are placed in when treating a child for trauma which may be abuse. Cites case examples where failure to report an abusive instance resulted in the child's death at a later instance; but cites additional examples where parents were erroneously reported.


Stresses the importance of physicians recognizing the frequency of the battered child syndrome. Suggests that, when a potentially lethal situation is recognized, the physician, court, and community work together to cope with the problem.


Discusses various patterns of skeletal trauma in relation to family patterns. Explains that chronic skeletal lesions in infants showed a correlation to what are described as unstable families.

Four part article. Part I: A general discussion of the nature of the problem of child abuse and a consideration of the difficulties in discovering incidents. Part II: A study of the developments in California statutory law requiring physicians and others to report. Part III: A discussion of penal law in California which are applicable to child abusers, and Part IV: A discussion of the methods employed in California in 1966 to handle child abuse cases and possible needed alterations and variations of those methods.


Discusses childhood psychiatric illness as related to maternal deprivation. Concludes that lack of love and attention in early years is related to psychiatric disturbance.


Discusses the fact that authority can be viewed as a power of communication and that legitimatized authority can facilitate effective therapeutic relationships with abusive/neglectful parents.


Review of the literature on child abuse stressing identification and intervention strategies.


A problem/treatment classification for families in which there has been physical abuse. Categories (1) danger to the child; (2) parent-child relationship; (3) reason for the abuse. Outlines treatment approaches and links them to objectives.


A comprehensive description of issues and challenges in abuse/neglect as a social phenomena.

Discusses the medical profession's reluctance to get involved in diagnosing and reporting child abuse. Calls for a more courageous stance on this issue.


Identifies physical and socioeconomic conditions assumed to be factors in abuse. Demographic findings reported. Heavy emphasis given to psychological abuse, which was not related to the sixty case studies.
BOOKS


Exploration of every aspect of child abuse and infanticide including legal, medical, and historical. Universality of the phenomenon is pointed out along with the fact that societies have tried to hide its existence. Speculates that there are many symbolic warnings to children of their precarious claim to live contained in nursery rhymes, myths and fairy tales.


Final report of a nationwide survey to assess the status and availability of Child Protective Services throughout the U.S.


Collection of twelve case histories of child abuse which because were known to proper authorities, but because of failure to take remedial action the children suffered further serious harm or death. Suggest modification of social and legal procedures which would permit effective intervention.


Report of current child abuse laws reflecting changes over the past 5 years. Discusses problem areas and proposes different approaches while challenging some presently accepted concepts.


Explanation and interpretation of basic concepts, principles and philosophies of providing child protective services.
BOOKS


A summary description of nine programs giving information on types of auspices, funding, team composition, procedures, patient form, diagnosis and identification, treatment, evaluation, rehabilitation, costs, follow-up, and care conferences. Also describes Community characteristics, population served, community resources, education, protective services, registry, disposition, guidelines, abuser profiles, core finding, counseling and research.

Across-the-board conclusions not possible. Each program must be studied. "Definitions vary; reporting is incomplete; objectives are not clearly stated; follow-up is inadequate. Only comparisons over time within the same programs are likely to have validity." (p.95)


The book is directed to professional and lay members of the community. The history of child abuse and neglect, particularly in N.Y.C. is traced in numerous case histories. Family patterns of abuse, possible responses, definitions and demographic data is given in some detail.


Presentation of case examples of plight of children who were removed from their parents and placed in foster homes. States incalculable psychiatric damage inflicted upon these children as rehabilitation services are not provided for either parents or children as they sit in limbo for major part of their childhood. Attributes later serious adult disturbance to experience in foster care.


Report on findings of a nationwide survey of the incidence of child abuse reported through legal channels throughout U.S. in 1967 and 1968. Includes additional findings of sample surveys of the public knowledge, attitudes and opinions about child abuse.
BOOKS


Discusses and clarifies factors involved in evaluating neglect and the initiation of preventive action to forestall family breakdown. Considers needs of parents and children in neglectful families and indicates areas where social services can help.


Prepared for caseworkers who are responsible for seeing that children served by the AFDC program have adequate care, for securing for them resources to meet special needs, for assisting in maintaining family homes, and for acting in behalf of the child who is endangered.


Collection of eight articles focusing on medical, social, legal, psychiatric, law enforcement, and historical aspects of child abuse. Second edition contains some revisions and additions to earlier book which was one of the first published on the subject and is still a basic source. Photographs included with some articles.


Compilation of seventeen articles by various authors addressing the problem of child abuse in the four major areas of (1) the parents needs and desire for help; (2) the child's need for help; (3) how help can best be given; (4) establishing a positive role for the court and the law.


Designed as an aid for caseworkers dealing with problems of neglect. Describes characteristics of neglectful families and methods of effective intervention. Based on research in rural mountains of North Carolina and north Georgia.
BOOKS


Final report of a project to determine incidence, characteristics of child victims and adult offenders of sex crimes. Reports extensive data covering all aspects of victims' lives, communities.


Documentary study made of children abused or neglected by their parents. Examines the scope of the problem and suggests ways to overcome it.


Presents an in-depth survey of the present state of knowledge of child-abuse in Canada. Explains how and why a parent can attack an infant or child and offers suggestions and programs of ways to help these children and their parents.

Study of pre-school children and their mothers designed to explore the social characteristics and behavior patterns of families in which children are physically abused.


Examines the orientation of social workers in child protective services to the use of authority in initiating and maintaining a casework relationship with parents who abuse and parents who neglect their children.


Comparative study to determine whether or not judgments of physical abuse made by social workers are affected by the social agency in which the social worker is located.


Investigates behavioral and personality characteristics of children who had previously suffered severe physical abuse or punishment at the hands of parents and had been removed to foster homes as a result.


