DOCUMENT RESUME

ED 125 233

ED 090 501

AUTHOR Naughton, M. James; And Others


SPONS-AGENCY Washington State Dept. of Social and Health Services, Olympia.

PUB DATE 76

GRANT 1248-ABF-4911

NOTE 621p.

AVAILABLE FROM Health Sciences Learning Resources Center, University of Washington, Seattle, WA 98195 ($15.00)

EDRS PRICE MF-$1.16 Plus Postage. HC Not Available from EDRS.

DESCRIPTIONS Abstracts; *Annotated Bibliographies; Bibliographies; *Child Abuse; *Child Welfare; Exceptional Child Services; *Social Services

IDENTIFIERS Neglected Children

ABSTRACT Contained in the bibliography are citations for 1500 publications concerned with child abuse and neglect of which 700 include abstracts. Titles are listed alphabetically by author under the following broad subjects or child protective service case types: generalized abuse/neglect, generalized abuse, generalized neglect, physical abuse, physical neglect, emotional abuse, emotional neglect, sexual abuse, exploitation, historical, and training related. Each of the above case types is defined. Within each of the case types citations indicate amount of attention devoted to each of the following child protective service activities: non specific, initial complaint, initial interview, indicators of abuse/neglect, problem definition, treatment, legal considerations, referral, ancillary services, followup, prevention, and statistics. Each abstract (alphabetical by author) distinguishes between subject matter receiving main emphasis, sections, paragraphs, or mention; notes the target population; and indexes the subject matter on a grid using the case types and service activities as axes. A final listing is strictly alphabetical by author with abstracted articles asterisked. (DB)

**********************************************************************
Documents acquired by ERIC include many informal unpublished *
materials not available from other sources. ERIC makes every effort *
to obtain the best copy available. Nevertheless, items of marginal *
reproducibility are often encountered and this affects the quality *
of the microfiche and hardcopy reproductions ERIC makes available *
via the ERIC Document Reproduction Service (EDRS). EDRS is not *
responsible for the quality of the original document. Reproductions *
supplied by EDRS are the best that can be made from the original. *
**********************************************************************
Child Protective Services: A Bibliography
with Partial Annotation and Cross-Indexing - 1976

M. James Naughton M.S.W.
Stephanie K. Steppe B.A.
Marilyn Hart-Nibbrig M.A.

Department of Social and Health Services
State of Washington

School of Social Work
University of Washington

Health Sciences Learning Resources Center
University of Washington

*This literature review was made possible by training funds from the Washington State
Department of Social and Health Services, Grant #124R-ABF-4911.
© 1976

M. James Naughton, M.S.W.
Health Sciences Learning Resources Center
University of Washington
Seattle, WA 98195
Our purpose in developing this review is to make literature on protective services available to Child Protective Service Workers. We hope that this information, in the form of bibliography, grid index, and abstracts, will prove useful in the worker's management of C.P.S. cases and save time by providing quick reference to desired literature.

Over 1,500 publications relating to different aspects of protective service work were located. Of these publications, about 700 articles were read, indexed, and abstracted.

These articles are classified in three areas:

1. types of abuse/neglect,
2. types of C.P.S. worker activity (for example, initial contact with the client, treatment planning), and
3. a quantitative reference to the amount of information about a particular topic in the article (main emphasis or merely a mention).

With this bibliography you can identify literature by author's name, scan the indices and abstracts for articles/topics of interest, or search for specific information relative to a particular case type or C.P.S. job element. An explanation of this procedure is given in the GUIDE TO USE section.

Because we will continue to gather information on C.P.S., we welcome your advice, comments, and criticism about this material. Please let us know how useful it is to you.

M. James Naughton
H.S. Learning Resources Center
University of Washington
ACKNOWLEDGMENT

In completing a literature review of this magnitude, many more individuals are involved than appear on the title page. We would like to acknowledge the advice and guidance of:

Dan Jensen, M.S.W., Chief of Manpower Training and Development  
Department of Social and Health Services

Scott Briar, D.S.W., Dean, School of Social Work  
University of Washington

Vern Bryant, M.S.W., Director, Office of Continuing Education and Community Relations, School of Social Work, University of Washington

Robert S. Hillman, M.D., Director, Health Sciences Learning Resources Center  
University of Washington

James W. Green, Ph.D., Current Project Director, Performance Based Instructional Development Project for Child Protective Service Workers

Several Department of Social and Health Services advisors clarified for us many of the complexities of the Child Protective Service job. They are:

Louise Bowler  
Ellen Eickmeyer  
Jim Johnston  
Gordon McDougall  
Colleen Waterhouse

We owe special thanks to the following Child Protective Service workers, who in addition to their heavy work load, answered our incessant questions.

Michael Beach  
Jan Blackburn  
Diana Darland  
Kenneth Foss  
Naomi Hanley  
Terry Lewis  
Ruth Moller  
Katie Monagham  
Judy Pierce  
Mari Saxton  
Jean Torres

Many other individuals contributed to creating this volume—readers, research assistants and typists.

Isabel Britnell  
Rexine Casey  
Colleen Cashman  
Lynn Dahn  
Barbara Hilett  
Valeria Mosier  
Tom Miyoshi  
Connie Mersz  
Rosalyn Oreskovitch  
Phillip Osborne  
Elaine Swedt  
Ron Takinshi  
Bob Watanabe

If we have inadvertently overlooked other contributors to this project, we apologize. We acknowledge all errors of omission and commission in this volume as ours.

M. James Naughton  
Stephanie K. Steppe  
Marilyn Hart-Nibbrig
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>iii</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>v</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>vii</td>
</tr>
<tr>
<td>Guide To Use</td>
<td>1</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>5</td>
</tr>
<tr>
<td>Subject Index</td>
<td>11</td>
</tr>
<tr>
<td>Generalized Abuse/Neglect --- Non Specific</td>
<td></td>
</tr>
<tr>
<td>Initial Complaint</td>
<td>13</td>
</tr>
<tr>
<td>Initial Interview</td>
<td>18</td>
</tr>
<tr>
<td>Indicators of Abuse/Neglect</td>
<td>19</td>
</tr>
<tr>
<td>Problem Definition</td>
<td>20</td>
</tr>
<tr>
<td>Treatment</td>
<td>21</td>
</tr>
<tr>
<td>Legal Considerations</td>
<td>24</td>
</tr>
<tr>
<td>Referral</td>
<td>27</td>
</tr>
<tr>
<td>Ancillary Services</td>
<td>29</td>
</tr>
<tr>
<td>Follow-up</td>
<td>31</td>
</tr>
<tr>
<td>Prevention</td>
<td>32</td>
</tr>
<tr>
<td>Statistics</td>
<td>33</td>
</tr>
<tr>
<td>Generalized Abuse --- Non Specific</td>
<td></td>
</tr>
<tr>
<td>Initial Complaint</td>
<td>35</td>
</tr>
<tr>
<td>Initial Interview</td>
<td>37</td>
</tr>
<tr>
<td>Indicators of Abuse/Neglect</td>
<td>38</td>
</tr>
<tr>
<td>Problem Definition</td>
<td>39</td>
</tr>
<tr>
<td>Treatment</td>
<td>40</td>
</tr>
<tr>
<td>Legal Considerations</td>
<td>42</td>
</tr>
<tr>
<td>Referral</td>
<td>43</td>
</tr>
<tr>
<td>Ancillary Services</td>
<td>44</td>
</tr>
<tr>
<td>Follow-up</td>
<td>45</td>
</tr>
<tr>
<td>Prevention</td>
<td>46</td>
</tr>
<tr>
<td>Statistics</td>
<td>47</td>
</tr>
<tr>
<td>Generalized Neglect --- Non Specific</td>
<td></td>
</tr>
<tr>
<td>Initial Complaint</td>
<td>49</td>
</tr>
<tr>
<td>Initial Interview</td>
<td>50</td>
</tr>
<tr>
<td>Indicators of Abuse/Neglect</td>
<td>51</td>
</tr>
<tr>
<td>Problem Definition</td>
<td>52</td>
</tr>
<tr>
<td>Treatment</td>
<td>53</td>
</tr>
<tr>
<td>Legal Considerations</td>
<td>54</td>
</tr>
<tr>
<td>Referral</td>
<td>55</td>
</tr>
<tr>
<td>Ancillary Services</td>
<td>56</td>
</tr>
<tr>
<td>Follow-up</td>
<td>57</td>
</tr>
<tr>
<td>Prevention</td>
<td>58</td>
</tr>
<tr>
<td>Statistics</td>
<td>59</td>
</tr>
<tr>
<td>Physical Abuse --- Non Specific</td>
<td></td>
</tr>
<tr>
<td>Initial Complaint</td>
<td>61</td>
</tr>
<tr>
<td>Initial Interview</td>
<td>64</td>
</tr>
<tr>
<td>Indicators of Abuse/Neglect</td>
<td>65</td>
</tr>
<tr>
<td>Problem Definition</td>
<td>66</td>
</tr>
<tr>
<td>Treatment</td>
<td>68</td>
</tr>
<tr>
<td>Legal Considerations</td>
<td>72</td>
</tr>
<tr>
<td>Referral</td>
<td>73</td>
</tr>
<tr>
<td>Ancillary Services</td>
<td>74</td>
</tr>
<tr>
<td>Follow-up</td>
<td>75</td>
</tr>
<tr>
<td>Prevention</td>
<td>76</td>
</tr>
<tr>
<td>Statistics</td>
<td>77</td>
</tr>
<tr>
<td>Physical Neglect --- Non Specific</td>
<td></td>
</tr>
<tr>
<td>Initial Complaint</td>
<td>79</td>
</tr>
<tr>
<td>Initial Interview</td>
<td>80</td>
</tr>
<tr>
<td>Indicators of Abuse/Neglect</td>
<td>81</td>
</tr>
<tr>
<td>Problem Definition</td>
<td>82</td>
</tr>
<tr>
<td>Treatment</td>
<td>83</td>
</tr>
<tr>
<td>Statistics</td>
<td>84</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>85</td>
</tr>
<tr>
<td>--- Legal Considerations</td>
<td></td>
</tr>
<tr>
<td>--- Referral</td>
<td>86</td>
</tr>
<tr>
<td>--- Ancillary Services</td>
<td>87</td>
</tr>
<tr>
<td>--- Follow-up</td>
<td>88</td>
</tr>
<tr>
<td>--- Prevention</td>
<td>89</td>
</tr>
<tr>
<td>--- Statistics</td>
<td>90</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>91</td>
</tr>
<tr>
<td>--- Non Specific</td>
<td></td>
</tr>
<tr>
<td>--- Initial Complaint</td>
<td>92</td>
</tr>
<tr>
<td>--- Initial Interview</td>
<td>93</td>
</tr>
<tr>
<td>--- Indicators of Abuse/Neglect</td>
<td>94</td>
</tr>
<tr>
<td>--- Problem Definition</td>
<td>95</td>
</tr>
<tr>
<td>--- Treatment</td>
<td>96</td>
</tr>
<tr>
<td>--- Legal Considerations</td>
<td>97</td>
</tr>
<tr>
<td>--- Referral</td>
<td>98</td>
</tr>
<tr>
<td>--- Ancillary Services</td>
<td>99</td>
</tr>
<tr>
<td>--- Follow-up</td>
<td>100</td>
</tr>
<tr>
<td>--- Prevention</td>
<td>101</td>
</tr>
<tr>
<td>--- Statistics</td>
<td>102</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>103</td>
</tr>
<tr>
<td>--- Non Specific</td>
<td></td>
</tr>
<tr>
<td>--- Initial Complaint</td>
<td>104</td>
</tr>
<tr>
<td>--- Initial Interview</td>
<td>105</td>
</tr>
<tr>
<td>--- Indicators of Abuse/Neglect</td>
<td>106</td>
</tr>
<tr>
<td>--- Problem Definition</td>
<td>107</td>
</tr>
<tr>
<td>--- Treatment</td>
<td>108</td>
</tr>
<tr>
<td>--- Legal Considerations</td>
<td>109</td>
</tr>
<tr>
<td>--- Referral</td>
<td>110</td>
</tr>
<tr>
<td>--- Ancillary Services</td>
<td>111</td>
</tr>
<tr>
<td>--- Follow-up</td>
<td>112</td>
</tr>
<tr>
<td>--- Prevention</td>
<td>113</td>
</tr>
<tr>
<td>--- Statistics</td>
<td>114</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>115</td>
</tr>
<tr>
<td>--- Non Specific</td>
<td></td>
</tr>
<tr>
<td>--- Initial Complaint</td>
<td>116</td>
</tr>
<tr>
<td>--- Initial Interview</td>
<td>117</td>
</tr>
<tr>
<td>--- Indicators of Abuse/Neglect</td>
<td>118</td>
</tr>
<tr>
<td>--- Problem Definition</td>
<td>119</td>
</tr>
<tr>
<td>--- Treatment</td>
<td>120</td>
</tr>
<tr>
<td>--- Legal Considerations</td>
<td>121</td>
</tr>
<tr>
<td>--- Referral</td>
<td>122</td>
</tr>
<tr>
<td>--- Ancillary Services</td>
<td>123</td>
</tr>
<tr>
<td>--- Follow-up</td>
<td>124</td>
</tr>
<tr>
<td>--- Prevention</td>
<td>125</td>
</tr>
<tr>
<td>--- Statistics</td>
<td>126</td>
</tr>
<tr>
<td>Exploitation</td>
<td>127</td>
</tr>
<tr>
<td>--- Non Specific</td>
<td></td>
</tr>
<tr>
<td>--- Initial Complaint</td>
<td>128</td>
</tr>
<tr>
<td>--- Initial Interview</td>
<td>129</td>
</tr>
<tr>
<td>--- Indicators of Abuse/Neglect</td>
<td>130</td>
</tr>
<tr>
<td>--- Problem Definition</td>
<td>131</td>
</tr>
<tr>
<td>--- Treatment</td>
<td>132</td>
</tr>
<tr>
<td>--- Legal Considerations</td>
<td>133</td>
</tr>
<tr>
<td>--- Referral</td>
<td>134</td>
</tr>
<tr>
<td>--- Ancillary Services</td>
<td>135</td>
</tr>
<tr>
<td>--- Follow-up</td>
<td>136</td>
</tr>
<tr>
<td>--- Prevention</td>
<td>137</td>
</tr>
<tr>
<td>--- Statistics</td>
<td>138</td>
</tr>
<tr>
<td>Historical</td>
<td>139</td>
</tr>
<tr>
<td>--- Non Specific</td>
<td></td>
</tr>
<tr>
<td>--- Initial Complaint</td>
<td>140</td>
</tr>
<tr>
<td>--- Initial Interview</td>
<td>141</td>
</tr>
<tr>
<td>--- Indicators of Abuse/Neglect</td>
<td>142</td>
</tr>
<tr>
<td>--- Problem Definition</td>
<td>143</td>
</tr>
<tr>
<td>--- Treatment</td>
<td>144</td>
</tr>
<tr>
<td>--- Legal Considerations</td>
<td>145</td>
</tr>
<tr>
<td>--- Referral</td>
<td>146</td>
</tr>
<tr>
<td>--- Ancillary Services</td>
<td>147</td>
</tr>
<tr>
<td>--- Follow-up</td>
<td>148</td>
</tr>
<tr>
<td>--- Prevention</td>
<td>149</td>
</tr>
<tr>
<td>--- Statistics</td>
<td>150</td>
</tr>
<tr>
<td>Training Related --- Non Specific</td>
<td>151</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>--- Initial Complaint</td>
<td>152</td>
</tr>
<tr>
<td>--- Initial Interview</td>
<td>153</td>
</tr>
<tr>
<td>--- Indicators of Abuse/Neglect</td>
<td>154</td>
</tr>
<tr>
<td>--- Problem Definition</td>
<td>155</td>
</tr>
<tr>
<td>--- Treatment</td>
<td>156</td>
</tr>
<tr>
<td>--- Legal Considerations</td>
<td>157</td>
</tr>
<tr>
<td>--- Referral</td>
<td>158</td>
</tr>
<tr>
<td>--- Ancillary Services</td>
<td>159</td>
</tr>
<tr>
<td>--- Follow-up</td>
<td>160</td>
</tr>
<tr>
<td>--- Prevention</td>
<td>161</td>
</tr>
<tr>
<td>--- Statistics</td>
<td>162</td>
</tr>
<tr>
<td>ABSTRACTS AND GRID INDEXING</td>
<td>163</td>
</tr>
<tr>
<td>CITATIONS</td>
<td>527</td>
</tr>
</tbody>
</table>
MAIN EMPHASIS (4)

Brandwein, Harold
The Battered Child: A Definite and Significant Factor in Mental Retardation.

The Mistreated Child.

Calkins, C. F., et al.
Children's Rights: An Introductory Sociological Overview.

Class, Norris

Committee on Infant and Preschool Child/American Academy of Pediatrics
Maltreatment of Children--The Battered Child Syndrome.

Dine, M. S., et al.
Slaughter of the Innocents.

Elmer, Elizabeth
Identification of Abused Children.

Fairburn, A. C., et al.
Caffey's "Third Syndrome"--A Clinical Evaluation.

Fairburn, A. C.
Small Children at Risk.

Fontana, Vincent J.
Child Abuse: A Tragic Problem.

Fontana, Vincent J.
Factors Needed for Prevention of Child Abuse and Neglect.

Fontana, Vincent J.
Recognition of Maltreatment and Prevention of Battered Child Syndrome.

Toward an Integrated Theory of Intra-Family Violence.

Giovannoni, Jeanne M.

Social and Legal Problems Raised by Cruelty to Children.

Guttmacher, Alan F.

Helfer, Ray E.; Gil, David G.
Physical Abuse of Children.

SECTIONS (3)

Overton, Alice
Serving Families Who "Don't Want Help."

Platou, Ralph V.
Battering.

Salmon, M. A.
The Spectrum of Abuse in the Battered Child Syndrome.

Sandusky, Annie Lee
Services to Neglected Children: A Public Welfare Responsibility.

Scherer, Lorena
Protective Casework Service.

Stringer, Elizabeth A.
Homemaker Service in Neglect and Abuse: A Tool for Case Evaluation

Ten Have, Ralph
A Preventive Approach to Problems of Child Abuse and Neglect.

Williams, Fredericka D.
The AFDC Worker's Role in Protective Services.
GUIDE TO USE

The Bibliography is organized for easy reference to articles on a variety of levels:

CITATIONS: a traditional listing of 1,500 articles by author's last name (pp 527-620). Asterisks mark articles that have been abstracted.

ABSTRACTS: approximately 700 articles arranged alphabetically by author's last name (pp 163-526). Each article has been abstracted for target population and points of emphasis. Content has been classified according to one or more of nine Client-Related Case Types and ten Worker-Related Activities, organized into the form of a grid. Since our use of these terms may differ somewhat from yours, we have included a DEFINITION OF TERMS section (pp 5-10) where each subject heading is defined.

LEVEL OF CONTENT WITHIN ARTICLE:

4 = MAIN EMPHASIS
3 = MAJOR SECTION(S)
2 = PARAGRAPH(S)
1 = MENTION, i.e., ONE OR TWO SENTENCES

The grid is used to display numbers depicting each article's level of content by major and minor points of emphasis. (See above -- Level of Content Within Article). The four numbered content levels are:

4 = Main emphasis - The intersecting Type and Activity indicate the main emphasis of the article.
3 = Major section(s) - The article has a major section on this Type and Activity.
2 = Paragraph(s) - The article has a paragraph on this Type and Activity.
1 = Mention, i.e., one or two sentences - There is mention of this Type and Activity.

Simply by scanning the grids, it is possible to identify articles appropriate to a particular subject area. This can be of great value in the review of a subject area, the development of a comprehensive bibliography, or in cross-referencing activities. The numbers act as a key to the specificity and depth of coverage of any article. In addition, the grid classification forms a basis for future computer access to the bibliography.
INDEX:

A subject listing of all articles with main (4) and major (3) emphases (pp 11-162). The Index is organized according to Client-Related Case Type subject headings. Worker-Related Activities appear as subsections of each Client-Related Case Type. For easy reference in the ABSTRACTS, article citations are alphabetized by author's last name. If you have difficulty finding the appropriate subject headings, the TABLE OF CONTENTS (pp vii) also lists the various categories.

REPRINTS:

If you want a reprint of a complete article, telephone the Washington State Library: Ethel Saucier or Laureen Lawty, Reference Librarians, Reference Section, Washington State Library, Olympia, WA, 98504 at 206/753-5590 (or SCAN 234-5590). Articles will be mailed to you within one day of your call. Give your name, address, and the author and title of each article you want. Reprints are presently available to State of Washington Department of Social and Health Service Child Protective Service workers and supervisors at no cost.
CHILD PROTECTIVE SERVICE CASE TYPES:
DEFINITIONS OF TERMS ON THE HORIZONTAL AXIS OF LITERATURE GRID

These categories pertain to acts (of commission or omission) that are made against the child, which result in a worker becoming involved in the case. They are client-oriented.

GENERALIZED ABUSE/NEGLECT: Article (book) describes incidents of abuse or neglect but does not break it down to physical and/or emotional.

GENERALIZED ABUSE: Interaction with the child resulting in disability or death. Example: Battered Child Syndrome: This term applies to the child who has had repeated injuries of a severe nature usually involving fractures of the bones, internal injuries, hemorrhage, or central nervous system damage. The hallmark of this type of maltreatment is where one of the accidents or incidents as described by the parents does not appear adequate to explain the injuries sustained by the child.

GENERALIZED NEGLECT: Failure to provide adequate care for the child. This can include medical neglect, lack of appropriate safety precautions for the child or emotional neglect. The parent or guardian fails to provide the basic needs of food, shelter and clothing to the child.

PHYSICAL ABUSE: A single episode of physical abuse (i.e. violent outburst against the child) or moderate forms of repeated physical abuse applied in disciplining (i.e. severely bruised from spanking, the child being hit about the face causing no fracture, etc.). Example: child dies, has broken bones, head injuries, massive bruises, hematomas, burns, etc.

PHYSICAL NEGLECT: There is evidence of poor skin hygiene, lack of adequate nutrition and lack of seeking the proper medical attention for a child with illness or injury. Parent takes inappropriate safety precautions for a child at a given age of development so that injury occurs. Does not provide adequate housing, clothing or food for the child. Example: "dirty" house syndrome, child without proper shelter or sleeping arrangements and/or left unattended, unsupervised for long periods of time.

EMOTIONAL ABUSE: Repeated berating, swearing at the child and tearing down of self-image. The child is severely scapegoated by the family, outwardly rejected, subjected to severe chronic verbal abuse.

EMOTIONAL NEGLECT: Lack of emotional attachment to and stimulation of the child. The child is denied normal experiences that produce feelings of being loved, wanted, secure and worthy.

SEXUAL ABUSE: Child is sexually molested in some way by a family member (or third party). Sexual abuse of children may be divided into the following major groups: rape: penile entrance into the vagina as a result of physical force, threat of force or deceit; sexual intercourse with a minor: voluntary participation by a person under 16 years of age in sexual intercourse; sodomy: oro-genital or ano-genital sexual contact; incest: sexual intercourse with someone nearer of kin than first cousin; indecent liberties/molestation: general, non-specific, classification for most other acts of sexual abuse.

EXPLOITATION: Parent's (or guardian's) using the child for either illegal or immoral purposes. Example: training a child to be a pickpocket, encouraging a child to steal or panhandle.
TERMS ON HORIZONTAL AXIS (continued)

HISTORICAL: This involves many of the older articles that give a background and historical perspective to the area of child abuse/neglect, child's rights, parent's authority and legal considerations of children.

TRAINING RELATED: This specifically points out what the worker should know as information and as skills in order to perform a certain task. Example: a CPS worker must know which agencies to contact in order to facilitate handling of a case, what are the pertinent questions and probes to ask during certain phases of the case, what to do when a client pulls a gun, what happens in the case where the client fails to follow the prescribed treatment plan, etc.
CHILD PROTECTIVE SERVICE ACTIVITIES:
DEFINITIONS OF TERMS ON THE VERTICAL AXIS OF LITERATURE GRID

These are activities engaged in by the worker in a child abuse/neglect situation. They are set up chronologically as they would happen in a "normal" case. It is not necessary that each case or article follow through the entire list of activities. Many articles will focus on just one phase of the worker's duties in a particular case.

NON SPECIFIC: This is a catch-all category used when an activity by the worker does not fall into any of the other prescribed categories.

INITIAL COMPLAINT: First contact the worker has with a new case. This can come in the form of a phone call from a neighbor reporting the incidence of child abuse; parents turning themselves in; a school reporting they have an abused/neglected child, etc. This is not the first contact that the CPS worker has with the parent, rather it is the first report of a child abuse/neglect incidence.

INITIAL INTERVIEW: First interview between the CPS worker and the abusive party.

INDICATORS OF ABUSE/NEGLECT: Physical signs of abuse/neglect which can be seen, heard, sensed—that can be easily measured or put in quantifiable terms. Example: bruises or lacerations on the child, a "dirty" house, child cowering in the corner, etc.

PROBLEM DEFINITION: The over-all scope of family situation. (This comes from probing and questioning by the worker.) What event precipitated the incident of abuse/neglect, what is the family socio-economic status, total number of children, is the father working or at home? Whatever is necessary to give background and validity to the situation of abuse/neglect.

TREATMENT: What total plan is decided upon to alleviate the situation of abuse/neglect (initially) and reconstruct the family situation to eliminate as much of the problem (as described in problem definition) as possible? Example: parent(s) are sent to a psychiatrist, child is removed from the home and placed in foster care, a homemaker is brought in to clean the house, parent(s) must attend parenting classes.

LEGAL CONSIDERATIONS: Any information, reference or indication that the law is part of the case. What specifically does the law(s) cover in this particular instance, what are the responsibilities of the worker in the courtroom, the parent(s) in the courtroom, what information should the doctor have when he presents his case of abuse, etc.? 

REFERRAL: Responsibility and control of the case is transferred to another agency or individual, leaving the person who refers with minimal contact with the client. Example: case is not considered Child Protective Service jurisdiction and is turned over to Child Welfare Service or Aid to Families with Dependent Children; doctor, school, turns the case over to the Child Protective Service worker, etc.

ANCILLARY SERVICES: Those services that the CPS worker brings to the case, while still maintaining legal control of the case. Example: parenting classes, use of homemaker, parent's aid, psychiatrist, counseling, etc.

FOLLOW-UP: Checking back with the family when the referral has been made or any attempt to check the family (child) situation after the case has been closed.
PREVENTION: Action taken in circumstances which suggest a need to intervene because of the possibility of an incident or recurrence of abuse or neglect. Such situations might be a mother who brings a child into the emergency room six times, though the child is totally healthy; a mother who was an abused child herself; a father who tends to react with physical responses to tension situations (slapping, hitting, kicking, etc.).

STATISTICS: Charts, tables and/or numbers that give data on child abuse/neglect. They can be specific results of a research project or generalized information. Example: there is a higher percentage of abuse/neglect in military families than in the civilian population; the ratio of reported physical neglect to physical abuse is approximately ten to one.
## GENERALIZED ABUSE/NEGLECT—NON-SPECIFIC

### MAIN EMPIHASIS (4)

- **Alberts, M. E.**
  - Child Abuse.

- **American Academy of Pediatrics**
  - Site Visit #1: Cook County Children's Hospital, Chicago, Illinois, January 10, 1974.

- **American Academy of Pediatrics**
  - Site Visit #2: University of Colorado Medical Center, Denver, December 18, 1973.

- **American Academy of Pediatrics**
  - Site Visit #3: William Beaumont Army Medical Center, El Paso, Texas.

- **American Academy of Pediatrics**
  - Site Visit #4: Children's Protective Services Center, Kauaikeolani Children's Hospital, Honolulu.

- **American Academy of Pediatrics**
  - Site Visit #5: University of Iowa Hospital, Iowa City, Iowa, January 7, 1974.

- **American Academy of Pediatrics**
  - Conclusion.

### SECTIONS (3)

- **Amiel, Shirley**
  - A Report of Child Abuse, Child Mis-treatment and Child Discrimination While the Children are Under Adult Supervision Other Than That of Their Parents or Legal Guardians in the State of Washington.
  - Child Abuse in Schools.

- **Bleiberg, Nina**
  - The Neglected Child and the Child Health Conference.

- **Brown, John A.**
  - Some Observations on Abusive Parents.

- **Callaghan, K. A., et al.**
  - Practical Management of the Battered Baby Syndrome.

- **Davies, Joann**
  - When the Agency Must Intervene.

- **Fontana, Vincent J.**
  - The Maltreatment Syndrome in Children.

- **Fontana, Vincent J.**
  - The Neglect and Abuse of Children.

- **Fontana, Vincent J., et al.**
  - The Maltreatment Syndrome in Children.

- **Foresman, Louise**
  - Strengthening Family Life.

- **Goldfarb, W.**
  - Psychological Privation in Infancy and Subsequent Adjustment.

- **Hammell, Charlotte J.**
  - Preserving Family Life for Children.

- **Herre, Ernest A.**
  - A Community Mobilizes to Protect Its Children.

- **Holder, A. R.**
  - Child Abuse and the Physician.

- **Lukianowicz, N.**
  - Battered Children.

- **Martin, Harold P., et al.**
  - The Development of Abused Children.

- **Miller, Donald S.**
  - Fractures Among Children, Part I: Parental Assault as a Causative Agent.

- **Morris, Marian G., et al.**
  - Toward Prevention of Child Abuse.

- **Morse, C. W., et al.**
  - A Three-Year Follow-up Study of Abused and Neglected Children.
GENERALIZED ABUSE/NEGLECT--NON-SPECIFIC (CONTINUED)

MAIN EMphasis (4)

Brandwein, Harold
The Battered Child: A Definite and Significant Factor in Mental Retardation.

The Mistreated Child.

Calkins, C. F., et al.
Children's Rights: An Introductory Sociological Overview.

Class, Norris

Committee on Infant and Preschool Child/American Academy of Pediatrics
Maltreatment of Children--The Battered Child Syndrome.

Dine, M. S., et al.
Slaughter of the Innocents.

Elmer, Elizabeth
Identification of Abused Children.

Fairburn, A. C., et al.
Caffey's "Third Syndrome"--A Clinical Evaluation.

Fairburn, A. C.
Small Children at Risk.

Fontana, Vincent J.
Child Abuse: A Tragic Problem.

Fontana, Vincent J.
Factors Needed for Prevention of Child Abuse and Neglect.

Fontana, Vincent J.
Recognition of Maltreatment and Prevention of Battered Child Syndrome.

Toward an Integrated Theory of Intra-Family Violence.

Giovannoni, Jeanne M.

Social and Legal Problems Raised by Cruelty to Children.

Guttmacher, Alan F.

Helfer, Ray E.; Gil, David G.
Physical Abuse of Children.

SECTIONS (3)

Overton, Alice
Serving Families Who "Don't Want Help."

Platou, Ralph V.
Battering.

Salmon, M. A.
The Spectrum of Abuse in the Battered Child Syndrome.

Sandusky, Annie Lee
Services to Neglected Children: A Public Welfare Responsibility.

Scherer, Lorena
Protective Casework Service.

Stringer, Elizabeth A.

Ten Have, Ralph
A Preventive Approach to Problems of Child Abuse and Neglect.

Williams, Fredericka D.
The AFDC Worker's Role in Protective Services.
GENERALIZED ABUSE/NEGLECT--NON-SPECIFIC (CONTINUED)

MAIN EMPHASIS (4)

Hick, John F., et al.
Sudden Infant Death Syndrome and Child Abuse

Holter, Joan C., et al.
Child Abuse: Early Case-Findings in the Emergency Department.

Hopkins, Joan, R. N.
The Nurse and the Abused Child.

Irvine, May
Communication and Relationship in Social Casework.

Jacobziner, Harold
Rescuing the Battered Child.

Joos, Thad H.
Child Abuse: A Different Point of View

Klaus, Marshall H., et al.
Mothers Separated from Their Newborn Infants.

Koel, Bertran S.
Failure to Thrive and Fatal Injury as a Continuum.

Kunstadter, Ralph H., et al.
The Battered Child and the Celiac Syndrome.

Langer, Marion F.
New Year's Resolution: No More Corporal Punishment.

Leaverton, David R.
The Pediatrician's Role in Maternal Deprivation.

Leserman, S.
There's a Murderer in My Waiting Room.

Marker, Gail, et al.
Rethinking Children's Rights.

Massing, Rose
Neglected Children: A Challenge to the Community.

McCort, James, et al.
Visceral Injuries in Battered Children.

McFerran, J.
Parent's Group in Protective Services.

McKinney, G., et al.
Child Abuse and Neglect Concerns SRS Multi-Efforts.

Miller, John K.
Red, White and Bruised. The Maltreatment Syndrome in the Army.

SECTION (3)

15
GENERALIZED ABUSE/NEGLECT--NON-SPECIFIC (CONTINUED)

MAIN EMPHASIS (4)

Miller, Mary Bailey
Community Action.

Money, John, et al.
Pain Agnosia and Self Injury in the
Syndrome of Reversible Somatotropin
Deficiency (Psychosocial Dwarfism).

Newberger, Eli H., et al.
Reducing the Literal and Human Cost of
Child Abuse: Impact of a New Hospital
Management System.

Nyden, Paul V.
The Use of Authority.

Oettinger, Katherine B.
Protecting Children from Abuse.

Oliver, J. E., et al.
A Family Kindred with Ill-Used Children:
The Burden on the Community.

Oliver, J. E., et al.
Five Generations of Ill-Treated Children
in One Family Pedigree.

Oliver, J. E., et al.
Six Generations of Ill-Used Children in a
Huntington's Pedigree.

Palomeque, L. E., et al.
"Battered Child" Syndrome.

Reinhard, Willie
Kindesmisshandlungen.

Rodham, Hillary
Children Under the Law.

Salk, Lee
What Every Child Would Like His Parents
to Know.

Sayre, James W., et al.
Community Committee on Child Abuse.

Schmidt, Delores M.
The Protective Service Caseworker:
How Does He Survive Job Pressure?

Schwartz, Emanuel K.
Child Murder Today: Playwrights and
Psychologists View Filicide in Life,
Drama.

Shopfner, Charles E.
Periosteal Bone Growth in Normal
Infants.

Silver, Larry B., et al.
Agency Action and Interaction in Cases
of Child Abuse.

Smith, S. M., et al.
Failure to Thrive and Anorexia Nervosa.
GENERALIZED ABUSE/NEGLECT--NON-SPECIFIC (CONTINUED)

MAIN EMPHASIS (4)  
Storey, Bruce  
The Battered Child.  

Streshinsky, N., et al.  
A Study of Social Work Practice in  
Protective Services: It's Not What  
You Know, It's Where You Work.  

Varon, Edith  
Communication: Client, Community, and  
Agency.
GENERALIZED ABUSE/NEGLECT—INITIAL COMPLAINT

MAIN EMPHASIS (4)

Amiel, Shirley

Diggle, Geoffrey, et al.

Ireland, William H.
A Registry on Child Abuse.

James, Joseph, Jr.
Child Neglect and Abuse.

Kohlhass, von Max
Duty to Secrecy in Cases of Child Abuse (Article in German, Summary in English).

Leivesley, S.
The Maltreated Child: A Cause for Concern.

Parker, Graham E.
The Battered Child Syndrome.

Shade, D. A.
Limits to Service in Child Abuse.

Silver, Larry B., et al.
Child Abuse Syndrome: The "Gray Areas" in Establishing a Diagnosis.

Swanson, Lynn D.
Role of the Police in the Protection of Children from Neglect and Abuse.

SECTIONS (3)

American Academy of Pediatrics
Site Visit #1: Cook County Children's Hospital, Chicago, Illinois, January 10, 1974.

American Academy of Pediatrics
Site Visit #2: University of Colorado Medical Center, Denver, December 18, 1973.

American Academy of Pediatrics
Site Visit #3: William Beaumont Army Medical Center, El Paso, Texas.

American Academy of Pediatrics
Site Visit #4: Children's Protective Services Center, Kauai Children's Hospital, Honolulu.

American Academy of Pediatrics
Site Visit #6: Children's Hospital, Los Angeles, February 6, 1974.

The Mistreated Child.

Brieland, Donald

Fontana, Vincent J., et al.
The Maltreatment Syndrome in Children.

Gibbens, T. C. N., et al.
Violent Cruelty to Children.

Riley, N. M.
The Abused Child.

Scherer, Lorena
Facilities and Services for Neglected Children in Missouri.

Scherer, Lorena
Protective Casework Service.

Schmidt, Dolores M., et al.
Facilities and Services for Neglected Children.

Silver, L., et al.

Special Committee on Child Health of Medical Society of New Jersey
Medical Management of Child Abuse.

Ten Have, Ralph
A Preventive Approach to Problems of Child Abuse and Neglect.

Winking, Cyril H.
Coping with Child Abuse: One State's Experience.
GENERALIZED ABUSE/NEGLECT--INITIAL INTERVIEW

MAIN EMPHASIS (4)

Davies, Joann
When the Agency Must Intervene.

SECTIONS (3)

Practical Management of the Battered Baby Syndrome.

Morris, Marian G., et al.
Toward Prevention of Child Abuse.

Special Committee on Child Health of Medical Society of New Jersey
Medical Management of Child Abuse.
GENERALIZED ABUSE/NEGLECT—INDICATIONS OF ABUSE/NEGLECT

MAIN EMPHASIS (4)

Bratu, M., et al.
Jejunal Hematoma, Child Abuse and Felson's Sign

Fontana, Vincent J.
The Battered Child--1973--When to Suspect Child Abuse

Fontana, Vincent J.
The Diagnosis of the Maltreatment Syndrome in Children.

Fontana, Vincent J.
Which Parents Abuse Children?

Fontana, Vincent J., et al.
The Maltreatment Syndrome in Children.

Jackson, Graham
Child Abuse Syndrome: The Cases We Miss.

Miller, Donald S.
Fractures Among Children, Part 1: Parental Assault as a Causative Agent.

Morris, Marian G., et al.
Toward Prevention of Child Abuse.

Salmon, M. A.
The Spectrum of Abuse in the Battered Child Syndrome.

Sattin, Dana B., et al.
The Ecology of Child Abuse Within a Military Community.

Stern, Leo
Prematurity as a Factor in Child Abuse.

Wolman, Irving J.
The Abused or Sexually Molested Child: Clinical Management.

SECTIONS (3)

American Academy of Pediatrics
Site Visit #8: Children's Hospital of Pittsburgh, January 3, 1974.

Bhattacharya, et al.

Birrell, R. G., et al.
The Maltreatment Syndrome in Children: A Hospital Survey.

Caffey, John, et al.
Child Battery: Seek and Save.

Cameron, J. M.
The Battered Baby.

Cameron, J. Malcom
The Battered Baby Syndrome.

Fontana, Vincent J.
The Neglect and Abuse of Children.

Fontana, Vincent J.
Why Do People Beat Up Their Kids?

Grantmyre, Edward B.
Trauma X--Wednesday's Child.

Gregg, Grace S.
Infant Trauma.

Kempe, C. Henry
Pediatric Implications of the Battered Baby Syndrome.

Silver, Larry B.
Child Abuse Syndrome: A Review.

Simons, Betty, et al.
Child Abuse: Epidemiologic Study of Medical Reported Cases.

Storey, Bruce
The Battered Child.
GENERALIZED ABUSE/NEGLECT—PROBLEM DEFINITION

MAIN EMPHASIS (4)

Allen, Ann Francis
Maltreatment Syndrome in Children.

Amiel, Shirley
Child Abuse in Schools.

Bleiberg, Nina
The Neglected Child and the Child Health Conference.

Blumberg, Myrna
When Parents Hit Out.

Boehm, Bernice
The Community and the Social Agency Define Neglect.

Boisvert, Maurice J.
The Battered Child Syndrome.

Borgman, Robert D.
Intelligence and Maternal Inadequacy.

Caffey, John, et al.
Child Battery: Seek and Save.

Cameron, J. M.
The Battered Baby.

Cameron, J. Malcolm
The Battered Baby Syndrome.

Coles, R.
Terror-Struck Children.

Corbett, James T.
A Psychiatrist Reviewing the Battered Child Syndrome and Mandatory Reporting Legislation.

Delaney, D. W.
The Physically Abused Child.

Dine, Mark S.
Tranquilizer Poisoning: An Example of Child Abuse.

Eisenberg, Leon

Elmer, Elizabeth, et al.
Developmental Characteristics of Abused Children.

Fleming, G. M.
Cruelty to Children.

Fontana, Vincent J.
Further Reflections on Maltreatment of Children.

Fontana, Vincent J.
The Maltreatment Syndrome in Children.

SECTION (3)

American Academy of Pediatrics
Site Visit #3: William Beaumont Army Medical Center, El Paso, Texas.

American Academy of Pediatrics
Site Visit #7: New York Foundling Hospital, New York City, January 4, 1974.

American Academy of Pediatrics
Site Visit #8: Children's Hospital of Pittsburgh, January 3, 1974.

Amiel, Shirley

Bellucci, Matilda T.
Group Treatment of Mothers in Child Protection Cases.

Bezzeg, Elizabeth D., et al.
The Role of the Child Case Worker in the Treatment of Severely Burned Children.

Bhattacharya, et al.

Block, Harry
Dilemma of "Battered Child" and "Battered Children."

Blue, M. T.
The Battered Child Syndrome from a Social Work View Point.

The Mistreated Child.

Brieland, Donald

Brown, John A.
Some Observations on Abusive Parents.

Calkins, C. F., et al.
Children's Rights: An Introductory Sociological Overview.

Davies, Joann
When the Agency Must Intervene.

Fairburn, A. C., et al.

Fanaroff, et al.
Follow-up of Low Birth Rate Infants...The Predictive Value of Maternal Visiting.

Finberg, Lawrence
A Pediatrician's View of the Abused Child.

Fontana, Vincent J.
Why Do People Beat Up Their Kids?
MAIN EMPHASIS (4)

Fontana, Vincent J.  
Which Parents Abuse Children?

Gibbens, T. C. N., et al.  
Violent Cruelty to Children.

Giovannoni, Jeanne M.  
Parental Mistreatment: Perpetrators and Victims.

Golub, Susan  
The Battered Child: What the Nurse Can Do.

Hammell, Charlotte J.  
Preserving Family Life for Children.

Kelley, Joseph.  
What Protective Service Can Do.

Kempe, C. Henry  
Pediatric Implications of the Battered Baby Syndrome.

Kempe, C. Henry  
A Practical Approach to the Protection of the Abused Child and Rehabilitation of Abusing Parents.

Martin, Harold P., et al.  
The Development of Abused Children.

Morse, C. W., et al.  
Three-Year Follow-Up Study of Abused And Neglected Children.

O'Neill, James A., Jr.  
Deliberate Childhood Trauma: Surgical Perspectives.

The Physically Abused Child: A Focus on Prevention.

Platou, Ralph V.  
Battering.

Reinhard, J. B., et al.  
Love of Children--A Myth?

Rowe, Daniel S., et al.  
A Hospital Program for the Detection and Registration of Abused and Neglected Children.

Salmon, M. A.  
The Spectrum of Abuse in the Battered Child Syndrome.

Sattin, Dana B., et al.  
The Ecology of Child Abuse Within a Military Community.

Shankar, Yelaga A.  
The Abused Child...A Reminder of Despair.

SECTIONS (3)

Fontana, Vincent J., et al.  
The Maltreatment Syndrome in Children.

Toward an Integrated Theory of Intra-Family Violence.

Gillespie, Robert W.  
The Battered Child Syndrome: Thermal and Caustic Manifestations.

Gregg, Grace S.  
Infant Trauma.

Guttmacher, Alan F.  

Henry, C. S.  
Motivation in Non-voluntary Clients.

Holter, Joan C., et al.  
Child Abuse: Early Case Findings in the Emergency Department.

Isaacs, Susanna  
Emotional Problems in Childhood and Adolescence: Neglect, Cruelty and Battering.

Jacobziner, Harold  
Rescuing the Battered Child.

Joyner, Edmund N.  
Child Abuse: The Role of the Physician and the Hospital.

Kaufman, Irving  
The Contribution of Protective Services.

Klaus, Marshall H., et al.  
Mothers Separated from Their Newborn Infants.

Kunstadter, Ralph H., et al.  
The Battered Child and the Celiac Syndrome.

Leaverton, David R.  
The Pediatrician's Role in Maternal Deprivation.

Leavesley, S.  
The Maltreated Child: A Cause for Concern.

Martin, Helen L.  
Antecedents of Burns and Scalds in Children.

McCort, James, et al.  
Visceral Injuries in Battered Children.

Miller, John K.  
Red, White and Bruised. The Maltreatment Syndrome in the Army.
GENERALIZED ABUSE/NEGLECT--PROBLEM DEFINITION

MAIN EMPHASIS (4)

Silver, Larry B.
Child Abuse Syndrome: A Review.

Smith, Selwyn M., et al.
EEG and Personality Factors in Baby Batterers.

Steele, Brandt F.
Distorted Patterns of Parenting and Their Origin.

Stern, Leo
Prematurity as a Factor in Child Abuse.

Togut, Myra B., et al.
A Psychological Exploration of the Non-Organic Failure-to-Thrive Syndrome.

Trube-Becker, Elizabeth

Zilboorg, Gregory
Sidelights on Parent-Child Antagonism.

SECTIONS (3)

Nixon, H. H.
Non-Accidental Injury in Children.

Nyden, Paul V.
The Use of Authority.

Oliver, J. E., et al.
Six Generations of Ill-Used Children in a Huntington's Pedigree.

Silver, Larry B., et al.
Agency Action and Interaction in Cases of Child Abuse.

Simons, Betty, et al.
Child Abuse: Epidemiologic Study of Medical Reported Cases.

Smith, S. M., et al.
Failure to Thrive and Anorexia Nervosa.

Special Committee on Child Health of Medical Society of New Jersey
Medical Management of Child Abuse.

Storey, Bruce
The Battered Child.

Ten Have, Ralph
A Preventive Approach to Problems of Child Abuse and Neglect.

Terr, Lenore C., et al.
The Battered Child Rebrutalized: Ten Cases of Medical-Legal Confusion.

Williams, Frederick D.
The AFDA Worker's Role in Protective Services.

Winking, Cyril H.
Coping with Child Abuse: One State's Experience.

Zalba, Serapio R.
The Abused Child: A Survey of the Problem.
GENERALIZED ABUSE/NEGLECT--TREATMENT

MAIN EMphasis (4)

Avery, Jane C.
The Battered Child--A Shocking Problem.

Bellucci, Matilda T.
Group Treatment of Mothers in Child Protection Cases.

Birrel, John H. W.
"Where Death Delights to Help the Living."
Forensic Medicine--Cinderella?

Boehm, B.
An Assessment of Family Adequacy in Protective Cases.

Brem, Jacob
Child Abuse Control Centers--A Project for the Academy?

Brown, John A.
Some Observations on Abusive Parents.

Brumbaugh, Oliver L.
Discussion.

A New System for Improving the Care of Neglected and Abused Children.

Practical Management of the Battered Baby Syndrome.

Cameron, James S.
Role of the Child Protective Organization.

Fontana, Vincent J.
The Neglect and Abuse of Children.

Fontana, Vincent J.
Synopsis of Program on Child Abuse at New York Foundling Hospital.

Henry, C. S.
Motivation in Non-Voluntary Clients.

Herre, Ernest A.
Aggressive Case Worker in a Protective Service Unit.

SECTIONS (3)

Avery, Jane C.
The Battered Child--A Shocking Problem.

Bellucci, Matilda T.
Group Treatment of Mothers in Child Protection Cases.

Birrel, John H. W.
"Where Death Delights to Help the Living."
Forensic Medicine--Cinderella?

Boehm, B.
An Assessment of Family Adequacy in Protective Cases.

Brem, Jacob
Child Abuse Control Centers--A Project for the Academy?

Brown, John A.
Some Observations on Abusive Parents.

Brumbaugh, Oliver L.
Discussion.

A New System for Improving the Care of Neglected and Abused Children.

Practical Management of the Battered Baby Syndrome.

Cameron, James S.
Role of the Child Protective Organization.

Fontana, Vincent J.
The Neglect and Abuse of Children.

Fontana, Vincent J.
Synopsis of Program on Child Abuse at New York Foundling Hospital.

Henry, C. S.
Motivation in Non-Voluntary Clients.

Herre, Ernest A.
Aggressive Case Worker in a Protective Service Unit.
GENERALIZED ABUSE/NEGLECT--TREATMENT (CONTINUED)

MAIN EMPHASIS (4)
Herre, Ernest A.
A Community Mobilizes to Protect Its Children.

Isaacs, Susanna
Emotional Problems in Childhood and Adolescence: Neglect, Cruelty, and Battering.

Joyner, Edmund N.
Child Abuse: The Role of the Physician and the Hospital.

Kaufman, Irving
The Contribution of Protective Services.

Kempe, C. Henry
Pediatric Implications of the Battered Baby Syndrome.

Kempe, C. Henry
A Practical Approach to the Protection of the Abused Child and Rehabilitation of Abusing Parents.

McFerran, Jane
Parent Discussion Meetings: A Protective Service Agency's Experience.

McFerran, Jane
Parents' Groups in Protective Services.

Morse, C. W., et al.
A Three-Year Follow-up Study of Abused and Neglected Children.

Nixon, H. H.
Non-Accidental Injury in Children.

Overton, Alice
Serving Families Who "Don't Want Help."

Farr, Mary E.
The Casework Process in Work with the Child and the Family in the Child's Own Home.

Sandusky, Annie Lee
Services to Neglected Children: A Public Welfare Responsibility.

Savino, Anne B., et al.
Working with Abuse Parents: Group Therapy and Home Visits.

Scherer, Lorena
Facilities and Services for Neglected Children in Missouri.

Scherer, Lorena
Protective Casework Service.

SECTIONS (3)
Gregg, Grace S.
Infant Trauma.

Kunstadter, Ralph H., et al.
The Battered Baby and the Celiac Syndrome.

Lazanby, Herbert C.
Do We Need Child Abuse Laws?

Lukianowicz, N.
Battered Children.

Martin, Harold P., et al.
The Development of Abused Children.

Massing, Rose
Neglected Children: A Challenge to the Community.

McCort, James, et al.
Visceral Injuries in Battered Children.

Miller, John K.
Red, White and Bruised. The Maltreatment Syndrome in the Army.

Nyden, Paul V.
The Use of Authority.

Oliver, J. E., et al.
A Family Kindred with Ill-Used Children: The Burden on the Community.

The Physically Abused Child: A Focus on Prevention.

Reinhard, J. B., et al.
Love of Children--A Myth?

Sayre, James W., et al.
Community Committee on Child Abuse.

Schmidt, Dolores M.
The Protective Caseworker: How Does He Survive Job Pressure?

Silver, Larry B.
Child Abuse Syndrome: A Review.

Silver, Larry B., et al.
Agency Action and Interaction in Cases of Child Abuse.

Wasserman, Harry

Winking, Cyril H.
Coping with Child Abuse: One State's Experience.
GENERALIZED ABUSE; NEGLECT—TREATMENT (CONTINUED)

MAIN EMPHASIS (4)

Schmidt, Dolores M., et al.
Facilities and Services for Neglected Children.

Ten Have, Ralph
A Preventive Approach to Problems of Child Abuse and Neglect.

Terr, Lenore C., et al.
The Battered Child Rebrutalized: Ten Cases of Medical-Legal Confusion.

Williams, Frederick D.
The AFDC Worker’s Role in Protective Services.
GENERALIZED-ABUSE/NEGLECT--LEGAL CONSIDERATIONS

MAIN EMPHASIS (4)

Askwith, Gordon K.
Authority, Prevention, and a New Child Welfare Act.

Becker, Thomas T.
Child Protective Services and the Law.

Birrell, John H. W.
"Where Death Delights to Help the Living."
Forensic Medicine--Cinderella?

Blue, M. T.
The Battered Child Syndrome from a Social Work View Point.

Brieland, Donald

Burt, Robert A.
Protecting Children from Their Families and Themselves: State Laws and the Constitution.

Cameron, James S.
Role of the Child Protective Organization.

DeFrancis, Vincent, et al.
Child Abuse Legislation in the 1970's.

DeFrancis, Vincent
Termination of Parental Rights: Balancing the Equities.

Fraser, Brian G.
A Pragmatic Alternative to Current Legislative Approaches to Child Abuse.

Hessel, Samuel J.
Rights of Parents and Children.

Holder, A. R.
Child Abuse and the Physician.

Isaacs, Jacob L.
The Law and the Abused and Neglected Child.

Kansas City Times
A New Missouri Approach to the Agony of Child Abuse.

Kelley, Florence M.
The Role of the Courts.

Low, Colin
The Battering Parent, the Community and the Law.

New York State Dental Journal
Dentists Required to Report Cases of Abused and Maltreated Children.

Paulsen, M. G.
The Legal Framework for Child Protection.

SECTIONS (3)

Allen, Ann Francis
Maltreatment Syndrome in Children.

American Academy of Pediatrics
Site Visit #1: Cook County Children's Hospital, Chicago, Illinois, January 10, 1974.

American Academy of Pediatrics
Site Visit #3: William Beaumont Army Medical Center, El Paso, Texas.

American Academy of Pediatrics
Site Visit #4: Children's Protective Services Center, Kaukeolani Children's Hospital, Honolulu.

American Academy of Pediatrics
Site Visit #5: University of Iowa Hospital, Iowa City, Iowa, January 7, 1974.

Amiel, Shirley

Avery, Jane C.
The Battered Child--A Shocking Problem.

Boisvert, Maurice J.
The Battered Child Syndrome.

The Mistreated Child.

Brumbaugh, Oliver L.
Discussion.

Finberg, Laurence
A Pediatrician's View of the Abused Child.

Fontana, Vincent J.
The Neglect and Abuse of Children.

Fontana, Vincent J., et al.
The Maltreatment Syndrome in Children.

Gillespie, Robert W.
The Battered Child Syndrome: Thermal and Caustic Manifestations.

James, Joseph, Jr.
Child Neglect and Abuse.

Lazenby, Herbert C.
Do We Need Child Abuse Laws?

Lukianowicz, N.
Battered Children.

Nyden, Paul V.
The Use of Authority.
GENERALIZED ABUSE/NEGLECT--LEGAL CONSIDERATIONS (CONTINUED)

MAIN EMPHASIS (4)

Riley, N. M.
The Abused Child.

Rosenberg, A. H.
Law-Medicine Notes; Compulsory Disclosure Statutes.

Russell, Donald Hayes
Law, Medicine and Minors (Part IV).

Silver, L., et al.

Trube-Becker, F.
Wisconsin Medical Journal Editorial.
(The Abused Child Law).
The Doctor's Pledge of Secrecy and his Right as a Witness to Refuse to Answer in Crimes Against Children.

SECTIONS (3)

Parker, Graham E.
The Battered Child Syndrome.

Platou, Ralph V.
Battering.

Rodham, Hillary
Children Under the Law.

Schmidt, Dolores M.
The Protective Caseworker: How Does He Survive Job Pressure?

Schmidt, Dolores M., et al.
Facilities and Services for Neglected Children.

Shade, D. A.
Limits to Services in Child Abuse.

Silver, Larry B.
Child Abuse Syndrome: A Review.

Silver, Larry B., et al.
Agency Action and Interaction in Cases of Child Abuse.

Silver, Larry B., et al.
Child Abuse Syndrome: The "Grey Areas" in Establishing a Diagnosis.

Special Committee on Child Health of Medical Society of New Jersey
Medical Management of Child Abuse.

Swanson, Lynn D.
Role of the Police in the Protection of Children From Neglect and Abuse.

Terr, Lenore C., et al.
The Battered Child Rebrutalized: Ten Cases of Medical-Legal Confusion.

Winking, Cyril H.
Coping with Child Abuse: One State's Experience.
GENERALIZED ABUSE/NEGLECT—REFERRAL

MAIN EMPHASIS (4)                      SECTIONS (3)

Shade, D. A.
Limits to Service in Child Abuse.
GENERALIZED ABUSE/NEGLECT—ANCILLARY SERVICES

MAIN EMphasis (4)

Foresman, Louise
Strengthening Family Life.

Stringer, Elizabeth A.
Homemaker Service in Neglect and Abuse:
A Tool for Case Evaluation.

SECTIONS (3)

American Academy of Pediatrics
Site Visit #2: University of
Colorado Medical Center, Denver,

American Academy of Pediatrics
Site Visit #3: William Beaumont
Army Medical Center, El Paso, Texas.

American Academy of Pediatrics
Site Visit #9: St. Paul, Minn.,
Ramsey County Mental Health Center,
January 8, 1974.

Boehm, B.
An Assessment of Family Adequacy in
Protective Cases.

Brieland, Donald
Protective Services and Child Abuse:
Implementation for Public Welfare.

A New System for Improving the
Care of Neglected and Abused
Children.

Swanson, Lynn D.
Role of the Police in the Protection
of Children from Neglect and Abuse.
GENERALIZED ABUSE/NEGLECT--FOLLOW-UP

MAIN EMphasis (4)  SECTIONS (3)

American Academy of Pediatrics
Site Visit #1: Cook County Children's Hospital, Chicago, Illinois, January 10, 1974.

American Academy of Pediatrics
Site Visit #5: University of Iowa Hospitals, Iowa City, Iowa, January 7, 1974.

American Academy of Pediatrics
Site Visit #6: Children's Hospital, Los Angeles, February 6, 1974.

Martin, Harold P., et al.
The Development of Abused Children.
GENERALIZED ABUSE/NEGLECT—PREVENTION

MAIN EMPHASIS (4)

Fanaroff, et al.
Follow-up of Low Birth Rate Infants...The Predictive Value of Maternal Visiting.

Fleck, Stephen
Child Abuse.

Lowry, Thomas P., et al.
Abortion as a Preventive for Abused Children.

Newberger, Eli H., et al.
Reducing the Literal and Human Cost of Child Abuse: Impact of a New Hospital Management System.

SECTIONS (3)

Allen, Ann Francis
Maltreatment Syndrome in Children.

Elmer, Elizabeth, et al.
Studies of Child Abuse and Infant Accidents.

Epstein, Norman, et al.
Paraprofessional Parent Aides and Disadvantaged Families.

Fontana, Vincent J.
The Maltreatment Syndrome in Children.

Golub, Sharon
The Battered Child: What the Nurse Can Do.

Kempe, C. Henry
Pediatric Implications of the Battered Baby Syndrome.

Lukianowicz, N.
Battered Children.

Oliver, J., et al.
Five Generations of Ill-Treated Children in One Family Pedigree.

GENERALIZED ABUSE/NEGLECT—STATISTICS

MAIN EMPHASIS (4)

Lukianowicz, N.
Battered Children.

Pugh, R. J.
Battered Babies.

Simons, Betty, et al.
Child Abuse: Epidemiologic Study of Medical Reported Cases.

SECTIONS (3)

American Academy of Pediatrics
Site Visit #1: Cook County Children's Hospital, Chicago, Illinois, January 10, 1974.

American Academy of Pediatrics
Site Visit #2: University of Colorado Medical Center, December 18, 1973.

American Academy of Pediatrics
Site Visit #4: Children's Protective Services Center, Kaukeolani Children's Hospital, Honolulu.

American Academy of Pediatrics
Site Visit #5: University of Iowa Hospitals, Iowa City, Iowa, January 7, 1974.

American Academy of Pediatrics
Site Visit #6: Children's Hospital, Los Angeles, February 6, 1974.

American Academy of Pediatrics
Site Visit #7: New York Foundling Hospital, New York City, January 4, 1974.

American Academy of Pediatrics
Site Visit #8: Children's Hospital of Pittsburgh, January 3, 1974.

American Academy of Pediatrics
Site Visit #9: St. Paul, Minn., Ramsey County Mental Health Center, January 8, 1974.

Attitudes of Nova Scotia Physicians to Child Abuse.

Birrell, R. G., et al.
The Maltreatment Syndrome in Children: A Hospital Survey.

A New System for Improving the Care of Neglected and Abused Children.

Eisenburg, Leon

Gibbens, T. C. N., et al.
Violent Cruelty to Children.

Holter, Joan C., et al.
Child Abuse: Early Case-Findings in The Emergency Department.

Jackson, Graham
Child Abuse Syndrome: The Cases We Miss.

Kempe, C. Henry
Pediatric Implications of the Battered Baby Syndrome.
<table>
<thead>
<tr>
<th>MAIN EMPHASIS (4)</th>
<th>SECTIONS (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miller, John K.</td>
<td>Red, White and Bruised. The Mal-treatment Syndrome in the Army.</td>
</tr>
<tr>
<td>Platou, Ralph V.</td>
<td>Battering.</td>
</tr>
<tr>
<td>Scherer, Lorenc</td>
<td>Facilities and Services for Neglected Children in Missouri.</td>
</tr>
<tr>
<td>Zalba, Serapio R.</td>
<td>The Abused Child: II. A Typology for Classification and Treatment.</td>
</tr>
</tbody>
</table>
GENERALIZED ABUSE--NON-SPECIFIC

MAIN EMPHASIS (4)

Amiel, Shirley
Third Party Child Abuse.

Bain, Katherine, et al.
Child Abuse and Injury.

Berlow, Leonard
Recognition and Rescue of the Battered Child.

Birrell, R. G.
The Maltreatment Syndrome in Children.

Buist, Neil R. M.
Violent Parents.

Davies, Joann F., et al.
Battered, but Not Defeated: The Story of an Abused Child and Positive Casework.

Dieffenbach, A. (Times), A.P. (P.I.)
"Schools Mistreat Children;" "Abuse to be Probed."

Duncan, Jane Watson, et al.
Murder in the Family: A Study of Dome Homicidal Adolescents.

Eisenstein, Elliot, et al.
Jejunal Hematoma: An Unusual Manifestation of the Battered Child Syndrome.

Gans, Bruno
Battered Babies--How Many Do We Miss.

Gardner, John W.
The Abused Child.

Gil, David G.
A Holistic Perspective on Child Abuse and Its Prevention.

Gil, David G.
Physical Abuse of Children.

Gil, David G.
Violence Against Children.

Gil, David G., et al.
Public Knowledge, Attitudes and Opinions about Physical Child Abuse in the U.S.

Hepworth, Philip
Looking at Baby Battering: Its Detection and Treatment.

Kim, Tach, et al.
Pseudocyst of the Pancreas as a Manifestation of the Battered Child Syndrome.

Patterns of Injury in the Battered Child Syndrome.

SECTIONS (3)

Amiel, Shirley

Buglass, Robert
Parents with Emotional Problems.

Caffey, John, M. D.
On the Theory and Practice of Shaking Infants.

Cameron, J. M., et al.
The Battered Child Syndrome.

Cochrane, W. A.
The Battered Child Syndrome.

Curphey, Theodore J., et al.
The Battered Child Syndrome.

Flynn, William R.

Foresman, Louise, et al.
The Team Approach in Protective Service.

Helfer, Ray E., et al.
The Battered Child Syndrome.

Holter, Joan C., et al.
Principles of Management in Child Abuse Cases.

Kempe, C. Henry, et al.
The Battered Child Syndrome.

Kupers, F., et al.
Child Abuse--Battered Child Syndrome.

Lowry, Thomas P., et al.
Abortion as a Preventive for Abused Children.

Nechamin, Samuel
Battered Child Syndrome and Brain Dysfunction.

Oversted, Christopher, et al.

Scott, P. D.
Fatal Battered Baby Cases.

Silver, Larry B., et al.
MAIN EMPHASIS (4)

Sanders, R. Wyman
Resistance to Dealing with Parents of Battered Children.

Scott, P. D.
Parents Who Kill Their Children.

Sims, B. G., et al.
Bite Marks in the "Battered Baby Syndrome."

Smith, Austen
The Beaten Child.

Smith, R. C.
New Ways to Help Battering Parents.

Zalba, Serapio R.
Battered Children.

Zlotnik, Gideon
Child Abuse, A Material from a Court Psychiatric Practice.

SECTIONS (3)

Simpson, Keith
The Battered Baby Problem.

Smith, Selwyn
Child Injury-Intensive Monitoring System.

Ten Bensel, Robert W., et al.
The Battered Child Syndrome
GENERALIZED ABUSE--INITIAL COMPLAINT

MAIN EMPHASIS (4)
Amiel, Shirley

Mitchell, Betty
Working with Abusing Parents--A Case-worker's View.

Silver, Larry B., et al.
Child Abuse Laws--Are They Enough?

Smith, Selwyn
Child Injury-Intensive Monitoring System.

SECTIONS (3)
Cochrane, W. A.
The Battered Child Syndrome.

Cremin, B. J.
Battered Baby Syndrome

Goldney, R. D.
Abusing Parents: Legal and Therapeutic Aspects.

Holtz, Joan C., et al.
Principles of Management in Child Abuse Cases.

Johnson, Betty, et al.
Injured Children and Their Parents.

Kempe, C. Henry, et al.
The Battered Child Syndrome.

Kuipers, F., et al.
Child Abuse--Battered Child Syndrome.

Sanders, R. Wyman
Resistance to Dealing with Parents of Battered Children.
GENERALIZED ABUSE—INITIAL INTERVIEW

MAIN EMPHASIS (4)

Simpson, Keith
The Battered Baby Problem.

SECTIONS (3)

Court, Joan, et al.
The Battered Child Syndrome - A Preventable Disease.

Kempe, C. Henry, et al.
The Battered Child Syndrome.

Mitchell, Batty
Working with Abusing Parents--A Caseworker's View.

Raffalli, Henri Christian
The Battered Child: An Overview of a Medical, Legal and Social Problem.
GENERALIZED ABUSE--INDICATORS OF ABUSE/NEGLECT

MAIN EMPhASIS (4)

Bratu, M., et al.
Jejunal Hematoma, Child Abuse, and Felser's Sign.

Cameron, J. M., et al.
The Battered Child Syndrome.

Cremin, B. J.
Battered Baby Syndrome

Gregg, Grace

Medical Consequences of Cruelty to Children (Article in French, Summary in English).

Kuipers, F., et al.
Child Abuse--Battered Child Syndrome.

Striker, M.
Mutilation of the Columella.

SECTIONS (3)

Berlow, Leonard
Recognition and Rescue of the Battered Child.

Birrel, R. G.
The Maltreatment Syndrome in Children.

Cochrane, W. A.
The Battered Child Syndrome.

Eisenstein, Elliot, et al.
Jejunal Hematoma: An Unusual Manifestation of the Battered Child Syndrome.

Galdston, Richard
Dysfunctions of Parenting: The Battered Child, the Neglected Child, The Exploited Child.

Helfer, Ray E., et al.
The Battered Child Syndrome.

Hepworth, Philip
Looking at Baby Battering: Its Detection and Treatment.

Kempe, C. Henry, et al.
The Battered Child Syndrome.

Patterns of Injury in the Battered Child Syndrome.

Sims, B. G., et al.
Bite Marks in the "Battered Baby Syndrome."
GENERALIZED ABUSE--PROBLEM DEFINITION

MAIN EMPHASIS (4)

Boisvert, Maurice J.
The Battered Child Syndrome.

Buqlass, Robert
Parents with Emotional Problems.

Caffey, John, M. D.
On the Theory and Practice of Shaking Infants.

Cameron, J. M., et al.
The Battered Child Syndrome.

Court, Joan, et al.
The Battered Child Syndrome - A Preventable Disease?

Curphey, Theodore J., et al.
The Battered Child Syndrome.

Flynn, William R.

Galdston, Richard

Gil, David G.
Violence Against Children.

Holter, Joan C., et al.
Principles of Management in Child Abuse Cases.

Hyman, Clare A.
I.Q. of Parents of Battered Babies.

Johnson, Betty
Injured Children and Their Parents.

Kempe, C. Henry, et al.
The Battered Child Syndrome.

Lauer, Brian, et al.
Battered Child Syndrome: Review of 130 Patients with Controls.

Melnick, Barry, et al.
Distinctive Personality Attributes of Child Abusing Mothers.

The Child’s Role in the Battered Child Syndrome.

Nechamin, Samuel
Battered Child Syndrome and Brain Dysfunction.

Rodenburg, Martin
Child Murder by Depressed Parents.

SECTIONS (3)

Amiel, Shirley

Bain, Katherine, et al.
Child Abuse and Injury.

Berlow, Leonard
Recognition and Rescue of the Battered Child.

Birrel, R. G.
The Maltreatment Syndrome in Children.

Cochrane, W. A.
The Battered Child Syndrome.

Goldney, R. D.
Abusing Parents: Legal and Therapeutic Aspects.

Medical Consequences of Cruelty to Children (article in French, Summary in English).

Helfer, Ray E.
A Plan for Protection: The Child Abuse Center.

Helfer, Ray E., et al.
The Battered Child Syndrome.

Hepworth, Philip
Looking at Baby Battering: Its Detection and Treatment.

Hiller, Renate B.
The Battered Child--A Health Visitor's Point of View

Joyner, Edmund N.
Child Abuse: The Role of the Physician and the Hospital.

Juhasz, Anne M.
To Have or Not to Have--Children? That is the Question.

Lowry, Thomas P., et al.
Abortion as a Preventive for Abused Children.

Marer, J. W.
Development of the Law of the "Battered Child Syndrome."

Oversied, Christopher, et al.
GENERALIZED ABUSE--PROBLEM DEFINITION

MAIN EMPHASIS (4)

Scott, P. D.
Fatal Battered Baby Cases.

Silver, Larry B., et al.

Solomon, Theodore
History and Demography of Child Abuse.

Steinhausen, H. C.
Social Medicine Aspects of Physical Child Abuse.

Terr, Lenore C.
A Family Study of Child Abuse.

Van Stolk, Mary
Who Owns the Child.

Zlotnik, Gideon
Child Abuse, A Material from a Court-Psychiatric Practice.

SECTIONS (3)

Raffalli, Henri Christian
The Battered Child: An Overview of a Medical, Legal and Social Problem.

Scott, P. D.
Parents Who Kill Their Children.

Simpson, Keith
The Battered Baby Problem.

Smith, R. C.
New Ways to Help Battering Parents.

Ten Bensel, Robert W., et al.
The Battered Child Syndrome

Zalba, Serapio R.
Battered Children
GENERALIZED ABUSE--TREATMENT

MAIN EMPHASIS (4)

Alexander, Helen
Lay Therapists.

Helfer, Ray E.
A Plan for Protection: The Child-Abuse Center.

Hiller, Renate B.
The Battered Child--A Health Visitor's Point of View.

Joyner, Edmund N.
Child Abuse: The Role of the Physician and the Hospital

Oversted, Christopher, et al.

Verbal Accessibility in the Treatment of Child Neglect.

SECTIONS (3)

Boisvert, Maurice J.
The Battered Child Syndrome.

Court, Joan, et al.
The Battered Child Syndrome--A Preventable Disease?

Galdston, Richard
Dysfunctions of Parenting: The Battered Child, the Neglected Child, the Exploited Child.

Goldney, R. D.
Abusing Parents: Legal and Therapeutic Aspects.

Helfer, Ray E., et al.
The Battered Child Syndrome.

Holter, Joan C., et al.
Principles of Management in Child Abuse Cases.

Johnson, Betty, et al.
Injured Children and Their Parents.
<table>
<thead>
<tr>
<th>MAIN EMPHASIS (4)</th>
<th>SECTIONS (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoshino, George, et al.</td>
<td>Amiel, Shirley</td>
</tr>
<tr>
<td>Administrative Discretion in the</td>
<td>Child Discrimination by the Washington State Child Protective Services.</td>
</tr>
<tr>
<td>Implementation of Child Abuse Legislation.</td>
<td></td>
</tr>
<tr>
<td>Marer, J. W.</td>
<td>Bain, Katherine, et al.</td>
</tr>
<tr>
<td>&quot;Battered Child Syndrome.&quot;</td>
<td></td>
</tr>
<tr>
<td>Raffalli, Henry Christian</td>
<td>Barlow, Leonard</td>
</tr>
<tr>
<td>Sherman, Gilbert</td>
<td>Boisvert, Maurice J.</td>
</tr>
<tr>
<td>The Abused Child--New York State.</td>
<td>The Battered Child Syndrome.</td>
</tr>
<tr>
<td>Snedeker, Lendon</td>
<td>Curphey, Théodore J., et al.</td>
</tr>
<tr>
<td>Notes on Childhood Trauma.</td>
<td>The Battered Child Syndrome.</td>
</tr>
<tr>
<td>Ten Bensel, Robert W., et al.</td>
<td></td>
</tr>
<tr>
<td>The Battered Child Syndrome.</td>
<td>Goldney, R. D.</td>
</tr>
<tr>
<td>Wilson, Reginald A.</td>
<td>Abusing Parents: Legal and Therapeutic Aspects.</td>
</tr>
<tr>
<td></td>
<td>The Battered Child Syndrome.</td>
</tr>
<tr>
<td></td>
<td>Holter, Jaon C., et al.</td>
</tr>
<tr>
<td></td>
<td>Principles of Management in Child Abuse Cases.</td>
</tr>
<tr>
<td></td>
<td>Johnson, Betty, et al.</td>
</tr>
<tr>
<td></td>
<td>Injured Children and Their Parents.</td>
</tr>
<tr>
<td></td>
<td>The Child's Role in the Battered Child Syndrome.</td>
</tr>
<tr>
<td></td>
<td>Oversted, Christopher, et al.</td>
</tr>
<tr>
<td></td>
<td>The Psychopathology and Psychotherapeutic Treatment of Families of Battered Children.</td>
</tr>
<tr>
<td></td>
<td>Scott, P. D.</td>
</tr>
<tr>
<td></td>
<td>Fatal Battered Baby Cases.</td>
</tr>
<tr>
<td></td>
<td>Silver, Larry B., et al.</td>
</tr>
<tr>
<td></td>
<td>Child Abuse Laws--Are They Enough?</td>
</tr>
<tr>
<td></td>
<td>Simpson, Keith</td>
</tr>
<tr>
<td></td>
<td>The Battered Baby Problem.</td>
</tr>
</tbody>
</table>
GENERALIZED ABUSE--REFERRAL

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
GENERALIZED ABUSE--ANCILLARY SERVICES

MAIN EMPHASIS (4)  

SECTIONS (3)  

Smith, R. C.  
New Ways to Help Battering Parents.
GENERALIZED ABUSE--FOLLOW-UP

MAIN EMPHASIS (4)
Rolston, Richard Hummel
The Effect of Prior Physical Abuse in the Expression of Overt and Fantasy Aggressive Behavior in Children.

SECTIONS (3)
GENERALIZED ABUSE--PREVENTION

MAIN EMPHASIS (4)
Oversted, Christopher, et al.

SECTIONS (3)
Gil, David G.
A Holistic Perspective on Child Abuse and Its Prevention.
Gil, David G.
Violence Against Children.
GENERALIZED ABUSE--STATISTICS

MAIN EMPHASIS (4)

Johnson, Betty, et al.
Injured Children and Their Parents.

Ten Bensel, Robert W., et al.
The Battered Child Syndrome

SECTIONS (3)

Cameron, J. M., et al.
The Battered Child Syndrome.

Gil, David G.
Violence Against Children.

Lauer, Brian, et al.
Battered Child Syndrome: Review of 130 Patients with Controls.

Lowry, Thomas P., et al.
Abortion as a Preventive for Abused Children.

Marer, J. W.
Development of the Law of the "Battered Child Syndrome."

Rodenburg, Martin
Child Murder by Depressed Patients.

Scott, P. D.
Fatal Battered Baby Cases.

Silver, Larry B., et al.
Child Abuse Laws--Are They Enough?
GENERALIZED NEGLECT--NON-SPECIFIC

MAIN EMphasis (4)

Barness, Lewis A.
"What's Wrong With The Hip?"

Bourke, William A. F.
Developing an Appropriate Focus in
Casework With Families in Which
Children are Neglected.

On the Role of Coenesthetic Stimulation
in the Development of Psychic Structure.

Lampard, F. Gillian
Nanook of Eskimo Point.

Martin, Helen L.
Antecedents of Burns and Scalds in
Children.

Polier, Justine Wise
The Invisible Legal Rights of the
Poor.

Yelaja, Shankar
The Concept of Authority and Its Use
in Child Protective Services.

SECTIONS (3)

Adelson, Lester
Homicide by Starvation: The Nutritional Variant of the Battered Child.

Barbero, Giulio J.
Environmental Failure to Thrive: A Clinical View.

Bullard, Dexter M., et al.
Failure to Thrive in The Neglected Child.

Evans, Sue L., et al.
Failure to Thrive: A Study of 45 Children and Their Families.

Maginnis, Elizabeth, et al.
A Social Worker Looks at Failure to Thrive.

Child Neglect in a Rural Community.

Salmon, Wilma H.
Protecting Children Through Services to Families.

Shames, Miriam
Use of Homemaker Service in Families That Neglect Their Children.

Silverman, Martin A., et al.
Early Intervention and Social Class.
GENERALIZED NEGLECT--INITIAL COMPLAINT

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
GENERALIZED NEGLECT--INITIAL INTERVIEW

MAIN EMPHASIS (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
GENERALIZED NEGLECT--INDICATORS OF ABUSE/NEGLECT

MAIN EMPHASIS (4)
Barbero, Giulio J.
Environmental Failure to Thrive: A Clinical View.

SECTIONS (3)
Bulliard, Dexter M., et al.
Failure to Thrive in The Neglected Child.

Galdston, Richard

Togut, Myra B., et al.
A Psychological Exploration of the Non-Organic Failure to Thrive Syndrome.
GENERALIZED NEGLECT--PROBLEM DEFINITION

MAIN EMPHASIS (4)

Adelson, Lester
Homicide by Starvation: The Nutritional Variant of the Battered Child.

Arnold, M.
Children in Limbo.

Bullard, Dexter M., et al.
Failure to Thrive in the Neglected Child.

Cherry, Barbara J., et al.
Obstacles to the Delivery of Medical Care to Children of Neglecting Parents.

Evans, Sue L., et al.
Failure to Thrive: A Study of 45 Children and Their Families.

Fontana, Vincent
Physical Abuse of Children.

Galdston, Richard

Givannoni, Jeanne M., et al.
A Study of Parental Adequacy in Families of Child Neglect Among the Poor: Three Ethnic Groups.

Krieger, Ingeborg
Food Restrictions on a Form of Child Abuse in Ten Cases of Psychosocial Deprivation Dwarfism.

Maginnis, Elizabeth, et al.
A Social Worker Looks at Failure to Thrive

Child Neglect in a Rural Community.

Two Modes of Material Inmaturity and Their Consequences.

SECTIONS (3)

Hepner, R., et al.
Growth Rate, Nutrition Intake, and "Mothering" as Determinants of Malnutrition in Disadvantaged Children.

Jocobucci, L.
Case Work Treatment of the Neglectful Mother.

Kushnick, Theodore, et al.
Syndrome of the Abandoned Small Child.

Lewis, Harold
Parental and Community Neglect

Oltman, Jane E., et al.
Parental Deprivation and Psychiatric Conditions, III.

Salmon, Wilma H.
Protecting Children Through Services to Families.

Shames, Miriam
Use of Homemaker Service in Families That Neglect Their Children.

Weinberger, Paul E., et al.
The Disposition of Child Neglect Cases Referred by Caseworkers to a Juvenile Court.

Yelaja, Shankar
The Concept of Authority and Its Use in Child Protective Services.

Young, Leoutive R.
An Interim Report on an Experimental Program of Protective Service.
GENERALIZED NEGLECT--TREATMENT

MAIN EMPHASIS (4)

Jacobucci, L.
Case Work Treatment of the Neglectful Mother.

Lewis, Harold
Parental and Community Neglect.

Moss, Sidney Z.
Authority - An Enabling Factor in Casework with Neglectful Parents.

Salmon, Wilma H.
Protecting Children Through Services to Families.

Yelaja, Shankar
The Concept of Authority and Its Use in Child Protective Services.

Young, Leontine R.
An Interim Report on an Experimental Program of Protective Services.

SECTIONS (3)

Arnold, M.
Children in Limbo.

Barbero, Giulio J.
Environmental Failure to Thrive: A Clinical View.

Beck, Bertram M.
Protective Casework: Revitalized Part II.

Cherry, Barbara J., et al.
Obstacles to the Delivery of Medical Care to Children of Neglecting Parents.

Galdston, Richard

Gordon, Henrietta L.
Emotional Neglect.

Kushnick, Theodore, et al.
Syndrome of the Abandoned Small Child.

Shames, Miriam
Use of Homemaker Service in Families That Neglect Their Children.

Weinberger, Paul E., et al.
The Disposition of Child Neglect Cases Referred by Caseworkers to a Juvenile Court.
## GENERALIZED NEGLECT--LEGAL CONSIDERATIONS

**MAIN EMPHASIS (4)**

- Beck, Bertram M.  
  *Protective Casework: Revitalized - Part II.*

- Cheney, Kimberly B.  
  *Safeguarding Legal Rights in Providing Protective Services.*

- Polier, Justine Wise  
  *The Invisible Legal Rights of the Poor.*

- Weinberger, Paul E., et al.  
  *The Disposition of Child Neglect Cases Referred by Caseworkers to a Juvenile Court.*

**SECTIONS (3)**

- DeFrancis, Vincent  
  *Due Process in Child Protective Proceedings.*

- Goldberg, H. L.  
  *Social Work and Law.*

- Mnookin, Robert H.  
  *Foster Care - In Whose Best Interest.*

- Rosenheim, Margaret K.  
  *The Child and His Day in Court.*
GENERALIZED NEGLECT--REFERRAL

MAIN EMPHASIS (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
GENERALIZED NEGLECT--ANCILLARY SERVICES

MAIN EMPHASIS (4)

Foresman, Louise, et al.
The Team Approach in Protective Service.

Mnookin, Robert H.
Foster Care - In Whose Best Interest.

Shames, Miriam
Use of Homemaker Service in Families That Neglect Their Children.
GENERALIZED NEGLECT--FOLLOW-UP

MAIN EMPHASIS (4)

SECTIONS (3)

Bullard, Dexter M., et al.
Failure to Thrive in the Neglected Child.
GENERALIZED NEGLECT--PREVENTION

MAIN EMPIHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
GENERALIZED NEGLECT--STATISTICS

MAIN EM emphasis (4)
Kushnick, Theodore, et al.
 Syndrome of the Abandoned Small Child.

Oilman, Jane E., et al.
 Parental Deprivation and Psychiatric Conditions, III.

Weinberger, Paul E., et al.
 The Disposition of Child Neglect Cases Referred by Caseworkers to a Juvenile Court.

SECTIONS (3)
Mnookin, Robert H.
 Foster Care - In Whose Best Interest.
PHYSICAL ABUSE--NON-SPECIFIC

MAIN EMPHASIS (4)

Adelson, Lester
The Battering Child.

Adelson, Lester
Homicide by Pepper.

Adelson, Lester
Slaughter of the Innocents: A Study of 46 Homicides in Which the Victims Were Children.

Altman, Donald, et al.
Unrecognized Trauma in Infants and Children.

Bain, Katherine
Commentary--The Physically Abused Child.

Baron, Michael A., et al.
Neurologic Manifestations of the Battered Child Syndrome.

Barta, Rudolph, et al.
Willful Trauma to Young Children--A Challenge to the Physician.

Pancreatic Pseudocyst Occurring in the Battered Child Syndrome.

Caffey, John
Traumatic Cupping of the Metaphyses of Growing Bones.

Collins, Camilla
On the Dangers of Shaking Young Children.

Elmer, Elizabeth
Hazards in Determining Child Abuse.

Fisher, Robert H., et al.
Congenital Syphilis Mimicking the Battered Child Syndrome.

Fisher, Samuel H.
Skeletal Manifestations of Parent-Induced Trauma in Infants and Children.

Flato, Charles
Parents Who Beat Children.

Frew, Mary J., et al.
Role of the Pediatric Nurse Clinician in Early Identification of Potential Child Abuse.

Galdston, Richard
Observations on Children Who Have Been Physically Abused and Their Parents.

Griffiths, D., et al.
Multiple Epiphysial Injuries in Babies ("Battered Baby Syndrome").

SECTIONS (3)

Allen, Hugh D., et al.
The Battered Child Syndrome--I-IV.

Bakwin, Harry
Multiple Skeletal Lesions in Young Children Due to Trauma.

Blockey, N. J.
Observations on Infantile Coxa Vara.

Boardman, Helen
A Project to Rescue Children from Inflicted Injuries.

Bolz, W. Scott
The Battered Child Syndrome.

Brenneman, George
Battered Child Syndrome.

Brown, Kenneth M.
Willful Abuse of Children.

Caffey, John
Multiple Fractures in the Long Bones of Infants Suffering from Chronic Subdural Hematoma.

Caffey, John
The Whiplash Shaken Infant Syndrome.

Cohen, M., et al.
Psychologic Aspects of the Maltreatment Syndrome of Childhood.

Currie, J. R. B.
A Psychiatric Assessment of the Battered Child Syndrome.

Earl, Howard
10,000 Children Battered and Starved. Hundreds Die.

Elmer, Elizabeth
Child Abuse: The Family's Cry for Help.

Elmer, Elizabeth, et al.
Studies of Child Abuse and Infant Accidents.

Felder, Samuel
A Lawyer's View of Child Abuse.

Fontana, Vincent J.
Which Parents Abuse Children?

Friedman, Morris S.
Traumatic Periostitis in Infants and Children.

Fulk, Delores L.
The Battered Child (and Preceding Editorial Introduction).
PHYSICAL ABUSE--NON-SPECIFIC (CONTINUED)

MAIN EMPHASIS (4)

Haas, L.
Injured Baby.

Harcourt, Brian, et al.
Ophthalmic Manifestations of the Battered Baby Syndrome.

Harrington, J. A.
Violence: A Clinical View Point.

Havens, Leston L.

Hazelwood, Arthur L.
Child Abuse: The Dentist's Role.

Hiller, H. G.
Battered or Not--A Reappraisal of Metaphyseal Fragility.

Isaacs, Susanna
Physical Ill-Treatment of Children.

Jenkins, Richard L., et al.
Interrupting the Family Cycle of Violence.

Jones, H. H., et al.
Multiple Traumatic Lesions of the Infant Skeleton.

Kiffney, G. T.
The Eye of the Battered Child.

The Lancet
"Violent Parents."

Lis, Edward F., et al.
Multiple Fractures Associated with Subdural Hematoma in Infancy.

MacDonald, John M.
The Threat to Kill.

Maroteaux, P.
The Sequela of Silverman Syndrome: Infant's Multiple Fractures, So-Called "Battered Child Syndrome."

McHenry, Thomas, et al.
Unsuspected Trauma with Multiple Skeletal Injuries During Infancy and Childhood.

Morris, T. M. O., et al.
A Battered Baby with Pharyngeal Atresia.

Moyes, P. D.
Subdural Effusions in Infants.

Parry, W. H., et al.
Child Abuse Syndrome.

Pfundt, Theodore R.
The Problem of the Battered Child.

SECTIONS (3)

Gutkelch, A. N.
Infantile Subdural Hematoma and Its Relationship to Whiplash Injuries.

Gwinn, John L., et al.
Roentgenographic Manifestations of Unsuspected Trauma in Infancy.

Hamlin, Hannibal
Subgaleal Hematoma Caused by Hair-Pull

Harder, Thoger
The Psychopathology of Infanticide.

Working with the Parent in Child Abuse Cases.

Jones, Douglas, et al.
A Teething Lotion Resulting in the Misdiagnosis of Diphenylhydantoin Administration.

Klein, Michael, et al.
Low Birth Weight and the Battered Child Syndrome.

Krige, H. N.
The Abused Child Complex and the Characteristic X-Ray Findings.

Mushin, Alan, et al.

Pena, Sergio, et al.
Child Abuse and Traumatic Pseudocyst of the Pancreas.

Resnick, Phillip J.

Schloesser, Patricia T.
The Abused Child.

Schmidt, Dolores M.
The Challenge of Helping the "Untreatables."

Silverman, Frederic N.
The Roentgen Manifestations of Unrecognized Skeletal Trauma in Infants.

Simpson, Keith
The Battered Baby Problem.

Steele, Brandt F.
Distorted Patterns of Parenting and Their Origin.

Toulakian, Robert J.
Abdominal Visceral Injuries in Battered Children.
PHYSICAL ABUSE--NON-SPECIFIC (CONTINUED)

MAIN EMPHASIS (4)

Pickel, S., et al.
Thirsting and Hypernatremic Dehydration--A Form of Child Abuse.

Pickering, Douglas
Neonatal Hypoglycemia Due to Salicylate Poisoning.

Pickett, L. K.
Role of Surgeon in the Detection of Child Abuse.

Russell, Patricia A.
Subdural Hematomas in Infancy.

Santhanakrishnan, B. B., et al.
PITS Syndrome.

Scrimshaw, N. S.
Early Malnutrition and Central Nervous System Function.

Strauss, P.
From Unrecognized Accidents to Deliberate Injuries.

Teng, Ching Tseng, et al.
Skeletal Injuries of the Battered Child.

Till, Kenneth
Subdural Hematoma and Effusion in Infancy.

Turner, Eric
Battered Baby Syndrome.

Wickes, Ian G., et al.
Battered or Pigmented?

SECTIONS (3)

Wertham, Frederic
Battered Children and Baffled Adults.

Weston, W. J.
Metaphyseal Fractures in Infancy.

Wolff, Howard
Are Doctors Too Soft on Child Beaters?
PHYSICAL ABUSE--INITIAL COMPLAINT

MAIN EMPHASIS (4)

Boardman, Helen
A Project to Rescue Children from Inflicted Injuries.