Study to ascertain whether differences exist in selected characteristics which can be used to predict parents who will abuse their children and parents who will neglect but not abuse their children.

Varon, E. The client of a protective agency in the context of the community: A field study of the Massachusetts Society for the Prevention of Cruelty
Field study of the clientele of Massachusetts Society for the Prevention of Cruelty to Children attempting to bring together the anthropological, sociological and psychological factors which affected these individuals. Explores relationships of clientele to the social agencies, institutions, and the neighborhood.

An exposition of the legal safeguards which must be provided in any process to terminate parental rights with emphasis on the necessary for a judicial determination.


Exploration of the impact of Supreme Court decisions on neglect proceedings. How may due process be assured; will court hearings be adversary trials; who represents the child; how may conflicts of interest be resolved?


Intervention on behalf of neglected children. Discusses the implications of the mandate for due process as it applies to the neglect proceeding in juvenile court; defines the elements of due process, and interprets the precarious balance required to protect conflicting rights.


Three papers report significant findings on the constructive use of time limits; planned periodic inventories of progress toward change and goals; authority in casework.


Child Protective Services must develop specialized techniques to meet treatment problems posed by neglecting parents. This pamphlet discusses some new and imaginative approaches contributing to better protection of neglected and abused children.


A study of Psychosocial Characteristics. Interpretation of the findings in a research project to identify the psychological characteristics of neglecting parents in almost 1,000 families.

Discussion of responsibility and patterns for meeting after-hour emergencies of child neglect and abuse.


A statement which emphasizes the contribution of Child Protective Services to the over-all fight against juvenile delinquency.


Non-technical community interpretation of the purpose and method of Child Protection, through the use of "case stories."


Discussion of the cooperative roles of the court, police, school, church and voluntary agencies and how they may contribute best to the protection of children.


A discussion of the purpose and functions of the two agencies - a recognition of their separate and mutual responsibilities and how they may achieve optimum cooperation on behalf of neglected children.


A manual on basic concepts, principles and practices for the social work practitioner.

Four articles to provide interpretation of the role and function of Protective Services.


The "Why and What" of Child Protective Services, A discussion and definition of Child Protection; the client; what is neglect and aggressive casework.


Shows the distinction between Child Protection, a function, and aggressive casework, the technique it uses in "reaching out."


Preliminary study of incidence, characteristics, community attitudes and patterns of dealing with the battered child program.


A discussion of community responsibility for providing protective services - the legal frame of reference for physical and emotional neglect - the problems involved in obtaining a legal finding of emotional neglect.


Study and comparison of the content and philosophy of state legislation in 1963 for the mandatory reporting of child abuse cases. Full legal text in appendix.


Highlights of testimony before U.S. Senate Subcommittee on Children and Youth. Strongly points to urgency of implementation of Child Protective Services. Gives perspective on progress in this specialized field.
De Francis, Vincent. Special skills in child protective services. Denver: Children's Division, American Humane Association.

Explores special skills and their application through the use of a case history.


Explores the problem of termination of parental rights and the legal complications which surround the process. Basic data with respect to the rights of parents and children, and variations on the theme of how parental rights are affected, are presented and discussed.

De Francis, Vincent, Ireland, W., & Oliphant, W. Marshalling community services on behalf of the abused child. Denver: Children's Division, American Humane Association.

Implications of and differences in 47 state laws for reporting child abuse; suggested changes for maximizing child protection; implementation of reporting laws in a state administered program and in a county administered setting.


Discussion of the general failure to mount Child Protective Services programs of sufficient magnitude and competency to effectively treat the needs of neglected, abused children; questions are raised and directions for needed changes proposed.

De Francis, V. Guidelines for legislation to protect the battered child. Denver: Children's Division, American Humane Association.

An analysis of the basic concepts and principles which must be considered in defining a community's approach toward reaching and treating the problem of child abuse.


Report of a statewide study and analysis of child abuse cases; discussion of implications as viewed by experts in psychiatry, medicine, law and social work.
Mulford, R., & Hoel, H.  *Protective - preventive services; Are they synonymous?* Denver: Children's Division, American Humane Association.

Are the preventive services provided in many social work settings identical in scope and function with Child Protective Services? Two papers explore and define areas of similarity and difference.


A penetrating analysis of the challenge to Child Protection posed by this difficult area of child neglect.


How a voluntary agency found addition of a Child Protective function to be fully compatible with its other services to children.


Explores the techniques for involving protective service clients in a program of family life education; discussion of course content; evaluation of participation as means for strengthening casework relationships and parental capacity for child care.


Discussion of the conceptualization and development of a multiservice facility designed to provide a comprehensive program for families in need of protective services. The first year's experience of a research and demonstration project.

A superb exposition of how authority in casework is employed in the process of treating the pathology of neglecting parents.


A report of seven workshop sessions participated in by representatives of six national agencies.


Subcommittee report on suggested language to clarify and strengthen legislation on Child Protection.


Six articles from *The Denver Post* which expose the myths and stereotypes popularly accepted about parents who neglect or abuse children. An interpretation for the general public of the nature and dimensions of neglect and abuse, its causation and treatment.

Tormes, Y. *Child victims of incest.* Denver: Children's Division, American Humane Association.

A study of characteristics found in "incest" families and suggested guidelines for early identification of families where uncorrected conditions may produce a climate receptive to incest.

Wald, M. *Protective services and emotional neglect.* Denver: Children's Division, American Humane Association.

A discussion of emotional neglect; description of skills and attitudes necessary to change destructive parental behavior; illustrations of techniques through case history.


How concern about current services for neglected children led to new planning with responsibility for the program in the public agency.

Report of a study of Protective Service needs in Ventura County, California, with analysis and evaluation of cases handled over a one-year period.