Fuller, Marjorie G.

Hazelwood, Arthur L.
Child Abuse: The Dentist's Role.

Illinois Medical Journal
Report Suspected Child Abuse

Journal of Louisiana State Medical Society
Battered Child Law (LSA RS 14:403).

Murdock, C. George
The Abused Child and the School System.

Scranton, William M.
"Battered Child" Bill: State Legislation of 1963 of Interest to Physicians.

Wolff, Howard
Are Doctors Too Soft on Child Beaters?

Ziering, William
The Battered Baby Syndrome.

SECTIONS (3)

Allen, Hugh D., et al.
The Battered Child Syndrome--I-IV.

American Academy of Pediatrics
Site Visit #8: Children's Hospital of Pittsburgh, January 3, 1974.

Brenneman, George
Battered Child Syndrome.

D'Agostino, Paul A.
Dysfunctioning Families and Child Abuse: The Need for an Interagency Effort.

Elmer, Elizabeth, et al.
Studies of Child Abuse and Infant Accidents.

Everett, M. G., et al.
The Battered Baby Syndrome: The Tasmanian Approach.

Fulk, Dolores L.
The Battered Child (and Preceding Editorial Introduction).

Gray, Jane
Hospital-Based Battered Child Team.

Martin, David L.
The Growing Horror of Child Abuse and the Undeniable Role of the Schools in Putting an End to It.
PHYSICAL ABUSE--INITIAL COMPLAINT

MAIN EMPHASIS (4)

SECTIONS (3)

Delsordo, James D.
Protective Casework for Abused Children.

Frew, Mary J.; et al.
Role of the Pediatric Nurse Clinician in Early Identification of Potential Child Abuse.

Hopkins, Joan, R. N.
The Nurse and the Abused Child.
PHYSICAL ABUSE--INDICATORS OF ABUSE/NEGLECT

MAIN EMPHASIS (4)

Blockey, N. J.
Observations on Infantile Coxa Vera.

Bolz, W. Scott
The Battered Child Syndrome.

Caffey, John
Multiple Fractures in the Long Bones of Infants Suffering from Chronic Subdural Hematoma.

Caffey, John
Significance of the History in the Diagnosis of Traumatic Injury to Children.

Caffey, John
Some Traumatic Lesions in Growing Bones Other Than Fractures and Dislocations: Clinical and Radiological.

Caffey, John
The Whiplash Shaken Infant Syndrome.

Friendly, David S.
Ocular Manifestations of Physical Child Abuse.

Gillespie, Robert W.
The Battered Child Syndrome: Thermal and Caustic Manifestations.

Gregg, Grace S.
Infant Trauma.

Griffiths, D., et al.
Multiple Epiphysial Injuries in Babies ('"Battered Baby" Syndrome).

Guarnaschelli, Frederich, et al.
Fallen Fontanelle. A Variant of the Battered Child Syndrome.

Gwinn, John L., et al.
Roentgenographic Manifestations of Unsuspected Trauma in Infancy.

Hamlin, Hannibal
Subgaleal Hematoma Caused by Hair-Pull

Hartley, A. I.
Identifying the Physically Abused Child.

Jones, Douglas, et al.
A Teething Lotion Resulting in the Misdiagnosis of Diphenylhydantoin Administration.

Krige, H. N.
The Abused Child Complex and the Characteristic X-Ray Findings.

SECTIONS (3)

Adelson, Lester
The Battering Child.

Allen, Hugh D., et al.
The Battered Child Syndrome--I-IV.

Baron, Michael A., et al.
Neurologic Manifestations of the Battered Child Syndrome.

Barta, Rudolph, et al.
Willful Trauma to Young Children--A Challenge to the Physician.

Brenneman, George
Battered Child Syndrome.

Caffey, John
The Parent-Infant Traumatic Stress Syndrome.

Ebbin, Allan J., et al.
Battered Child Syndrome at the L. A. County General Hospital.

Elmer, Elizabeth
Identification of Abused Children.

Elmer, Elizabeth, et al.
Studies of Child Abuse and Infant Accidents.

Finberg, Lawrence
A Pediatrician's View of the Abused Child.

Friedman, Morris S.
Traumatic Periostitis in Infants and Children.

Gray, Jane
Hospital-Based Battered Child Team.

Heins, Marilyn
Child Abuse--Analysis of a Current Epidemic.

Jones, H. H., et al.
Multiple Traumatic Lesions of the Infant Skeleton.

LeBourdais, Eleanor
Look Again--Is It Accident or Abuse.
Lloyd-Roberts, G.
The Diagnosis of Injury of Bones and Joints in Young Babies.

Meacham, William F.
The Neurosurgical Aspects of the Battered Child.

Mushin, Alan, et al.

Pena, Sergio, et al.
Child Abuse and Traumatic Pseudocyst of the Pancreas.

Simpson, Keith
The Battered Baby Problem.

Swischuk, Leonard E.
Spine and Spinal Cord Trauma in the Battered Child Syndrome.

Toulakian, Robert J.
Abdominal Visceral Injuries in Battered Children.

Whiplash Injury in Infancy
Medical Journal of Australia

Wooley, Paul V., Jr., et al.
Significance of Skeletal Lesions in Infants Resembling Those of Traumatic Origin.
PHYSICAL ABUSE--PROBLEM DEFINITION

MAIN EMPHASIS (4)

Andrews, John P.
The Battered Baby Syndrome.

Asch, Stuart S.
Crib Deaths: Their Possible Relationship to Post-Partum Depression and Infanticide.

Bakwin, Harry
Multiple Skeletal Lesions in Young Children Due to Trauma.

Battered Babies.
British Medical Journal (Editorial).

Berant, M., et al.
A "Pseudo" Battered Child.

Blumberg, Marvin L.
Psychopathology of the Abusing Parent.

Bolz, W. Scott
The Battered Child Syndrome.

Pancreatic Pseudocyst Occurring in the Battered Child Syndrome.

Bryant, Harold D., et al.
Physical Abuse of Children--An Agency Study.

Caffey, John
Significance of the History in the Diagnosis of Traumatic Injury to Children.

Cohen, M., et al.
Psychologic Aspects of the Maltreatment Syndrome of Childhood.

Currie, J. R. B.
A Psychiatric Assessment of the Battered Child Syndrome.

Curtis, George C., M. D.
Violence Breeds Violence--Perhaps?

DeFrancis, Vincent
Parents Who Abuse Children.

Delsordo, James D.
Protective Casework for Abused Children.

Earl, Howard
10,000 Children Battered and Starved. Hundreds Die.

Ebbin, Allen J., et al.
Battered Child Syndrome at the L. A. County General Hospital.

SECTIONS (3)

Adelson, Lester
The Battering Child.

Adelson, Lester
Slaughter of the Innocents: A Study of 46 Homicides in Which the Victims Were Children.

Allen, Hugh D., et al.
The Battered Child Syndrome--I-IV.

Altman, Donald, et al.
Unrecognized Trauma in Infants and Children.

Baker, David, et al.
Special Trauma Problems in Children.

Boardman, Helen
A Project to Rescue Children from Inflicted Injuries.

Brenneman, George
Battered Child Syndrome

Broeck, Elsa Ten
The Extended Family Center.

Caffey, John
The Whiplash Shaken Infant Syndrome.

Claus, H. G.
The Intricacies of Violence Against Children in American Society.

Cosgrove, John G.
Management and Follow-up of Child Abuse.

Erlanger, Howard S.

Everett, M. G., et al.
The Battered Baby Syndrome: The Tasmanian Approach.

Felder, Samuel
A Lawyer's View of Child Abuse.

Flato, Charles
Parents Who Beat Children.

Fulk, Delores L.
The Battered Child (and Preceding Editorial Introduction).

Galdston, Richard
Observations on Children Who Have Been Physically Abused and Their Parents.

Griffiths, D., et al.
Multiple Epiphysial Injuries in Babies ("Battered Baby" Syndrome).
PHYSICAL ABUSE—PROBLEM DEFINITION (CONTINUED)

MAIN EMPHASIS (4)

Elmer, Elizabeth
Child Abuse: The Family's Cry for Help.

Elmer, Elizabeth, et al.
Studies of Child Abuse and Infant Accidents.

Feinstein, Howard M., et al.
Group Therapy for Mothers with Infanticidal Impulses.

Fisher, Samuel H.
Skeletal Manifestations of Parent-Induced Trauma in Infants and Children.

Friedman, Morris S.
Traumatic Periostitis in Infants and Children.

Galdston, Richard
Preventing the Abuse of Little Children.

Galdston, Richard
Violence Begins at Home--The Parents' Center Project for the Study and Prevention of Child Abuse.

Gil, David G.
A Socio-Cultural Perspective on Physical Child Abuse.

Gluckman, L. K.
Cruelty to Children.

Goode, W. J.
Force and Violence in the Family.

Gregg, Grace S.
Infant Trauma.

Gregg, Grace S., et al.
Infant Injuries: Accident or Abuse.

Guthkelch, A. N.
Infantile Subdural Hematoma and Its Relationship to Whiplash Injuries.

Hall, Marian
The Right to Live.

Hamlin, Hannibal
Subgaleal Hematoma Caused by Hair-Pull

Harder, Thogen
The Psychopathology of Infanticide.

Heins, Marilyn
Child Abuse--Analysis of a Current Epidemic.

Helfer, Ray
The Etiology of Child Abuse.

Hiller, H. G.
Battered or Not--A Reappraisal of Metaphyseal Fragility.

SECTIONS (3)

Hartley, A. I.
Identifying the Physically Abused Child.

Havens, Leston L.
Youth Violence and the Nature of Family Life.

Hazelwood, Arthur L.
Child Abuse: The Dentist's Role.

Hopkins, Joan, R. N.
The Nurse and the Abused Child.

Jenkins, Richard L., et al.
Interrupting the Family Cycle of Violence.

Kempe, C. Henry
The Battered Child and the Hospital.

Maroteaux, P.
The Sequelae of Silverman Syndrome: Infant's Multiple Fractures, So-called "Battered Baby Syndrome."

Myers, Steven A.
The Child Slayer: A Twenty-Five Year Survey of Homicides Involving Preadolescent Victims.

Roaf, Robert
Child Care in General Practice: Trauma in Childhood.

Simpson, Keith
The Battered Baby Problem.

Teng, Ching Tseng, et al.
Skeletal Injuries of the Battered Child.

Tracy, James J., et al.
Treatment for Child Abusers.

Wasserman, Sidney
The Abused Parent of the Abused Child.
PHYSICAL ABUSE--PROBLEM DEFINITION (CONTINUED)

MAIN EMPHASIS (4)

Working With the Parents in Child Abuse Cases.

Hudson, P.
How to Set Up a No-Budget Battered Child Program.

Klein, Michael, et al.
Low Birth Weight and the Battered Child Syndrome.

Laury, Gabriel V.
The Battered Child Syndrome: Parental Motivation, Clinical Aspects.

LeBourdais, Eleanor
Look Again--Is It Accident or Abuse.

Martin, David L.
The Growing Horror of Child Abuse and the Undeniable Role of the Schools in Putting an End to It.

Mintz, A. A.
Battered Child Syndrome.

Morris, Marian G., et al.
Role Reversal: A Necessary Concept in Dealing with the "Battered Child Syndrome."

Resnick, Phillip J.

Scholesser, Patricia T.
The Abused Child.

Shaffer, Helen B.
Child Abuse: Search for Remedies.

Shaw, Anthony
The Surgeon and the Battered Child.

Silverman, Frederic N.
The Roentgen Manifestations of Unrecognized Skeletal Trauma in Infants.

Spinetta, John M., et al.
The Child-Abusing Parent: A Psychological Review.

Steele, Brandt F.
Violence in Our Society.

Sussman, Sidney J.
The Battered Child Syndrome.

Sussman, Sidney J.
Skin Manifestations of the Battered Child Syndrome.

Tate, R. J.
Facial Injuries Associated with the Battered Child Syndrome.
PHYSICAL ABUSE—PROBLEM DEFINITION (CONTINUED)

MAIN EMPHASIS (4)

Toulakian, Robert J.
Abdominal Visceral Injuries in Battered Children.


Wertham, Frederic
Battered Children and Baffled Adults

Wright, Byron W.

Wright, E. A.
Dysmorphogenesis: Parental Behavior and Survival of Normal and Deformed Offspring.

Zalba, Serapio R.
The Abused Child: I. A Survey of the Problem.

Zalba, Serapio R.
The Abused Child: II. A Typology for Classification and Treatment.
PHYSICAL ABUSE—TREATMENT

MAIN EMPHASIS (4)

Bean, Shirley L.

Broeck, Elsa Ten
The Extended Family Center.

Browne, Kenneth M.
Willful Abuse of Children.

Chabon, Robert S., et al.
The Problem of Child Abuse: A Community Hospital Approach.

Chandra, R. K.
The Battered Child.

Cosgrove, John G.
Management and Follow-up of Child Abuse.

Criswell, Howard D., Jr.
Why Do They Beat Their Child?

D'Agostino, Paul A.
Dysfunctioning Families and Child Abuse: The Need for an Interagency Effort.

Everett, M. G., et al.
The Battered Baby Syndrome: The Tasmanian Approach.

Gray, Jane
Hospital-Based Battered Child Team.

Working with the Parents in Child Abuse Cases.

O'Doherty, N. J.
Subdural Haematoma in Battered Babies.

Reintz, Freda G.
Special Registration Project on the Abused Child.

Schmidt, Dolores M.
The Challenge of Helping the "Untreatables."

Snedeker, Lendon
Traumatization of Children.

Tracy, James J., et al.
Treatment for Child Abusers.

Wasserman, Sidney
The Abused Parent of the Abused Child:

Zalba, Serapio R.
The Abused Child: I. A Survey of the Problem.

Zalba, Serapio R.
The Abused Child: II. A Typology for Classification and Treatment.

SECTIONS (3)

Blumberg, Marvin L.
Psychopathology of the Abusing Parents.

Bryant, Harold D., et al.
Physical Abuse of Children—An Agency Study.

Currie, J. R. B.
A Psychiatric Assessment of the Battered Child Syndrome.

DeFrancis, Vincent
Parents Who Abuse Children.

Delsordo, James D.
Protective Casework for Abused Children.

Elmer, Elizabeth, et al.
Studies of Child Abuse and Infant Accidents.

Feinstein, Howard M., et al.
Group Therapy for Mothers with Infanticidal Impulses.

Flato, Charles
Parents Who Beat Children.

Galdston, Richard
Preventing the Abuse of Little Children.

Hopkins, Joan, R. N.
The Nurse and the Abused Child.

Isaacs, Susanna
Physical Ill-Treatment of Children.

Jones, H. H., et al.
Multiple Traumatic Lesions of the Infant Skeleton.

Kempe, C. Henry
The Battered Child and the Hospital.

McRae, Kenneth, et al.
The Battered Child Syndrome.

Shaffer, Helen B.
Child Abuse: Search for Remedies.

Silverman, Frederic N.
The Roentgen Manifestations of Unrecognized Skeletal Trauma in Infants.

Teng, Ching Tseng, et al.
Skeletal Injuries of the Battered Child.

Wertham, Frederic
Battered Children and Baffled Adults.
PHYSICAL ABUSE--LEGAL CONSIDERATIONS

MAIN EMphasis (4)

Bain, Katherine
Commentary--The Physically Abused Child.

Curran, William J.
The Revolution in American Criminal Law: Its Significance for Psychiatric Diagnosis and Treatment.

Felder, Samuel
A Lawyer's View of Child Abuse.

Ferguson, William M.
The Reporting of Child Abuse.

Fuller, Marjorie G.

Gunn, Alexander D.
Wounds of Violence.

Hansen, Richard H.
Doctors, Lawyers, and the Battered Child Law.

Hansen, Richard
Legal Implications of the Battered Child Syndrome.

Harper, Fowler V.

Journal of Louisiana State Medical Society
Battered Child Law (LSA RS 14:403).

Kempe, C. Henry
The Battered Child and the Hospital.

Reinhart, John B., et al.
The Abused Child: Mandatory Reporting Legislation.

Social Welfare Court Digest
First Degree Murder Indictment of Parents.

SECTIONS (3)

Allen, Hugh D., et al.
The Battered Child Syndrome I-IV.

Boardman, Helen
A Project to Rescue Children from Inflicted Injuries.

Fulk, Delores L.
The Battered Child (and Preceding Editorial Introduction).

Heins, Marilyn
Child Abuse--Analysis of a Current Epidemic.

The Lancet
"Violent Parents."

LeBourdais, Eleanor
Look Again--Is It Accident or Abuse.

Murdock, C. George
The Abused Child and the School System.

Wertham, Frederic
Battered Children and Baffled Adults.
PHYSICAL ABUSE--REFERRAL

MAIN EMPHASIS (4)

SECTIONS (3)

Friendly, David S.
Ocular Manifestations of Physical Child Abuse.
PHYSICAL ABUSE--ANCILLARY SERVICES

MAIN EMPHASIS (4)

SECTIONS (3)

Friendly, David S.
Ocular Manifestations of Physical Child Abuse.
PHYSICAL ABUSE--FOLLOW-UP

MAIN EMPHASIS (4)

Cosgrove, John G.
Management and Follow-up of Child Abuse.

Zuckerman, Kenneth, et al.
Child Neglect and Abuse: A Study of Cases Evaluated at Columbus Children's Hospital in 1968-69.

SECTIONS (3)

Elmer, Elizabeth, et al.
Studies of Child Abuse and Infant Accidents.

Heins, Marilyn
Child Abuse--Analysis of a Current Epidemic.
PHYSICAL ABUSE--PREVENTION

MAIN EMPHASIS (4)

Frew, Mary J., et al.
Role of the Pediatric Nurse Clinician in Early Identification of Potential Child Abuse.

Gil, David G.
A Socio-Cultural Perspective on Physical Child Abuse.

Harnett, Arthur L.
How We Do It.

McRae, Kenneth, et al.
The Battered Child Syndrome.

Smith, Clement A.
The Battered Child.

SECTIONS (3)

D'Agostino, Paul A.
Dysfunctioning Families and Child Abuse: The Need for an Interagency Effort.

Fulk, Delores L.
The Battered Child (and Preceding Editorial Introduction).

Helfer, Ray
The Etiology of Child Abuse.

Hopkins, Joan, R. N.
The Nurse and the Abused Child.

Kempe, C. Henry
The Battered Child and the Hospital.

Resnick, Phillip J.
PHYSICAL ABUSE--STATISTICS

MAIN EMphasis (4)

Claus, H. G.
The Intracacies of Violence Against Children in American Society

Myers, Steven A.
The Child Slayer: A Twenty-Five Year Survey of Homicides Involving Preadolescent Victims.

SECTIONS (3)

Brenneman, George
Battered Child Syndrome.

Chabon, Robert S., et al.
The Problem of Child Abuse: A Community Hospital Approach.

Cohen, M., et al.
Psychologic Aspects of the Maltreatment Syndrome of Childhood.

Ebbin, Allen J., et al.
Battered Child Syndrome at the L. A. County General Hospital.

Fulk, Delores L.
The Battered Child (and Preceding Editorial Introduction).

Harder, Thoger
The Psychopathology of Infanticide.

Hartley, A. I.
Identifying the Physically Abused Child.

Heins, Marilyn
Child Abuse--Analysis of a Current Epidemic.

Jones, H. H., et al.
Multiple Traumatic Lesions of the Infant Skeleton.

Klein, Michael, et al.
Low Birth Weight and the Battered Child Syndrome.

LeBourdais, Eleanor
Look Again--Is It Accident or Abuse.

McHenry, Thomas, et al.
Unsuspected Trauma with Multiple Skeletal Injuries During Infancy and Childhood.

Pickett, L. K.
Role of Surgeon in the Detection of Child Abuse.

Sussman, Sidney J.
The Battered Child Syndrome.

Wooley, Paul V., Jr., et al.
Significance of Skeletal Lesions in Infants Re sembling Those of Traumatic Origin.

Zuckerman, Kenneth, et al.
Child Neglect and Abuse: A Study of Cases Evaluated at Columbus Children's Hospital in 1968-69.
PHYSICAL NEGLECT--NON-SPECIFIC

MAIN EMPHASIS (4)

Bhattacharya, et al.
Battered Child Syndrome: A Review
With a Report of Two Siblings.

Pickel, S., et al.
Thirsting and Hypernatremic Dehydration - A Form of Child Abuse.

Richardson, Stephen A.
The Background Histories of School Children Severely Malnourished in Infancy.

Rosen Shirley R., et al.
Aftermath of Severe Multiple Deprivation in a Young Child:
Clinical Implications

Schwartz, L. H., et al.
Psychiatric Case Report of Nutritional Battering With Implications For Community Agencies.

Scrimshaw, N. S.
Early Malnutrition and Central Nervous System Function.

SECTIONS (3)

Chase, H. Peter, et al.
Undernutrition and Child Development.

Paget, Norman W.
Emergency Parent: A Protective Service to Children in Crisis.
PHYSICAL NEGLECT--INITIAL COMPLAINT

MAIN EMPHASIS (4) SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
PHYSICAL NEGLECT--INDICATORS OF ABUSE/NEGLECT

MAIN EMPHASIS (4)  

SECTIONS (3)  

Fleming, G. M.  
Cruelty to Children.
PHYSICAL NEGLECT--PROBLEM DEFINITION

MAIN EMPHASIS (4)

Chase, H. Peter, et al.
Undernutrition and Child Development.

Smith, Selwyn M., et al.
Parents of Battered Babies: A Controlled Study.

SECTIONS (3)

Martin, Harold P., et al.
The Development of Abused Children.

Richardson, Stephen A.
The Background Histories of School Children Severely Malnourished in Infancy.

Sheridan, Mary D.
Neglectful Mothers.

Tracy, James J., et al.
Treatment for Child Abusers.

Yarrow, Leon J.
PHYSICAL NEGLECT--TREATMENT

MAIN EMPHASIS (4)

Sheridan, Mary D.
Neglectful Mothers.

Tracy, James J., et al.
Treatment for Child Abusers.

SECTIONS (3)

Rosen, Shirley R., et al.
Aftermath of Severe Multiple Deprivation in a Young Child: Clinical Implications.
PHYSICAL NEGLECT--LEGAL CONSIDERATIONS

MAIN EMPHASIS (4)

Downs, William T
The Meaning and Handling of Child Neglect - A Legal View.

Social Welfare Court Digest
Physically Abused Child Held Deprived.
PHYSICAL NEGLECT--REFERRAL

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
PHYSICAL NEGLECT--ANCILLARY SERVICES

MAIN EMPHASIS (4)

Paget, Norman W.
Emergency Parent: A Protective Service to Children in Crisis.
PHYSICAL NEGLECT--FOLLOW-UP

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
PHYSICAL NEGLECT--PREVENTION

MAIN EMphasis (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
PHYSICAL NEGLECT--STATISTICS

MAIN EMPHASIS (4):

SECTIONS (3):

Chase, H. Peter, et al.
Undernutrition and Child Development.

Richardson, Stephen A.
The Background Histories of School Children Severely Malnourished in Infancy.

Sheridan, Mary D.
Neglectful Mothers.
EMOTIONAL ABUSE--NON-SPECIFIC

MAIN EMPHASIS (4)
Buist, Neil, R. M.
Deliberate Injury of Children

Isaacson, Edward K.
The Emotionally Battered Child

Meerloo, J. A. N.
Mental Cruelty.
EMOTIONAL ABUSE--INITIAL COMPLAINT

MAIN EMPHASIS (4)                      SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EMOTIONAL ABUSE--INITIAL INTERVIEW

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
NO ARTICLES IN THIS CATEGORY
EMOTIONAL ABUSE--PROBLEM DEFINITION

MAIN EMPHASIS (4)
Adams, Paul L., et al.
Authoritarian Parents and Disturbed Children.
Laury, Gabriel, et al.
Subtle Types of Mental Cruelty to Children.

SECTIONS (3)
Yarrow, Leon J.
EMOTIONAL ABUSE--TREATMENT

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EMOTIONAL ABUSE--LEGAL CONSIDERATIONS

MAIN EMPHASIS (4)

SECTIONS (3)

Rodham, Hillary
Children Under the Law.
EMOTIONAL ABUSE--REFERRAL

MAIN EMPHASIS (4)                  SECTIONS (3)

Laury, Gabriel, et al.
Subtle Types of Mental Cruelty to
Children.
EMOTIONAL ABUSE--ANCILLARY SERVICES

MAIN EMPHASIS (4)        SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EMOTIONAL ABUSE--FOLLOW-UP

MAIN EMPHASIS (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EMOTIONAL ABUSE--PREVENTION

MAIN EMPHASIS (4)                   SECTIONS (3)

Laury, Gabriel, et al.
Subtle Types of Mental Cruelty to
Children.
EMOTIONAL ABUSE--STATISTICS

MAIN EMPHASIS (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EMOTIONAL NEGLECT--NON-SPECIFIC

MAIN EMPHASIS (4)

Class, Norris E.
Neglect, Social Deviance and Community Action.

Hepner, R., et al.
Growth Rate, Nutrition Intake and "Mothering" as Determinants of Malnutrition in Disadvantaged Children.

SECTIONS (3)

Elmer, Elizabeth
Failure to Thrive: Role of the Mother.
EMOTIONAL NEGLIGENCE--INITIAL COMPLAINT

Salk, Lee
On the Prevention of Schizophrenia.
EMOTIONAL NEGLECT--INITIAL INTERVIEW

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EMOTIONAL NEGLECT--INDICATORS OF ABUSE/NEGLECT

MAIN EMPHASIS (4).

Powell, G. F., et al.

Sharlin, Shlomo A., et al.
The Process of Infantilism.

SECTIONS (3).

Leonard, Martha F., et al.
Failure to Thrive in Infants.
EMOTIONAL NEGLECT--PROBLEM DEFINITION

MAIN EMPHASIS (4)

Caldwell, Bettye
The Effect of Psychosocial Deprivation on Human Development in Infancy.

Elmer, Elizabeth
Failure to Thrive: Role of the Mother.

Laury, Gabriel, et al.
Subtle Types of Mental Cruelty to Children.

Leonard, Martha F., et al.
Failure to Thrive in Infants.

Spitz, Rene A.
Hospitalism.

Whitten, Charles F., et al.
Evidence That Growth Failure From Maternal Deprivation is Secondary to Undereating.

Yarrow, Leon J.

SECTIONS (3)

Gordon, Henrietta L.
Emotional Neglect.

Mulford, Robert

Powell, G. F., et al.
EMOTIONAL NEGLECT--TREATMENT

MAIN EMPHASIS (4)

CLASS, Norris F.
Neglect, Social Deviance, and Community Action.

Leonard, Martha F., et al.
Failure to Thrive in Infants.

Mulford, Robert

SECTIONS (3)
EMOTIONAL NEGLECT--LEGAL CONSIDERATIONS

MAIN EMPHASIS (4)

Gordon, Henrietta L.
Emotional Neglect.

SECTIONS (3)

Downs, William T.
The Meaning and Handling of Child Neglect - A Legal View.

Gill, Thomas P.
The Legal Nature of Neglect.

Mulford, Robert

Rodham, Hillary
Children Under the Law.
Laury, Gabriel, et al. Subtle Types of Mental Cruelty to Children.
NO ARTICLES IN THIS CATEGORY
EMOTIONAL NEGLECT--FOLLOW-UP

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
Laury, Gabriel, et al.
Subtle Types of Mental Cruelty to Children.
EMOTIONAL NEGLECT—STATISTICS

MAIN EMPHASIS (4)
Leonard, Martha F., et al.
Failure to Thrive in Infants.

SECTIONS (3)
Powell, G. F., et al.
Emotional Deprivation and Growth Retardation simulating Idiopathic Hypopituitarism; I. Clinical Evaluation of the Syndrome.

Whitten, Charles F., et al.
Evidence That Growth Failure From Maternal Deprivation is Secondary to Undereating.
SEXTA ABUSE--NON-SPECIFIC

MAIN EMPHASIS (4)
Chaneles, Sol
Family Structure of Child Sex Victims.

Eist, Harold I., et al.
Family Treatment of Ongoing Incest Behavior.

Lindzey, G.
Some Remarks Concerning Incest, The Incest Taboo, and Psychoanalytical Theory.

Parson, T-
The Incest Taboo in Relation to Social Structure and the Socialization of the Child.

Incest: A Geneological Study.

SECTIONS (3)

Bender, L., et al.
The Reaction of Children to Sexual Relations with Adults.

Cavill, M.

Chaneles, Sol
Adjustment in Crisis in Families of Child Sex Victims.

Chaneles, Sol
Child Victims of Sexual Offenses.

Kaufman, Irving, et al.
The Family Constellation and Overt Incestuous Relations Between Father and Daughter.

Lewis, Melvin, et al.
Some Psychological Aspects of Seduction, Incest and Rape in Childhood.

Lustig, Noel, et al.
Incest.

Machotka, Pavel, et al.
Incest as a Family Affair.

Rhinehart, John W.
Genesis of Overt Incest.

Shengold, Leonard
The Effects of Overstimulation: Rat People.

Sloane, Paul, et al.
Effects of Incest on the Participants.

Weiner, I. B.

Wolmen, Irving J.
The Abused or Sexually Molested Child: Clinical Management.
SEXUAL ABUSE--INITIAL COMPLAINT

MAIN EMPHASIS (4)

SECTIONS (3)

DeFrancis, Vincent
Protecting the Child Victim of Sex Crimes Committed by Adult...

Gagnon, John H.
Female Child Victims of Sex Offenses.
SEXUAL ABUSE--INITIAL INTERVIEW

MAIN EMPHASIS (4)  SECTIONS (3)

Libai, David
The Protection of the Child Victim
of a Sexual Offense in the Criminal
Justice System.

Schultz, Leroy G.
The Child Sex Victim: Social,
Psychological, and Legal Perspectives.

Wolman, Irving J.
The Abused or Sexually Molested Child:
Clinical Management.
SEXUAL ABUSE--INDICATORS OF ABUSE/NEGLECT

MAIN EMPHASIS (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
SEXUAL ABUSE--PROBLEM DEFINITION

MAIN EMPHASIS (4)

Bender, L., et al.
The Reaction of Children to Sexual Relations with Adults.

Cavallin, M.

Chaneles, Sol
Adjustment in Crisis in Families of Child Sex Victims.

Chaneles, Sol
Child Victims of Sexual Offenses.

DeFrancis, Vincent
Protecting the Child Victim of Sex Crimes.

Gagnon, John H.
Female Child Victims of Sex Offenses.

Kaufman, Irving
Helping People Who Cannot Manage Their Lives.

Lewis, Melvin, et al.
Some Psychological Aspects of Seduction, Incest, and Rape in Childhood.

Lustig, Noel, et al.
Incest.

Machotka, Pavel, et al.
Incest as a Family Affair.

Rhinehart, John W.
Genesis of Overt Incest.

Schultz, Leroy G.
The Child Sex Victim: Social, Psychological, and Legal Perspectives.

Shengold, Leonard
The Effect of Overstimulation: Rat People.

Sloane, Paul, et al.
Effects of Incest on the Participants.

Weiner, I. B.

Wolman, Irving J.
The Abused or Sexually Molested Child: Clinical Management.

SECTIONS (3)

Birrell, John H. W.
"Where Death Delights to Help the Living" Forensic Medicine- Cinderella?

Chaneles, Sol
Family Structure of Child Sex Victims.

Eist, Harold I., et al.
Family Treatment of On-going Incest Behavior.

Martin, Harold P., et al.
The Development of Abused Children.

Mulcock, Donald
A Study of 100 Non-Selected Cases of Sexual Assaults on Children.

Incest: A geneological Study.
SEXUAL ABUSE--TREATMENT

MAIN EMPHASIS (4)

DeFrancis, Vincent
Protecting the Child Victim of Sex Crimes.

Schultz, Leroy G.
The Child Sex Victim: Social, Psychological, and Legal Perspectives.

SECTIONS (3)

DeFrancis, Vincent
Protecting the Child Victim of Sex Crimes

Eist, Harold I., et al.
Family Treatment of On-going Incest Behavior.

Lindsey, G.
Some Remarks Concerning Incest, The Incest Taboo, and Psychoanalytical Theory.

Machotka, Pavel, et al.
Incest as a Family Affair.

Pfundt, Theodore R.
Problem of the Battered Child.
SEXUAL ABUSE--LEGAL CONSIDERATIONS

MAIN EMPHASIS (4)
Libai, David
The Protection of the Child Victim of a Sexual Offense in the Criminal Justice System.

Schultz, Leroy G.
The Child Sex Victim: Social, Psychological, and Legal Perspectives.

SECTIONS (3)
DeFrancis, Vincent
Protecting the Child Victim of Sex Crimes.

DeFrancis, Vincent
Protecting the Child Victim of Sex Crimes

Pfundt, Theodore R.
The Problem of the Battered Child.
SEXUAL ABUSE--REFERRAL

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
SEXUAL ABUSE--ANCILLARY SERVICES

MAIN EMPHASIS (4)

SECTIONS (3)

DeFrancis, Vincent
Protecting the Child Victim of Sex Crimes.

Libai, David
The Protection of the Child Victim of a Sexual Offense in the Criminal Justice System.
SEXUAL ABUSE--FOLLOW-UP

MAIN EMPHASIS (4)  SECTION (3)

NO ARTICLES IN THIS CATEGORY
SEXUAL ABUSE--PREVENTION

MAIN EMPHASIS (4)                      SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
SEXUAL ABUSE--STATISTICS

MAIN EMPHASIS (4)
Mulcock, Donald
A Study of 100 Non-Selected Cases of Sexual Assaults on Children.

SECTIONS (3)
Chaneles, Sol
Adjustment in Crisis in Families of Child Sex Victims.

DeFrancis, Vincent
Protecting the Child Victim of Sex Crimes

Gagnon, John H.
Female Child Victims of Sex Offenses.

Martin, Harold P., et al.
The Development of Abused Children.
EXPLOITATION--NON-SPECIFIC

MAIN EMPHASIS (4)  

SECTIONS (3)  

NO ARTICLES IN THIS CATEGORY
EXPLOITATION--INITIAL COMPLAINT

MAIN EMPHASIS (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EXPLOITATION--INITIAL INTERVIEW

MAIN EMPHASIS (4)

Galdston, Richard
Dysfunctions of Parenting: The
Battered Child, the Neglected
Child, the Exploited Child.
EXPLOITATION--INDICATORS OF ABUSE/NEGLECT

MAIN EMPHASIS (4)

SECTIONS (3):

Galdston, Richard
Dysfunctions of Parenting: The
Battered Child, the Neglected
Child, the Exploited Child.
EXPLOITATION--PROBLEM DEFINITION

MAIN EMPHASIS (4)
Galdston, Richard
Dysfunctions of Parenting: The Battered Child, the Neglected Child, the Exploited Child.

SECTIONS (3)
Solomon, Theodore
History and Demography of Child Abuse.
EXPLOITATION--TREATMENT

MAIN EMPHASIS (4)

SECTIONS (3)

Solomon, Theodore
History and Demography of Child Abuse.
EXPLOITATION--LEGAL CONSIDERATIONS

MAIN EMPHASIS (4)  

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EXPLOITATION--REFERRAL

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EXPLOITATION--ANCILLARY SERVICES

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EXPLOITATION--FOLLOW-UP

MAIN EMPHASIS (4) SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EXPLOITATION--PREVENTION

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
EXPLOITATION--STATISTICS

MAIN EMPHASIS (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
HISTORICAL--NON-SPECIFIC

MAIN EMPHASIS (4)

Beck, Bertram M.
Protective Casework: Revitalized.

Block, Harry
Dilemma of "Battered Child" and "Battered Children."

Doxiadis, Spyros
Mothering and Frederick II.

SECTIONS (3)

Blumberg, Marvin L.
Psychopathology of the Abusing Parent.

Brenneman, George
Battered Child Syndrome.

Gluckman, L. K.
Cruelty to Children.
HISTORICAL-- INITIAL COMPLAINT

MAIN EMPHASIS (4)          SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
HISTORICAL--INITIAL INTERVIEW

MAIN EMphasis (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
HISTORICAL -- INDICATIONS OF ABUSE/NEGLECT

MAIN EMPHASIS (4)

Astley, Ray
Multiple Metaphyseal Fractures in Small Children.

Caffey, John
The Parent-Infant Traumatic Stress Syndrome.

Fairburn, A. C., et al.
Caffey's "Third Syndrome" -- A Critical Evaluation

SECTIONS (3)

Barta, Rudolph, et al.
Willful Trauma to Young Children -- A Challenge to the Physician.

Caffey, John
Some Traumatic Lesions in Growing Bones Other Than Fracture and Dislocations: Clinical and Radiological.

Chabon, Robert S., et al.
The Problem of Child Abuse: A Community Hospital Approach.

Sims, B. G., et al.
Bite Marks in the "Battered Baby Syndrome."
HISTORICAL--PROBLEM DEFINITION

MAIN EMPHASIS (4)

Caffey, John
The Parent-Infant Traumatic Stress Syndrome.

Evans, Phillip
Infanticide.

Martin, Harold P., et al.
The Development of Abused Children.

Solomon, Theodore
History and Demography of Child Abuse.

SECTIONS (3)

Altman, Donald, et al.
Unrecognized Trauma in Infants and Children.

Cameron, J. M., et al.
The Battered Child Syndrome.

Friedman, Morris S.
Traumatic Periostitis in Infants and Children.

Gagnon, John H.
Female Child Victims of Sex Offenses.

Giovannoni, Jeanne M.
Parental Mistreatment: Perpetrators and Victims.

Hall, Marian
The Right to Live.

Harder, Thoger
The Psychopathology of Infanticide.

Heins, Marilyn
Child Abuse--Analysis of a Current Epidemic.

Langer, William L.
Europe's Initial Population Explosion.

Lustig, Noel, et al.
Incest.

Marer, J. W.
Development of the Law of the "Battered Child Syndrome."

Shaffer, Helen B.
Child Abuse: Search for Remedies.

Silver, Larry B.
Child Abuse Syndrome: A Review.

Ten Have, Ralph
A Preventive Approach to Problems of Child Abuse and Neglect.

Van Stolk, Mary
Who Owns the Child?

Zalba, Serapio R.
Battered Children.
HIStoryal--Treatment

Main Emphasis (4)

Sections (3)

Heins, Marilyn
Child Abuse--Analysis of a Current Epidemic.

Mulford, Robert

Shaffer, Helen B.
Child Abuse: Search for Remedies.

Zalba, Serapio R.
The Abused Child: I. A Survey of the Problem.
<table>
<thead>
<tr>
<th>MAIN EMPHASIS (4)</th>
<th>SECTIONS (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becker, Thomas T.</td>
<td>Becker, Thomas T.</td>
</tr>
<tr>
<td>Felder, Samuel</td>
<td>Felder, Samuel</td>
</tr>
<tr>
<td>A Lawyer's View of Child Abuse.</td>
<td>A Lawyer's View of Child Abuse.</td>
</tr>
<tr>
<td>Fuller, Marjorie G.</td>
<td>Fuller, Marjorie G.</td>
</tr>
<tr>
<td>Gregg, Grace</td>
<td>Gregg, Grace</td>
</tr>
<tr>
<td>Child Abuse Syndrome: The &quot;Gray Areas&quot; in Establishing a Diagnosis.</td>
<td>Child Abuse Syndrome: The &quot;Gray Areas&quot; in Establishing a Diagnosis.</td>
</tr>
<tr>
<td>Zalba, Serapio R.</td>
<td>Zalba, Serapio R.</td>
</tr>
</tbody>
</table>
HISTORICAL--REFERRAL

MAIN EMPHASIS (4)               SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
HISTORICAL—ANCILLARY SERVICES

MAIN EMPHASIS (4)

Epstein, Norman, et al.
Paraprofessional Parent-Aides and
Disadvantaged Families.
HISTORICAL--FOLLOW-UP

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
HISTORICAL--PREVENTION

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
HISTORICAL--STATISTICS

MAIN EMPHASIS (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
TRAINING RELATED--NON-SPECIFIC

MAIN EMPHASIS (4)

Kemp, Maude von P.
Supervising the Beginner in Child Protection.

SECTIONS (3)

Alexander, Helen
Lay Therapists.

Yelaja, Shankar A.
The Concept of Authority and Its Use in Child Protective Services.

Zalba, Seraoio R.
The Abused Child: II. A Typology for Classification and Treatment.
TRAINING RELATED--INITIAL INTERVIEW

MAIN EMPHASIS (4)

Delsordo, James D.
Protective Casework for Abused Children.

Verbal Accessibility in the Treatment of Child Neglect.
TRAINING RELATED--INDICATORS OF ABUSE/NEGLECT

MAIN EMPHASIS (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
TRAINING RELATED--PROBLEM DEFINITION

MAIN EMPHASIS (4)

Delsordo, James D.
Protective Casework for Abused Children.
TRAINING RELATED--TREATMENT

MAIN EMPHASIS (4)

Verbal Accessibility in the Treatment of Child Neglect.

The Self-Help Phenomenon.

Criswell, Howard D., Jr.
Why Do They Beat Their Child?

Delsordo, James D.
Protective Casework for Abused Children.

Galdston, Richard
Violence Begins at Home--The Parents' Center Project for the Study and Prevention of Child Abuse.

Hopkins, Joan
The Nurse and the Abused Child.

Miller, John K.
Red, White and Bruised. The Maltreatment Syndrome in the Army.

Savino, Anne B., et al.
Working with Abusive Parents: Group Therapy and Home Visits.

Winking, Cyril H.
Coping With Child Abuse: One State's Experience.

SECTIONS (3)
TRAINING RELATED--LEGAL CONSIDERATIONS

MAIN EMPHASIS (4)

SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
TRAINING RELATED--REFERRAL

MAIN EMPHASIS (4)  SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
TRAINING RELATED--ANCILLARY SERVICES

MAIN EMPHASIS (4)

SECTIONS (3)

Foresman, Louise, et al.
The Team Approach in Protective Service.
TRAINING RELATED--PREVENTION

MAIN EMPHASIS (4)                                SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
TRAINING RELATED--STATISTICS

MAIN EMPHASIS (4)        SECTIONS (3)

NO ARTICLES IN THIS CATEGORY
ABSTRACTS AND GRID INDEXING
MAIN EMPHASIS (4): Research studies found that the more parents are unable to take on the role of the child in imagination, the more likely they are to have disturbed children. The more "fascist-conservative" parents are, the more likely they are to have emotionally disturbed children.

TARGET POPULATION:
Behavioral Scientists

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

PARAGRAPHS (2):

MENTION (1):
CITATION: Adelson, Lester
Homicide by Pepper

MAIN EMPHASIS (4): A case study of child abuse in which the child was killed by forcing black pepper down its throat. The parents had been suspected in child abuse of a sibling in another state prior to this child's death. Two weeks earlier the child had been treated at the hospital for a fractured humerus for a reported "fall."

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: Medical Scientists

---

CITATION: Adelson, Lester
Homicide by Starvation: The Nutritional Variant of the Battered Child

MAIN EMPHASIS (4): Homicide by starvation is a variant in battered child syndrome but mothers often contend that child was always healthy up until now. Some of the characteristics noted include: homes that are disorderly, money problems and babies born out of wedlock.

SECTIONS (3): (a) Case studies depict anatomical conditions of victims of starvation.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: Medical Scientists
CITATION: Adelson, Lester
Slaughter of the Innocents: A Study of 46 Homicides in Which the Victims were Children
NEW ENGLAND JOURNAL OF MEDICINE, 1961, 164 (26): 1345-9

MAIN EMPHASIS (4): A study of 46 infant homicides committed mainly by blood relatives.

SECTIONS (3): The killers were of no particular racial background, but did have rather serious mental illness. Loss of temper and sexual attack were involved. The murderer usually committed suicide.

PARAGRAPHS (2):


CITATION: Alberts, M. E.
Child Abuse

MAIN EMPHASIS (4): This editorial introduces a symposium on child abuse by stressing the magnitude and history of the problem and the physician's important role in its detection.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): In analyzing the importance of interaction with both parents for children to learn appropriate sex roles, low-income black and white children from father-absent and father-present homes were interviewed concerning their perceptions of sex roles. Neither father-absent or lower class subjects showed consistent differences from father-present or middle-class subjects. Includes discussion of these results and their implications for programs with low-income preschool children.

TARGET POPULATION:

Behavioral Scientists

CITATION: Alexander, Helen
Lay Therapists
DENVER: AMERICAN HUMAN ASSOCIATION

MAIN EMPHASIS (4): Description of parent-centered treatment program utilizing lay therapists (Univ. of Colorado Medical Center).

TARGET POPULATION:

Behavioral Scientists

CITATION: Aldous, Joan
Children's Perceptions of Adult Role Assignment: Father-Absence, Class, Race, and Sex Influences
CITATION: Allen, Ann Francis
Maltreatment Syndrome in Children

MAIN EMPHASIS (4): Paternal characteristics and
signs of abuse and neglect are listed.

SECTIONS (3): (a) Legal difficulties are encoun-
tered in protecting the child, parents, and doc-
tor both in Canada and the U.S., (b) Prevention
can be accomplished by: (1) developing a degree
of suspicion among medical staff, and (2) educa-
tion of the public.

PARAGRAPHS (2):

MENTION (1): Case illustration shows the need for
proper care by agency.

The Battered Child Syndrome, Parts I, II, III & IV
MINNESOTA MEDICINE, 1968, Dec., 1793-1799; 1969, Jan., 155-166; Feb., 345-347;
March, 539-540

MAIN EMPHASIS (4): This is a four-part article on
child abuse. There is no main emphasis. Titles
of the four parts are: (1) Medical Aspects, (2)
Social and Psychiatric Aspects, (3) Legal Aspects,
(4) Summary.

SECTIONS (3): (a) Case studies report evidence of
abuse and of the history of abuse of the assail-
ant, and subsequent results are also related, (b)
The most significant indicators of abuse are evi-
denced by trauma disproportionate to the history
given, (c) The child beater can come from any
socio-economic group, often there is a neurosis or
psychosis present that is not outwardly visible;
impulsiveness, pre-marital unwanted pregnancy, (d)
The initial complaint should be discovered by the
physician; however, he/she often does not recog-
nize the syndrome, and does not know how to report,
(e) Legally - Minnesota law requires reporting of
health care workers, with protection from lia-

MENTION (1): Statistics show incidence of abuse,
death rate, who reported, who abused, and signifi-
cant other data.
CITATION: Altman, Donald, et al. 
Unrecognized Trauma in Infants and Children 

MAIN EMPHASIS (4): Twelve case studies emphasizing the clinical and metaphysical fragility of the bone.

SECTIONS (3): (a) Historically, the phenomena has been recognized since 1946 by Caffey, then Smith, Asthey, and Wooley and Evans; (b) This type of abuse occurs most commonly by twisting or shaking, resulting in periosteal and subperiosteal hemorrhages; the resultant calcification becomes visible on the roentgenogram.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

---

CITATION: American Academy of Pediatrics, 
A Descriptive Study of Nine Health Based Programs in Child Abuse and Neglect 
CONTRACT EPA 106-74-9 WITH HEALTH RESOURCES ADMINISTRATION, April, 1974

MAIN EMPHASIS (4): Introduction and Methodology - latter includes following information: (1) Committee on Infant and Preschool Child conducted survey project; Child Abuse Survey Task Force assembled; (2) Criteria for selection of 9 sites (e.g., health-based, same variety of populations, wide geographic distribution, etc.) - no site found in South, no Indian program found; (3) Project - impressionistic; very little hard data to be used; (4) Format - one day site visit; questionnaire mailed in advance; (5) Final report - based on critiques from 2 workshop sessions on material gathered from survey.

SECTIONS (3):

PARAGRAPHS (2): (a) Infanticide as population control, religious use of injury - historical.

MENTION (1): (a) Statistical estimates on true incidence of child abuse/neglect.
MAIN EMPHASIS (4): Description of Cook County Hospital's handling of abuse/neglect cases: entirely crisis-oriented, no long-term follow-up, even medically; social and psychological follow-up almost non-existent.

SECTIONS (3): (a) Initial Complaint - 60% by police, none by private M.O.'s; 100% through emergency room; referral of abused, neglected, and abandoned children to CFS (Children and Family Services); maintains hospital registry in addition to state registry (poor coordination); (b) Legal considerations: CFS role - dispositional, make court referrals; - 30% of reported cases go to court. Judge determines if home is safe or not. (c) Completed questionnaire from hospital.

PARAGRAPHS (2): (a) Personnel make-up of hospital's child abuse team; (b) Followup: CFS has responsibility here. A weak area: does not inform hospital of disposition of child.

MENTION (1): (a) Statistics on 150 abuse/neglect patients; (b) CFS has 24 hour phone for reporting - operation erratic; (c) Initial interview - hospital; social information including home situation, circumstances of abuse incident and who responsible; (d) Prevention - parent education program for parents of premature babies.

TARGET POPULATION: Behavioral and Medical Scientists

<table>
<thead>
<tr>
<th>GEN ANN</th>
<th>GEN A.</th>
<th>GEN N</th>
<th>PHY A.</th>
<th>PHY N</th>
<th>EMN A.</th>
<th>EMN N</th>
<th>SEX A.</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TARGET POPULATION: Behavioral and Medical Scientists

<table>
<thead>
<tr>
<th>GEN ANN</th>
<th>GEN A.</th>
<th>GEN N</th>
<th>PHY A.</th>
<th>PHY N</th>
<th>EMN A.</th>
<th>EMN N</th>
<th>SEX A.</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: American Academy of Pediatrics
Site Visit #1: Cook County Children's Hospital, Chicago, Ill., Jan. 10, 1974
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, April, 1974: 7-12

CITATION: American Academy of Pediatrics
Site Visit #2 - University of Colorado Medical Center, Denver, Dec. 18, 1973
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, April, 1974: 13-22
MAIN EMPHASIS (4): Description of function of Infant and Child Protection Council (ICPC), and the Child Abuse Program of above hospital for armed forces. Includes completed questionnaire (statistics).

SECTIONS (3): (a) Ancillary services - problem of hiring or involving new personnel, e.g., psychiatrists; must cooperate with social workers.

PARAGRAPHS (2): (a) Problem definition - primarily from middle enlisted grades, young; when older parents involved, abuse often secondary to alcohol abuse; (b) Statistics on number of A/N cases at hospital - about 4/month. All deaths from neglect; (c) M.P.'s deal with offenders as criminals - a weakness in program; (d) Legal process enables temporary placement of children in Texas foster homes.

MENTION (1): (a) Service only to military personnel and dependents - no civilian abuse programs in El Paso; (b) Referrals from neighbors, police, emergency room, schools, self-referral (5%), hospital wards; (c) Any child under 3 admitted to hospital must be seen by M.D. with interest in abuse.

TARGET POPULATION:
Behavioral and Medical Scientists

CITATION:  American Academy of Pediatrics
Site Visit #4 - Children's Protective Services Center, Kaukikeolani Children's Hospital, Honolulu
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, April 1974, 55-63

MAIN EMPHASIS (4): Description of the above center's approach to handling abuse/neglect cases includes completed questionnaire - CPSC works directly with through the hospital.

SECTIONS (3): (a) Initial complaint: high % school/self-referrals; CPSC 24 hour hot line reporting, DSSH maintains central registry; written or verbal complaints accepted. Discussion of how complaints handled (new, active cases, referrals from other agencies); (b) The abuse/neglect team - organization, essentially crisis-handling service, cases not carried longer than 3 months - then either closed or referred to other agencies for voluntary treatment; (c) Legal aspects: special petitions enable social worker to hold child for 48 hours to prepare custody request; legal custody can be held for three years then extended another three years.

PARAGRAPHS:

MENTION (1): (a) Statistics on number of abuse/neglect cases reported to center; (b) CPSC has grant to study high risk infants - prevention; (c) Ancillary services not available because of lack of funding.
MAIN EMPHASIS (4): Description of operation of abuse/neglect team and characteristics of area served—rural, conservative population. Includes completed questionnaire (statistics) and detailed "procedures" for handling suspected abuse/neglect cases (treatment).

SECTIONS (3): (a) Iowa law requires reporting suspected abuse but not neglect cases—revision being considered; (b) Very little follow-up because of distances, clinic limitations, minimum trained staff in county services; review of cases every 2 months; follow-up only on voluntary basis; (c) Make-up of abuse team (part-time staff); child may be held in hospital even if well; Dept. of Social Services makes report within 96 hours (includes home visit).

PARAGRAPHS (2): (a) Many abuse cases from low-income white families; 48% under 1 year of age; (b) Dr. Solomon's efforts to educate community re abuse/neglect are presented.

MENTION (1): (a) Statistics on possible abuse cases are reported (1971, '72, '73) only small percentage seen in hospitals; (b) Referrals are statewide—local self-referrals are accepted; (c) Hospital has no authority to go outside its locus to study/work with family; (d) Legal—can get 30 day hold on child, team may testify in court but not allowed to make recommendation re disposition.

TARGET POPULATION
Behavioral and Medical Scientists

<table>
<thead>
<tr>
<th>GEN AIN</th>
<th>GEN N</th>
<th>GEN P</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMN A</th>
<th>EMN N</th>
<th>SEX A</th>
<th>SEX N</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: American Academy of Pediatrics
Site Visit #6 - Children's Hospital, Los Angeles, Feb. 6, 1974
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, April, 1974, 51-9

MAIN EMPHASIS (4): Description of abuse/neglect program at above hospital, includes characteristics of area served, details of hospital policy re suspected abuse (treatment) and completed questionnaires (statistics).

SECTIONS (3): (a) Initial Complaint—CHLA reports 225 of all hospital-based abuse cases for LA County; 90% of these emergency room; less than 1% are private physician's reports; neglect cases not reported; (b) Treatment—organization of abuse/neglect team; DPSS has responsibility for outreach treatment but limited ability; team has aggressive case-finding program with limited psych. services; (c) Follow-up—team ability inadequate as in DPSS's coordination and redefinition of goals needed; (d) LA Police Department has set up Abused and Battered Child Desk—initial complaints, investigation, and follow-up responsibilities.

PARAGRAPHS (2): (a) Non-accidental injury cases reported through law enforcement agencies; put under protective custody until detention hearing—90% of children judged in need of support are placed out of home; (b) Referrel to Parents Anonymous—parent support group.

MENTION (1): (a) Most of abuse cases from low-income families; (b) Statistics show 100 abuse cases/year admitted and reported, 100 neglect cases/year admitted to hospital but not reported; (c) Sexual abuse referred to other hospitals.
CITATION: American Academy of Pediatrics
Site Visit #7 - New York Foundling Hospital, NYC, Jan. 4, 1974
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, April, 1974, 60-9

MAIN EMPHASIS (4): Description of above program for treating abusing/neglectful parents - emphasizing specifics of treatment program - includes "Information for Mothers" (the hospital's outline of program) and completed questionnaires (statistics).

SECTIONS (3): (a) Treatment resources available in NYC very limited.

PARAGRAPHS (2): (a) Treatment on inpatient-outpatient basis; cases are referred from other sources after initial diagnosis and treatment; live-in arrangements for 8 mothers and children (to be admitted, mothers cannot have over 2 children); (b) Characteristics of population served: e.g., average age is 22, black and Spanish origin mostly; everyone but one was abused as child.

MENTION (1): (a) Residential patients themselves became involved in therapy with other patients; (b) Key Parent Assistants make 3 times-per-week visits during 12 month supervision following discharge from the hospital; (c) Hot line available; (d) 1973 - state law expands registry statewide and to include neglect as well as abuse.

TARGET POPULATION: Behavioral and Medical Scientists

CITATION: American Academy of Pediatrics
Site Visit #8 - Children's Hospital of Pittsburgh, Jan. 3, 1974
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, April, 1974, 70-80

MAIN EMPHASIS (4): Discussion of SCAN (Suspected Child Abuse and Neglect) program - includes how hospital refers cases to SCAN; characteristics of area served by hospital; specific treatment approach of SCAN; completed questionnaires (statistics).

SECTIONS (3): (a) Initial complaint made orally to Child Welfare followed by written report in 48 hours. The hospital has a registry but there is no central registry; (b) Characteristics of abuse/neglect parents; (c) Indicators of abuse/neglect for diagnosis.

MENTION (1): (a) Statistics on number of abuse cases (1971, '72, '73) reported by hospital. Of overall 1973 hospital admissions, 1.09% treated for abuse; (b) 1972 breakdown of statistics on abuse/neglect cases; (c) Ancillary services - no hot-line.

TARGET POPULATION: Behavioral and Medical Scientists

174
MAIN EMPHASIS (4): Discussion of operation of Ramsey County Child Abuse Team (based at St. Paul-Ramsey County Mental Health Center) - a community-wide team; including guidelines for Children's Hospital re: handling abuse cases, and completed questionnaires (statistics).

SECTIONS (3): (a) Organization of team: 3 elements - (1) community-wide team; (2) mini-team for more difficult cases, and (3) child abuse team members of team include police investigator; (b) Ancillary - day care available but not 24 hour; no crisis nursery, hot line, Parents Anonymous, community resource - Wilder Center for Children with severe emotional problems.

PARAGRAPHS (2): (a) Follow-up continues indefinitely; (b) Initial complaints - statistic, e.g., 9% referral by private M.D.'s, 35% through emergency rooms.

MENTION (1): (a) Statistics on 99 children who died violent deaths during 5 year period; (b) 90% of parents were abused or neglected themselves; children under court support do better in foster home. (c) Child crying for 12 hours and upset mother - cause for admission to hospital - indication of abuse.

TARGET POPULATION:
Behavioral and Medical Scientists

CITATION: American Academy of Pediatrics
Site Visit 89 - St. Paul, Minn., Ramsey County Mental Health Center, Jan. 8, 1974
CONTRACT HRA - 108-74-9, HEALTH RESOURCES ADMINISTRATION, April 1974, 81-86

MAIN EMPHASIS (4): Discussion of information collected from all 9 sites - only some highlights noted below though material covers all areas noted in previous abstracts: (1) all programs have multidisciplinary approach, connected in some form to hospitals; (2) all programs have medical/surgical care but only a few have long-term psychological services available and some have none; (3) follow-up and feedback are a problem for all, though efforts made in most cases; (4) foster home - basic modality for removal of child from natural home after hospitalization; (5) lawyers are members of teams at two centers; (6) only in Hawaii was central registry thought to be effective and useful; (7) differences in definitions, reporting methods re: abuse/neglect.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Essentially to raise questions re: treatment, handling abuse/neglect cases based on material gathered from 9 sites. No general conclusions drawn about programs but rather a series of impressions including: (1) non-punitive approach to parents facilitates reaching parents for treatment; (2) community education serves to increase reporting abuse; (3) private M.D.'s hesitant to report because of own discomfort, need to know their patients will be well-treated if reported; (4) abuse teams cannot work effectively with community of more than 1/2 million people; (5) registry must be available to teams if it is to have clinical utility; no member should be full-time in diagnosis and treatment.

TARGET POPULATION:
Behavioral and Medical Scientists

<table>
<thead>
<tr>
<th>TREAT</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EXO A</th>
<th>EXO N</th>
<th>SEX A</th>
<th>EAPL</th>
<th>HIST</th>
<th>TR</th>
<th>REC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

CITATION: American Academy of Pediatrics
Appendixes
CONTRACT HRA 106-75-9, Health Resources Administration, April, 1974, 99-110

MAIN EMPHASIS (4): Appendix A: bibliography on abuse/neglect; Appendix B: members of Child Abuse Survey Task Force; Appendix C: pre-survey questionnaire.

TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th>TREAT</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EXO A</th>
<th>EXO N</th>
<th>SEX A</th>
<th>EAPL</th>
<th>HIST</th>
<th>TR</th>
<th>REC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
**Target Population:**

**Medical - Nurses**

**Behavioral Scientists**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Target Population:**

**General Public**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Main Emphasis (4):** Abuse of children through exposure to or by mentally ill teachers is a national public health problem.

**Sections (3):** Includes case studies illustrating types of abuse perpetrated by teachers.

**Paragraphs (2):** Estimates of the incidence of unsatisfied, nervous, maladjusted teachers based on an earlier study are noted.

**Mention (1):**

---

**Citation:**

Amiel, Shirley

*Child Discrimination by the Washington State Child Protective Services*

**Presented to the Citizens Advisory Committee for the Washington Child Protective Service, December 8, 1975, 1-A

**Main Emphasis (4):** Author argues Child Protective Service workers should be aware of, report and investigate third party child abuse—i.e., child abuse by adult caretakers other than the child's parent.

**Sections (3):** (a) The author contends child abuse in schools leads to alienation, violence and misbehavior by children; (b) The author offers several suggestions for changes in the law which would encourage the reporting of all types (parent and third party) child abuse; (c) Author discusses why abuse in schools goes unrecognized.

**Paragraphs (2):** The rights of children are discussed in relation to schools and the principle of in loco parentis.

**Mention (1):**
CITATION: Amiel, Shirley
CITATION: Amiel; Shirley
Third Party Child Abuse

MAIN EMPHASIS (4): Short accounts of alleged physical and emotional neglect and abuse are compiled with no introduction, summary or analysis, emphasizing abuse by non-parents or guardians.

TARGET POPULATION:
General Public

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
General Public - Behavioral Scientists

CITATION: Amiel, Shirley
CITATION: Amiel; Shirley
Third Party Child Abuse

MAIN EMPHASIS (4): Third party (schools and caretakers of children) abusers are prevalent throughout the United States and very little is being done to stop this abuse. Case examples are given throughout.

TARGET POPULATION:
General Public - Behavioral Scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
Attitudes of Nova Scotia Physicians to Child Abuse

MAIN EMPHASIS (4): On reporting results of questionnaire survey of knowledge and attitudes of Nova Scotian physicians about child abuse.

SECTIONS (3): Reporting statistics on the percent of physicians who knew about child abuse reporting laws, and their opinions about treatment of child abuse.

PARAGRAPHS (2): (a) Recommendations for regional multiprofession treatment teams in a report issued by Canadian government are described; (b) Use of public health nurses in prevention, detection and education are described in family life; (c) How few complaints are made in proportion to the suspected incidence of child abuse and why physicians may be reluctant to make complaints.

MENTION (1): The issue of physicians' right to confidentiality vs. reporting laws' requirements.

TARGET POPULATION:
Medical Scientists
General Public

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>GEN N</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-CP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDI CH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREATP</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RCFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Andrews, John P.
The Battered Baby Syndrome
ILLINOIS MEDICAL JOURNAL, Nov., 1962, 122: 494

MAIN EMPHASIS (4): Diagnosis depends on a high level of suspicion. Battered Baby Syndrome usually occurs under three years of age; psychosis is common, but not the rule; all strata of socio-economic scale are involved as are immature compulsive personalities, and unwanted pregnancies. History of some treatment given to parents is included.

SECTIONS (3):

PARAGRAPHS (2): 

MENTION (1):
CITATION: Anthony, E. James
It Hurts Me More Than It Hurts You. An Approach to Discipline As a Two-Way Process
REISS-DAVIS CLINIC BULLETIN, Spring, 1965

MAIN EMPHASIS (4): Discussion of corporal punishment in terms of its effect as disciplinary procedure and in terms of its reflection of psychodynamics of parent-child relationship.

SECTIONS (3): Discussion of negative effects of more pathological expressions of discipline: shame, sadomasochistic, transference, seduction. Author suggests disturbances in child also attributed to child's own personality and not just actuality of excessive "discipline." 

PARAGRAPHS (2):

MENTION (1):

CITATION: Arnold, M.
Children in Limbo
PUBLIC WELFARE, July, 1967, 223-228

MAIN EMPHASIS (4): The author uses the term "limbo" as a departure for describing the many types of children that are subject to neglect, either in their homes or through poor child protective service agency or legal practice.

SECTIONS (3): The author presents some concrete recommendations for changes in current protective and welfare agency practices that would improve the communities ability to respond to cases of neglect.

PARAGRAPHS (2):

MENTION (1):
CITATION: Aoch, Stuart S.
Crib Deaths: Their Possible Relationship to Post-partum Depression and Infanticide

MAIN EMPHASIS (4): Crib death results from confusion in identities between mother and fetus. In the pregnant or post-partum months, infanticide may occur in place of suicide. The pregnancy inevitably stimulated memories and fantasies of old mother/child relationships.

TARGET POPULATION:
Behavioral Scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Aak, Robert K.
Authority, Prevention, and a New Child Welfare Act
CHILD WELFARE, July, 1967, 407-9

MAIN EMPHASIS (4): An explanation of Child Welfare Act passed that has a section that provides for a mandatory preventive service (i.e., guidance, counseling and other services to those who may need protection from abuse) and it provides authority for the agency to act and financial support.

TARGET POPULATION:
Behavioral Scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Astley, Ray  
Multiple Metaphyseal Fractures in Small Children  
BRITISH RADIOLOGY, Nov., 1953, 26(311): 577-83

MAIN EMPHASIS (4): Reporting the puzzling evidence of multiple fractures and hypothesizing them as metaphyseal fragility of the bone.

TARGET POPULATION:
Medical Scientists - Physicians

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>IN COM</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
</tr>
<tr>
<td>INDIC</td>
<td>PRB DEF</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
</tr>
<tr>
<td>LEG CON</td>
<td>REFER</td>
<td>ANC SER</td>
<td>FOLLOW</td>
<td>PREVEN</td>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Avery, Jane C.  
The Battered Child - A Shocking Problem  
MENTAL HYGIENE, Spring, 1973, 57: 40-43

MAIN EMPHASIS (4): A coordinated effort to treat child abuse, beginning with mandatory reports, legal authority to remove the child, and protective (not punitive) intervention which focuses on the family as a unit are needed.

TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>IN COM</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
<td>IN INT</td>
</tr>
<tr>
<td>INDIC</td>
<td>PRB DEF</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
<td>TREAT</td>
</tr>
<tr>
<td>LEG CON</td>
<td>REFER</td>
<td>ANC SER</td>
<td>FOLLOW</td>
<td>PREVEN</td>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MAIN EMphasis (4): Why physicians do not report child abuse cases - legislation on requiring reporting as possible solution.

SECTIONS (3): Suggested language for state legislation on reporting (prepared by Children's Bureau).


MENTION (1): Target Population: Medical Scientists - Physicians


MAIN Emphasis (4): Nonspecific presentation on abuse by 5 member panel at 1964 Forensic Sciences Symposium.

SECTIONS (3): (a) Need for developing legislation requiring physician/hospitals to report suspected abuse; (b) Suggestion (by Brig. Gen. Werger) that minor child should be allowed to bring suit against abusive parent; (c) Role of child in precipitating his own abuse; (d) Characteristics of abusive families; (e) Child abuse a problem for military though no more so than in rest of country.

PARAGRAPHS (2): Physician's resistance to reporting abuse.

MENTION (1): (a) Abuse cases should be reported to law enforcement agencies; (b) Removing child from home is drastic step to take; (c) Suggestion that obstetrician could be instrumental in prevention of abuse; (d) "Massive emergency mothering" as effective treatment for abused child.
CITATION: Baker, David, et al. 
Special Trauma Problems in Children 
RADIOLOGY CLINIC OF NORTH AMERICA, 1966, 4: 289-305

MAIN EMPHASIS (4) Pediatric trauma problems are discussed with special sections on battered child syndrome, normal variations in growing skeleton, recovery of the skeleton after injury, and serious growth disturbances.

TARGET POPULATION: Medical Scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Bakwin, Harry 
Multiple Skeletal Lesions in Young Children Due to Trauma 
J. OF PEDIATRICS, July, 1956, 49: 7-16

MAIN EMPHASIS (4): The study of multiple skeletal lesions due to trauma. Clinical manifestations of traumatic lesions are often overlooked. Radiographic bone lesions are subperiosteal ossification, metaphyseal fractures, abrasions, gross fractures, impartial fractures, and epiphyseal displacement. Outcome is usually good.

TARGET POPULATION: Medical Scientists

SECTIONS (3): (a) Case study demonstrates the abuse manifesting these symptoms.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): This manual is a comprehensive description of the Fels Behavior Rating Scale. The purpose is to present a philosophy and methodology for the appraisal of a child's environment, since most clinicians and home visitors feel that home adjustment is of vital importance. It has a section of reliability and validity that examines intra-rater and inter-rater reliability. The results showed strong reliability despite difficulties. Case study is given. Each factor in the measurement scale is explained, with tables and actual components.

TARGET POPULATION:
Behavioral Scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Ball, Richard A.
A Poverty Case: The Analgesic Subculture of the Southern Appalachians
AMERICAN SOCIOLOGICAL REVIEW, 1968, 33: 885-895

MAIN EMPHASIS (4): The existence of "problem" subcultures can be explained by people's non-rational responses to their environment. These responses become institutionalized as people come to anticipate high levels of frustration. The folk culture of southern Appalachia is discussed as an example.

TARGET POPULATION:
Behavioral Scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Darbero, Giulio J.
Environmental Failure to Thrive: A Clinical View

MAIN EMPHASIS (4): Physicians are provided the following diagnostic criteria: (1) Low weight; (2) Developmental retardation; (3) No physical abnormality; (4) Clinical deprivation signs which improve when environment does; (5) Psychosocial disruption.

SECTIONS (3): Several varieties of this syndrome are shown in case histories. Parental role in syndrome must be emphasized; the physician must remain involved even though social services are brought in. Prognosis is favorable if home circumstances can be changed.

PARAGRAPHS (2):

MENTION (1): TARGET POPULATION:
Medical Scientists

CITATION: Barmeyer, George
Traumatic Periostitis in Young Children
JOURNAL OF PEDIATRICS, 1951 38: 184-80

MAIN EMPHASIS (4): Acute limping leg in early childhood is frequently the result of periosteal separation. Roentgenograms delayed beyond the point of clinical recovery will demonstrate an ossifying periosteal reaction in many cases. Ultimate radiologic resolution is complete. Case studies are presented.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): NON-SP IN COM IN INT INDIC PRB DEF TREAT LEG CON REFER ANC SER FOLLOW PREVEN STATS

TARGET POPULATION:
Medical Scientists

GEN ARI GEN NPH AEMO ASEX AEXPL HIST TR REL
NON-SP
IN COM
IN INT
INDIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

186
MAIN EMPHASIS (4): A case study depicting a battered child demonstrates the need to take a penetrating medical history at the time of admission to the emergency room.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Prevention is neglected when parents are totally unprepared for children in our society. Even primitive societies are not too primitive in this respect.
Neonatal Separation: The Maternal Side of Interactional Deprivation

MAIN EMPHASIS (4):
The authors have begun testing the thesis that the degree of interaction permitted between mother and infant in the post-partum period will influence later maternal attachment and infant development. Separation has been shown to impair maternal behavior in animals.

SECTIONS (3):
(a) A pilot study was conducted which showed that mothers could be permitted to handle their premature infants in incubators without increasing the risk of disease. Preliminary impressions from the study indicate that commitment, self-confidence, and ability to mother the infant were greater in mothers allowed post-partum contact.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

CITATION: Baron, Michael A., et al.
Neurologic Manifestations of the Battered Child Syndrome
PEDIATRICS, June, 1970, 45(6): 1003-7

MAIN EMPHASIS (4):
Description of lengthy case history of infant with original diagnosis of organic brain disease.

SECTIONS (3):
Indicators eventually eliminating this diagnosis in favor of that of child abuse.

PARAGRAPHS (2):

MENTION (1):
CITATION: Barto, Rudolph, et al. 
Willful Trauma to Young Children - A Challenge to the Physician 
CLINICAL PEDIATRICS, October, 1963, 2(10): 545-554

MAIN EMPHASIS (4): Case studies which emphasize the clinical picture, as well as the difficulties involved in protection of the infants.

SECTIONS (3): The indicators are multiple abrasions in different stages of healing, x-ray findings and chronically ill children. Historical child abuse is seen as early as 1888. The earlier cases of abuse were classified as problems without any known disease.

PARAGRAPHS (2):

TARGET POPULATION:
Medical Scientists and Physicians

MENTION (1):

CITATION: 
Battered Babies 
BRITISH MEDICAL JOURNAL (London) 1969, 5672: 667-68

MAIN EMPHASIS (4): Report of the National Society for the Prevention of Cruelty to Children reports that abusing parents often have long-standing emotional problems, were between ages of 20 and 30, often had criminal records and often were unemployed. Abused children were under the age of 1 and would be abused again (a 13 to 1 chance).

SECTIONS (3):

PARAGRAPHS (2): Doctors may feel bound by ethical standards but they have a duty to report suspected cases.

MENTION (1):
MAIN EMphasis (4): Social class and ethnic group affiliation is shown to be related to internal vs. external sources of behavior control in children. Middle-class children both black and white responded more to internal sources. Internal-external control is a significant personality dimension.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Bean, Shirley L.
The Parents' Center Project: A Multiservice Approach to the
Prevention of Child Abuse

MAIN EMPHASIS (4): A group therapy program in combi-
nation with supervised day time care for small
children (with parent participation) has proved
successful.

SECTIONS (3): Operation of center and selection
criteria described. Research objectives des-
cribed.

PARAGRAPHS (2):

MENTION (1): Difficulty in training workers who
could respond defensively to parents.

CITATION: Beck, Bertram M.
Protective Casework: Revitalized
CHILD WELFARE, Nov., 1955, 34: 1-20

MAIN EMPHASIS (4): A historical tracing of pro-
tective service intervention, originating as a
coerative socializing force which was considered
disreputable by other social workers, becoming
more acceptable with the notions of: (1) "ag-
grressive casework," (2) ego strengths even in
disturbed individuals and; (3) family as a
Gestalt; is tied in, finally, with a discussion
of the acknowledgement and use of authority by
protective caseworkers.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Workers' need to respond to communi-
ty's needs to not tolerate neglect and share this
fact with the client before mobilizing his
strengths for change.
CITATION: Hock, Bertram M.
Protective Casework: Revitalized - Part II
CHILD WELFARE, Dec., 1955

MAIN EMPHASIS (4): The author discusses the 3 major legal settings of protective casework: (1) removal of child; (2) protective supervision of child remaining in home; and (3) protective legal custody in which child may or may not be removed; the author also emphasizes legal limitations on worker intervention.

SECTIONS (3): Treatment must reflect an appropriate use of legal and psychological authority, and be oriented towards level at which parents can be best motivated to respond.

PARAGRAPHS (2): Parents of neglected children are often frustrated in their attempts to find life satisfaction, suffer from "ego weakness," and are unable to respond to reality demands.

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Beck, Mildred B.
The Destiny of the Unwanted Child: The Issue of Compulsory Pregnancy

MAIN EMPHASIS (4): Unwanted pregnancies frequently lead to social and emotional problems for the child, and resentment by the mother.

SECTIONS (3): (a) Mothers are likely to neglect and abuse their unwanted children, may perceive the child as bad, and may experience great guilt; (b) A child who is abused will become an abuser; (c) Historical view of contraception and abortion is presented; (d) Looser abortion laws may prevent abuse and neglect.

PARAGRAPHS (2):

MENTION (1): Society for Prevention of Cruelty to Children coming into being after the Society for Prevention of Cruelty to Animals reflects historic unwillingness to acknowledge the problem.
CITATION: Beck, Rochelle
The White House Conference on Children: An Historical Perspective
HARVARD EDUCATIONAL REVIEW, Nov., 1973, 43(4): 653-668

MAIN EMPHASIS (4): Review of past 7 White House Conferences on Children and discussion of general trends: increases in Federal expenditures; role of the states in using Federal funds; importance of the family.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Becker, Thomas T.
Child Protective Services and the Law
THE AMERICAN HUMANE ASSOC., CHILDREN'S DIV., 1968, 1-23

MAIN EMPHASIS (4): The legal considerations involved in implementation of proceedings in cases of neglect. It gives a case report of the Kent and Gault decisions and the ramifications of the case.

SECTIONS (3): The historical significance of the role of social workers in establishing a juvenile court system and the resulting development of that system.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
General Public
Bell, Gwyneth
Parents Who Abuse Their Children
CANADIAN PSYCHIATRIC ASSOCIATION JOURNAL, June, 1973, 18(3): 223-228

Main Emphasis (4): This article provides a picture of abusive families. The author cites the low rate of psychopathology, and the frequent depressions in these families. In other respects the formulas are heterogenous.

Sections (3): (a) Kempe and Helfer's high risk criteria are presented: (1) Parental abuse capability; (2) Vulnerability of child; (3) Presence of a crisis. These parents should be named in a central registry and frequently visited by a home nurse. (b) A multidisciplinary treatment approach focusing on the parents.

ParagrapHS (2):

Mention (1):

TARGET POPULATION:
Behavioral Scientists

Bell, Richard Q.
A Reinterpretation of the Direction of Effects in Studies of Socialization
PSYCHOLOGICAL REVIEW, March, 1968, 75(2): 81-95

Main Emphasis (4): Re-analysis of available research data to show that unidirectional model of effect from parent to child on behavior of child is imprecise -- the author suggests that literature indicates child's own behavior plays some role on parental behavior. Animal and human studies cited and discussed.

Sections (3): (a) Recent data discordant with parent-effect model; (b) Modifiers of parent response--child's congenital determinants, differentiation of parent response because of child's own characteristics; (c) Reinterpretation of recent literature and some studies difficult to reinterpret.

ParagrapHS (2):

Mention (1)

MAIN EMPHASIS (4): Discussion of one small group treatment approach with very deprived mothers who mistreated their children—beginning April 1969—Hamilton City Welfare Dept., Cincinnati.

SECTIONS (3): (a) In future, would screen out: extremely passive, paranoid, schizophrenic, extremely withholding individuals; (b) Successful use of volunteers, homemakers—other community resources not used because of mother’s apathy; (c) Psychodynamics of participants; (d) Advantages of using cotherapists—e.g., good male-female model; (e) Treatment gains.

PARAGRAPHS (2): Use of authority to force women to participate in group.

MENTION (1):

TARGET POPULATION:
Behavioral Scientists - Social Workers

CITATION: Bender, L., et al. The Reaction of Children to Sexual Relations with Adults. AMERICAN JOURNAL OF ORTHOPSYCHIATRY, October, 1937, 7: 500

MAIN EMPHASIS (4): The author examines the effect on children of adult-child sex relations.

SECTIONS (3): (a) Sixteen case histories are presented. There were two major findings. (1) Many of the children were victims of the situation the adult placed them in and made normal adjustment with few adverse psychological effects when removed from the sexual relationship with the adult. (2) A smaller group of children appeared to actively initiate sexual contact with adults and to have more or less severe psychological problems.

PARAGRAPHS (2):

MENTION (1):
CITATION: Benedek, Therese
Adaptation to Reality in Early Infancy
PSYCHOANALYTIC QUARTERLY, 1938, 7: 200-15

MAIN EMPHASIS (4): A psychoanalytic discussion emphasizing that the psychology and physiology of the newborn can not be separated. Reviews of the major psychoanalysts are given regarding instinctual reactions of the newborn; and the change from no stimuli within the womb to bombardment of stimuli after birth. The normalities of babies' behavior are also given.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Benedek, Therese
Parenthood as a Developmental Phase

MAIN EMPHASIS (4): Author argues that personality development continues under the influence of reproductive physiology beyond adolescence and that parenthood uses the same primary processes which have operated from infancy in mental growth and development.

SECTIONS (3): (a) Author analyzes the psycho-sexual development of the mother (the mother's working through primary oral conflicts with her own mother, incorporating nipple, oral phases, etc.); (b) The author reviews some of the analytic literature on mother-child interaction, and parallel investigation of other and child in therapy.

PARAGRAPHS (2): Author discusses the influence of sex role identification and other analytic concepts on the parent-child relationship.

MENTION (1):
CITATION: Benedek, Therese
Psycho-biological Aspects of Mothering
AMERICAN JOURNAL OF ORTHOPSYCHIATRY, 1956, 26: 272-278

MAIN EMPHASIS (4): Paper discussing the thesis that quality of maternal behavior (motherliness) is determined by the quality of the childhood relationship between the mother and her own mother. This thesis is discussed in terms of physiological traits of the reproductive process in women.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Benedek, Therese
The Psychosomatic Implications of the Primary Unit: Mother & Child
AMERICAN JOURNAL OF ORTHOPSYCHIATRY, 1949, 19: 642-54

MAIN EMPHASIS (4): The main emphasis is that women's biological needs are presented in motherlessness, as women have a need for continuation of symbiosis in the puerperium and during the child's infancy. The physiological and mental apparatus of the infant represents a system which communicates broadly and fluently with the system of the mother. Mothering enlarges the span of the mother's personality. The post-partum emotional lag allows mother to be mothered before giving to the child — as the nine-month hormones were preparing her body; now these are separate and it takes some time to get back the oneness.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Presentation of a case study of a retarded, 32 month old boy who had swelling of legs and shoulders revealed that he had not been battered but suffered from multiple nutritional diseases, the dominant one being active scurvy.

TARGET POPULATION:
Medical Scientists

CITATION: Berenberg, William
Toward the Prevention of Neuramotor Dysfunction

MAIN EMPHASIS (4): Describes seriousness of multiple varieties of brain dysfunction and preventative suggestions.

TARGET POPULATION:
Medical Scientists

CITATION: Berenberg, William
Toward the Prevention of Neuramotor Dysfunction

MAIN EMPHASIS (4): Describes seriousness of multiple varieties of brain dysfunction and preventative suggestions.

TARGET POPULATION:
Medical Scientists

PARAGRAPHS (2): Children who may suffer impaired intellect due to parental abuse must be detected early though this is difficult.
MAIN EMPHASIS (4): Action against child abusers is often not taken by those who come in contact with abuse because of a resistance to personal involvement and lack of clear indicators.

SECTIONS (3): (a) Abuse appears to come from an overflow of personal frustration, irresponsibility and expecting the child to live up to the abuser's expectations. As the abuser, parenthood is generally little more than biologic; (b) Laws are mandatory and limit liability, however, they are only as good as those who are willing to use it. (c) Indicators - typical reactions and attitudes of battering parents are listed in comparison to a list of nurturing parent patterns.

PARAGRAPHS (2):

MENTION (1):

CITATION: Bettelheim, Bruno
A Normal Mode of Behavior and How to Control It
CHILDREN'S MEDICAL CENTER, FIFTH ANNUAL SEMINAR, Tulsa, Okla., Oct., 1972

MAIN EMPHASIS (4): The necessity of teaching children about violence/aggression so they can better understand that cooperation is needed and preferable. Violence = natural form of behavior; children must learn about it to be able to control it.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

MAIN EMPHASIS (4): Role of child caseworker as member of hospital burn team; duties include assisting burned child to deal with trauma and pain, to cope with altered relationships with peers, family; several case examples ( tangential relationship to abuse/neglect).

SECTIONS (3): Causes of burns: neglect or peer supervision, self-provoked, child abuse, accidental.

PARAGRAPHS (2): (a) Particular difficulties of burned child - regression anger; (b) What CCW needs to know - training implications.

MENTION (1):

TARGET POPULATION: Behavioral Scientists and Social Workers


MAIN EMPHASIS (4): A review of the literature on the battered child syndrome and a report of two abuse cases in India for the purpose of making the medical profession in India aware of the problem.

SECTIONS (3): (a) Clinical indications of abuse, e.g., nature of injuries, discrepancy behavior; (b) Age incidence in children, psycho-social aspects of problem.

PARAGRAPHS (2):

MENTION (1): (a) Statistics on incidence of abuse neglect in U.S. and United Kingdom; (b) Psychotherapy should be assured to parents—if not helpful, child should be separated from parents; (c) M.D. should report cases to police.
CITATION: Bialestook, D.
Custody of Children

MAIN EMPHASIS (4):

SECTIONS (3):

PARAGRAPHS (2): The author suggests the adversary principle is detrimental to investigating the facts of child abuse. Pediatrists and health nurses should be in role of friend of the courts in child abuse proceedings. Interdisciplinary approaches to the problem are advocated.

MENTION (1): The nuclear family and its implications for child protection and child custody as a means of protecting children are both mentioned.

TARGET POPULATION:
Medical and Behavioral Scientists

CITATION: Billingsley, Andrew
The Role of the Social Worker in a Child Protective Agency
CHILD WELFARE, Nov., 1964, 472-9

MAIN EMPHASIS (4): The child protective worker and family counseling worker were found to have differences in role performance, with the CPS performance divided between clients and community whereas FCW performance centered in an agency, but there was significant role deprivation for CPS, as client needs were not often placed first.

SECTIONS (3):

PARAGRAPHS (2): 

MENTION (1):
MAIN EMPHASIS (4): A comparison of child welfare and public assistance agencies. The authors suggest that CPS should be a part of child welfare services. Services at child welfare have more built-in professionalism, are less vulnerable to repressive elements and are thus more innovative.

TARGET POPULATION:
Social Workers and Behavioral Scientists

CITATION: Birch, Herbert C.
Malnutrition, Learning, and Intelligence
AJP, June, 1972, 62(6): 773-784

MAIN EMPHASIS (4): Malnutrition is a widespread problem responsible for life-long deficiencies. Summarizes research on the relationship of malnutrition to intelligence, behavior, and physical development.

TARGET POPULATION:
Medical and Behavioral Scientists

MENTION (1): Follow-up studies of children hospitalized for malnutrition show lower IQ's.
**CITATION:** Birch, Herbert, et al.  
The Problem of Comparing Home Rearing Versus Foster Home Rearing in Defective Children  
PEDIATRICS, Dec., 1961, 28: 956-81

**MAIN EMPHASIS (4):** A methodologic critique of the study of Centerwall and Centerwall, which concludes that the factors of associated sibship, family social status and attitudes, and feelings of parents toward the affected child have to be evaluated prior to an accurate evaluation of parents and child.

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):**

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
<th>Behavioral Scientists</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEN A</td>
<td>GEN N</td>
</tr>
<tr>
<td>NON-SP</td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>PRB DEF</td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
</tr>
</tbody>
</table>

**CITATION:** Birrell, John H. W.  
"Where Death Delights to Help the Living" Forensic Medicine - Cinderella?  

**MAIN EMPHASIS (4):** Legal medicine is directly related to public health problems today, thus highly trained, better paid medico-legalists are needed around the clock for consultation which links the disciplines in treatment of medico-legal cases. Protection of physicians must be extended to researchers who need postmortem information.

**SECTIONS (3):** (a) Common problems encountered in cases of sexual offense are: (1) victim's lack of adequate information about bodies; (2) lack of birth control; (3) trauma of court witnessing; and (4) physician's refusal to examine victim.

**PARAGRAPHS (2):** The community fails to adequately recognize, treat and protect abused or neglected children.

**MENTION (1):** (a) Prevention of neglect and abuse by "troops of health visitors" to homes is recommended; (b) Social problems, neglect and abuse statistics in Australia are given.
MAIN EMPHASIS (4): Case examples of abused children are presented along with photographs.

SECTIONS (3): (a) Indicators of child abuse are a discrepancy in the story provided by parents and physicians, delay in reporting, and breaks and wounds of various stages of healing; bruise locations often identify the manner or type of abuse; (b) Problem def: abusing parents all had a disturbed family background, alcoholism, sexual promiscuity, financial difficulty and mental illness.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>GEN.AM</th>
<th>GEN.N</th>
<th>PHY.A</th>
<th>EMO.A</th>
<th>SEX.A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR. REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN.COM</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN.INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MAIN EMPHASIS (4): Summary of the results of 42 case studies of child maltreatment.

SECTIONS (3): (a) Use of discrepancy between parents account of cause of injury and severity of injury, radiological findings, and other indices as indicators of child abuse; (b) The contributions the social worker and multi-profession team approach can make to treatment are discussed; (c) Charts and tables summarizing case studies.

PARAGRAPHS (2): (a) Disturbed background of parents, congenital defects, lower social class characteristic of cases studied; (b) The reasons doctors are reluctant to make an initial complaint.

MENTION (1):
MAIN EMPHASIS (4): Study conducted to see whether physicians not alert to the incidence of abuse/neglect in N.Y.C. Questionnaires sent to 200 physicians at 88 child health stations in NYC--18 cases reported in 1 year period. Findings include neglect/abuse probably much more pervasive in community; complex causes of abuse include parents' own deprivation; M.D.s need to become more alert to problem--only 12 out of 100 reported a problem.

SECTIONS (3): Four case histories.

PARAGRAPHS (2): Characteristics of families: family unit fragmented and in crisis; neglect or abuse may be expression of parents' ignorance/inability to cope with child rearing.

MENTION (1): (a) Recommendation of locating central registry; (b) Child health conferences designed to give preventive care to infants and pre-school children.

TARGET POPULATION:
Medical Scientists

CITATION:  Bloch, Harry
Dilemma of "Battered Child" and "Battered Children"
NEW YORK STATE JOURNAL OF MEDICINE, March, 15, 1973, 73: 799-800


SECTIONS (3): Distinction between "battered child" (by individual) and "battered children" (societal) --discussion of societal influences.

PARAGRAPHS (2): ...

MENTION (1): ...
CITATION: Blockey, N. J.
Observations on Infantile Coxa vara

MAIN EMPHASIS (4): That infantile coxa vara is most likely to be due to distal movement of the femoral head relative to the shaft and neck, resulting from severe trauma. This infantile coxa vara is distinct from congenital.

SECTIONS (3): Case study of 6 abused children with resulting infantile coxa vara.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN COM</td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>4</td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Bloomberg, Warner
A City for Children: The Year 2005
CHILDHOOD EDUCATION, Jan., 1972, 48(4): 170-4

MAIN EMPHASIS (4): A subjective description of what children were "taught" by the experiences of the 1970's.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
General Public and Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IN COM</td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
</tr>
</tbody>
</table>
CITATION: Blue, M. T.
The Battered Child Syndrome from a Social Work View Point
CANADIAN JOURNAL OF PUBLIC HEALTH, May, 1965, 56: 197-198

MAIN EMPHASIS (4): Legal considerations which emphasize that the new legislation reveals a lack of uniformity in language, objectives, jurisdiction and method of meeting the problem.

SECTIONS (3): Abuse is often the result of mental retardation which results in no responsibility for action, mental illness and personality disorders.

PARAGRAPHS (2): Training of social workers should be geared toward diagnosing personality symptoms.

MENTION (1):

CITATION: Blumberg, Marvin L.
Psychopathology of the Abusing Parent
AMERICAN JOURNAL OF PSYCHOTHERAPY, 1974, 28(1): 21-9

MAIN EMPHASIS (4): Discussion of psychodynamics of physically abusive parent from the perspective of several authors.

SECTIONS (3): (a) Incidence of abuse/neglect throughout time; (b) Psychotherapy with abusive parents and children--e.g., group therapy.

PARAGRAPHS (2): Identifying potential abusers and provide therapy--Kempe/Heffer questionnaire.

MENTION (1): (a) Child may be "reciprocal stimulus" for continued brutality; (b) Statistics on annual number of abuse/neglect cases in New York, and United States.
CITATION: Blumberg, Myrna
When Parents Hit Out

MAIN EMPHASIS (4): Discussion of normally accepted physical punishment of children by parents and of abnormal use of violence by parents. National Society for Prevention of Cruelty to Children (Great Britain) decides whether act is punishment or assault.

SECTIONS (3): Discussion of characteristics of abusers: family history of mental abnormality, much physical ill-health, intellectual dullness, rejection in own childhood (based on imprisoned abusers investigated by Dr. T. C. N. Gibbens and A. Walker).

PARAGRAPHS (2):

MENTION (1): Statistics on A/N in Great Britain - Decrease in abuse cases since 1963 but rise in neglect.

CITATION: Blumenthal, Monica D.
Justifying Violence: Attitudes of American Men
AGGRESSION, VIOLENCE AND CHILDHOOD, Fifth Annual Seminar, Children's Medical Center, Tulsa, Oklahoma, October 1979

MAIN EMPHASIS (4): A discussion of forces influencing attitudes toward violence and conclusions drawn from study of attitudes toward violence. Conclusions: (1) Use of violence has widespread acceptance in U.S.; (2) Violence is deeply rooted in contemporary American values; (3) Violence is justified relative to extent individual identifies with contenders in the violence; (4) Rhetoric plays major role in justifying violence.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
Main Emphasis (4): Medical staff must obtain a careful history, and the physicians have to work to overcome their beliefs that battering is not common and that at a point in time, parents' rights have to be subordinate to children's rights.

Sections (3): (a) Case studies are presented depicting battering. (b) Child becomes a symbol of the aggression of the adult; there is a repetitive nature of the injuries; the abuser is reacting to his own feelings. (c) California has mandatory reporting and Juvenile Court's jurisdictional powers in child abuse cases.

Paragraphs (2): (a) Initial interview: Time is of the essence, and social workers should look for disinterest or hostility, as these parents are hard to reach. (b) Indicators are the repetitive nature of injuries.

Mention (1):

Target Population:

Behavioral Scientists and Social Workers

<table>
<thead>
<tr>
<th>GEN</th>
<th>ANI</th>
<th>GEN</th>
<th>N</th>
<th>PHY</th>
<th>A</th>
<th>PHY</th>
<th>N</th>
<th>EMO</th>
<th>A</th>
<th>EMO</th>
<th>N</th>
<th>SEX</th>
<th>A</th>
<th>SEX</th>
<th>SP</th>
<th>HIST</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Citation: Poehm, B.  
An Assessment of Family Adequacy in Protective Cases  
CHILD WELFARE, January 1962, 10-16

Main Emphasis (4): This article presents a research plan for studying the criteria used by social workers on reaching placement decisions in protective services. By examining casework decisions the authors hope to determine the implicit criteria employed by practitioners.

Sections (3): (a) The methodological problems in the study design are discussed. (b) The lack of clear criteria in coming to a decision between the pros and cons of placement or home-based services is discussed.

Paragraphs (2):

Mention (1):
CITATION: Boehm, Bernice
The Community and the Social Agency Define Neglect
CHILD WELFARE, November 1964, 453-464

MAIN EMPHASIS (4): This presentation of a study shows the difference between community emphasis of SES factors of neglect, and social work emphasis on severity of problem and healthy emotional adjustment. Community definition of neglect is failure to provide care, guidance, and protection to meet child's basic needs, especially if physical rather than mental hazard is involved.

SECTIONS (3):

PARAGRAPHS (2): (a) Laws have been oriented to protecting children's basic rights and safeguarding individuals from unwarranted intervention. (b) Need for treatment of stress to prevent problems via network of resources. (c) Case illustrations of criteria used in neglect complaints are presented.

MENTION (1): (a) Statistics show 65% of neglect is reported by community agencies and 35% by individuals. (b) Minnesota included "emotional neglect" in its statistics.

TARGET POPULATION: Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Boisvert, Maurice J.
The Battered Child Syndrome
SOCIAL CASEWORK, October 1972, 53(8):475-480

MAIN EMPHASIS (4): Description of typology system in which characteristics of abused and abuser are given 4 types of "uncontrollable battering" and 2 types of "controllable battering."

SECTIONS (3): (a) Treatment indicated for each of the above classifications. (b) Massachusetts legislation covering child abuse with later suggestion that caseworker be given legal representation.

PARAGRAPHS (2): Anticipated recurrence of abuse in these classifications.

MENTION (1): For one classification, the mother's name given to hospitals could alert staff to child abuse potential for future children.

TARGET POPULATION: Social Workers

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CITATION: Sole, W. Scott
The Battered Child Syndrome
DELEWARE MED. JOURNAL, July 1967, 39:176-180

**MAIN EMPHASIS (4):** Indicators to be aware of in determining child abuse.

**SECTIONS (3):** Case study of abuse which is evaluated.

**PARAGRAPHS (2):**

**MENTION (1):**

---

Pancreatic Pseudocyst Occurring in the Battered Child Syndrome
JOURNAL OF PEDIATRIC SURGERY, April 1969, 4(2) :220-226

**MAIN EMPHASIS (4):** To report the first documented case of pseudocyst formation in the battered child syndrome--full length case history described (includes treatment).

**SECTIONS (3):** (a) Tables covering 35 cases of pseudocyst of the pancreas. (b) The rarity of pseudocysts occurring in infancy--easier to diagnose if history of trauma (which occurs in 50% of cases) is available.

**PARAGRAPHS (2):**

**MENTION (1):** (a) Kempe's 1962 paper on battered child syndrome and x-ray indications of physical abuse. (b) Should consider the possibility of intra-abdominal injury in any battered child.
MAIN EMPHASIS (4): Retrospective analysis over 4 year period of IQ test results of 50 mothers from small North Carolina community indicates relationship between low scores and failure to provide adequate care for children. Below 60 IQ more prevalent among inadequate mothers.

SECTIONS (3): Literacy not a factor in characterizing inadequate mothers.

PARAGRAPHS (2): Implications of findings for treatment--limited mental abilities may preclude mothers from ever acquiring child rearing skills needed--suggests need for continuing casework.

MENTION (1): (a) Indications of abuse/neglect in children, e.g., unsanitary home, children complain of not being fed, mother drunk in public often, etc. (b) Emotional abuse/neglect not included as deficiency characteristic of parenting because too vague to be explored in study. (c) Statistical tables on study results.

TARGET POPULATION: Behavioral Scientists

CITATION: Bourke, William A.F. Developing an Appropriate Focus in Casework with Families in which Children are neglected DISSEMINATIONS ABSTRACTS INTERNATIONAL, 1980, 31(4-5):1821

MAIN EMPHASIS (4): Results of exploratory study to determine the nature and focus in problem-solving during first 3 months of service to neglectful families. Data taken from case records of 50 families.

SECTIONS (3): Findings suggest that casework should emphasize helping client to do something about problem rather than trying to modify his needs.

PARAGRAPHS (2): 

MENTION (1):
MAIN EMPHASIS (4): Reactive changes in bone whether due to inherent abnormality in ossification, trauma, infection, deficiency of certain endocrine or vitamins, or neoplasia may be associated with the proliferation of cells in all stages of maturity. Case studies and findings are presented.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: Medical Scientists

CITATION: Brandwein, Harold
The Battered Child: A Definite and Significant Factor in Mental Retardation
MENTAL RETARDATION, October 1973, 11(5):50-51

MAIN EMPHASIS (4): Child abuse may account for a percentage of retardation occurrences.

SECTIONS (3):

PARAGRAPHS (2): Kempe's statistics show frequent head trauma in abuse and Gil's statistics show occurrence of abuse.

MENTION (1):

TARGET POPULATION: Behavioral Scientists
CITATION: Brau, N., et al. 
Jejunal Hematoma, Child Abuse, and Pezzer's Sign

MAIN EMPHASIS (4): Physicians should be aware of possible child abuse in instances of jejunal hematoma.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists - Physicians

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>IR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Mistreated Child
CALIFORNIA MEDICINE, 1963, 99(2):98-103

MAIN EMPHASIS (4): Case studies of abused and neglected children.

SECTIONS (3): (a) The abusers are immature, inadequate and occur in all social, economic and developmental groups. (b) The law is two-fold: (1) to safeguard the child and (2) to punish the wrongdoer. (c) Should involve the physician in coordinating; the social worker informing parents and reporting to various agencies.

PARAGRAPHS (2):

MENTION (1):
CITATION: Brom, Jacob
Child Abuse Control Center - A Project for the Academy?
PEDIATRICS, 1970, 45(5):894-895

MAIN EMPHASIS (4): Describes proposed team approach in child abuse control centers, similar to existing poison control centers, and suggests the Comprehensive Health Planning Council undertake this project (Letter to the editor).

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

CITATION: Brenneman, George
Battered Child Syndrome
ALASKA MEDICINE, December 1968, 10:175-178

MAIN EMPHASIS (4): None

SECTIONS (3): (a) Battered children come from families of all socioeconomic groups, educational lines, races, and religions. (b) Indicators are those of any trauma, with special emphasis on injuries healing at different times. (c) Statistics show a high percentage of death and brain damage. (d) Initial complaint is often the responsibility of the physician who is concerned, because of who sees the report and what the results are. (e) Historical - recognized with increasing frequency and has been reported officially since 1874. (f) Case studies depicting neglect.

PARAGRAPHS (2):

MENTION (1):
CITATION: Brieland, Donald
Protective Services and Child Abuse: Implementation for Public Welfare
SOCIAL SCIENCE REVIEW: 1960, 40(4):369-377

MAIN EMPHASIS (4): The author describes and details the implications of the growing concern about child abuse on public welfare protective service agencies, with emphasis on legal considerations.

SECTIONS (3): (a) Statistics on the type of initial complaint received are used to illustrate some of the problems agencies have with initial complaints. (b) Reporting laws in various states and the relationship between social agencies and the courts are discussed. (c) The problem of defining what a protective case is, is discussed. (d) The author describes various treatment services which can be provided by welfare agencies, including the problems of providing ancillary services such as day care, homemaking services.

PARAGRAPHS (2): The barriers to using early intervention as prevention are discussed.

MENTION (1): The special problems presented by the sexual child-abuser are mentioned.

CITATION: Briscoe, Raymond Gene
Educational Implications of Differences of Perception by Drug-Using and Non-Drug-Using Students in Davis School District
DISSERTATION ABSTRACTS INTERNATIONAL, February 1971, 31(8-A):3767-3768

MAIN EMPHASIS (4): Results of study on 2000 students to delineate educational implication of student drug abuse, based on inventory designed to measure differences in perception. Findings suggest home-parental relationships are most critical factor in life of student.

SECTIONS (3): Significant differences in perception between users and non-users in this area.

PARAGRAPHS (2): 

MENTION (1): 

TARGET POPULATION:
Behavioral Scientists
Social Workers

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NON-SP
IN COM
IN INT
IN DIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS
CITATION: Briseett, D.
Toward a Clarification of Self-Esteem
PSYCHIATRY, August 1972, 36:255-263

MAIN EMPHASIS (4): The author delineates a framework through which the various discussions of self-esteem can be organized. He suggests "self-esteem" encompasses two very basic social psychological processes: (1) Self-evaluation, and (2) Self-worth.

SECTIONS (3): (a) The author discusses three principal reference points of self-evaluation: (1) The idealized image of self, (2) The objective social value of one's identity, and (3) The evaluation of one's performance and identity. (b) A model for the development of a sense of self-worth by the child is presented.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Broeck, Elsa Ten
The Extended Family Center
CHILDREN TODAY, March/April 1974, 3(2):2-6

MAIN EMPHASIS (4): Description of center which provides day care and treatment to abused children and therapy for the abusing parents.

SECTIONS (3): Common denominators among abusive parents.

PARAGRAPHS (2):

MENTION (1):

MAIN EMPHASIS (4): Three case studies and a discussion of epiphyseal trauma in 9 to 12 year old pitchers--apparently caused by throwing baseballs with maximum effort.

TARGET POPULATION:
Medical scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):


MAIN EMPHASIS (4): The authors offer some suggestions for treatment of cases of child abuse based on their thesis that parents abuse their children because of personality disorders.

TARGET POPULATION:
Behavioral Scientists
Social Workers

SECTIONS (3): Three case histories are used to illustrate the author's thesis. The authors stress that the cause of child abuse is underlying personality psychodynamics, which are characterized.

PARAGRAPHS (2): The authors suggest that children may be returned to the family in cases of neglect more frequently than in cases of abuse, and that treatment in cases of abuse may require maintaining the child in care facilities until he or she is old enough to defend himself.

MENTION (1):
MAIN EMPHASIS (4): Three rules for doctors' response to possible abuse are: (1) satisfy himself that abuse was not willful, (2) search for evidence of previous abuse, (3) verify the account by separate interviews or calling witnesses.

SECTIONS (3): Case illustrations of parents convincing doctors that abuse was accidental.

PARAGRAPHS (2): Physicians are legally required to report abuse.

MENTION (1):
MAIN EMPHASIS (4): A study reports 4 basic types of abusing parents: (1) hostile/aggressive, (2) rigid/compulsive/lacking warmth, (3) passive/dependent and (4) physically disabled.

SECTIONS (3): Treatment was based on: (1) extent of pathology, (2) urgency of protection, (3) prognosis for helping parents. It included placement with relatives, court removal, and voluntary or legal removal of parent.

PARAGRAPHS (2): Statistics indicate the severity of abuse problems is widespread. Reporting data--breakdown of family characteristics and problems, ages of children, and results of intervention--are given statistically.

MENTION (1): Reporting laws are acknowledged with a warning against too hasty reporting.

TARGET POPULATION: Behavioral Scientists

---

MAIN EMPHASIS (4): Description and discussion of results of Community Research Associates project to study disordered behavior in San Mateo County, California; how it is dealt with by a variety of community agencies to devise means for using professional skills more efficiently and effectively; to deal proactively rather than reactively with problem of "disordered behavior." New program devised on these lines.

SECTIONS (3): Disordered behavior--legally prohibited or disvalued by society and permitted only with officially prescribed restrictions.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Abusing mothers often cry for help with their emotional needs (i.e. isolation, low tolerance, suicidal, overanxious) long before they abuse.

SECTIONS (3): Case study of women who had no way to release hostility.

PARAGRAPHS (2): Treatment--psychiatric treatment of acute symptoms.

MENTION (1):

TARGET POPULATION:
Behavioral Scientists and Medical Scientists

CITATION: Buist, Neil R. M.
Deliberate Injury of Children.
BRIT. MEDICAL JOURNAL, December 22, 1973, 4:739

MAIN EMPHASIS (4): Non-specific--plea to broadcast problem of emotional abuse and its effects on children.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

CITATION: Buglass, Robert
Parents with Notional Problems
NURSING TIMES, August 12, 1971, 67:1000-1001

MAIN EMPHASIS (4): Abusing mothers often cry for help with their emotional needs (i.e. isolation, low tolerance, suicidal, overanxious) long before they abuse.

SECTIONS (3): Case study of women who had no way to release hostility.

PARAGRAPHS (2): Treatment--psychiatric treatment of acute symptoms.

MENTION (1):

TARGET POPULATION:
Behavioral Scientists and Medical Scientists
CITATION: Bulliet, Neil R.M.
Violent Parents
THE LANCET, January 1, 1972, 1:36

MAIN EMPHASIS (4): A letter to the editor suggests psychological abuse is a more extensive problem than physical abuse and decries the lack of legal ability or service availability to deal with it.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Author advocates no need of proof of physical or mental trauma to temporarily remove child from home until situation is evaluated.

TARGET POPULATION: Medical Scientists

CITATION: Bullard, Dexter M., et al.
Failure to Thrive in the Neglected Child
AMERICAN JOURNAL OF ORTHOPSYCHIATRY, July 1967, 679-690

MAIN EMPHASIS (4): The problem in determining neglect is the descriptive inadequacy of the term itself, and the terms used to describe it (e.g. maternal deprivation).

SECTIONS (3): (a) Case studies demonstrating the behaviors of neglected children and their parents. (b) Indicators--failure to grow and gain weight, developmental "slowness," weakness, tiredness, irritability. (c) Follow-up (8 mo. to 9 yrs.) revealed a high frequency of pathologic sequelae (65%).

PARAGRAPHS (2):

MENTION (1):
**CITATION:** Bunnalo, Judith A., et al.  
The Self Help Phenomenon  
AMERICAN JOURNAL OF NURSING, September 1973, 73(9):1588-1592

**MAIN EMPHASIS (4):** Describes the success of the non-professional self-help groups.

**SECTIONS (3):** Describes aspects of the self-help groups that can be incorporated into nursing intervention.

**MENTION (1):** Mothers Anonymous for child abusers.

**TARGET POPULATION:**

<table>
<thead>
<tr>
<th>Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEN AN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANG SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CITATION:** Burt, Marvin R., et al.  
A New System for Improving the Care of Neglected and Abused Children  

**MAIN EMPHASIS (4):** Description of comprehensive emergency services program for abused/neglected children--3 year demonstration program administered by Tennessee Department of Public Welfare.

**SECTIONS (3):** (a) Ill-effects of non-coordination of services for neglected/abused children in Nashville  
(b) Special features of program: emergency caretaker service, emergency homemaker service, emergency service, 24-hour intake.  
(c) Treatment goals: including reduction of number of children placed in institutions, and number of neglect and abuse petitions filed.  
(d) Statistical tables indicating effect of program.

**PARAGRAPHS (2):** (a) Initial complaint usually directly to (EMS) Emergency Services program--staff assigned 24 hours/day.  
(b) When immediate action is taken by EMS, breakdown of family situation.  
(c) Caretaker assigned in cases where is potential for child abuse.

**MENTION (1):**

<table>
<thead>
<tr>
<th>Behavioral Scientists</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEN AN</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>NON-SP</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
### CITATION: Burt, Robert A.  
Protecting Children from Their Families and Themselves: State Laws and the Constitution  
JOURNAL OF YOUTH AND ADOLESCENCE, 1972, 1(1):91-111

**MAIN EMPHASIS (4):** Criminal law procedures, i.e. guaranteed parental counsel, presumption of innocence, burden of proof, etc., are inapplicable to custody hearings for alleged abuse and neglect cases in many states. Legal reform suggestions include legal counsel for parents, etc.

** SECTIONS (3):** No matter how harmful the home environment is, a child may view removal as punishment. Foster treatment is often inadequate. Courts and workers often act out of non-helpful, "rescue" fantasies, or countertransferences.

**PARAGRAPHS (2):** Legal cases, especially "Gault" and "Wyman" cases, are presented.

**MENTION (1):**

### CITATION: Coffey, John  
Infantile Cortical Hyperostosis  
JOURNAL OF PEDIATRICS, November 1946, 29(5) :641-655

**MAIN EMPHASIS (4):** Description and discussion of 6 cases of infantile cortical hyperostosis. Findings indicate patients suffering from new diseases, causes unknown--scurvy, rickets, syphilis, bacterial osteitis, neoplastic disease, traumatic injury--all sited as causative aspects. Characteristics common to all patients: (1) tender swelling deep in soft tissues, (2) cortical thickenings in skeleton, (3) onset during first 3 months of life.

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):**
CITATION: Caffey, John
Multiple Fractures in the Long Bones of Infants Suffering from Chronic Subdural Hematoma
AMERICAN JOURNAL OF ROENTGENOLOGY, 1946, 56(2): 163-173

MAIN EMPHASIS (4): A study of chronic subdural hematoma which appear to be of traumatic origin but the traumatic episodes and the causal mechanism remain obscure.

SECTIONS (3): Case studies of 6 children with subdural hematoma.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

CITATION: Caffey, John, M.D.
On the Theory and Practice of Shaking Infants
AMERICAN JOURNAL OF DISEASES OF CHILDREN, August, 1972, 124(2): 161-169

MAIN EMPHASIS (4): The effects of whiplash-shaking on infants (whether malicious or non-malicious), e.g., bone injury, fatality, cerebrovascular injury, mental retardation, permanent brain damage, retinal lesions--an unrecognized problem--includes photographic illustrations.

SECTIONS (3): (a) Twenty-nine cases of recorded pathogenic shaking--including those involving notorious infant-nurse; (b) "Normal" games, toys, as potential contributors to serious harm from whiplash-shaking.

PARAGRAPHS (2): (a) Indications of trauma through shaking, e.g., bone lesions (medical technical language); (b) Infant head especially susceptible to such injuries.

MENTION (1): (a) Prevention of such shaking may reduce incidence of brain damage/mental retardation; (b) Suggestion of need for "pediatric traumatologist" for preventive and optimal diagnosis/management.

TARGET POPULATION:
Medical Scientists - Physicians
CITATION: Caffey, John
The Parent-Infant Traumatic Stress Syndrome
AM. J. OF ROENTGENOLOGY, RADIUM THERAPY AND NUCLEAR MED.,
Feb., 1972, 114(2): 218-29

MAIN EMPHASIS (4): History of radiographic contribution to the development of the PITS syndrome (Battered Child Syndrome).

SECTIONS (3): Diagnostic signs of trauma revealed through radiography.

PARAGRAPHS (2): (a) Characteristics of abusers and abused; (b) Child-bearing mothers should be paid and supported by community; (c) Prenatal training, contraception, sterilization, day-care centers, etc.; (d) Provocative child's role in child abuse; (e) Case history.

MENTION (1): Courts give child abusers the benefit of the doubt.

CITATION: Caffey, John
Significance of the History in the Diagnosis of Traumatic Injury to Children
JOURNAL OF PEDIATRICS, Nov., 1985, 87(5): 1009-14

MAIN EMPHASIS (4): Importance of learning history of trauma in order to diagnose traumatic injury--physical indications generally inconclusive by themselves.

SECTIONS (3): (a) Parents' motives (both good and bad) for withholding information--difficulty in obtaining history; (b) Difficulty in determining malicious or accidental injury to child.

PARAGRAPHS (2): (a) Radiographic findings of bone injuries are diagnostic of trauma in themselves; (b) In interviewing parents, physician should not assume he's getting the full history; (c) Recommendations for dealing with problem--hospital should have one physician to study/care for injured children specifically; need for further research.

MENTION (1):
CITATION: Caffey, John
Some Traumatic Lesions in Growing Bones Other Than Fracture and Dislocations: Clinical and Radiological
BRITISH JOURNAL OF RADIOLOGY, May, 1957, 30(353): 225-238

MAIN EMPHASIS (4): Clinical and radiological features of repeated trauma. Morbid anatomy and causal mechanisms are pictured.

SECTIONS (3): Historically, Caffey first reported in 1906 on this topic. Chronological expansion of his reports is given.

PARAGRAPHS (2): In diagnosis of trauma - abusing parents will usually deny and also give no history to account for the repeated trauma.

MENTION (1):

CITATION: Caffey, John
Syphilis of the Skeleton in Early Infancy
AMERICAN JOURNAL OF ROENTGENOLOGY AND RADIUM THERAPY, 1939, 42: 637-66

MAIN EMPHASIS (4): Skeletal lesions of early infancy attributed to syphilis can result from a variety of non-syphilitic medical conditions, according to roentgenographic diagnosis case studies.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Caffey, John
Traumatic Cupping of the Metaphyses of Growing Bones
AM. J. OF ROENTGENOLOGY, RADIUM THERAPY AND NUCLEAR MED.

MAIN EMPHASIS (4): Author describes the etiology of metaphyseal cupping in 5 children as the result of accidental or intentional injury to bones and surrounding tissue which results simultaneously over a long period of time when bones are immobilized.

SECTIONS (3): (a) A review of the literature on other causes of metaphyseal cupping such as poliomyelitis, vitamin A poisoning and tuberculosis is included; (b) A theoretical explanation for the trauma is developed and discussed.

PARAGRAPHS (2):

MENTION (1): Statistics on trauma due to poliomyelitic paralysis are reported.

TARGET POPULATION:
Medical Scientists: Radiologists

CITATION: Caffey, John
The Whiplash Shaken Infant Syndrome

MAIN EMPHASIS (4): Description of clinical manifestation of the WLS infant.

SECTIONS (3): (a) Two case histories; (b) Nature of whiplash stresses and resistance of infantile head; (c) Relationship of WLS to battered baby syndrome.

PARAGRAPHS (2): Statistics on peak age for subdural hematoma and presenting symptoms.

MENTION (1): Educational campaign against shaking of infants would prevent WLS syndrome.

TARGET POPULATION:
Physicians
CITATION: Caffey, John, et al.
Child Battery: Seek and Save
MEDICAL WORLD NEWS, June 2, 1972, 13(22): 21-33

MAIN EMPHASIS (4): Battery includes omission and commission; it can be committed by everyone, but especially parents in a stressful home who look to the child for love.

SECTIONS (3): A physician who fails to report sends a child back for more abuse. Twenty-four hour a day nurseries, Parents Anonymous, are just two treatment modes used by Kempe's group. Parental hysteria, lack of concern, mention of abortion, bringing children with multiple fractures or whiplash are indications of abuse.

PARAGRAPHS (2): Initial complaint is required and helpful.

MENTION (1):

TARGET POPULATION:
Medical Scientists

--

CITATION: Caldwell, Bettye
The Effect of Psychosocial Deprivation on Human Development in Infancy
MERRILL PALMER QUARTERLY, 1970: 260-297

MAIN EMPHASIS (4): After Spitz pointed out maternal deprivation, more knowledge in the field was desired. However researching this age group was difficult because of changing mores which presented a great variable.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

--
CITATION: Calkins, C. F., et al.  
Children's Rights: An Introductory Sociological Overview  

MAIN EMPHASIS (4): The authors formulate a sociological definition of children's rights through delineating prerequisite conditions (to rights) and explore how these conditions are fulfilled under varying patterns of social organization.

SECTIONS (3): Sections deal with the concept of childhood as a social status and the conflict between efficiency in operating society and the individual's rights. Recent supreme court decisions are reviewed in terms of their implications for the laws' role in actualization of children's rights.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN AN</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMQ A</th>
<th>EMQ N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>INT</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Practical Management of the Battered Baby Syndrome  
THE MEDICAL JOURNAL OF AUSTRALIA, June 27, 1970, 1: 1232-4

MAIN EMPHASIS (4): Procedures used by Adelaide Children's Hospital in Australia to treat cases of child abuse are presented.

SECTIONS (3): Initially only mother is seen and (1) physical and mental characteristics are observed; (2) demographic data is taken on family; (3) background information and mother's opinion on way family relates is taken; (4) other lifestyle details are taken. Father is then interviewed alone using same general format. They are then seen together with the social worker to begin plans for relief of stress, psychiatric help, home visits, regular medical checkups and possible placement. Chart of case summaries given.

PARAGRAPHS (2): Family background described.

MENTION (1): Prevention can be obtained via early detection and relief of parental stress.

TARGET POPULATION: Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN AN</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMQ A</th>
<th>EMQ N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>INT</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-SP: 3
IN COM: 3
IN INT: 2
INDIC: 4
PRB DEF: 2
TREAT: 4
LEG CON: 4
REFER: 4
ANG SER: 4
FOLLOW: 4
PREVEN: 4
STATS: 4

234
MAIN EMPHASIS (4): This article summarizes some of the current knowledge on the identification and characteristics of the battered child syndrome.

SECTIONS (3): A section of the article is devoted to detailing the symptoms for making a diagnosis.

PARAGRAPHS (2): The author suggest several treatment imperatives, such as admitting child to hospital to protect his safety.

MENTION (1): (a) A chart of the incidence of visceral injuries in 100 fatal cases is included; (b) The reasons for a doctor's reluctance to report are mentioned; (c) The author notes that recognition of this increasing syndrome was slow in legal and medical profession.

TARGET POPULATION: Medical and Behavioral Scientists

CITATION: Cameron, J. Malcom
The Battered Baby Syndrome
PRACTITIONER, Sept., 1972, 209: 302-10

MAIN EMPHASIS (4): Despite much evidence, physicians hesitate to diagnose abuse which the author divides into: (1) infanticide; (2) Neglect; (3) Cruelty, over time period; (4) Battery.

SECTIONS (3): Indications: Surface bruises and abrasions are evident, as well as skeletal and visceral evidence.

PARAGRAPHS (2):


TARGET POPULATION: Medical Scientists
**CITATION:** Cameron, J. M., et. al.  
The Battered Child Syndrome  
MEDICAL SOCIAL LAW, Jan., 1966, 6: 2-21

**MAIN EMPHASIS (4):** Discussion of (1) clues to Battered Baby Syndrome, related to nature of injuries, time taken to seek medical advice and recurrent injuries, which should assist the physician in diagnosis; (2) parameters of problem: aspects of making differential diagnosis, social aspects, psychiatric aspects.

**SECTIONS (3):**  
(a) Case histories illustrative of Battered Baby Syndrome; (b) Brief survey of literature identifying problem; (c) Extensive statistical tables.

**PARAGRAPHS (2):** Initial interview involving persistent questioning by police may elicit admission of guilt from parents. Usually truth does not emerge until after trial or court decision.

**MENTION (1):**

**TARGET POPULATION:**  
Medical Scientists

---

**CITATION:** Cameron, James S.  
Role of the Child Protective Organization  
PEDIATRICS, April, 1973, 51(11): 793-5

**MAIN EMPHASIS (4):** General discussion of child protective services in New York State; its legal mandate (reference to specific social service laws) including provisions for treatment of family and its need for cooperation and coordination with other community services.

**SECTIONS (3):**

**PARAGRAPHS (2):** (a) New York State Child Abuse Registry - figures reflecting increase of reported abuse cases from school sources; (b) CPS primarily a social service function, not law enforcement.

**MENTION (1):** (a) Establishment of N. Y. SPCC in late 1800's; (b) Statistics show schools report cases most often.

**TARGET POPULATION:**  
Behavioral Scientists
Prevention and Detection of Emotional Disturbances in Preschool Children 

MAIN EMPHASIS (4): A ten-session program of a once-week nursery and mother guidance group which allows for modification of certain developmental lags and ego defects. The program is based on the premise that infancy to latency period reawakens the mother's progenital conflicts which are preconsciously or consciously communicated to the child. Therefore the result is an increase in the child's vulnerability and the mother's uncertainty about her child care methods.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Cavallin, M. 
Incestuous Fathers: A Client Report 
AMERICAN JOURNAL OF PSYCHIATRY, 1966, 122: 1132

MAIN EMPHASIS (4): The authors' main concern is characterizing the psychological characteristics of fathers who commit incest.

SECTIONS (3): Three case examples are reported, and the general characteristics of 62 cases summarized. The major finding was generally, an absence of a history of criminality or psychosis, with paranoid traits and problems of identity.

PARAGRAPHS (2):

MENTION (1):
CITATION: Chabon, Robert S., et al.  
The Problem of Child Abuse: A Community Hospital Approach  

MAIN EMPHASIS (4): Describes Sinai Hospital Child Abuse Program as a multidisciplinary team approach to aiding families in which a child has been physically abused. The team consists of a pediatrician, social worker, nurse, psychiatrist and community aide.

SECTIONS (3): Historical survey of medical awareness of child abuse cites statistics on incidence of C.A.

PARAGRAPHS (2): (a) Describes advent of legislative action re child abuse; (b) Lists signs and symptoms of physically abused child; (c) The child abuse project takes the view that "child abuse is a social ill."

MENTION (1): The Project has developed instruments to establish criteria by which potentially abusing families may be identified and abuse prevented.

TARGET POPULATION:  
Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Chandra, R. K.  
The Battered Child  
INDIAN J. OF PEDIATRICS (ANNOTATIONS) July, 1968, 35: 365

MAIN EMPHASIS (4): Treatment of every childhood trauma deserves attention to the family background and circumstances with an attitude of patience and non-accusation. If abuse is proven, in-home interviews, psychotherapy, temporary separation and gradual reunion may be appropriate steps.

SECTIONS (3):

PARAGRAPHS (2): Several factors may account for the inability of certain adults to inhibit violent fantasies toward their children, such as emotional or financial problems, or disturbing behavior of the children. Abuse is both physical and emotional.

MENTION (1):
CITATION: Chaneles, Sol
Adjustment in Crisis in Families of Child Sex Victims
SEXUAL ABUSE OF CHILDREN: IMPLICATIONS FOR CASEWORK, DENVER
AMERICAN HUMAN ASSOCIATION, 1987

MAIN EMPHASIS (4): A preliminary report of the findings of one part of a research project (Child Victim Study Project), a study of 100 victims and offenders and their characteristics.

SECTIONS (3): (a) The role of the Brooklyn Society for Prevention of Cruelty to Children which is carrying out this study; (b) Statistics based on the study are used to illustrate points throughout the article.

PARAGRAPHS (2):

MENTION (1): The implications of the study results for prevention and treatment. Treatment should involve school and community as well as family. Strength and quality of family life should be improved.

TARGET POPULATION:
Behavioral Scientists

CITATION: Chaneles, Sol
Child Victims of Sexual Offenses
FEDERAL PROBATION, June, 1967: 52-6

MAIN EMPHASIS (4): Reporting some preliminary results of a study of child sex-victims and offenders, detailing some of the characteristics of the former and latter.

SECTIONS (3): (a) The need to provide the victim as well as the offender with treatment; (b) Description of the typical offender and typical pattern of offender behavior; (c) The adverse effects of treatment response to the problem, which is principally concerned with prosecution of the offender.


MENTION (1): (a) Prevention and treatment need to be family-based, as most offenses occur in the family; (b) Short and long range effects of sexual abuse.
MAIN EMPHASIS (4): Findings from on-going investigation of child victims of sex crimes which point out: (1) intellectual taboos inhibit recognition of the problem; (2) little information, data on extent of problem; (3) suggestion that sexual crimes, especially incest, not as rare or as deviant as "official orality" says it is; (4) need for reanalysis of role of erotic attachments in society.

SECTIONS (3): (a) Family characteristics in cases of rape and incest--no significant difference; (b) Confused family structure reflected in incidence of sex crimes.

PARAGRAPHS (2): (a) Cumbersome legal definition of incest inhibits general recognition or awareness of problem of sexual abuse; (b) Incest families have more children in home than rape families. Most rape families have no father in home, most incest families have father in home; (c) Statistical estimate of incest nationwide--sexual crimes, e.g., 1965--2,000,000 adults sexually victimized as child.

MENTION (1): (a) Causal relationship between unwanted birth and child abuse; (b) Statistical tables on family intactness, number of children in family in cases of incest and rape.
CITATION: Cheney, Kimberly B.
Safeguarding Legal Rights in Providing Protective Services
CHILDREN, May-June, 1986, 13(3): 86-92

MAIN EMPHASIS (4): Describes suggestions for making legal processes more explicit in neglect cases so as to protect children without violating parents' legal rights.

TARGET POPULATION:
General Public

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Cherry, Barbara J., et al.
Obstacles to the Delivery of Medical Care to Children of Neglecting Parents

MAIN EMPHASIS (4): Description of background problems in neglecting homes and of two types of mothers who do not obtain medical aid for their children.

TARGET POPULATION:
Behavioral Scientists
Medical Scientists

SECTIONS (3): Description of services offered in a neighborhood clinic to direct and support seeking medical aid.

PARAGRAPHS (2):

MENTION (1):
**CITATION:** Chilton, Roland, et al.
*Family Disruption, Delinquent Conduct and the Effect of Subclassification*
*AMERICAN SOCIOLOGICAL REVIEW, Feb., 1972, 37: 93-99*

**MAIN EMPHASIS (4):** Study examining relationship between delinquency referral and family situation. Data gotten from Juvenile and County Courts of Florida on 8,944 children. Family situations of 5,396 of these children compared to those of children in general population in 1968. Analysis suggests: (1) proportionately, more children referred on delinquency charges live in disrupted families than do children in general population; (2) children with more serious charges more often came from incomplete families than children charged with less serious delinquency; (3) family income more important factor for understanding delinquent conduct than age, sex, or residence, but not than race.

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):**

---

**CITATION:** Class, Norris E.
*Neglect, Social Deviance, and Community Action*
*NAT'L. PROBATION AND PAROLE ASSOCIATION JOURNAL, Jan., 1960, 6(7): 17-23*

**MAIN EMPHASIS (4):** The community has neglected the problem of emotional neglect - possible reasons for this include: lessened visibility of problem (improved socioeconomic conditions, deterioration of neighborhood social cohesiveness), social worker's uncertainty about use of authority, necessity of different pattern of administrative operation, neglectful parents often scapegoated. Suggestions re dealing with problem include: changing law's hands-off attitude toward emotional neglect, including police as team member, clarification of administrative structure of protective services, realistic appraisal of aggressive social work development.

**SECTIONS (3):**

**PARAGRAPHS (2):** (a) Charles Laing, 100 years ago, perceived damaging effects of neglect on children; treated problem of emotional neglect in organizational terms (see above); (b) 1920's - child guidance clinic, working with juvenile delinquents, perceived relationship between emotional deprivation and social deviance.

**MENTION (1):**
MAIN EMPHASIS (4): Administrative policies need to be standardized for CPS workers and the role of law enforcement should be explained and defined.

TARGET POPULATION:
Behavioral Scientists
CPS Workers

MENTION (1):

TARGET POPULATION:
Medical Scientists

MAIN EMPHASIS (4): Statistics reveal information about child abuse—among them are: (1) one-third of children were non-white; (2) 30% had no father or substitute; (3) more abuse by mother than father; (4) 60% of families had received aid from public assistance; (5) younger children generally were more severely abused.

SECTIONS (3): Conclusions about child abuse drawn: psychological rejection; angry and uncontrolled discipline; male baby acting out sadistic and sexual impulses in mother’s absence; emotional stress within the family; child misconduct before abuse; influence of alcohol.

PARAGRAPHS (2):

MENTION (1):
CITATION: Cochrane, W.
The Battered Child Syndrome
CANADA JOURNAL OF PUBLIC HEALTH, 1965, 56: 193-6

MAIN EMPHASIS (4):

SECTIONS (3): (a) Battered children usually under three years of age; undernourished or undeveloped; new and healing fractures, bruises, and disproportionate amount of soft tissue; (b) Abusers were impulsive, frequently involved with unstable marital histories, very little guilt or anxiety; (c) Initial complaint should be made to Child Welfare Office, which should form a child abuse team similar to a narcotics squad.

PARAGRAPHS (2): Case illustrations.

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Cohen, M., et al.
Psychologic Aspects of the Maltreatment Syndrome of Childhood

MAIN EMPHASIS (4): Describes clinical findings relating to 12 families involved in maltreatment syndrome.

SECTIONS (3): Summation of data relevant to this research. Case histories (four).

PARAGRAPHS (2):

MENTION (1):
CITATION: Cotarossi, C., et al. Domestic Traumas and Swallowing of Various Objects (Article in Italian, Summary in English) MINERVA PEDIATRICA, Aug., 25, 1970

MAIN EMPHASIS (4): Review of cases of children admitted to hospital for traumas or various accidents having happened in domestic surroundings. Most accidents occur with male children and generally during second year of life. Most children were from families of workmen and small tradesmen.

TARGET POPULATION: Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PARAGRAPHS (2): Child Abuse Syndrome present in small percentage of cases—need for thorough inquiry to make this diagnosis.

MENTION (1):

CITATION: Coles, Robert Cross-Cultural Field Work in Social Psychiatry. ("The Battered Parent: Stresses of Contemporary Parenthood.") CHILDREN'S MEDICAL CENTER, Tulsa, Oklahoma: Sixth Annual Seminar, Children's Medical Center, October, 1973

MAIN EMPHASIS (4): Wisdom of an old "uneducated" Chicano woman as she expressed herself colorfully in English and Spanish—offered in contrast to our unconcern with the way words sound.

TARGET POPULATION: Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CITATION: Coles, R.  
Terror - Struck Children  
THE NEW REPUBLIC, May 30, 1964

MAIN EMPHASIS (4): The author emphasizes the need to recognize and take action to cope with the problem of child abuse.

SECTIONS (3):

PARAGRAPHS (2): The legal issues raised by the rights of children vs. the right of the family to privacy and non-intervention is noted.

MENTION (1):

TARGET POPULATION:  
General Public

CITATION: Collins, Camilla  
On the Dangers of Shaking Young Children  
CHILD WELFARE, 1974, 53(3): 143-46

MAIN EMPHASIS (4): Warns of sometimes fatal effects of whiplash shaking and jolting of infants and young children playfully or punitively.

SECTIONS (3): (a) Case histories taken from John Caffey's research; (b) Examples of dangerous shaking or jolting habitual in parenting; (c) Examples of danger in toys.

PARAGRAPHS (2): Prevention - educational campaign urged.

MENTION (1): Indicators of A/N.
MAIN EMphasis (4): This article examines the procedures and powers of the New York family court and argues there is a need for representation of parents in neglect proceedings.

SECTIONS (3): (a) A study of court records, with statistician who filed neglect petitions and correlating legal representation of the parent with dispositional outcome, is reported; (b) The constitutionality of the present system is examined; (c) The authors recommend the law be changed to make counsel mandatory for parents and non-mandatory for children in cases of neglect.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Lawyers
Behavioral Scientists

CITATION: Committee on Infant and Preschool Child/American Academy of Pediatrics
Maltreatment of Children - The Battered Child Syndrome

MAIN EMphasis (4): Description of new recommendations to be added to the 1966 statement by the Committee on Infant and Preschool Child for controlling child abuse.

SECTIONS (3): Crisis management centers for families needing immediate relief.

PARAGRAPHS (2): (a) Predictive questionnaires to identify potentially abusive parents should be obtained; (b) Centralization of community services; (c) Physicians more responsible for follow-up; (d) Day care services; (e) Lay therapists and aides.

MENTION (1): Doctors continue requirement to report with legal protection.
CITATION: Corbett, James T.  
A Psychiatrist Reviewing the Battered Child Syndrome and Mandatory Reporting Legislation  
NORTHWEST MEDICINE, Dec., 1964, 63: 920-2

MAIN EMPHASIS (4): Discussion of the medical literature on the willfully injured child which finds consistency and inconsistency - abusing parent has unresolved and severe hostilities which are transferred to the child, the abuse is often psychological abuse, and the children are older (often teenagers).

SECTIONS (3):

PARAGRAPHS (2): (a) Emotional disturbance of a mother is not necessarily indicative of child abuse; in fact, studies show that they may have a very caring, loving relationship; (b) Treatment should include the parent. Also, foster homes are not the most practical solution.

MENTION (1):

TARGET POPULATION: Medical Scientists

---

CITATION: Coagrove, John G.  
Management and Follow-up of Child Abuse  

MAIN EMPHASIS (4): Provide an overview of management and follow-up of 15 abused children in 1 year period at Martland Hospital, Newark, New Jersey - follow-up trial to well being of child and rehabilitation family.

SECTIONS (3): (a) More male than female victims, most under 3 years; abuse symptomatic of chronic pathology in home; (b) Providing careful, receptive approach with parents in initial interview.

PARAGRAPHS (2): Soft tissue trauma and social isolation of family - indicators of abuse.

MENTION (1):

TARGET POPULATION: Medical Scientists

MAIN EMPHASIS (4): Parents usually have ambivalent feelings with a history of deprivation themselves; often there is maternal overload and a background of social difficulties—unemployment, alcohol, bad checks, etc.

SECTIONS (3): (a) In initial interview, the nurse should be aware of finding out the mother's feelings in a nonpunitive fashion; and she should explain to the team in a similar fashion; (b) Treatment should be a long and patient process of "transfusion of mothering" coupled with protection of the baby.

PARAGRAPHS (2):

MENTION (1): Indicators are often a reappearing mother in doctor's office with no adequate explanation.


MAIN EMPHASIS (4): Draws attention to the role radiologists have played in identifying and diagnosing the Battered Baby Syndrome.

SECTIONS (3): Not all cases of abuse are willful, some are accidental. One doctor reports 1/3 of cases are such, so care should be taken in diagnosis.

PARAGRAPHS (2): Author wishes to know if the incidence of syndrome is lower in Africa.

MENTION (1):
CITATION: Criswell, Howard D., Jr.
Why Do They Beat Their Child?
HUMAN NEEDS, March 1973, 1(9):5-7

MAIN EMPHASIS (4): Treating the child abuser instead of punishing him/her may break the generational chain of abuse.

SECTIONS (3): Training—counselors must be understanding and deal with abusers' problems.

PARAGRAPHS (2): (a) Obstetricians should interview each pregnant patient to identify potential abuse problems. (b) Characteristics of abusers and their life situations.

MENTION (1): (a) Dr. Brandt Steele, University of Colorado Medical Center, Denver, who has a 3 year grant to train people to handle child abuse. (b) In some states, the parent must submit to therapy or lose the child.

TARGET POPULATION: General Public

CITATION: Curphey, Theodore J., et al.
The Battered Child Syndrome
CALIFORNIA MED., February 1965, 82:102-104

MAIN EMPHASIS (4): The main emphasis is that a pathologist's examination must include careful detail of all injuries, x-ray, dissectia, and microscopic study of the osseous lesions. Record work in diagrams and colored photographs must be made, and work must be done to evaluate inconsistencies.

SECTIONS (3): (a) Pathologist is bound by law to report possible abuse as cause of death. (b) Case studies illustrative of problem of battered child syndrome.

PARAGRAPHS (2):

MENTION (1):
CITATION: Curran, William J.
The Revolution in American Criminal Law: Its Significance for Psychiatric Diagnosis and Treatment
AMERICAN JOURNAL OF PUBLIC HEALTH, December 1968, 58(12): 2209-2216

MAIN EMPHASIS (4): Recent changes in American criminal law, sparked by the Civil Rights Movement, are outlined and discussed.

SECTIONS (3):

PARAGRAPHS (2): Physical abuse child battery laws, providing physicians immunity and investigation by child welfare and/or law enforcement agencies, have been among the fastest to be passed in several states.

MENTION (1):

TARGET POPULATION:
Lawyers

CITATION: Currie, J. R. B.
A Psychiatric Assessment of the Battered Child Syndrome
SOUTH AFRICAN MEDICAL JOURNAL, June 30, 1970, 635-639

MAIN EMPHASIS (4): General survey of literature with regard to developing a profile of abusive parents, specifically with reference to age and sex of abusing parent, social and economic factors, psychological factors of particular note, Simpson's definition of battered child syndrome (6 features), and Goldstar's 4 psychological characteristics accounting for incidence of abuse. Author presents psychodynamic formulation of the syndrome.

SECTIONS (3): (a) Two case histories, (b) Treatment approach in abuse cases includes: hospital M.D.'s interview parents, family doctor, health visitor; police are contacted within 24 hours, depending on case; either voluntary or compulsory supervision of families in home.

PARAGRAPHS (2): (a) Statistics on incidence of abuse as reported by Simpson, Kempe, D.A.s, Cohen and statistics from follow-up on abuse cases as reported by Elmer and Gree, Birrell and Birrell, (b) Brief historical survey of legal involvement in abuse cases, (c) Brief historical survey of growing awareness of abuse as problem since Caffey's 1946 work, (d) Child's state of "morbidity": parents' vague story--indicators of abuse, (e) Use of homemakers 8-12 hours a day at regular intervals with abusive parents.

MENTS (1):

TARGET POPULATION:
Behavioral Scientists
CITATION: Curtis, George C., M.D.
Violence Breeds Violence - Perhaps?
AM. JOURNAL OF PSYCHIATRY, Oct. 1963, 120: 386-87

MAIN EMPHASIS (4): Suggestion that abused children may become tomorrow's perpetrators of crimes of violence--based on theoretical and empirical grounds. Author notes it is unlikely that there's a one-to-one relationship between abuse and later crimes of violence--need for further insight into etiology of pattern of abuse. Studies cited correlating childhood abuse and later violent crimes.

TARGET POPULATION:
Behavioral Scientists

MENTION (1): X-ray valuable in diagnosing child abuse.

TARGET POPULATION:
Behavioral Scientists

CITATION: D'Agostino, Paul A.
Dysfunctioning Families and Child Abuse: The Need for an Intergency Effort
PUBLIC WELFARE, Fall, 1972, 30(4): 14-17

MAIN EMPHASIS (4): Description of day care center formed as an alternative to foster care.

TARGET POPULATION:
Behavioral Scientists

SECTIONS (3): Description of the inter-hospital "Vulnerable Child List" for suspected abuse victims; description of interagency organization formed (Children's Advocates, Inc.) to prevent abuse.

PARAGRAPHS (2): Most abusing parents want to be good parents but their own needs interfere.

MENTION (1): (a) Referred families must be treated with dignity and understanding; (b) Welfare workers must not delay involvement with family following referral.
MAIN EMPHASIS (4): Results of interviewing 100 mothers indicate a positive relationship between mothers' menstruation and children's admission to hospitals for accident or illness because of mothers' paramenstruum stress.

TARGET POPULATION:
Medical Scientists
Physicians

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Davies, Joann
When the Agency Must Intervene
PUBLIC WELFARE, April 1966, 102-105

MAIN EMPHASIS (4): The main emphasis is that the social worker must assume an authoritative role and at the same time be sensitive, objective, and compassionate.

TARGET POPULATION:
Behavioral Scientists
Social Workers

SECTIONS (3): (a) Case studies, demonstrating neglect and abuse. (b) Problem definitions: abusers are immature, poorly mated in marriage, lonely and frustrated.

PARAGRAPHS (2): Complaints come from town gossip as well as from sincerely worried citizens.

MENTION (1):
**CITATION:** Davies, Joanne P., et al.  
*Battered, but Not Defeated: The Story of an Abused Child and Positive Casework*  
*CHILD WELFARE,* February 1970, 101-104

**MAIN EMPHASIS (4):** Case history of an abused child with a successful outcome.

**SECTIONS (3):**

**PARAGRAPHS (2):** Treatment orientation that assumes health.

**MENTION (1):**

**TARGET POPULATION:**  
Behavioral Scientists  
Social Workers

<table>
<thead>
<tr>
<th>GEN AIN</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CITATION:** DeFrancis, Vincent,  
*Child Abuse Legislation in the 1970s*  
*THE AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 1970, Denver, Colorado*

**MAIN EMPHASIS (4):** Review of child abuse reporting laws by state. This review details such factors as the victim's age range, if covered by law, if reporting is mandatory, to what part of the Code does the law belong, if there are any immunities, the definition of A/N and a central registry requirement.

**SECTIONS (3):** An analysis of the system is given evaluating the laws and their component parts.

**PARAGRAPHS (2):**

**MENTION (1):**
CITATION: DeFrancis, Vincent
Due Process in Child Protective Proceedings
THE CUMBERLAND-SANFORD LAW REVIEW, 1971 (Fall), 2(2):1-24

MAIN EMPHASIS (4): This is an examination of the legal proceedings as a result of the Gault and Kent decisions. Hearing, notice, counsel, standard of proof, evidence, self-incrimination, are explained and evaluated.

SECTIONS (3): Historical interpretation of and the juvenile development in due process is presented.

PARAGRAPHS (2):

MENTION (1):
TARGET POPULATION:

General Public

<table>
<thead>
<tr>
<th>GEN. AIM</th>
<th>GEN. N</th>
<th>PHY. N</th>
<th>EM. A</th>
<th>EMO. N</th>
<th>SEX. A</th>
<th>EMOX. N</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR. REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: DeFrancis, Vincent
Parents Who Abuse Children
THE P. T. A. MAGAZINE, November 1963, 58(3):16-18

MAIN EMPHASIS (4): The author makes the point that child abuse, though abhorrent, is far more prevalent a problem than commonly believed.

SECTIONS (3): The question is raised “What is the best response to child abusers: punishment, removal of the child, or treatment?” The author points out that many communities do not have adequate child protective services.

PARAGRAPHS (2): Statistics from an American Humane Association national survey on the incidence of child abuse are reported. Sensational, gory cases of abuse are used to dramatize the problem.

MENTION (1): The desirability of mandatory reporting laws in cases of suspected abuse is mentioned.
CITATION: DeFrancis, Vincent
Protecting the Child Victim of Sex Crimes Committed by Adults
FEDERAL PROBATION, September 1971, 15-20

MAIN EMPHASIS (4): Incidence, characteristics of
the offender and victim and situational dynamics
are described from a 3 year study in New York
City.

SECTIONS (3): (a) Victims frequently suffer from
lack of treatment following offense, causing
severe psychic trauma, (b) Describes situations
leading to the report of the offense.

PARAGRAPHS (2): (a) Children by law are protected
from consenting and so, by definition, are not
participants in the sexual episode, (b) Community
neglect exposes children to sexual exploitation.

MENTION (1): (a) Emotional neglect existed in 79
percent of families in which abuse occurred, (b)
Physical abuse existed in 11 percent of families.

TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: DeFrancis, Vincent
Termination of Parental Rights: Balancing the Equities
THE AMERICAN HUMAN ASSOCIATION, 1971, 1-19

MAIN EMPHASIS (4): An evaluation of the rights of
parents, children and how and under what con-
ditions they can be terminated--natural process,
marriage of child, legislative enactment, relax-
quishment, involuntary termination. Also defines
legally unfit parents, neglect, and abandonment.

SECTIONS (3):  

PARAGRAPHS (2):  

MENTION (1):  

TARGET POPULATION:
General Public

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MAIN EMPHASIS (4): Description of emotional stress and difficulties child faces as a victim of sex crime, along with description of interactionist theory as an explanation for the pathology resulting from this experience.

SECTIONS (3): Description of statistics available on incidence. Legal consequences of supportive programs developed in Israel and the U.S. for children who must face court procedures. Depth of harm to children is overlooked.

PARAGRAPHS (2):

MENTION (1): Parental neglect may be a contributor to sex crimes.

TARGET POPULATION: Behavioral Scientists

NON-SP
IN COM
IN INT
INDIC
PRB DEF
TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

CITATION: DeFrancis, Vincent
Protecting the Child Victim of Sex Crimes
91ST ANNUAL FORUM OF NATL. CONF. ON SOCIAL WELFARE, Atlantic City, N.J., May 25, 1969

MAIN EMPHASIS (4): The need to protect the child sex victim from further trauma in the course of his involvement with the legal system (e.g., repeated interrogation, appearance in court). Protective service worker can deal therapeutically with the victim and parents by (1) reducing trauma of crime on child and parents, (2) minimizing ill effects of legal involvement, and (3) evaluating need for casework services.

SECTIONS (3): (a) Survey findings by National Advisory Committee—little done nationwide in the way of protecting the child from damaging effects of his experience. (b) Psychiatric study findings: (1) some children initiate/maintain sexual relationship with adults; (2) events following offense may affect victim's personality development. (c) Israeli approach to problem—the youth examiner as investigative officer. (d) Legal implications of Israeli approach for U.S. prohibits due process.

PARAGRAPHS (2): (a) Statistical estimate of child sex abuse in N.Y.C.—3000-4000 cases per year. (b) The problem: girls usually the victims, boys have homosexual involvement; sex abuse sometimes occurs because of parental neglect; member of the family often the perpetrator; if father was perpetrator, mother may have known about it but did nothing.

MENTION (1):
MAIN EMPHASIS (4): The author wishes to draw attention to the problem of child abuse.

SECTIONS (3): The author's recommendations of which agencies should handle cases of child abuse: child protective and juvenile court.

PARAGRAPHS (2): (a) X-rays and inadequate parental report are prime indicators of abuse. (b) The effects of physicians' legal fears on reporting of abuse are mentioned. (c) The history of recognition of child abuse is briefly mentioned.

MENTION (1): Referral to family service agency considered when healthier balance in the family is achieved.

TARGET POPULATION:
Medical and Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TARGET POPULATION:
Social Workers

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CITATION: Dick, K., et al.
The Multi-Problem Family and Problems of Service
SOCIAL CASEWORK, June 1958, 349-355

MAIN EMPHASIS (4): The authors describe their agency's experience with intensive social casework with four multi-problem families.

SECTIONS (3):
(a) Defining the characteristics of the multi-problem family.
(b) The problem of dependency is ascribed to early social deprivation.
(c) The authors describe the treatment difficulties created by strong dependency needs of clients.
(d) The authors describe the difficulty of establishing a real communication base with the clients.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists
Social Workers

CITATION: Dieffenbach, A. (Times); A.P. (P.I.)
"Schools Mistreat Children"; "Abuse to be Probed"
SEATTLE TIMES, October 6, 1972; SEATTLE P.I., October 6, 1972


SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

General Public
### CITATION:
Diggle, Geoffrey, et al.  
Child Injury Intensive Monitoring System  

**MAIN EMPHASIS (4):** Description of computer system registering suspected abuse cases -- flexible enough to include neglect.

**SECTIONS (3):**

**PARAGRAPHS (2):** Legal/ethical safeguards of system.

**MENTION (1):**

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Scientists</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN B</th>
<th>GEN C</th>
<th>PHY A</th>
<th>PHY B</th>
<th>EMO A</th>
<th>EMO B</th>
<th>INT A</th>
<th>INT B</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>IN COM</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CITATION:
Dine, Mark S.  
Tranquilizer Poisoning: An Example of Child Abuse  
*PEDIATRICS*, November 1965, 36(5):782-785

**MAIN EMPHASIS (4):** Deliberate poisoning of child is presented as another category of child abuse -- case history illustration.

**SECTIONS (3):** Similarities of parent/child characteristics to those in abuse cases reported by Kempe, McHenry, Boardman.

**PARAGRAPHS (2):** Recommendations for early diagnosis of poisoning = reactive testing for dry ingestion, physician's high index of suspicion.

**MENTION (1):**

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Scientists</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN B</th>
<th>GEN C</th>
<th>PHY A</th>
<th>PHY B</th>
<th>EMO A</th>
<th>EMO B</th>
<th>INT A</th>
<th>INT B</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>IN COM</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

256
CITATION: Dine, Mark S., et al.  
Slaughter of the Innocents  

MAIN EMPHASIS (4): Two letters to editor in response to Adelsar's article "The Battering Child" (1) Note problems of the battering child and (2) Suggest parents were neglectful in not providing proper supervision for the child victim.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:  
Medical Scientists

CITATION: Downs, William T.  
The Meaning and Handling of Child Neglect - A Legal View  
CHILD WELFARE, March 1963, 131-134

MAIN EMPHASIS (4): Legal considerations in handling neglect cases--distinction between social and legal neglect, rights and duties of parties involved (emotional neglect generally not considered under the law because undefinable as yet and thus unenforceable), legal principles considered, theory of causation (as yet no theory re emotional neglect), need for appeal cases, clear convincing statement of facts needed in preparing case for court.

SECTIONS (3): Emotional neglect (see above).

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:  
Behavioral Scientists

257

261
**CITATION:** Doxiadis, Spyros
Mothering and Frederick II
CLINICAL PEDIATRICS, 1970, 9(9):565-566

**MAIN EMPHASIS (4):** That maternal deprivation child abuse has been recorded since 608 B.C. in Athens.

**TARGET POPULATION:**
Behavioral Scientists
Physicians

**MENTION (1):**

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Scientists</td>
</tr>
<tr>
<td>Physicians</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CITATION:** Duncan, Glen M., et al.
Etiological Factors in First-Degree Murder
JAMA, November 29, 1958, 168(13):1755-1758

**MAIN EMPHASIS (4):** In studying the etiological factors in first degree murder (6 case studies are presented, 4 of which show the remorseless and relentless physical brutality by parents), the murderers had learned that violence was a solution to frustration.

**TARGET POPULATION:**
Medical Scientists

**MENTION (1):**

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Scientists</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
<th>A/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOT DIRECTLY RELATED TO CPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CITATION: Duncan, Jane Watson, et al.
Murder in the Family: A Study of Some Homicidal Adolescents

MAIN EMPHASIS (4): Homicidal adolescents within the family have a history of parental brutality.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Psychiatrists

CITATION: Earl, Howard
10,000 Children Battered and Starved; Hundreds Die
TODAY'S HEALTH, September 1968, 43:24-31

MAIN EMPHASIS (4): Abused children are often unwanted, fail to meet parental expectations, resemble a person the abusing parent does not like, or have a mental or physical abnormality. The abuser is often emotionally ill, alcoholic, rigid and/or deviant.

SECTIONS (3): Case studies and illustrations showing examples of the different abusers.

PARAGRAPHS (2):

MENTION (1):
Battered Child Syndrome at the L, A, County General Hospital
AMERICAN JOURNAL DIS. CHILD., October 1969, 118:660-667

MAIN EMPHASIS (4): Describes results of study made on 50 children admittedly assaulted by parents, with reference to social histories and medical findings.

SECTIONS (3): (a) Graphs and tables summarizing results of this research. (b) Medical findings.

PARAGRAPHS (2):

MENTION (1):

CITATION: Edelberg, Robert
Electrodermal Recovery Rate, Goal-Orientiation, and Aversion
PSYCHOPHYSIOLOGY, September 1972, 9(5):512-520

MAIN EMPHASIS (4): 16 subjects' GSR and electrodermal recovery rates were studied during performance and no-task situations.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): The process of building a task force is seen as a useful way to be an advocate for children's activities. Task force involves identifying problems, setting the problem solving process in motion, making the problem small enough to work with, specificity of goals, involvement of leading citizens, reporting.

SECTIONS (3):

PARAGRAPHS (2): (a) On the use of the media, on litigation, on legislation, administrative negotiation in getting the task force work accomplished; (b) Task force has its critics who regard it as rabble-rousing.

MENTION (1):
CITATION: Eisenstein, Elliot, et al.  
Jejunal Hematoma: An Unusual Manifestation of the Battered Child Syndrome  

MAIN EMPHASIS (4): A case study of a 38-month old male who had a hematoma in the abdomen with indications of previous intra-abdominal trauma.

SECTIONS (3): Indicators for hematoma have a variety of symptoms found in blood work, urinalysis, x-ray.

PARAGRAPHS (2): Treatment usually involves conservative management of fluids.

MENTION (1):

Family Treatment of Ongoing Incest Behavior  
FAMILY PROCESS, 1969, 216-232

MAIN EMPHASIS (4): Discussion of case of incest in one family, including treatment and family dynamics of this specific family.

SECTIONS (3): (a) Broadly applicable treatment techniques, e.g. male and female cotherapists, effort to provide growth-producing extrafamilial relationships. (b) General characteristics of similar families, e.g. fears of involvement in therapy, parental conscience disturbance, children adopt attitudes of parents; surface appearance of maturity in incest victim.

PARAGRAPHS (2): 

MENTION (1):
CITATION: Elmer, Elizabeth
Child Abuse: The Family's Cry for Help
JOURNAL OF PSYCHIATRIC NURSING, July-August 1967, 5:332-341

MAIN EMPHASIS (4): Comments on etiology of abuse: accumulation of stresses on the family, lack of emotional support, high incidence of prematurity in abused children, child abuse as a family rather than individual problem, special frustrations presented by some babies.

SECTIONS (3): Case study: characteristics of family, mistakes by police and hospital in handling case, charges of "battered baby" label.

PARAGRAPHS (2): Abusive families need much support -- technique of "cool mothering" is helpful.

MENTION (1):

CITATION: Elmer, Elizabeth
Failure to Thrive: Role of the Mother
PEDIATRICS, April 1960, 7:17

MAIN EMPHASIS (4): Describes the effects of mothers' lack of nurturing on growth and development rate of infants.

SECTIONS (3): Five case histories.

PARAGRAPHS (2): (a) Describes the predominant lack of father in home, reducing support for mother. (b) Indicators of failure to thrive. (c) The mother should be included in the treatment plan for the infant.

MENTION (1):
CITATION: Elmer, Elizabeth
Hazards in Determining Child Abuse
CHILD WELFARE, January 1966, 28-33

MAIN EMPHASIS (4): Discussion of the difficulties in identifying child abuse versus accidental injury.

SECTIONS (3):

PARAGRAPHS (5): Danger of psychological damage to parent and child in false accusations.

MENTION (1):

TARGET POPULATION:
Medical Scientists
Behavioral Scientists

CITATION: Elmer, Elizabeth
Identification of Abused Children
CHILDREN, September-October 1963, 10(5):280

MAIN EMPHASIS (4): Description of findings from follow-up study on home-injured children and expectations for future data (Fifty Families Project).


PARAGRAPHS (2): 

MENTION (1): Historical reference to Caffey and Silverman's contribution. Statistics relevant to this research.
MAIN EMPHASIS (4): Description of research concluding that severe physical abuse/neglect is predictive of unusual difficulties in development (Fifty Families Project).

SECTIONS (3): Statistics relevant to this research.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists
Physicians

CITATION: Elmer, Elizabeth, et al.
Studies of Child Abuse and Infant Accidents
MENTAL HEALTH PROGRAM REPORTS, 1971, 343-370

MAIN EMPHASIS (4): Two studies are reported. One is a follow-up of abused children. The other compares normal families and infant accidents with abusive families. Multiple bone injuries are defined as abuse. Abuse is related to the period of childbearing, with the mother often not wanting the child.

SECTIONS (3): (a) Foster parents may have unhealthy need for dependent children and cannot repair damage already done. A volunteer network to help overburdened families is needed. (b) Doctors often feel they can help more by not reporting abuse. (c) Case history of family dynamics of abuse. (d) Diagnosis of abuse is indicated by inadequate history, malnutrition, bone injury, etc. (e) Abused children remaining in their homes had additional problems, including retardation of physical, intellectual, and emotional development.

PARAGRAPHS (2): Too many children too fast, marital strain, inadequate education and lack of understanding of children are danger signals a doctor could watch for.

MENTION (1): Parents are held more accountable for child care behavior now than previously.
MAIN EMPHASIS (4): Two lengthy case histories illustrate treating silent patients by "accepting" their silences and not relying mainly on verbal communication. Author suggests that use of silence is patient's attempt to dominate therapist and get him to retaliate, which decreases the patient's risk of loneliness in facing his own identity.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: Behavioral Scientists Psychi atrists


MAIN EMPHASIS (4): Seventeen families were treated by parent aides who were carefully selected for their similar-to-client experiences, empathy, positivism and dedication, and who were trained before working. None of the families had reportedly abused children.

SECTIONS (3): A case history of successful parent-aide intervention with a mother dangerously close to hurting her child.

PARAGRAPHS (2):

MENTION (1):
CITATION: Erikson, Erik H.
The Problem of Ego Identity
JOURNAL OF AMERICAN PSYCHOANALYTIC ASSOCIATION, 1956, 4:56-121

MAIN EMPHASIS (4): Erikson attempts to describe the concept of ego identity and its role and utility in an analysis of personality as a concept which integrates the various components of an individual at the end of adolescence.

SECTIONS (3): (a) Biographical detail on G. Bernard Shaw is used to illustrate the concept. (b) Erikson describes his ego-analytic, 8-stage theory of personality development. (c) Maternal-parental-child interaction is related to various dysfunctions in personality or ego deficits such as work paralysis, identity diffusion. (d) A discussion of broad issues involved in integrating biological-social-societal theory is included.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Brogan, Howard S.
Systematic Corporal Punishment in Childrearing: A reassessment
AMERICAN SOCIOLOGICAL REVIEW, February 1974, 39:68-88

MAIN EMPHASIS (4): A reanalysis of Branfenbrenner's study (1958) which concluded that working class parents use corporal punishment more often than middle class parents, who tend to use psychological means of punishment. In light of new studies, while there seems to be some correlation between social class and the use of physical punishment, the relationship is too weak to be of much theoretical or practical value. The slightly higher correlation for blacks than whites may be result of different opinions about efficacy of spanking rather than different attitudes about violence.

SECTIONS (3): (a) Correlation between working class authoritarianism and earlier administration of punishment to their children unsubstantiated. (b) Gil's relationship between child abuse and permissive attitudes toward physical punishment unsubstantiated. (c) Correlation between corporal punishment and use of physical aggression in interpersonal relations unsubstantiated. (d) Charts and tables.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
MAIN EMPHASIS (4): Explanations for infanticide from a historical perspective. Reasons for killing infants relate to religious beliefs, culling (eliminating defective babies), family planning, shame following breaking of taboo (illegitimate childbirth), baby commerce, uncontrollable anger (as in battered baby syndrome), psychoses of parent.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists
Medical Scientists

---

CITATION: Evans, Sue L., et al.
Failure to Thrive: A Study of 45 Children and Their Families
AMERICAN ACADEMY OF CHILD PSYCHIATRY J., 1972, 2: 440-457

MAIN EMPHASIS (4): 40 families of children failing to thrive fell into 3 groups: (1) Healthy, young but fearful, immature, and depressed mothers who responded to treatment, (2) Depressed mothers of low intelligence with chronic losses and a history of poor mothering for whom improvement could occur only after a dramatic change, (3) Parents with severe financial problems who were openly antagonistic and who regarded their children as "bad."

SECTIONS (3): A case exemplifying each of the groups is presented.

PARAGRAPHS (2): (a) Later social and physical examination showed best improvement in group 1, with less improvement progressively in 2 and 3. Some physical abuse was noted later, (b) One social worker planned treatment for all cases. An aggressive approach was necessary for some parents, whereas for others supportiveness was welcomed.

MENTION (1): (a) Some of the families in the third group actually burned or beat their children, (b) Families were referred to social service agencies, CPS, or juvenile court for foster placement.
CITATION: Everett, M. G., et al.  
The Battered Baby Syndrome: The Tasmanian Approach  
THE MEDICAL JOURNAL OF AUSTRALIA, October 13, 1973, 2: 735-737

MAIN EMPHASIS (4): Author describes a regional committee which has been set up in Tasmania to monitor and coordinate services to child abuse victims and families.

SECTIONS (3): (a) The reluctance of doctors to make an initial complaint, (b) The characteristics of the family which make for higher risk of abuse.

PARAGRAPHS (2): Legal considerations in Australian law for the reporting of abuse by physicians.

MENTION (1): Team treatment approach is described.

CITATION: Fairburn, Anthony C.  
Small Children at Risk  
LANCET, January 27, 1973, 1: 199-200

MAIN EMPHASIS (4): Writer requesting colleagues who are comprehensively monitoring family of abusers in communities to contact author in order to share information.

SECTIONS (3):

PARAGRAPHS (2)

MENTION (1): Team treatment approach is described.
MAIN EMPHASIS (4): Presentation of 7 cases of abuse and neglect which clearly cannot be used as evidence for Astley's theory of "metaphysical fragility of bone" in explaining lesions in children.

SECTIONS (3): (a) Omnipresent characteristic of abusive/neglectful parents is rejection of the child. Author presents 5 psychiatric categories for potentially violent parents, (b) Summary of Caffey's work (1946, 1953) on multiple fractures of traumatic origin and Astley's (1953) suggestion that cause may be metaphysical fragility of bone.

PARAGRAPHS (2):

MENTION (1): Indications of physical abuse include contusions, multiple injuries, dislocations. Histories lack definite admission of injury and parents avoid interviews with hospital staff.

TARGET POPULATION:
Medical Scientists
Behavioral Scientists

Follow-up of Low Birth Weight Infants: The Predictive Value of Maternal Visiting
PEDIATRICS, February 1972, 49: 287-290

MAIN EMPHASIS (4): Description of study on "maternal visiting pattern" for premature infants as an index to potential mothering disorders.

SECTIONS (3): Correlation of visiting patterns with mothering disorders with periods of early and late contact.

PARAGRAPHS (2):

MENTION (1): Statistics and charts relating to study.
CITATION: PantL, B.
Integrating Psychological, Social and Cultural Factors in Assertive Case Work
SOCIAL WORK, October 1958, 30-37

MAIN EMPHASIS (4): The auth. tries to illustrate the proper basic orientation a caseworker should adopt (in light of ego psychology and the knowledge of the social sciences) towards assertive case work.

SECTIONS (3): (1) Socio-cultural factors are discussed in terms of their implications for case work. (2) The role of the case worker in stimulating the client's ego development is discussed.

PARAGRAPHS (2): 

MENTION (1): 

Group Therapy for Mothers with Infanticidal Impulses
AMERICAN JOURNAL OF PSYCHIATRY, 1964, 121:882-886

MAIN EMPHASIS (4): Describes biographical and clinical characteristics shared by 6 women with infanticidal impulses.

SECTIONS (3): Describes advantages of psychotherapy in group setting.

PARAGRAPHS (2): 

MENTION (1):
MAIN EMPHASIS (4): Legal concerns outlined include:
(1) Importance of protection of all parties (child, community, parents).
(2) Need for refining laws and including financial provisions for their implementation.
(3) Criminal prosecution is often counter-productive to treatment.
(4) Legal provision for services differs by state to include public or private agencies.

SECTIONS (3): (a) Historically, legal attention to child abuse has grown during periods of excitation and subsided until the next one, finally resulting in all 50 states having reporting laws by 1963-67.
(b) The case of Roxanne Felumero established (1) Family Court jurisdiction on all allegations of abuse; (2) Legal representation of the child; (3) Court power to order psychiatric evaluation and treatment. (c) Parental characteristics, such as non-guilt reaction, and high expectations are described.

PARAGRAPHS (2): Ancillary treatment is seen as an ideal goal.

MENTION (1): (a) Initial complaint rarely originates from parent. (b) Increased intervention has led to the complication of inadequate treatment facilities.

---

TARGET POPULATION:

Lawyers  
Behavioral Scientists

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EVIL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

CITATION: Felker, E. H.
The Job of the Case Worker
FOSTER PARENTING YOUNG CHILDREN: GUIDELINES FROM A FOSTER PARENT, New York: Child Welfare League of America, 1974

MAIN EMPHASIS (4): Description of the child case worker's role in relation to foster parents.

SECTIONS (3):

PARAGRAPHS (2): (a) The responsibilities of the worker with respect to the child. (b) The limitations of the case worker; how frequently she can visit because of other commitments.

MENTION (1):
CITATION: Felker, E. H.
Parental Visits
FOSTER PARENTING IN YOUNG CHILDREN: GUIDELINES FROM A FOSTER PARENT, New York:
Child Welfare League of America, 1974

MAIN EMphasis (4): An outline of some of the problems and advantages of parental visits to children placed in foster homes.

SECTIONS (3): (a) Why the visits take place, or are necessary. (b) How to make the visits as comfortable an experience as possible. (c) How to overcome some of the typical problems which arise.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Foster Parents

---

CITATION: Ferguson, William M.
The Reporting of Child Abuse
BULLETIN OF THE MENNINGER CLINIC, September 1964, 28:269-270

MAIN EMphasis (4): Report on William Ferguson's (Kansas State Attorney General) opinion on legal issues of abuse reporting laws as relevant to doctors. Only physician/patient privilege cannot be claimed; M.D. not personally liable if only his medical opinion reported; also if he makes no accusations, will not be subject to defamation suit. Ferguson's statements seemed to have positive effect on M.D.s--within a few days an M.D. reported one such abuse case.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Finberg, Lawrence
A Pediatrician's View of the Abused Child
CHILD WELFARE, January 1965, 41

MAIN EMPHASIS (4): No emphasis.

SECTIONS (3): (a) Indicators confirmed through x-ray. (b) Lists six kinds of serious abuse/neglect. (c) Describes legal entanglements physicians encounter when reporting abuse.

PARAGRAPHS (2): Urges primary use of social agency rather than courts for resolution of problem.

MENTION (1):

Congenital Syphilis Mimicking the Battered Child Syndrome

MAIN EMPHASIS (4): Similarity between symptoms of child abuse and congenital syphilis. One case report. How to distinguish: (1) On x-ray exam, base lesions bilaterally symmetrical for syphilis, asymmetrical for trauma; (2) Testing for syphilis in mother at different stages of pregnancy.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Fisher, Samuel H.  
Skeletal Manifestations of Parent-Induced Trauma in Infants and Children  
SOUTHERN MEDICAL JOURNAL, August 1958, 51:956-960

MAIN EMPHASIS (4): The author presents 6 cases of parent-induced trauma in infants and children, 2 of which were accidental, 4 of which were deliberate. Illustrates emotional illness in family rather than indifference to pain as suggested by some authors.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): (a) Woolley's and Evans' trauma categories: (1) accidental, (2) momentary, non-protective atmosphere in family environment, (3) aggressive, immature, emotionally ill adults. (b) Skeletal manifestations of trauma can be found through x-rays which show roentgen bone changes.

CITATION: Flanagan, John C.  
The Critical Incident Technique  
PSYCHOLOGICAL BULLETIN, 1964, 54

MAIN EMPHASIS (4): The critical incident technique is a useful method of studying the activity requirements in any type of human behavior.

SECTIONS (3): (a) Studies at the American Institute for Research and the University of Pittsburgh are explained and are exemplary of the CIT. (b) The steps in the CIT procedure are determination of the general aim of the activity, plans and specifications for the collection of data, and the collection of data itself, analysis of the data, and interpretation. (c) CIT can be used in measuring performance and proficiency training, selection, job design, operating procedures, increased productivity, equipment design, counseling and psychotherapy, etc.

PARAGRAPHS (2): Historically the CIT is an outgrowth of the Aviation Psychology Program.

MENTION (1):
CITATION: Plato, Charles
Parents Who Beat Children
SATURDAY EVENING POST, October 6, 1962

MAIN EMPHASIS (4): General description of problem of physical abuse (though some references also to neglect). Case incidents cited.

SECTIONS (3): (a) Characteristics of abusive parents: most are in "average" socioeconomic class, age 21-30, most married, equal number of abusive mothers and fathers, low reality acceptance quotient, (b) Care management at Children's Hospital, Boston: If abuse suspected upon admission, social service investigators refer to Mass. SPCC for action. Permanent separation of child from parents seen as last resort.

PARAGRAPHS (2): (a) Indications of neglect (vitamin deficiency, malnutrition) and abuse not readily detected because M.D.s not aware of problem or reluctant to make such a "shocking" diagnosis. (b) Inadequate laws for child protection and tendency to treat abusive parents as criminals complicate problem of child abuse.

MENTION (1): (a) Physical abuse may be most frequent cause of child death, (b) 1961 statistics: 750 cases of Battered Child Syndrome. X-ray evidence of previous fractures = indicator of physical abuse.

CITATION: Fleck, Stephen
Child Abuse
CONNECTICUT MEDICINE, June 1972, 36(6): 337

MAIN EMPHASIS (4): Prevention of child abuse through liberalized abortion, education for parenthood, career preparation for girls, etc. (One page article).

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Fleming, G. M.
Cruelty to Children
BRITISH MEDICAL JOURNAL, May 13, 1967, 2:421-422


SECTIONS (3): Nature of injuries to child—kinds of lesions suffered.

PARAGRAPHS (2): (a) Proper for M.D. to report suspected case to NSPCC or children's officer. (b) Family as whole should be treated. (c) Preventing family breakdown—Children and Young Persons Act (1963) enables provision for advice, guidance and assistance.

MENTION (1): If parents refuse hospitalization of child, can get warrant.

TARGET POPULATION:
Medical Scientists
Physicians

CITATION: Flynn, William R.
Frontier Justice: A Contribution to the Theory of Child Battery

MAIN EMPHASIS (4): Defective ego defense structures can cause child abuse—anger projected to child but denied/repressed by abuser.

SECTIONS (3): (a) References to several studies on etiology of abuse. (b) Two lengthy case histories.

PARAGRAPHS (2):

MENTION (1): Implications for treatment—psychoanalytically oriented therapy appropriate.
CITATION: Fontana, Vincent J.
The Battered Child 1973: When to Suspect Child Abuse
MEDICAL TIMES, October 1973, 101(10):116-122

MAIN EMPHASIS (4): Describing indicators and "Physicians' Index of Suspicion" so physicians may be alert to and report child abuse.

SECTIONS (3): Comments on Dr. Fontana's unique in- and out-patient program for abused children and mothers.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC 4</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANG SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
</table>

CITATION: Fontana, Vincent J.
Child Abuse: A Tragic Problem
PARENTS' MAGAZINE, March 1973

MAIN EMPHASIS (4): Brief rundown of nature of problem of A/N and what should be done.

SECTIONS (3): Abusive parent likely to have had "blighted" childhood—abused child may, in time, become an abuser.

PARAGRAPHS (2): (a) Everyone should notify local CPS unit of suspected cases. (b) Referrals to social service groups (e.g., Parents Anonymous, Homemakers) can help.

MENTION (1):
MAIN EMPHASIS (4): A series of indicators is presented to aid the physician who suspects child abuse or neglect. For abuse, body trauma, bruises, cuts, burns, unexplained organ problems, signs of deprivation, finding that parents have taken child to various hospitals, etc., are given as indicators. For neglect, inadequate clothing and lack of grooming are some indicators.

SECTIONS (3):

PARAGRAPHS (2): Abuse and neglect include not only situations which lead to obvious physical trauma but also unrecognized trauma in which there are no obvious signs of battering but multiple minor physical, emotional, and/or nutritional traumas.

MENTION (1): (a) Only suspicion of neglect is needed to require physicians to report. (b) X-rays within 5 days after initial suspected trauma, social service investigation and color photographs are all suggested means of treatment. These could be used in court for evidence. (c) Statistics on occurrence of abuse/neglect are given.

TARGET POPULATION:

Medical Scientists

CITATION: Fontana, Vincent J.
The Diagnosis of the Maltreatment Syndrome in Children
PEDIATRICS, April 1973, 51(4) Part II:780-782

MAIN EMPHASIS (4): Non-specific. General criticism of present management of abuse/neglect cases.

SECTIONS (3):

PARAGRAPHS (2): (a) Need to improve communication: CPS, courts, physicians, police, parents. (b) Prevention through interdisciplinary, cooperative education programs.

MENTION (1):

TARGET POPULATION:

Behavioral Scientists

CITATION: Fontana, Vincent J.
Factors Needed for Prevention of Child Abuse and Neglect
PEDIATRICS, 1970, 46(2), 318-319
MAIN EMPHASIS (4): Fontana attributes the ever-increasing Battered Child Syndrome to a variety of socio-economic and other factors, such as learning battering from previous generations, multiple family problems and prematurity.

SECTIONS (3):

PARAGRAPHS (2): Reporting, investigation, and follow-up are only the initial steps toward an interdisciplinary plan of intervention, which must often be accomplished against the client's own resistance and lack of community support.

MENTION (1):

TARGET POPULATION:
Medical Scientists

MAIN EMPHASIS (4): The child is the victim of emotionally crippled parents. "Maltreatment Syndrome" is preferable to "Battered Child Syndrome" because the term encompasses multiple minor physical evidences of emotional and physical neglect and abuse, including nutritional deprivation.

SECTIONS (3): (a) Several pictures with brief case descriptions are included. (b) Tables for Physicians' Index of Suspicion. (c) Preventive Measures Table suggests better medical education about abuse, increased awareness, and changes in abuse laws.

PARAGRAPHS (2): (a) Failure to thrive, poor hygiene, malnutrition, irritability, and a repressed personality are signs of neglect. (b) Bruises, cuts, hematomas, etc., are signs of physical abuse. (c) The first step in protecting abused children is a child abuse law.

MENTION (1): Statistics emphasizing frequency of occurrence are given.
MAIN EMPHASIS (4): Early intervention can prevent further abuse of children if physicians respond immediately and begin the chain of investigation, education and rehabilitation services.

SECTIONS (3): (a) Several medical (cuts, bruises, old fractures, subdural hematomas, etc.) and social (multiple ER visits, social problems in family, vague history, etc.) indicators are given. (b) Legal protection (mandatory reporting, immediate intervention, placement of the child, etc.) must consider rights of parent, child, and physician. (c) Two New York M.D.s discuss the article.

PARAGRAPHS (2): (a) Incidence of abuse/neglect is on the rise and encompasses maltreatment; abuse/neglect often occur in multi-problem families. (b) Case histories illustrate preventability of infant death by abuse.


TARGET POPULATION: Medical Scientists

---


SECTIONS (3): Fontana's figures/discussion regarding scope of abuse problem; Gil's figures/discussion contradictory to Fontana's.

PARAGRAPHS (2): 

MENTION (1):
MAIN EMPHASIS (4): "Battered Child" only the end result of maltreatment syndrome (which incorporates abuse/neglect)—need for physicians to be vigilant to possibility of maltreatment syndrome.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists
Physicians

---

MAIN EMPHASIS (4): Description of comprehensive in- and out-patient child abuse and neglect program, including team approach, surrogate mothers, "hot line" service, in-resident facility for mother and child.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Use of "surrogate mothers" to teach mothering skills.
CITATION: Fontana, Vincent J.
Which Parents Abuse Children?
MEDICAL INSIGHT, October 1971, 3(10):16-21

MAIN EMPHASIS (4): Nature of abuse/neglect: scope of problem in New York, characteristics of abusers (themselves abused as children, family discord, alcohol involvement, etc.) and indicators of abuse/neglect (physical signs, suspicious family history, no new lesions while in hospital, etc.).

SECTIONS (3): Abusing parent's letter about the difficulty in finding help.

PARAGRAPHS (2): (a) Hospital team or Child Abuse Committee helpful for diagnosis of abuse, and treating parent and child. (b) State laws require physicians to report suspected cases.

MENTION (1): Abuse cases reported in N.Y.C., 1966-1970, increased 549%.

---

CITATION: Fontana, Vincent J.
Why Do People Beat Up Their Kids?
U. S. CATHOLIC, March 1974, 28-32

MAIN EMPHASIS (4): None

SECTIONS (3): (a) The background of the abusing parent is one in which they felt abandoned and did not feel love, affection or security. (b) They are impulsive, have a low frustration level, are immature. (c) Indicators of child abuse are listed from Fontana's book, Somewhere a Child is Crying.

PARAGRAPHS (2): (a) Prevention of child abuse can be established by educating people in parenthood and child development and by establishing the sanctity of the home and family unit. (b) Child abuse is seen as problem that must be dealt with by everyone. Statistics show that child abuse has reached epidemic proportions.

MENTION (1): Laws for mandatory reporting are seen as only a first step, as what happens after is more important.

---

TARGET POPULATION: Medical Scientists
Physicians

---

TARGET POPULATION: General Public

---

NON-SP 2
IN COM
IN INT
INDIC 4
PRB DEF 4
TREAT
LEG CON 2
REFER
ANC SER
FOLLOW
PREVEN
STATS

---

NON-SP 2
IN COM
IN INT
INDIC 3
PRB DEF 3
TREAT
LEG CON 1
REFER
ANC SER
FOLLOW
PREVEN 2
STATS 2
MAIN EMPHASIS (4): The physicians' role of knowing the signs of abuse, taking the appropriate action to determine abuse, and reporting it, is emphasized.

SECTIONS (3): (a) Parents of a battered or abused child show frequent family discord, alcoholism, financial stress, law-enforcement involvement, little formal group association, severe social problems, and overprotective innocent attitudes toward their children. (b) Case reports illustrate a need for prompt physician report and investigation. (c) Indicators of abuse are bruises, cuts, lacerations, hematomas, etc. (d) Legal rights of parent, child, and physician must be protected.

PARAGRAPHS (2):

MENTION (1): Statistics given on frequency of occurrence.

TARGET POPULATION:
Medical Scientists

SECTIONS (3): (a) Discusses cases illustrating how homemakers are useful. (b) The training of homemakers is discussed, with emphasis on nutrition, household budgets, relationships.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Description of homemaker service in St. Louis County as used by child welfare service in neglect cases: homemakers paid regular salary, have regular working hours, median age group is 47; team approach is used, i.e. close cooperation between homemaker, child welfare worker, supervisors. Homemakers participate fully in evaluation of family. Homemakers' functions are primarily to support, motivate, teach, and supplement inadequate parent.

SECTIONS (3): Training homemakers: orientation to agency and functions of child welfare worker, education in nutrition, cultural patterns, budgeting, child abuse, diagnosis of neglect situation, and case reporting. Illustrates effectiveness of homemaker.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists


MAIN EMPHASIS (4): The authors summarize relevant theory and discuss reasons for termination of therapeutic relationships. They stress the importance of successful termination of a relationship as it relates to successful outcome.

SECTIONS (3): An extensive clinical example is provided based on observations through a one-way mirror.

PARAGRAPHS (2):

MENTION (1):
CITATION: Francis, H. W. S.
Child Health - Points of Concern
PUBLIC HEALTH, July 1967, 81(5):246-249

MAIN EMPHASIS (4): The author raises some general issues in preventive psychiatry in the areas of behavioral disorder, poverty, child neglect, and prevention of mental illness.

SECTIONS (3):

PARAGRAPHS (2): (a) Research questions of interest having a theory on the issue of prevention are discussed. (b) It is suggested that a health worker visiting the family has the ability to identify potential child abuse problems early.

MENTION (1):

CITATION: Fraser, Brian G.
A Pragmatic Alternative to Current Legislative Approaches to Child Abuse
THE AMERICAN CRIMINAL LAW REVIEW, 1974, 12(103) :103-124

MAIN EMPHASIS (4): Abusing parents should not be criminally charged.

SECTIONS (3): (a) Current legislative approaches to child abuse. (b) Future trends in legislative mandatory reporting. (c) Legislative innovations.

PARAGRAPHS (2): (a) Parameters of abuse and characteristics of abusers. (b) Incarcerating abusing parent should be replaced by reconditioning and re-education. (c) Lay therapists, Parents Anonymous, crisis nurseries, etc.

MENTION (1):
On the Role of Coenesthetic Stimulation in the Development of Psychic Structure 
PSYCHOANALYTIC QUARTERLY, July 1968, 37:418-438

MAIN EMPHASIS (4): The authors compare two case studies of early infant severe deprivation of maternal and sensory stimulation with anecdotal accounts of children being raised by wolves to formulate a theory on the effects of differing amounts and types of sensory deprivation as they relate to the development of personality and cognitive-psychic structure.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists Psychiatrists

---

CITATION: Frew, Mary J., et al. 
Role of the Pediatric Nurse Clinician in Early Identification of Potential Child Abuse 
MADIGAN ARMY MEDICAL CENTER, Tacoma, Washington

MAIN EMPHASIS (4): Role of pediatric nurse clinician in identifying "high risk" families for child abuse; interviewing clues and elements of abusive pattern.

SECTIONS (3): Problem definition: characteristics of baby batterers in 15 cases at Madigan General Hospital in Tacoma.

PARAGRAPHS (2): 1/31/74: law regarding child abuse and neglect.


TARGET POPULATION:
Medical Scientists Nurse Clinicians
Frieinan, Morris S.
Traumatic Periostitis in Infants and Children
JAMA, April 12, 1958, 166(15): 1840-1845

MAIN EMPHASIS (4): Explores explanation for the types of infant injuries discussed, suggesting physical punishment, minor denied or forgotten trauma, or breech delivery as causes, and terms it "traumatic periostitis."

SECTIONS (3): (a) Pain, swelling, deformity, and lack of mobility are some indicators of this condition, (b) Past studies of various skeletal trauma in infants with hypothesized origin are reported, (c) Several cases of infant trauma, some with suspicion of abuse, are given.

PARAGRAPHS (2):

MENTION (1):

CITATION: Friendly, David S.
Ocular Manifestations of Physical Child Abuse
TRANSACTIONS OF AM. ACADEMY OPHTHALMOLOGY AND OTOLARYNGOLOGY,
March-April 1971, 76: 310-322

MAIN EMPHASIS (4): Ophthalmic aspects of physical abuse.

SECTIONS (3): Referrals--table of whom to report physical abuse in each state.

PARAGRAPHS (2): (a) Legal consideration--mandatory reporting in all but four states, (b) Problem definition--social dysfunction in families with physical abuse.

CITATION: Fun, Delores L.  
The Battered Child (and preceding Editorial Introduction)  
NURSING FORUM, 1964, 3(2):11-27

MAIN EMPHASIS (4): There is no main emphasis as it is comprehensive.

SECTIONS (3): (a) Prevention should include a public-at-large educational program. (b) Statistics show that abuse will be repeated, child abuse is increasing, as are the types of injuries. (c) Psychiatric factors are the prime cause of willful trauma—abusers may show continual hostility, have strong feelings of passivity and dependence, and may exhibit schizophrenic patterns. (d) Non-specific—case study of child abuse. Legal considerations involve mandatory reporting laws and warrants. Initial complaint is hampered by fear of reporting, lack of evidence that will hold in court.

PARAGRAPHS (2): (a) Indications of child abuse include x-rays with multiple and chip factors in various stages of healing. (b) Initial interview should be indirect, i.e. crying and eating pattern questions, and should include relative if possible. (c) Treatment should be done in an aggressive, authoritative approach.

MENTION (1): 

CITATION: Fuller, Marjorie G.  
Child Abuse: The Physician's Responsibility  
JOURNAL OF LEGAL MEDICINE, May 1975, 24-29

MAIN EMPHASIS (4): Explains reporting laws and their implications for doctors. Includes discussion of Children's Bureau, model legislation, requirements of most reporting statutes, forms of immunity and implication, waiver of M.D./patient privilege, liability faced by doctors for non-reporting, procedures to be followed in above cases.

SECTIONS (3): (a) Physician generally has failed to report cases although he is ideally situated to do so. Reasons may be lack of awareness, fear of legal involvement, inability to acknowledge the problem, does not know how to report. (b) Historical legal findings in cases where M.D.s found guilty of non-reporting.

PARAGRAPHS (2): 

MENTION (1): (a) Statistics on estimated numbers of abuse cases. (b) Indicators of abuse: discrepancies between medical findings and parental explanations, physical signs, parental reluctance to provide information and inappropriate response to severity of injury.
CITATION: Gagnon, John H.
Female Child Victims of Sex Offenses
SOCIAL PROBLEMS, 1963, 176-192

MAIN EMPHASIS (4): Description of study re-analyzing adult reports of childhood in terms of type of victim participation, reports to the police, sexual techniques of the offense, age at occurrence, victim-offender relationship, response to the experience, adult adjustment, SES for victim and offender.

SECTIONS (3): (a) Numerous tables reporting results of this study. (b) Contributions of Freud and others to the role of the child in precipitating the offense. (c) Reporting to police.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SLR</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

CITATION: Galdston, Richard
The Burning and Healing of Children
PSYCHIATRY, February 1972, 35:57-66

MAIN EMPHASIS (4): This study examines the causes, circumstances and healing of burns of children, and presents the trauma of the experience of being burned.

SECTIONS (3):

PARAGRAPHS (2): (a) 9 out of 100 cases studied between 1964 - 1970 were results of actions of adults, such as intentional neglect, and conscious pressure on the child to assume an adult role. (b) A few case histories illustrate parental responsibility. (c) Treatment of burned children should include early intervention by a psychiatrist, close relationship with nurse for care and displacement of anger, and reading or other substitute attention during healing.

MENTION (1):

TARGET POPULATION:
Medical Scientists
Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

294
CITATION: Galboden, Richard
Observations on Children Who Have Been Physically Abused and Their Parents
AMER. J. OF PSYCHIATRY, 1986, 122:440-443

MAIN EMPHASIS (4): Observations on abused children and their parents as seen at children's Hospital Medical Center, Boston.

SECTIONS (3): (a) Treatment of abused child in hospital. (b) Significance of relationship with other staff. (c) Characteristics of parents.

PARAGRAPHS (2): (a) Behavior exhibited by abused children--useful in diagnosing problems of abused. (b) Treatment of parents--importance of helping them focus on own "unsettled past."

MENTION (1): (a) Parents' description of child as easily bruisable--first contact in emergency ward. (b) Physician's reluctance to admit possibility of child abuse and fear of legal entanglement.

TARGET POPULATION:
Medical Scientists
Psychiatrists

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>AGEN N</th>
<th>GEN PA</th>
<th>PHY N</th>
<th>HENO N</th>
<th>SENO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Galdston, Richard
Observations on Children Who Have Been Physically Abused and Their Parents
AMER. J. OF PSYCHIATRY, 1986, 122:440-443

MAIN EMPHASIS (4): Observations of Parenting: The Battered Child, the Neglected Child, the Exploited Child
MODERN PERSPECTIVES OF INTERNATIONAL CHILD PSYCHIATRY, John G. Howell (ed.),
October 1986. Publisher: Citizen and Boyd, Edinburgh, Scotland

MAIN EMPHASIS (4): Defining problems of battered, neglected or exploited child in terms of parental dysfunction; development of child sacrificed for maintenance of parent's psychological homeostasis.

SECTIONS (3): (a) Indicators of battered child, neglected child, exploited child. (b) Treatment of battered child, neglected child, exploited child. (c) Interviewing clues from parents as indicative of child exploitation.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists
Psychiatrists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

291 293
CITATION: Cralston, Richard  
Preventing the Abuse of Little Children  
Paper Presented at Annual Meeting of APA, 5/10/73, Honolulu  

BOSTON, MASS.: THE PARENT'S CENTER PROJECT FOR THE STUDY AND PREVENTION OF  
CHILD ABUSE

MAIN EMphasis (4): Description of abusive parents  
and their children in 30 families who voluntarily  
participated in Parent's Center Project for the  
Study and Prevention of Child Abuse, Boston,  
Massachusetts.

SECTIONS (3): Vague discussion of their treatment  
approach with these particular children and  
parents.

PARAGRAPHS (2): (a) Behavior of abused children  
upon entry into project; differences between  
sexes. (b) "Improvement" of parents/children who  
participated.

MENTION (1):

TARGET POPULATION:  
Medical Scientists  
Psychiatrists

CITATION: Cralston, Richard  
Violence Begins at Home - The Parent's Center Project for the Study and  
Prevention of Child Abuse.  
J. OF AMER. ACAD. OF CHILD PSYCHIAT., April 1971, 10:336-350

MAIN EMphasis (4): Child abuse is a disorder of  
parental ambivalence in which the abused child is  
both beloved and hated, is viewed as or expected  
to be either a saint or a sinner, an embodiment of  
their own instinctual life, and secondly, the  
abused child is prone to develop violent behavior  
as a character trait and is aimless.

SECTIONS (3): The staff is trained to obtain a  
measure of personal comfort with violence through  
sharing the burdens and by utilizing small research  
oriented groups.

PARAGRAPHS (2): Treatment involves a child care  
facility to remove child from the home for a  
number of hours a week; group meetings with  
mandatory attendance for both parents.

MENTION (1): Statistics of this group demonstrated  
that although most of the families were not in  
poverty they were having trouble supporting them- 
seves. There is a tendency on the part of the  
staff to react initially to child abuse with  
denial or retaliation. The mandatory reporting  
law of child abuse is of little value because of  
the limited facilities for constructive interven- 
ton or treatment.
CITATION: Gans, Bruno
Battered Babies - How Many Do We Miss?

MAIN EMPHASIS (4): Case study which shows how abuse is often hidden or overlooked.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

CITATION: Gardner, John W.
The Abused Child
MCCALLS, September 1967, 97, 143

MAIN EMPHASIS (4): Non-specific emotional appeal by the Secretary of the Interior to recognize the problem of child abuse.

SECTIONS (3):

PARAGRAPHS (2): (a) Statistics show that at least 10,000 children are abused each year. (b) Mandatory reporting laws in all states. (c) Abusers are often young and emotionally immature (d) Prevention resources should be a general community education program.

MENTION (1):

MAIN EMPHASIS (4): A set of variables which measure family disorganization is developed.

TARGET POPULATION: Behavioral Scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):


MAIN EMPHASIS (4): Discussion of beginning phase in developing an integrated theory of intrafamily violence: (1) Description of 13 theories of violence and the relevance of each to intrafamily violence categories of theories--intra-individual, socio-psychological, socio-cultural. (2) Extent of family violence and unique qualities of family as social group necessitate special theory for family violence. (3) Strategies to be taken in theory integration--matrix of 13 theories. (4) Appendix summarizing distinctive contributions of theories to family violence.

SECTIONS (3): (a) Intra-individual theories (psychopathological, alcohol, and drugs) specifically offered as explanations for child abuse (psychopathology of abuser, or being drunk--excuse to beat child). (b) Learning theory specifically relevant to explaining child abuse. (c) Functional theory of violence--child abuse as danger signal to community or as a form of population control. (d) Culture of violence theory--through associations, family members may learn that violence to spouses/children is acceptable.

TARGET POPULATION: Behavioral Scientists
CITATION: Gibbons, T. C. N., et al. 
Violent Cruelty to Children 
BRITISH JOURNAL OF DELINQUENCY, April 1956, 6:260-277

MAIN EMPHASIS (4): Study on characteristics of men and women (total of 39) imprisoned for cruelty to children (mostly abuse; 2 cases of neglect) in Great Britain. Areas explored include family history of offenders, psychodynamics of offenders, school, work, criminal records, mental and physical health, relevance of alcohol, characteristics of children, social and psychological factors.

SECTIONS (3): (a) Statistics on study. (b) Police and/or N.S.P.C.C. received initial complaint, usually from the mother herself (50% of cases).

PARAGRAPHS (2): Recommendation that all cases be remanded for investigation before court decision so that needs of family as a whole could be considered.

MENTION (1): (a) Violent parents need concentrated social work, often directed at whole family; workers need some authority to work effectively with families. (b) NSPCC used "women visitors" to take over day-to-day care of families in neglect cases. (c) Difference between abuse and neglect cases: in former, children are seldom neglected and parents are less cooperative.

TARGET POPULATION:
Behavioral Scientists

CITATION: Gil, David G. 
A Holistic Perspective on Child Abuse and Its Prevention 
AMERICAN JOURNAL OF ORTHOPSYCHIATRY (In Press; to be published April/June 1975)

MAIN EMPHASIS (4): The author rejects "fragmentary" approaches to child abuse in favor of a "holistic" approach, using the concepts of "levels of manifestation," and "levels of causation" to look at abuse. Abuse is defined as "inflicted deficits between the rights and actual circumstances of children."

SECTIONS (3): (a) Child abuse is seen as caused by a non-egalitarian society which implies competitiveness and the use of force at governmental, institutional, and familial levels. (b) Prevention of child abuse involves a removal of all non-egalitarian policies. (c) Suggestions for research include examination of egalitarian communities, occurrence of child abuse, and experimentation with alternative lifestyles.

PARAGRAPHS (2):

MENTION (1):
CITATION: Gil, David G.
Physical Abuse of Children
PEDIATRICS, March 1970, 45:510-511

MAIN EMPHASIS (4): Letter commenting on Dr. Fontana's paper. Gil points out that child abuse is really epidemiologic. We approve physical abuse. He criticizes Fontana for not removing it from a clinical perspective and treating it as a pediatric syndrome.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

---

CITATION: Gil, David G.
A Socio-Cultural Perspective on Physical Child Abuse
CHILD WELFARE, July 1971, 50(7):389-395

MAIN EMPHASIS (4): Discussion of child abuse in socio-cultural terms and good recommendations for preventive measures.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): (a) Caffey's identification of physical abuse through x-rays. (b) No legal protection for children against physical attack--dental of Fourteenth Amendment.

TARGET POPULATION:
Behavioral Scientists
Social Workers
MAIN EMPHASIS (4): Analysis of findings from national survey on abuse in years 1967-1968 involving almost 13,000 incidents. Author discusses scope of child abuse problem, characteristics of legally-reported abused children, characteristics of families of abused children, incidents and surrounding circumstances, official actions following abuse. Presents a typology of child abuse which notes particular underlying factors of physical child abuse. Author also provides conceptual model of physical child abuse related to societal issues, i.e., culturally sanctioned use of physical force in child rearing, differences in child rearing patterns among social strata and ethnic groups, etc.

SECTIONS (3): (a) Statistics (figures and tables) on physical abuse in U.S. (b) Implications for social policy and prevention strategies, e.g., outlaw use of corporal punishment in all institutions, elimination of poverty and structural social inequalities, and provision of comprehensive social services for all families.

PARAGRAPHS (2):

MENTION (1): Intervention at societal rather than individual level is more effective. Legislation on reporting laws instituted without adequate understanding of dynamics of child abuse. No clearly effective strategies for prevention and treatment were incorporated into laws. Such laws not expected to have much impact on incidence rates.
CITATION: Gil, David G., et al.
Public Knowledge, Attitudes and Opinions about Physical Child Abuse in the U.S.
CHILD WELFARE, July 1969, 48(7):5-5426

MAIN EMPHASIS (4): Discussion of Brandeis University survey (administered by NORC) to determine general public's knowledge, attitudes and opinions on child abuse and related issues (includes statistical information).

SECTIONS (3): (a) Statistical information on general knowledge of child protective agencies. (b) Extrapolating the scope of child abuse incidents in the U.S.

PARAGRAPHS (2): Ignorance of resources suggests that child protective agencies should use mass media to increase recognition of their services.

MENTION (1): (a) Attitudes towards removing abused child from home. (b) Prevention of abuse through routine counseling of prospective parents. (c) Reporting laws passed in every state by June 1967 (U.S. Children's Bureau Info.).

CITATION: Gill, Thomas P.
The Legal Nature of Neglect
NATIONAL PROBATION AND PAROLE ASSOCIATION JOURNAL, January 1960, 6(1):1-16

MAIN EMPHASIS (4): A discussion of the legal borders of neglect, specifically in terms of moral neglect, custody conflicts, medical neglect, educational neglect. Upon finding neglect, disposition of case must be in terms of "best interests of child"—discussion follows.

SECTIONS (3): (a) Emotional neglect—only Minnesota has legislation covering it specifically. Author argues the law is inconsistent in custodiy cases in arguing that gift of parental love is important but that withholding love is not harmful; need to include this in statutes. (b) Historical background founding juvenile court; authority based in doctrine of parents' rights. (c) Discussion of court's power.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Although the exact frequency of thermal injuries in child abuse is unknown, they are a common indicator, especially if frequent and located in such a way anatomically as to make self-infliction unlikely. Several other indicators are mentioned.

SECTIONS (3): (a) Families with problems of alcoholism, psychosis, and unwanted children along with the child's minor behavior or enuresis problems are characteristic of child abuse; (b) Legislation about reporting, immunity, and indictment in the 50 states is seen as more protective of animals than children.

PARAGRAPHS (2): (a) Case histories depict the need for early detection of signs of abuse; (b) Historical attitudes toward children are reflected in lack of legal protection against abuse dating from the Romans to Teddy Roosevelt.

MENTION (1):

CITATION: Gillespie, C. L., et al.
Fracture of the Tibia in Spina Bifida Vera, Report of Two Cases
RADIOLOGY, 1938, 31:621-63

MAIN EMPHASIS (4): The authors present two cases that demonstrate a complicating factor in the diagnosis of fracture of the tibia--sensory impairment in the lower extremities associated with spina bifida vera.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Giovannoni, Jeanne M. 
Parental Mistreatment: Perpetrators and Victims 
JOURNAL OF MARRIAGE AND THE FAMILY, Nov. 1971, 649-657


SECTIONS (3): (a) Characteristics of abusive/neglectful parents as determined from 3 research studies; (b) Society's mistreatment of children historically.

PARAGRAPHS (2):

MENTION (1): Options of juvenile court in handling abuse/neglect cases.

CITATION: Giovannoni, Jeanne M. 
Research in Child Abuse: A Way of Seeing is a Way of Not Seeing 
Paper presented to National Symposium on Child Abuse, Chicago, 1974

MAIN EMPHASIS (4): General discussion of state of child abuse research in comparison to that of juvenile delinquency and mental illness research.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Necessity to gear research toward what works more than why it works.
CITATION: Giovannoni, Jeanne M., et al.
A Study of Parental Adequacy in Families of Child Neglect Among the Poor: Three Ethnic Groups
CHILD WELFARE, April, 1970, 49(4):186

MAIN EMPHASIS (4): Description of parameters which distinguish neglectful and adequate mothers among poor families (Black, Caucasian, and Spanish-speaking).

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Supportive child rearing services essential to prevention.

TARGET POPULATION:
Behavioral Scientists; Welfare Workers

---

CITATION: Glaser, Helen H., et al.
Physical and Psychological Development of Children with Early Failure to Thrive
JOURNAL OF PEDIATRICS, Nov. 1968, 73(5) :690 -8

MAIN EMPHASIS (4): Failure to thrive may be connected with emotional neglect, however 1/3 of the families had no detectable evidence of physical, emotional, or psychological abnormalities. Many of the symptoms and problems of non-thriving children are included.

SECTIONS (3): (a) Follow-up: Showed 1/3 of families with social pathology and 40 out of 50 of the study showed a substantial incidence of continued growth defects, both in height and weight. Children from stable home environments recovered spontaneously.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): A differential diagnosis of child abuse can be made by determining whether the abuser has organic brain disease, ignorance, psychoneurosis, personality structure disorder, psychosis, attitudinal problems, sadism, organic disease, psychiatric disorder, cluster disorder.

SECTION (3): Historical parent-child relationship can recapitulated in conqueror/conquered relationship.

PARAGRAPHS (2):

MENTION (1): New Zealand protects children legally while ancient Greece, modern Polynesia, India, and China used infanticide as a means of disposing of children.

TARGET POPULATION:
Medical Scientists
MAIN EMPHASIS (4): Social workers must be aware of legal problems and the law as it affects most areas of social work.

SECTIONS (3): (a) The problem of disclosing confidential material in court hearings; (b) The usefulness of social data in the judicial process; (c) What steps social workers can take to promote needed legislation in area of family law.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists; Social Workers

CITATION: Goldfarb, W. Psychological Privation in Infancy and Subsequent Adjustment AMERICAN JOURNAL OF ORTHOPSYCHIATRY, 1945, 15:247-55

MAIN EMPHASIS (4): Authors report the results of a controlled investigation comparing children who were raised in institutions and transferred to foster care with children who remained institutionalized.

SECTIONS (3): (a) Effects of institutionalization on intellectual, cognitive, behavioral, and emotional development. Hyperactivity, affect hunger, poor conceptual organization are among symptomology discussed; (b) Authors compare the differences between the dependent child and the rejected child.

PARAGRAPHS (2):

MENTION (1): A table of statistics on the differences between IQ's in the pre- and post-foster care situations.
CITATION: Goldney, R. V.
Abusing Parents: Legal and Therapeutic Aspects
MEDICAL JOURNAL OF AUSTRALIA, Sept. 9, 1972, 2(11):597-600

MAIN EMPHASIS (4):

SECTIONS (3): (a) In abusing parents, psychiatric disability runs the whole gamut from mental retardation to psychosis, from neurosis to personality disorders; (b) Existing laws force many therapists to come to a pseudo-legal compromise; (c) Treatment should follow the psychiatric lines—physical methods, psychotherapy, and social manipulation; (d) Initial complaint should be made to social service agencies and, when possible, reporting should be terminated if the problem can be worked through without it.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Golub, Sharon
The Battered Child: What the Nurse Can Do
RI, 1968, 31:42-5

MAIN EMPHASIS (4): A discussion of the nurse’s role in dealing with child abuse and neglect; characteristics of parents which are helpful in diagnosing the problem, and characteristics of children who have been abused or neglected.

SECTIONS (3): (a) The nurse’s key role in treatment of abused/neglected child; providing bodily contact and attention when child is ready; (b) Nurse can prevent abuse/neglect through early diagnosis of probability, providing education in child care, and support to parents.

PARAGRAPHS (2): (a) Physical evidence that child has been abused; (b) Nurse must report suspicion; upon reporting suspicion of abuse/neglect, legal authority will investigate, juvenile court may remove child from home.

MENTION (1): Statistics on suspected cases in New York rose between 1966-70. Recommends establishing registry in N.Y. State to encourage physicians to report cases where legal evidence not strong enough to allow investigation.
CITATION: Goode, W. J.  
Force and Violence in the Family  

MAIN EMPHASIS (4): A theoretical discussion of the role force and threat of force play in the family, focusing on the deterrent value of force and the outside support of the use of force which comes from the state, community, and friends.

SECTIONS (3): (a) The role of force in socialization is discussed and illustrated by some cross-cultural comparisons with Japan; (b) The author examines assault, murder, and child abuse from the perspective of exchange theory.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Gordon, Henrietta L.  
Emotional Neglect  
CHILD WELFARE, Feb. 1959, 24-27

MAIN EMPHASIS (4): General appeal for court action on emotional neglect as well as physical abuse/neglect.

SECTIONS (3): (a) Treatment approach generally used in neglect cases; (b) Defining emotional neglect.

PARAGRAPHS (2): Defining problem and treatment in terms of community neglect.

MENTION (1):
CITATION: Gottlieb, Werner
Mutual Goals and Goal Setting in Casework

MAIN EMPHASIS (4): Suggestions are made that social
casework consist of mutually agreed-upon goal-
directed activities.

SECTIONS (3): A case of parenting difficulties is
reported.

PARAGRAPHS (2):

MENTION (1)

TARGET POPULATION:
Behavioral Scientists

CITATION: Grantmyre, Edward B.
Trauma X - Wednesday's Child

MAIN EMPHASIS (4): There is no main emphasis.

SECTIONS (3): Kempe's indicators of abuse are
listed.

PARAGRAPHS (2): (a) Estimates of abuse in Canada
(90% of abusers being mothers) and other statis-
tics are given; (b) immediate treatment should
consist of removing the child from the home for
hospitalization while Children's Aid Society plans
further treatment; (c) Higher SES abusers can
better afford legal counsel.

MENTION (1): Prevention via contraception, smaller
families, and day care centers is seen as
plausible.
**CITATION:** Gray, Jane
*Hospital-Based Battered Child Team*
*HOSPITALS, JAMA, Feb., 1973, 47:50-2*

**MAIN EMPHASIS (4):** Describes a hospital-based team approach for handling child abuse cases--team coordinator assures communication between all professionals.

**SECTIONS (3):**
(a) Indications of abuse: vague or discrepant history; delay in seeking medical attention; x-rays revealing old fractures; parents' unrealistic view of child; (b) Joint meeting to determine whether case is abuse and needs reporting.

**PARAGRAPHS (2):**
(a) Need to design mechanism to arrange for immediate court order; (b) Colorado's special report form for hospital personnel; other evaluations (psychiatrist, social worker, nurse, etc.) made available to welfare department; (c) Hospital has task of providing follow-up services when child discharged until other arrangements can be made; (d) Each case a teaching tool for prevention--may identify typical characteristics of abusive parent.

**MENTION (1):**
(a) Hospitalization of child provides safety for child, gives overwhelmed parents respite, enables professionals to complete diagnosis; (b) M.D. should take sympathetic approach in interviewing parents.

**TARGET POPULATION:**
Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TARGET POPULATION:**
Medical Scientists; Psychiatrists, Physicians

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TARGET POPULATION:**
Medical Scientists

**CITATION:** Green, Norris, et al.
*Reactions to the Threatened Loss of a Child: A Vulnerable Child Syndrome*
*(Pediatric Management of the Dying Child, Part III)*
*PEDIATRICS, July, 1964, 58-66*

**MAIN EMPHASIS (4):** Not related to child abuse/neglect: "vulnerable child syndrome" study suggesting relationship between parental fears of child's death and child's disturbance.

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):**

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TARGET POPULATION:**
Medical Scientists; Psychiatrists, Physicians

**TARGET POPULATION:**
Medical Scientists

**TARGET POPULATION:**
Medical Scientists

---

**Note:** The table in the document seems to be a form or chart, possibly related to medical or psychological assessments, but the content is not clear due to the nature of the table representation.
CITATION: Green, Orville C.
Sizing Up the Small Child
POSTGRADUATE MEDICINE, October, 1971, 50;103-109

MAIN EMPHASIS (4): Case histories of children treated in a growth clinic are presented.

SECTIONS (3):

PARAGRAPHS (2): (a) Two cases of abuse or neglect responded to foster care by physical growth; (b) Dwarfism and pituitary insufficiency are secondary to emotional deprivation.

MENTION (1):

TARGET POPULATION:
Medical Scientists

CITATION: Gregg, Grace S.
Infant Trauma
AMERICAN FAMILY PHYSICIAN, May 1971, 3:101-106

MAIN EMPHASIS (4): Physician's role and responsibility in analyzing the environmental factors which led to the infant's injury.

SECTIONS (3): (a) Indicators of abuse/neglect; (b) Problem definition - whether generalized abuse represents temporary disequilibrium or pervasive family deterioration; (c) Treatment - course of action in abuse/neglect.

PARAGRAPHS (2): (a) Non-specific - data of incidents of infant trauma; (b) Non-specific - training related.

MENTION (1): Legal considerations.
CITATION: Gregg, Grace
Physician, Child Abuse Reporting Laws and Injured Child
CLINICAL PEDIATRICS, Dec. 1968, 7(2):726-725

MAIN EMPHASIS (4): Presents a comprehensive approach for the examining physician to detect any evidence of child abuse.

SECTIONS (3): Legally - physicians are bound by law to report.

PARAGRAPHS (2):

MENTION (1): TARGET POPULATION:
Medical Scientists

CITATION: Gregg, Grace S., et al.
Infant Injuries: Accident or Abuse
PEDIATRICS, Sept. 1969, 44(3):434-439

MAIN EMPHASIS (4): Research study finding that abused children tend to be more severely injured, with more serious sequelae and developmental retardation; child's ordinal position, family density and stress are the most important determinants.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): TARGET POPULATION:
Behavioral Scientists; Medical Scientists
MAIN EMPHASIS (4): Fatigue fractures can occur in children who undergo recurrent stress as produced by jumping and skipping. Badly worn shoes may predispose to the development of fatigue fractures. Eight case reports presented and discussed. Fatigue fractures distinguished from traumatic fractures.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: Medical Scientists

CITATION: Griffiths, Alan L. Fatigue Fracture of the Fibula in Childhood. ARCHIVES OF DISEASE IN CHILDHOOD, 1952, 27:552-57

MAIN EMPHASIS (4): Multiple epiphysial injury as indication of battered baby syndrome; x-ray appearances of this form of trauma; unexplained fractures as indications of abuse. Case histories to illustrate.

SECTIONS (3): (a) Differential diagnosis from x-rays can distinguish abuse from other possible causes (e.g., scurvy); (b) In injuries through violence denial by parents is to be expected.

PARAGRAPHS (2):

MENTION (1): Only reference to infant trauma in non-specialized British Journal was in 1886—references related solely in specialized journal and in America.

TARGET POPULATION: Medical Scientists Physicians

MAIN EMPHASIS (4): Clues to diagnosis of abuse include: association of bruises and fractures, evidence of old lesions, child's and family's behavior, favorable course of stay in hospital.

SECTIONS (3): Physician still ill-informed about problem; most common victims of abuse are very young children.

PARAGRAPHS (2):

MENTION (1): (a) New French child protection laws (1958, 1959) are excellent if enforced; (b) Physicians must detect injury and various administrations must cooperate to deal with it; (c) Elimination of socio-economic circumstances which foster cruelty could eliminate abuse in time.
MAIN EMPHASIS (4): Possibility of Mexican-American folk practice (dipping child with sunken fontanelles into boiling water) causing subdural hematoma.

SECTIONS (3): (a) Case report; (b) Folk practice in disease.

PARAGRAPHS (2): (a) Frequency of folk practice in USA; (b) Whiplash injuries.

MENTION (1): Questions if subdural hematoma as a result of folk practice is widespread.

TARGET POPULATION:
Medical Scientists; Physicians

CITATION: Gunn, Alexander D.
Wounds of Violence
NURSING TIMES, May 5, 1967, 63:590-2

MAIN EMPHASIS (4): The law involving wounding is clear. Types of wounds are defined.

SECTIONS (3):

PARAGRAPHS (2): (a) The importance of recording the wound is emphasized because after the wound heals, this evidence will be available; (b) The best indicators are the actual bruises and x-rays which demonstrate the recent and old fractures.

MENTION (1): "Battered baby" defined as a collection of symptoms and signs occurring in children who have suffered repeated injuries.
MAIN EMPHASIS (4): Author suggests in some cases repeated acceleration/deceleration rather than direct violence is the cause of the hemorrhage.

SECTIONS (3): Case reports are used to illustrate the author's hypothesis.

PARAGRAPHS (2): Statistics on the incidence of subdural hemorrhage are included.

MENTION (1):

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>SEX N</th>
<th>EVIL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN COM</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Guttmacher, Alan F.
Unwanted Pregnancy: A Challenge to Mental Health
MENTAL HYGIENE, Oct. 1967

MAIN EMPHASIS (4): Unwanted pregnancies adversely affect mental health--emotional appeal to support Planned Parenthood.

SECTIONS (3): (a) Unwanted child can be victim of battered child syndrome; (b) Effects of increasing density of population on mental health (Dr. John B. Calhemi's study with rats).

PARAGRAPHS (2): Adelsais "nutritionally suffered child"--Abuse by starvation.

MENTION (1): X-ray indications of abuse - Caffey's work, Silverman's work.

TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>SEX N</th>
<th>EVIL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN COM</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Roentgenographic Manifestations of Unsuspected Trauma in Infancy

MAIN EMPHASIS (4): Characteristic roentgenological features include subperiosteal calcification, and "squaring" of the ends of long bones along with soft tissue injury, etc.

SECTIONS (3): A case is given.

PARAGRAPHS (2): Reliable history is difficult to obtain. The syndrome frequently results in permanent damage or death.

MENTION (1): (a) The only certain safeguard is removal of the infant from the damaging environment; (b) Legal action is often missed.

TARGET POPULATION:
Medical Scientists

| NON-SP | GEN AIR | GEN AIR | GEN AIR | GEN AIR | GEN AIR | GEN AIR | GEN AIR | PHY N | PHY N | PHY N | PHY N | EMO N | EMO N | EMO N | EMO N | SEX A | SEX A | SEX A | SEX A | EXPL | EXPL | HIST | HIST | TR REL |
|--------|---------|---------|---------|---------|---------|---------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| IN COM | IN INT  | INDIC   | PRB DEF | TREAT   | LEG CON | REFER   | ANC SER | FOLLOW | PREVEN | STATS |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

CITATION: Ogden, Michael, et al.
Metaphyseal and Physeal Injuries in Children with Spina Bifida and Meningomyeloceles
AMERICAN JOURNAL OF ROENTGENOLOGY, 1965, 95:168-77

MAIN EMPHASIS (4): Children with spina bifida and meningomyelocele who are not fully paralyzed are more prone to suffer injuries resulting in metaphyseal and physeal injuries to the lower extremities. Trauma is the main cause.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Battering of children is one of the traumas which brings about these symptoms.

TARGET POPULATION:
Medical Scientists

| NON-SP | GEN AIR | GEN AIR | GEN AIR | GEN AIR | GEN AIR | GEN AIR | GEN AIR | PHY N | PHY N | PHY N | PHY N | EMO N | EMO N | EMO N | EMO N | SEX A | SEX A | SEX A | SEX A | EXPL | EXPL | HIST | HIST | TR REL |
|--------|---------|---------|---------|---------|---------|---------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| IN COM | IN INT  | INDIC   | PRB DEF | TREAT   | LEG CON | REFER   | ANC SER | FOLLOW | PREVEN | STATS |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
CITATION: Haas, L. Injured Baby
BRITISH MEDICAL JOURNAL, Sept. 11, 1956, 645

MAIN EMphasis (4): Case study demonstrating injury done post-natally.

SECTION (3):

PARAGRAPHS (2): Subdural hematoma is often the first indication in the syndrome of multiple epiphyseal injuries.

MENTION (1): States that post-natal trauma including deliberate injuries account for three times as many cases as birth trauma.

TARGET POPULATION:

Medical Scientists

CITATION: Hall, Marian
The Right to Live
NURSING OUTLOOK, 1967, 15:63-5

MAIN EMphasis (4): Child abusers present many common characteristics, with emotional immaturity the most outstanding, followed by parental abuse in their childhood, alcohol, etc. Abused children are often illegitimate, cry a lot, and fail to live up to parental expectations.

SECTION (3): Historically, parents' rights have not been questioned, but abuse is as old as mankind.

PARAGRAPHS (2): (a) Legal--mandatory laws granting immunity; (b) Statistics demonstrate abuse is repeated; (c) Lack of maternal attention, physical injuries, and emotional immaturity are indicators.

MENTION (1): Reporting varies from state to state.
CITATION: Haller, J. Alex, et al.  
Trauma Workshop Report: Trauma in Children  

**MAIN EMPHASIS (4):** Discussion of trauma in children (not physical abuse) including unusual responses of young children to trauma, children's unique types of injuries, need to transport quickly to hospital because of limited reserves in small children; special training centers for children essential for optimal care. Some needed areas of research are identified.

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):**

---

CITATION: Harlin, Hannibal  
Subgaleal Hematoma Caused by Hair-Pull  

**MAIN EMPHASIS (4):** Hair-pulling can cause subgaleal hematoma by inducing scalp and calvarial separation at the aponeurotic junction.

**SECTIONS (3):** Case study of hair-pulling was given which describe the findings of the medical examination.

**PARAGRAPHS (2):** The author also points out that physicians are required to report suspected child abuse and since there have been few convictions, better clinical documentation is needed.

**MENTION (1):**
**CITATION:** Hammell, Charlotte J.  
Preserving Family Life for Children  

**MAIN EMPHASIS (4):** Parents' needs must be recognized. Knowing those who are emotionally immature or ill and those who can carry the role with help is of prime importance for treatment.

**SECTIONS (3):** Case studies reveal the parental difficulties that create child neglect and abuse.

**PARAGRAPHS (2):** Ancillary service - homemakers often can provide support for the parents in caring for their children.

**MENTION (1):**

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
<th>Behavioral Scientists</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>4</td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td>2</td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
</tr>
</tbody>
</table>

---

**CITATION:** Hansen, Richard H.  
*Doctors, Lawyers and the Battered Child Law  
Journal of Trauma, Nov., 1956, 5(6):826-30*

**MAIN EMPHASIS (4):** A discussion of U.S. abuse-reporting laws and recommendations as to what should be adopted generally by all states; e.g., should cover disabled and incompetent as well as children. Any person should be required to report, not just M.D.s, legal; immunity should be provided to reporter; privileged communication right should be waived; penalties for failure to report; report should be made to Children's Division of Public Welfare.

**SECTIONS (3):**

**PARAGRAPHS (2):** (a) Sample reporting form, State of Illinois; (b) Dr. Robert W. Gillespie comments on above problem.

**MENTION (1):**

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
<th>Medical Scientists</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>2</td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>2</td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>4</td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
</tr>
</tbody>
</table>
**CITATION:** Hansen, Richard  
Legal Implications of the Battered Child Syndrome  
NEBRASKA STATE MEDICAL JOURNAL, Dec., 1965, 50:595-7

**MAIN EMPHASIS (4):** Discussion of new legislation in Nebraska which focused on two problems: (1) reporting child abuse; and (2) subsequent legal action to protect welfare of child. New Laws require reporting of "willfully inflicted severe physical injury" on any child, incompetent person, or disabled person. Also, the report becomes privileged communication, thus protecting the reporter. But the right to privileged communication between professional and client is waived.

**TARGET POPULATION:**  
Behavioral Scientists  
Lawyers

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):**

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**CITATION:** Harcourt, Brian, et al.  
Ophthalmic Manifestations of the Battered Baby Syndrome  

**MAIN EMPHASIS (4):** Case studies of battered babies who have ocular manifestations; eight of them suffered permanent impairment and ten had extensive intra-ocular hemorrhage.

**TARGET POPULATION:**  
Medical Scientists

**SECTIONS (3):** The medical findings involved in these injuries are presented.

**PARAGRAPHS (2):** Considerations: age and general condition of child; evidence of injury at other times, disproportionate amount of soft tissue; inadequate history, and multiple admissions.

**MENTION (1):**
MAIN EMPHASIS (4): A study of 19 child slayers shows a predominance of young overburdened parents (usually mothers), financial difficulties, feelings of self-reproach, and premeditation among persons who kill their children. Men often kill their wives also, and women often attempt suicide after slaying a child. The motive of saving the child by killing it is rejected.

SECTIONS (3): (a) Histories and psychodynamics of 19 cases are discussed; (b) A few Danish studies of infanticide have been made. They report prolonged depression among mothers, and a lack of emotional depth among fathers who slay children; (c) Several statistics of occurrence of infanticide and related factors are given.

PARAGRAPHS (2): (a) In ancient times infanticide was a parental right; later became a highly punishable crime; (b) Women are acquitted more frequently than men. Men are considered more vengeful and dangerous to society by the courts.

MENTION (1):

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
<th>Behavioral Scientists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GEN AN</td>
</tr>
<tr>
<td>NON-SP</td>
<td>3</td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>4</td>
</tr>
<tr>
<td>TREAT</td>
<td>2</td>
</tr>
<tr>
<td>LEG CON</td>
<td>2</td>
</tr>
<tr>
<td>REFER</td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>3</td>
</tr>
</tbody>
</table>

CITATION: Hare, Robert D., et al.
Psychopathy & Autonomic Conditioning
JOURNAL OF ABNORMAL PSYCHOLOGY, 1971, 77(3):223-4

MAIN EMPHASIS (4): Psychopaths, in a test to determine whether anticipatory response could be learned, acquire cardiovascular conditioned responses but not electrodermal ones.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
The Effect of Rearing Conditions on Behavior

MAIN EMPHASIS (4): Experimentation with rhesus monkey shows that: (1) infants totally isolated for 2 years failed to display appropriate social or sexual behavior when placed for 2 years in joint living cage; (2) 6 months isolation suggests severe but not complete social deficits; (3) partial isolation resulted in behavioral alterations in many and sexual inadequacy in most monkeys; (4) infants raised by live mothers were more advanced in social/sexual behavior than monkeys raised by cloth surrogate methods. The more complete the social deprivation, the more devastating the behavioral effects.

TARGET POPULATION:
Behavioral Scientists

REPORTS:
- NON-SP
- IN COM
- IN INT
- INDIC
- PRB DEF
- TREAT
- LEG CON
- REFER
- ANC SER
- FOLLOW
- PREVEN
- STATS

NOT DIRECTLY RELATED TO OPS.

CITATION: Harnett, Arthur L.
How We Do It
JOURNAL OF SCHOOL HEALTH, Oct. 1971, 425-426

MAIN EMPHASIS (4): (prevention) Presentation of educational program by high school students to grade school students on child molesting.

TARGET POPULATION:
Educators
General Public

REPORTS:
- NON-SP
- IN COM
- IN INT
- INDIC
- PRB DEF
- TREAT
- LEG CON
- REFER
- ANC SER
- FOLLOW
- PREVEN
- STATS
CITATION: Harper, Foster V.  
The Physician, The Battered Child, and the Law  
PEDIATRICS, June, 1963, 31:899-902

MAIN EMPHASIS (4): Discussion of legislation draft requiring physicians to report child abuse, resulting from 1962 Children's Bureau conferences.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): (a) Doctor as most likely person to be in position to make initial complaint; (b) Doctor as most likely person to identify problem of abuse.

TARGET POPULATION:
Medical Scientists; Physicians

CITATION: Harrington, J. A.  
Violence: A Clinical View Point  
BRITISH MEDICAL JOURNAL, January 22, 1972, 1:228-231

MAIN EMPHASIS (4): The author reviews various theories of violent or aggressive behavior from psychology, etiology, biology, and neurophysiology, to develop a perspective on violent behavior.

SECTIONS (3):

PARAGRAPHS (2): The author includes a discussion of battered children.

MENTION (1):
CITATION: Hartley, A. I.  
*Identifying the Physically Abused Child*  
TEXAS MEDICINE, March 1969, 65:20-55

MAIN EMPHASIS (4): Report of exploratory study of 20 cases of physically abused children to help physicians differentiate between an accident victim and the victim of physical abuse.

SECTIONS (3): (a) Presents data on injuries to 20 children; (b) Describes age, sex, race, family position, caretaker relationships, etc., of children most likely to be abused; (c) Describes parental attitudes when given diagnosis which are an additional indicator for the physician to confirm child abuse.

PARAGRAPHS (2):

MENTION (1): (a) Historical reference to Kempe and "battered child syndrome."; (b) In Texas, safety of the child and protection of parent from unfounded accusation are primary legal considerations in physician's report.

| TARGET POPULATION: | Medical Scientists  
<table>
<thead>
<tr>
<th></th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td>1</td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>4</td>
</tr>
<tr>
<td>PRB DEF</td>
<td>3</td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>1</td>
</tr>
<tr>
<td>REFER</td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>3</td>
</tr>
</tbody>
</table>

CITATION: Havens, Leston L.  
*Youth Violence and the Nature of Family Life*  

MAIN EMPHASIS (4): Recent evidence about child abuse has forced clinicians to recognize the syndrome of family violence. It is no longer possible to idealize family life.

SECTIONS (3): (a) The dysfunctions in patterns of child rearing characteristic of child abusers; (b) Family contributions to mental illness of children and criminality are discussed; (c) The need for experimentation with alternate family life styles, and emphasis on education and services to preserve family life.

PARAGRAPHS (2):

MENTION (1):
CITATION: Hawke, D.
Crano-cerebral Trauma in Infancy and Childhood
CLINICAL NEUROSURGERY, 1964, 11:66-75

MAIN EMPHASIS (4): The author describes and clarifies the various types of head injuries and the appropriate medical management for them.

SECTIONS (3): Closed head injury without skull fractures, simple fracture of the skull, compound skull fractures, extra cerebral subdural hematoma and the physically abused child are discussed as clarifications of injury.

PARAGRAPHS (2):


CITATION: Hazelwood, Arthur L.
Child Abuse: The Dentist's Role
NEW YORK STATE DENTAL JOURNAL, May, 1970, 36:289-91

MAIN EMPHASIS (4): To alert dentists to problems of abuse. Dentists should report suspected cases.

SECTIONS (3): Social characteristics of abusive families.

PARAGRAPHS (2): (a) physical abuse, a historical phenomenon - 1875 "Mary Ellen" case in N.Y.; (b) laws for protection of animals occurred long before those for children; (c) N.Y.'s reporting law requires health workers and hospitals to report in order to protect child and identify disturbed parent who needs help; (d) why M.D.'s hesitate to report - unfamiliar with problems; litigation fear, effect on practice.

CITATION: Heins, Marilyn
Child Abuse - Analysis of a Current Epidemic

MAIN EMPHASIS (4): A study of 164 abused children at Detroit General Hospital since 1965, i.e., large majority of children under 4 years of age, equal number of well cared for as uncared for children; mothers usually the abusers, 43% of abusers under age 20.

SECTIONS (3): (a) Historical perspective on problem of child abuse; (b) Early institutions established to protect children; (c) Michigan reporting law (1969, 1966); (d) Indicators - vague history, condition of children, x-ray evidence; (e) Tables and statistics on child abuse; (f) Follow-up findings of study, e.g., re abuse likely.

PARAGRAPHS (2): Detroit General Hospital does x-rays, alerts social service and home nursing for emergency visits, does not release child from hospital until safety at home is determined.

MENTION (1):

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
<th>Medical Scientists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Helfer, Ray
The Etiology of Child Abuse
PEDIATRICS, April, 1973, 51(4):777-779

MAIN EMPHASIS (4): Describing child abuse in terms of: (1) the potential for abuse - parents had disastrous rearing experience themselves, parents isolated and distrustful; non-abusive spouse in some way "permits" other to abuse, parents' confused way of looking at child; (2) special kind of child - may be in fact different or only perceived as different; (3) crisis or series of crises.

SECTIONS (3): Must recognize total situation before abuse occurs; implications for prevention.


MENTION (1):

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
<th>Medical Scientists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

324
CITATION: Helfer, Ray E.
A Plan for Protection: The Child-Abuse Center
CHILD WELFARE, Nov. 1970, 49(9):486-494

MAIN EMPHASIS (4): Child abusers should be treated by first making the home safe and then returning that child to the home.

SECTIONS (3): Child abusers had little mothering as children, have few friends, they isolate their needs, and expect the child to provide mothering.

PARAGRAPHS (2):

MENTION (1): Psychodynamic treatment is not practical in large metropolitan areas. Referrals - often by physicians unable to accept the responsibility for the child. The social worker is often not trained to understand the ramifications of child abuse.

TARGET POPULATION:

Behavioral Scientists

The Battered Child Syndrome
ADVANCES IN PEDIATRICS, 1968, 15:9-27

MAIN EMPHASIS (4):

SECTIONS (3): (a) Historical: child abuse has been done to please God as well as a method of rearing; (b) Laws are now being enacted to protect the rights of children. They are mandatory and limit liability; (c) Indicators focus on discrepancies in physical findings, e.g., x-rays, bruises, lacerations, and available history; (d) Abusers present a wide range of personality types and encompass a wide range of child rearing coupled with stresses, i.e., unwanted baby, unemployment, etc.; (e) Case histories are presented at length; (f) In initial interview, physician should be nonjudgmental, tell parents where to receive help, and keep the parents informed; (g) Treatment should be multi-discipline -- social worker, welfare office, police, and school.

PARAGRAPHS (2):

MENTION (1): School personnel should be part of the multi-discipline team.
CITATION: Helfer, Ray E, and Gil, David G.
Physical Abuse of Children

MAIN EMPHASIS (4): Unclear criticisms by Helfer of Gil's report (1969) on child abuse; Gil's response in own defense. Concerned with how much abuse occurs in U.S. and whether research should continue to be directed to this problem. Gil's study cited under references.

SECTIONS (3):

PARAGRAPHS (2): Helfer's estimate of incidence of abuse in U.S. between 30,000 and 50,000 per year.

MENTION (1):

CITATION: Henderson, Ronald W.
Environmental Predictors of Academic Performance of Disadvantaged Mexican-American Children
JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, April 1972, 38(2):297

MAIN EMPHASIS (4): Results of investigation to determine whether interrelationships between environmental process variables and intellectual performance are stable over time. Scores of 35 children of Spanish-speaking families (who participated in original investigation into interrelationships) suggest predictive relationships between environmental characteristics and performance on reading achievement tests. Implications noted for family counseling and parent education.

SECTIONS (3):

PARAGRAPHS (2): 

MENTION (1):
MAIN EMPHASIS (4): The authors describe a number of techniques and strategies they have developed to overcome problems in casework treatment of "hard to reach" families who are neglecting or abusing their children or whose children have other problems.

SECTIONS (3): Concrete suggestions for interviewing techniques, home interviewing, joint interviews, overcoming anxiety of the social worker to intruding and difficulties in communication are included. Services to be provided children are discussed. The particular problems exhibited in communication with the families is also discussed.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists; Social Workers

CITATION: Hepner, R. et al.
Growth Rate, Nutrition Intake, and "Mothering" as Determinants of Malnutrition in Disadvantaged Children

MAIN EMPHASIS (4): The authors present the results of a study of the factors of growth rate, nutritional intake, and adequacy of mothering and their effects on malnutrition in children. They found that "adequate mothering" is protective to the child under the combined stress of rapid growth and low-quality food intake, and that "inadequate mothering" precipitates malnutrition in the rapidly growing child even with more adequate and more balanced nutrient intake.

SECTIONS (3): Special attention is focused on the factors in family environment that increase the probability of maternal or physical neglect.

PARAGRAPHS (2):

MENTION (1):
### Hepworth, Philip

**Looking at Baby Battering: Its Detection and Treatment**


**Main Emphasis (4):** (Non-specific) Better organized approach to child abuse.

**Sections (3):** Indicators/problem definition.

**Paragraphs (2):** Treatment: Necessity of more options for children removed from home, i.e., residential homes.

**Mention (1):**
- (a) undocumented statistics on scope of abuse;
- (b) necessity of follow-up to reduce mortality;
- (c) proposed amendment to Criminal Code of Canada;
- (d) legal history of Britain's Children Act 1948;
- (e) "Index of Suspicion" should be used to prevent abuse.

**Target Population:**
Behavioral Scientists (Social Workers), Administrators and Lawmakers

<table>
<thead>
<tr>
<th>GEN.AN</th>
<th>GEN.A</th>
<th>GEN.N</th>
<th>GEN.A.</th>
<th>GEN.N</th>
<th>PHY.A</th>
<th>PHY.N</th>
<th>PHY.A.</th>
<th>PHY.N</th>
<th>EMO.A</th>
<th>EMO.N</th>
<th>SEX.A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR.REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NON-SP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB OEF</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Herre, Ernest A.

**Aggressive Case Worker in a Protective Service Unit**

**Social Casework, June 1965, 130-138**

**Main Emphasis (4):** Describes the operation and philosophy of the Milwaukee County Department of Public Welfare's Protective Service.

**Sections (3):**
- (a) Authors argue that an aggressive outreach approach is necessary;
- (b) Describes the origins and development of the Protective Services unit.

**Paragraphs (2):**
- (a) Authors argue an optimistic approach is necessary in multi-problem families;
- (b) The use of a home maker and the integration of public health services as part of treatment are mentioned.

**Mention (1):**
- Refer to follow.
CITATION: Herr, Ernest A.
A Community Mobilises to Protect its Children
PUBLIC WELFARE, April 1965, 93-7

MAIN EMPHASIS (4): Description of demonstration project for handling A/N cases in Milwaukee County the "Protective Service Unit." Its functions include: (1) emergency services; (2) long-term treatment responsibility; (3) coordination of community service efforts; (4) consultant to other divisions of Department of Public Welfare. Working philosophy of unit described; basics of their treatment approach includes aggressive outreach.

SECTIONS (3): (a) Brief history of efforts in Milwaukee County to develop protective program for children; (b) Advisory committee of the unit: functions as coordinator between the Unit and the community; (3) Case history presented.

PARAGRAPHS (2): Agencies which receive initial complaints and refer them to the Unit are discussed.

MENTION (1):
CITATION: Hick, John F., et al. 
Sudden Infant Death Syndrome and Child Abuse
PEDIATRICS, July 1973, 52:147-48

MAIN EMPHASIS (4): Within context of Steinscheider's research on prolonged apnea and the sudden infant death syndrome, John Hick suggests possibility of child abuse was not explored fully. Steinscheider refutes.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Hill, Lewis B. 
Infantile Personalities

MAIN EMPHASIS (4): A detailed description of the manifestations of infantile personalities with some consideration given to etiology. In general not specific to abuse/neglect.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Many infantile personalities not healthily loved as babies - mother may have been overprotective stemming from her feelings of rejection of the baby.

TARGET POPULATION:
Behavioral Scientists; Psychiatrists

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MAIN EMPHASIS (4): Metaphyseal fragility may not be absolute evidence of physical abuse but rather may be evidence of underlying bone defect. Conclusion of 2 year retrospective study at Royal Children's Hospital (Victoria, Australia), 145 fractures reviewed.

SECTIONS (3):

PARAGRAPHS (2): (a) historical review, 1946, Caffey coined term metaphyseal fragility; Silverman in 1953 connected this phenomenon with physical abuse; (b) radiological diagnosis - epiphyseal plate fractures as indication of abuse; (c) bone fragility present in scurvy and rickets which could be cause of fractures rather than trauma.

MENTION (1): Medical Scientists

TARGET POPULATION:

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHA A</th>
<th>PHA N</th>
<th>EMO A</th>
<th>EMR N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Hiller, H. G.
Battered or Not - A reappraisal of Metaphyseal Fragility
AMERICAN JOURNAL OF ROENTGENOLOGY, RADIUM THERAPY AND NUCLEAR MEDICINE
Feb. 1972, 114:241-46

TARGET POPULATION:

Medical Scientists; Behavioral Scientists

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHA A</th>
<th>PHA N</th>
<th>EMO A</th>
<th>EMR N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Hiller, Renate B.
The Battered Child - A Health Visitor's Point of View

MAIN EMPHASIS (4): Treatment allows parents to verbalize their stresses and strains, emphasizes not placing the child in danger. Describes colleague support for the worker.

SECTIONS (3): Abusers may have any one or a combination of these problems: mothers see babies as rivals; family lives in isolation from rest of community; high expectation of performance.

PARAGRAPHS (2): MOTHERS SEE BABIES AS RIVALS

MENTION (1): Medical Scientists; Behavioral Scientists

TARGET POPULATION:

Medical Scientists; Behavioral Scientists

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHA A</th>
<th>PHA N</th>
<th>EMO A</th>
<th>EMR N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

333
Termination of Residential Treatment of Children 

MAIN EMPHASIS (4): Residential treatment termination is viewed from the standpoint of the parent who see residential treatment as a means toward helping the child and not a cure.

SECTIONS (3):

PARAGRAPHS (2): (a) children's anxiety over termination is both inevitable and necessary. Children, no matter how successful the treatment, will feel abandoned; (b) parents must consciously accept the child change; (c) parents feel anger toward the residential staff for the feeling of rejection and abandonment.

MENTION (1):

TARGET POPULATION: Behavioral Scientists; Social Workers

CITATION: Hoffman, Martin 
Power Assertion by the Parent and its Impact on the Child 
CHILD DEVELOPMENT, 1960, 31:129-143

MAIN EMPHASIS (4): The use of unqualified power assertion on children leads to hostility, power needs, increased autonomy needs from peers and from permissive authority figures.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
Parent Discipline and the Child's Moral Development  
JOURNAL OF PERSONALITY AND SOCIAL PSYCHOLOGY, 1967, 5:5-57

MAIN EMPHASIS (4): Discussion of a study evaluating moral development of 7th grade children. Parental discipline techniques were characterized as: power assertion, love withdrawal, and focusing on consequences of child's actions for others (induction). Advanced moral development was usually associated with infrequent use of power and assertion among middle class sample.

TARGET POPULATION: Behavioral Scientists

<table>
<thead>
<tr>
<th>SECTIONS (3):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PARAGRAPHS (2):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MENTION (1):</th>
</tr>
</thead>
</table>

CITATION: Holder, A. E.  
Child Abuse and the Physician  

MAIN EMPHASIS (4): The author reviews recent legal decisions in which medical testimony played a role in conviction and incarceration of child abusers.

TARGET POPULATION: Medical Practitioner

<table>
<thead>
<tr>
<th>SECTIONS (3):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PARAGRAPHS (2):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MENTION (1):</th>
</tr>
</thead>
</table>

Statistics which document that most child abuse victims are infants and high probability they will be killed if intervention does not occur after the first incident.
MAIN EMPHASIS (4): Studying the effects of deprivation and prior history on the hoarding behavior of rats in the laboratory situation, the results indicated that prior learning of hoarding behavior significantly increases future hoarding behavior in rats.

SECTIONS (3): The author discusses the instinct vs. learning theories of hoarding behavior. The study is interpreted as supporting learning theories of hoarding.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists

Working with the Parent in Child Abuse Cases
SOCIAL CASEWORK, Jan., 1975, 3-12

MAIN EMPHASIS (4): The authors derive their advice on the treatment of abusive parents from a study of experience with the problem of child abuse. Aspects of treatment discussed are: developing a relationship, defining precipitating factors, understanding rage, parenting the parent, educating the parent, expanding life satisfactions, modifying the parents' behavior, isolation, placement, and agency interrelationships.

SECTIONS (3): (a) Case examples are used to illustrate the points made; (b) Child abuse is defined and the general characteristics of abusive parents are outlined; (c) The article describes how the staff of the agency formed a study group to read texts, study case examples, and discuss how to be effective caseworkers.

PARAGRAPHS (2): The problems encountered in the initial interview are discussed and suggestions made about how to overcome them.

MENTION (1): The classic case of Mary Ellen who was chained to her bed and beaten.
CITATION: Holter, Joan C., et al.
Child Abuse: Early Case Findings in the Emergency Department

MAIN EMphasis (4): Discussion of two week survey of children under 6 admitted to emergency room for accidents--possibility of early identification of "high risk" population and intervention through services of emergency department (U. of Rochester Medical Center).

SECTIONS (3): (a) Statistics from research study related to suspected abuse cases, accidents from neglect; (b) 7 "accident" case histories, 5 of which were suspected abuse or accidents from neglect; (c) Family situations in suspected abuse and neglect groups; (d) Description/definition of accidents in terms of high risk and low risk.

PARAGRAPHS (2): (a) Physical indications of abuse; (b) Interviewing for "stresses" in family, for history of injuries.

MENTION (1): (a) Necessity of directing emergency department toward preventive/protective services; (b) Public health nurse should routinely visit "high risk" homes--treatment.

TARGET POPULATION:
Social Workers; Physicians

CITATION: Holter, Joan C., et al.
Principles of Management in Child Abuse Cases
AMERICAN JOURNAL OF ORTHOPSYCHIATRY, Jan., 1968, 38:127


SECTIONS (3): (a) New York State Child Abuse Law (July 1, 1964); (b) Treatment--roles of medical social worker as coordinating services, professional case worker; (c) U. of Rochester Medical Center's policy on reporting child abuse; (d) Two cases of child abuse.

PARAGRAPHS (2): Interviewing techniques with abusive parents.

MENTION (1): Fortana's "maltreatment syndrome."
CITATION: Hopkins, Joan
The Nurse and the Abused Child

MAIN EMPHASIS (4): Nurses ideally suited to diagnose, prevent, treat the abused child and family.

SECTIONS (3): (a) Characteristics of abusing parents with case illustrations; (b) Prevention—symptoms of potential abusers a nurse can identify; (c) Interviewing techniques with parents; (d) Treatment of abusive parent—teaching child-rearing and mothering.

PARAGRAPHS (2): Team approach helpful in dealing with child abuse.

MENTION (1):

CITATION: Hoshino, George, et al.
Administrative Discretion in the Implementation of Child Abuse Legislation
CHILD WELFARE, July, 1973, 52(7):414-424

MAIN EMPHASIS (4): That there is a great deal of administrative discretion in the visiting, proposing and implementation of chld abuse laws.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): (a) Newspaper coverage of child abuse gets the ball rolling for action; (b) Investigation is necessary within the first 24 hours of abuse in order to obtain a conviction.
CITATION: Howells, John G.  
The Psychopathologies of Hard-Core Families  
AMERICAN JOURNAL OF PSYCHIATRY, April 1966, 122:1159-1164

MAIN EMPHASIS (4): 24 problem families were treated and studied to prove that social problems are a result of individual pathology.

SECTIONS (3): Treatment approaches are suggested, including many choices of psychotherapeutic intervention, day care, and involvement with healthy community role models. (Neglect included).

PARAGRAPHS (2): An overwhelmed mother whose problems had multiple manifestations, including child neglect, was described.

MENTION (1):

Separation Experiences and Mental Health  
LANCET, Aug. 6, 1955, 285-288

MAIN EMPHASIS (4): A group of neurotic children and a control group of healthy children were found to be very similar regarding separation experiences and the differences were minor. Separation may cause suffering but it does not in most cases lead to mental illness. Separation can be eased by making use of a relative or friend. Deprivation springs most commonly from inadequate parental care.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Hudson, P.  
How to Set Up a No-Budget Battered Child Program  

MAIN EMPHASIS (4): The author describes the beginning efforts of a small group of professionals to publicize the problem of child abuse and to initiate a voluntary coordinating and service resource to children abused by their parents. The major barrier was found to be a reluctance by people to believe in abuse.

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>SECTION</th>
<th>GENERATION</th>
<th>TEXT AN.</th>
<th>TEXT N.</th>
<th>PHA.</th>
<th>PHA.</th>
<th>EMN.</th>
<th>EMN.</th>
<th>SEX.</th>
<th>EXPL.</th>
<th>HIST.</th>
<th>TR.</th>
<th>REL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB. DEF</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG. CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC. SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Hyman, Clare A.  
I.Q. of Parents of Battered Babies  
BRITISH MEDICAL JOURNAL, Dec. 22, 1973, 4:739

MAIN EMPHASIS (4): Abusing mothers are not subnormal in overall intelligence but do score low in verbal ability, due to withdrawal.

TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th>SECTION</th>
<th>GENERATION</th>
<th>TEXT AN.</th>
<th>TEXT N.</th>
<th>PHA.</th>
<th>PHA.</th>
<th>EMN.</th>
<th>EMN.</th>
<th>SEX.</th>
<th>EXPL.</th>
<th>HIST.</th>
<th>TR.</th>
<th>REL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB. DEF</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG. CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC. SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CITATION: Illinois Medical Journal
Report Suspected Child Abuse
ILLINOIS MEDICAL JOURNAL, June, 1972, 587

MAIN EMPHASIS (4): Reporting law requires report of abuse or death due to abuse within 24 hours and grants immunity to the reporter.

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>GEN ANN</th>
<th>GEN NP</th>
<th>PHY A</th>
<th>PHY NP</th>
<th>EMN A</th>
<th>EMN NP</th>
<th>SEX A</th>
<th>EXP T</th>
<th>HIS T</th>
<th>BR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>IN COM</td>
<td>IN INT</td>
<td>INDIC</td>
<td>PRB DEF</td>
<td>TREAT</td>
<td>LEG CON</td>
<td>REFER</td>
<td>ANG SER</td>
<td>FOLLOW</td>
</tr>
</tbody>
</table>

SECTION (3):

PARAGRAPHS (2): Reported abuse is up but number of deaths is lower. This may reflect better reporting and protection.

MENTION (1): (a) The department of children and family services is required to investigate, offer protection, and provide rehabilitation; (b) Reporting is essential since there is the potential of abuse of other children in families with one reportedly abused child.

Subdural Hematoma in Infancy and Childhood
JOURNAL OF THE AMERICAN MEDICAL ASSOC., 1939, 112(3):198-204

MAIN EMPHASIS (4): Case studies which depict intracranial hemorrhage with formation of subdural hematomas. Conditions occur more frequently in the undernourished, and in the majority of instances there is trauma. A wide variety of neurological treatments are offered.

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>GEN ANN</th>
<th>GEN NP</th>
<th>PHY A</th>
<th>PHY NP</th>
<th>EMN A</th>
<th>EMN NP</th>
<th>SEX A</th>
<th>EXP T</th>
<th>HIS T</th>
<th>BR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>IN COM</td>
<td>IN INT</td>
<td>INDIC</td>
<td>PRB DEF</td>
<td>TREAT</td>
<td>LEG CON</td>
<td>REFER</td>
<td>ANG SER</td>
<td>FOLLOW</td>
</tr>
</tbody>
</table>

SECTION (3):

PARAGRAPHS (2): Not directly related to CPS

MENTION (1):
CITATION: Ireland, William H.
A Registry on Child Abuse
CHILDREN, May-June, 1966, 13(3):113-115

MAIN EMPHASIS (4):
A central registry on child abuse can provide data useful in designing effective methods of control.

SECTIONS (3):  

PARAGRAPHS (2): (a) Reference to Illinois Child Abuse Act 1965 setting up central registry; (b) Statistics from first 9 months of operation in Illinois.

MENTION (1):
TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th></th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB OEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Irvine, May
Communication and Relationship in Social Casework
SOCIAL CASEWORK, January, 1965

MAIN EMPHASIS (4):
General discussion of communication in terms of developing a relationship between client and worker and in terms of the ordering (i.e., form and order) of that relationship, e.g., shaping and ordering the client's flow of experience.

SECTIONS (3): (a) relating to clients; (b) relating to informants, i.e., third party whose help is sought to understanding client; (c) relating to the social work student; (d) relevance for protective services; (e) use of interpretation and the professional's relationship role in changing client's attitudes.

PARAGRAPHS (2):

MENTION (1):
TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th></th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB OEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CITATION: Isaacs, Jacob L.  
The Law and the Abused and Neglected Child  
PEDIATRICS, April, 1973, 51(11):783-9

MAIN EMPHASIS (4): Discussion of New York reporting laws and the Child Protective Proceedings (Family Court Act) which provides for processing of abuse/neglect cases on a civil basis. (a) medical professionals, social workers, school personnel required to report suspected cases - not subject to liability if acting in good faith. (b) Abuse/neglect joined in single proceeding; petition starts proceeding; abuse cases heard in separate part of Family Court; lawyer appointed to represent child; 2 stages: fact finding and dispositional, law of evidence changed.

SECTIONS (3): (a) Penal law: abuser subject to prosecution but criminal sanction ineffective in preventing abuse or protecting child while legal proceedings pending; (b) 1969 law ruling that if person uses drugs = prima facie evidence of neglect.

PARAGRAPHS (2): By law: initial complaint to City Department of Social Services but medical personnel can notify designated person in hospital - oral report followed by written report in 48 hours.

MENTION (1): Lawyers  
Medical Scientists

CITATION: Isaacs, Susanna  
Emotional Problems in Childhood and Adolescence: Neglect, Cruelty, and Battering  
BRITISH MEDICAL JOURNAL, 1972, 3:224-226

MAIN EMPHASIS (4): The author argues that an unemotional, non-accusing non-punishing approach to the problem of child abuse is warranted and desirable at the present time.

SECTIONS (3): The author discusses the personality disorder that leads to abuse of children.

PARAGRAPHS (2): Clues in the diagnosis of abuse are mentioned.

MENTION (1):
MAIN EMPHASIS (4): Case studies which show that maltreatment is often a result of long-standing emotional problems within the family and the child.

SECTIONS (3): Treatment - involves psychotherapy; includes child abusers, temporary separation, emergency numbers.

PARAGRAPHS (2):


CITATION: Isaacson, Edward X. The Emotionally Battled Child PEDIATRICS, 1966, 523

MAIN EMPHASIS (4): An appeal to "tune in" on emotional battering of the child.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Report on random survey of 100
case records of two British hospitals--18 cases
of probable child abuse turned up. Indications
of abuse were: children all under age 2, defaults
on follow-up appointments, delay in going to hos-
pital, discrepancy between clinical findings and
parents' history, possibility of victim being un-
wanted. Findings suggest incomplete diagnostic
procedures in hospitals and probable lack of
awareness of signs of abuse among hospital per-
sonnel.

SECTIONS (3): Charts and tables.

PARAGRAPHS (2):

MENTION (1):

CITATION: Jacobucci, L.
Casework Treatment of the Neglectful Mother
SOCIAL CASEWORK, April, 1965, 221-226

MAIN EMPHASIS (4): The author provides a number of
suggestions as to the role of the case worker in
treatment of the neglectful mother, including pro-
viding her with maternal care when possible.

SECTIONS (3): The characteristics of the mother as
they relate to implications for case work approach
and treatment.

PARAGRAPHS (2): Homemaker services are suggested as
a useful supplement to case work.

MENTION (1):
CITATION: Jacoby, Arthur P.
Transition to Parenthood: A Reassessment

MAIN EMPHASIS (4): Not directly related to child abuse/neglect. Discussion of discrepancy in research results of "parenthood as a crisis" studies.

SECTIONS (3): Social class as significant variable in degree of crisis upon accession to parenthood.

PARAGRAPHS (2):

MENTION (1):

CITATION: Jacobs, Harold
Rescuing the Battered Child
AMERICAN JOURNAL OF NURSING, June, 1964, 64:92-97

MAIN EMPHASIS (4): Reports of child abuse and neglect from hospitals around the country. Case studies are also given.

SECTIONS (3): Problem def. - Abuses, harm, social breakdown, family disorganization, and an unhealthy emotional involvement. Some have legal problems, are alcoholics and are impulsive.

PARAGRAPHS (2): Indicators are lack of concern about injury, treatment and prognosis.

MENTION (1): Historically, Caffey first reported injuries in 1952.
CITATION: Jaffee, Lester, et al.  
Verbal Inaccessibility in Young Adolescents Showing Delinquent Trends  
JOURNAL OF HEALTH AND HUMAN BEHAVIOR, 1962, 3:105-11

MAIN EMPHASIS (4): Discussion of study to test hypothesis that there is an inverse relationship between verbal accessibility (child's readiness to express his most important attitudes and feelings directly in verbal communication) and delinquency proneness. 279 adolescent boys (average age: 13.5), black and white, were subjects. Three instruments of measurement used: inaccessibility scale, reported verbal accessibility, affect-pull technique. Results uniformly supported hypothesis.

TARGET POPULATION: Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN ANN</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TARGET POPULATION: Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN ANN</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN COM</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: James, Joseph Jr.  
Child Neglect and Abuse  
MARYLAND STATE MEDICAL JOURNAL, July, 1972, 21:64-65

MAIN EMPHASIS (4): The social service department is legally designated as the agency to whom reports should be made. Should the child be in a clearly dangerous situation, police should be notified.

SECTIONS (3): Reporting statutes have been revised to define abuse and neglect and to establish cooperation between Juvenile Court and the Department of Social Services.

PARAGRAPHS (2):

MENTION (1): The Department of Social Services provides homemaker services and emergency or long term foster care.
CITATION: Jenkins, Richard L.
The Psychopathic or Antisocial Personality
JOURNAL OF NERVOUS AND MENTAL DISORDERS, 1960, 131:318-334

MAIN EMPHASIS (4): A discussion of the nature of a psychopathic personality, the etiology of development of such a personality (e.g., failure in early years to establish positive emotional rapport with another person, confusing training situation of children, organic factors), prevention and treatment.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Jenkins, Richard L., et al.
Interrupting the Family Cycle of Violence

MAIN EMPHASIS (4): Discussion of case history and treatment of abused child who abused two babies.

SECTIONS (3): Elements of the family picture of child abuse--abused child abuses other children.

PARAGRAPHS (2):

MENTION (1): 1965 Iowa legislature regarding reporting child abuse; indications of abuse.

TARGET POPULATION:
Behavioral Scientists; Psychiatrists and Social Workers
CITATION: Jenkins, Shirley
Filial Deprivation in Parents of Children in Foster Care
CHILDREN, Jan.-Feb. 1967, 8-12

MAIN EMPHASIS (4): Paper reports the beginning re-
search effort to explore "filial deprivation" and
to define some of its dimensions by identifying
feelings expressed by parents when their children
enter foster care.

SECTIONS (3) (a) A review of the literature on ef-
fects on parents when they are separated from
their children; (b) Describes the survey design
and some of the items used to elicit descriptions
of feelings of parents.

PARAGRAPHS (2):

MENTION (1): [Image]

CITATION: Jennett, B.
Head Injuries in Children
DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY, 1972, 14:137-47

MAIN EMPHASIS (4): The main emphasis is upon de-
scribing the various types of head injuries a child
may present and upon detailing the procedures for
managing cases to provide the optimum conditions
of recovery of neurological functions and to treat
secondary complications early.

SECTIONS (3): A chronological account is given for
the management of uncomplicated head injury, from
initial diagnosis through the convalescent period;
and the special problems of intracranial haematoma,
depressed fracture of the skull and epilepsy are
discussed.

PARAGRAPHS (2):

MENTION (1): The battered baby syndrome is one of
the several causes of head injury which the phy-
sician should be aware of.
CITATION: Johnson, Betty, et al. Injured Children and Their Parents CHILDREN, July-August 1968, 15:4


SECTIONS (3): (a) Legal involvement--removing child from home, arrest/prosecution of parents. (b) People/agencies making initial complaint. (c) Treatment results of families involved in study; recommendations for facilitating treatment.

PARAGRAPHS (2): Physical indicators of abuse.

MENTION (1):  


MAIN EMPHASIS (4): Vitamins and teething lotion can increase serum levels of diphenylhydantoin, thus making it appear as an overdose.

SECTIONS (3): Case study of such included.

PARAGRAPHS (2):  

MENTION (1):
MAIN EMPHASIS (4): The authors assembled evidence from 42 cases of multiple skeletal lesions in infants and conclude that evidence suggests that they were of traumatic origin although it is impossible to prove that the origin is not an underlying susceptibility to fractures.

SECTIONS (3): (a) Tables of statistics on the extent and course of injuries are presented. (b) Authors indicate it is important to recognize these lesions so that the infant can be spared extensive diagnostic procedures and can be removed from the home if necessary. (c) The authors note that rapid healing occurs when the infant is removed to a more favorable environment.

PARAGRAPHS (2): The higher percentage of cases among minorities/low socioeconomic families is listed.

MENTION (1):

---

CITATION: Jones, H. H., et al.
Multiple Traumatic Lesions of the Infant Skeleton
STANFORD MEDICAL BULLETIN, 1957, 15:259-273

TARGET POPULATION:
Medical Scientists

---

CITATION: Jones, Thad H.
Child Abuse: A Different Point of View
PEDIATRICS, March 1970, 45:511

MAIN EMPHASIS (4): Children suffering from rhinitis and asthma caused by environmental allergies and never removed from home--a form of child abuse.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

---
CITATION: Josselyn, I. M.
Cultural Forces, Motherliness and Fatherliness
AMERICAN JOURNAL OF ORTHOPSYCHIATRY, 1966, 26:264-271

MAIN EMPHASIS (4): The author indicates current cultural definitions of motherliness and fatherliness. She suggests the concept of the woman's role as a homemaker has been defined as slavery, when homemaking should be considered a creative and valuable activity. The problems of the father's role as defined by the culture are also discussed.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Journal of Louisiana State Medical Society
Battered Child Law (LCA RS 14:403)

MAIN EMPHASIS (4): This is a verbatim statement of the Louisiana State law on reporting suspected cases of child abuse by physicians. The law makes reporting suspected cases mandatory, with failure to do so punishable as a misdemeanor (fine, etc.).

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists
CITATION: Joyner, Edmund N.
Child Abuse: The Role of the Physician and the Hospital
PEDIATRICS, April 1973, 51(11):799-803

MAIN EMPHASIS (4): Role of hospitals in abuse/neglect cases—because of inability of Bureau of Child Welfare in New York to provide adequate treatment for parents, hospital must assume this role; description of Child Abuse and Neglect Committee at Roosevelt Hospital (a team approach with social worker as coordinator).

SECTIONS (3): (a) To diagnose problem, hospital must develop an educational program (abuse/neglect) for its personnel. (b) Etiological factors in abuse/neglect.

PARAGRAPHS (2): (a) Treatment of child’s "bodily and emotional ills." (b) Upon diagnosis, notification of CPS by phone followed by written notification within 48 hours.

MENTION (1): (a) Law gives protection to M.D./hospital against law suits regarding reporting suspected cases. (b) Training women in abuse/neglect and assigning them as homemakers. (c) 6/01/71--18 hospitals established Child Abuse Committees.

TARGET POPULATION: Medical Scientists

CITATION: Juhasz, Anne N.
To Have or Not to Have - Children? That is the Question
JOURNAL OF SCHOOL HEALTH, December 1973, 43(10):632-635

MAIN EMPHASIS (4): Discussion of the unwanted child particularly in terms of the illegitimate child. Consequences for the child, parent, and society are discussed. Some solutions are offered: education in birth control methods, special programs for the pregnant teenager and the unwed parent.

SECTIONS (3): The unwanted child may become victim of child abuse. Aspects of Gil’s analysis of reported cases of abuse are noted.

PARAGRAPHS (2):

MENTION (1): ...
### Kansas City Times

**A New Missouri Approach to the Agony of Child Abuse**

**THE KANSAS CITY TIMES, October 20, 1969, 67(1):56**

**MAIN EMPHASIS (4):** This editorial describes a new law requiring all persons dealing with children for financial consideration including teachers, child care workers, doctors, etc., to report suspected instances of child abuse, and grants immunity to those making reports in good faith.

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):** The author mentions that 1 in 10 abused children are dead within the year, and 1 in 3 suffers organic brain damage.

### Kayfman, Irving

**The Contribution of Protective Services**

**CHILD WELFARE, February 1957, 8-13**

**MAIN EMPHASIS (4):** The authors outline the special problems presented by protective cases and offer some guidelines for treatment.

**SECTIONS (3):** Emphasis is placed on the description of the parent-child problems in terms of intra-psychic conflict and the relationship of the disturbed family to the community.

**PARAGRAPHS (2):**

**MENTION (1):**
CITATION: Kaufman, Irving
Helping People Who Cannot Manage Their Lives
CHILDREN, May-June 1966

MAIN EMPHASIS (4): The author presents some suggestions for casework with clients who are fixated at an early level of emotional development and have verbal communication skills inadequate for their needs.

SECTIONS (3): (a) The author suggests modeling simple solutions to everyday problems is more appropriate than analysis or discussion. (b) The author describes schizophrenia and character disorders.

PARAGRAPHS (2):

MENTION (1): Table summarizing characteristics of 11 cases.

CITATION: Kaufman, Irving, et al.
The Family Constellation and Overt Incestuous Relations Between Father and Daughter
AMERICAN JOURNAL OF ORTHOPSYCHIATRY, April 1984, 266-279

MAIN EMPHASIS (4): Based on a study, conducted at Judge Baker Guidance Center in Boston, of 11 girls involved in incestuous relations with father or father figure. The authors describe the psychodynamics of these girls and their families which include families with similar psychopathology which encouraged incest, girls showing pseudo-maturity which vanished, girls guilty over disruption of home but not over incest itself, girls extremely masochistic, role reversal between mother and daughter, and similar personalities of mothers and grandmothers.

SECTIONS (3): (a) Lengthy case history. (b) Discussion of article by E. Ravenstedt, M.D.--includes her recommendation that girls be placed in training schools rather than foster homes.

PARAGRAPHS (2):

MENTION (1): Table summarizing characteristics of 11 cases.
MAIN EMPHASIS (4): General discussion of limitations of court procedure regarding Family Court and abuse cases--adversary proceeding entails protection of rights of all parties; New York 6/69 first Child Abuse Act increased sources of reporting; 1970 Act concurrent jurisdiction in Criminal Court, abuser can be prosecuted. Judge's decision to remove child, to return child, constricted because of operating in court of law.

SECTIONS (3):

PARAGRAPHS (2): Statistics indicating decrease in abuse petitions filed, minimal increase in neglect petitions 1970 and 1971 (first three weeks) may reflect more careful consideration of problem.

MENTION (1):

TARGET POPULATION:

Lawyers

<table>
<thead>
<tr>
<th>GEN AIN</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Kelly, Joseph B.
What Protective Service Can Do
CHILD WELFARE, April 1959, 38:21-25

MAIN EMPHASIS (4): Reports a protective service unit's effort to identify the kinds of problems which respond to protective casework.

SECTIONS (3): (a) Description of the three main categories into which problems of families were divided. (b) Description of the results of the arrangements through case records of the percentage of cases in each category which registered improvement. (c) Results showed that category of problem did not appear to affect outcome and that casework had little effect on certain problems that were inappropriate for casework such as mental retardation.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Attitude and opinion data interpret the meanings held by individuals and groups and predict future behavior. The theoretical process derives this information by tying together certain antecedents of influence with certain antecedents of consequence. Three determinants are used: the importance of the induction for the individual goal achievement, power of the influencing agent, and the prepotency of the medical response.

TARGET POPULATION:
Behavioral Scientists

MENTION (1):

CITATION: Kemp, Maude von P.
Supervising the Beginner in Child Protection
CHILD WELFARE, April 1957, 1-7

MAIN EMPHASIS (4): This article deals with supervising the beginner in social work. Beginners vary in the experience they bring with them, but the supervision must include understanding and teaching; it is almost a parent role. At the beginning, the supervisor must place his own needs aside and become increasingly self-aware.

TARGET POPULATION:
Behavioral Scientists
Social Workers
CITATION: Kempe, C. Henry
The Battered Child and the Hospital
HOSPITAL PRACTICE, October 1969, 44-57

MAIN EMPHASIS (4): Legal issues relevant to physician reporting child abuse: orientation of district attorneys should be toward civil proceedings, not criminal prosecution; facilitating therapeutic rather than punitive approach with parents.

SECTIONS (3): (a) Treatment of child (removal from home), treatment of parents (providing needed mothering). (b) Overall family situation. (c) Means of preventing child abuse, e.g. mother brings child repeatedly to clinic for "no reason." (d) Two proposed prospective studies to identify potential for abuse: (1) Kempe, (2) Dr. Hower Venter.

PARAGRAPHS (2): (a) Under-reporting of child abuse --physicians often view injuries out of context. (b) Initial complaints to CPS usually from neighbors regarding child abuse. (c) Use of foster grandparents in treating parents--at Colorado General Hospital.

MENTION (1): (a) Doctor's initial interview with parent can provide clues identifying incident of child abuse. (b) Official and unofficial registries of reported abuse cases in Denver.

CITATION: Kempe, C. Henry
Pediatric Implications of the Battered Baby Syndrome
ARCHIVES OF DISEASES OF CHILDHOOD, 1971, 46(245):28-37

MAIN EMPHASIS (4): The author describes the characteristics of the typical child abuser and victim in social and psychodynamic terms and presents a number of guidelines for the management of cases of child abuse.

SECTIONS (3): (a) The indicators of child abuse are detailed and discussed. (b) Statistics on the incidence of child abuse are presented and a table showing its importance relative to other serious childhood diseases is included. (c) A list of factors that may predict future abuse is outlined.

PARAGRAPHS (2): (a) The author places emphasis on the importance of suspecting abuse or neglect in cases of failure to thrive. (b) It is recommended that the decision to report cases of abuse be a joint one including opinions of the pediatrician, social worker, and psychiatrist. (c) Kempe recommends that the law be changed in several ways.

MENTION (1):
CITATION: Kempe, C. Henry
A Practical Approach to the Protection of the Abused Child and
Rehabilitation of Abusing Parents
PEDIATRICS, April, 1973, 51(11):804-9

MAIN EMPHASIS (4): Factors which enable prediction of neglect/abuse (e.g., techniques which describe attachment between mother and child within 48 hours of birth, prenatal questioning, study in Aberdeen, Scotland using questionnaires for postpartum prediction) and different treatment techniques which have been successful; e.g., mothering aides, Parents Anonymous, hot line, Crisis Nurseries, Foster Grandparents, foster homes.

SECTIONS (3): Suggestion that parents ought to be allowed to give up their children if they want to.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists
Behavioral Scientists

CITATION: Kempe, C. Henry, et al.
The Battered Child Syndrome

MAIN EMPHASIS (4): The Battered Child Syndrome is discussed with psychiatric factors being of prime importance in the pathogenesis of the disorder.

SECTIONS (3): (a) Indicators are: evidence of bone fracture, subdural hematoma, failure to thrive, soft tissue swelling or skin bruises; (b) Initial complaint--physician should overcome his own feeling and difficulty in playing role he finds hard to assume; (c) In the initial interview, questions should encompass the patterns of the baby, how the parents believe the baby should be reared, and if this is similar to their upbringing; (d) Case studies show the battered child syndrome.

PARAGRAPHS (2): (a) Treatment, which is up to the parent, is seen as curative at this time; (b) Statistics show nation-wide survey of abuse detected in hospitals.

MENTION (1):
CITATION: Kernberg, Otto
Borderline Personality Organization
JOURNAL OF THE AMERICAN PSYCHANALYTIC ASSOC., 1967, 15:

MAIN EMPHASIS (4): Description of symptomatic, structural, genetic, dynamic aspects of "borderline" personality disorder in an effort to come up with precise definition of same. Author attempts to clarify distinctions between neuroses and personality disorder.

SECTIONS (3): (a) Review of literature; (b) Descriptive analysis: "presumptive" diagnostic elements, e.g., anxiety, polysymptomatic neurosis, sexual trends; (c) Structural analysis: (1) of mental processes in terms of 3 psychic structures; (2) of cognitive and defensive structures; (3) of internalized object relationships; (d) genetic-dynamic analysis.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Kiffney, G.T.
The Eye of the Battered Child
BRIEF PATIOLOGY CASE REPORTS, U. OF CALIFORNIA, MEDICAL CENTER
Archives of Ophthalmology, 1964, 72:231-233

MAIN EMPHASIS (4): Case report of battered child who also suffered traumatic retinal detachment - originally diagnosed as retinoblasturia. Trauma should be considered in differential diagnosis.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Abused child usually unwanted or illegitimate, under age of 3. Symptoms of abuse - Diagnosis can only be made through x-ray to find fractures.
MAIN EMPHASIS (4): A case of abuse leading to pseudocyst of the pancreas is detailed.

SECTIONS (3):

PARAGRAPHS (2): (a) Such a symptom indicates trauma or abuse, even though subperiosteal calcification was lacking. Lack of 3rd party witness, taking child to several hospitals, and insufficient evidence raised prosecution difficulties.

MENTION (1): (a) Abuse signifies parental psychopathy; (b) Guidelines for physicians are needed to encourage reporting; (c) A community team approach must be used.

TARGET POPULATION:
Medical Scientists

---

CITATION: Klaus, Marshall H., et al.
Mothers Separated from their Newborn Infants

MAIN EMPHASIS (4): Severe deprivation in contact between mother/child immediately after birth (e.g., premature babies) may adversely affect development of mothering behavior.

SECTIONS (3): (a) Early separation as a significant factor in battered child/failure to thrive syndrome; (b) How to help mother of premature baby in hospital; (c) Discussion of research studies on maternal behavior of human mother.

PARAGRAPHS (2): Identifying characteristics of mother most likely to have difficulties in relating to infant.

MENTION (1):
**CITATION:** Klein, Michael et al.  
*Low Birth Weight and the Battered Child Syndrome*  

**Target Population:**  
Medical Scientists; Physicians

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHYS A</th>
<th>PHYS N</th>
<th>EMOT A</th>
<th>EMOT N</th>
<th>SEX A</th>
<th>SEX N</th>
<th>GEN H</th>
<th>GEN R</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROB DEF</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Main Emphasis (4):** There is a correlation between low birth weight and the potential for future child abuse.

**Sections (3):** Statistics relative to this research.

**Paragraphs (2):** Increase opportunity for mother/child contact after birth.

**Mention (1):**

---

**CITATION:** Koel, Bertran S.  
*Failure to Thrive and Fatal Injury as a Continuum*  

**Target Population:**  
Physicians; Hospital Staff

<table>
<thead>
<tr>
<th>GEN A</th>
<th>GEN N</th>
<th>PHYS A</th>
<th>PHYS N</th>
<th>EMOT A</th>
<th>EMOT N</th>
<th>SEX A</th>
<th>SEX N</th>
<th>GEN H</th>
<th>GEN R</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROB DEF</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Main Emphasis (4):** Sending a "failure to thrive" infant back into an untreated home invites risk of subsequent violence.

**Sections (3):** (a) Three case histories.

**Paragraphs (2):**

**Mention (1):** (a) Treatment: Suggest staff reactions to parents to counteract abusive psychodynamics.  
(b) Problem Def.: Psychodynamics of abusive parents.
CITATION: Kogan, Kate L., et al. 
Analysis of Mother/Child Interaction in Young Mental Retardates 
CHILD DEVELOPMENT, 1969, 40:799-812

MAIN EMPHASIS (4): Research study that employs newly developed observational techniques to analyze behaviors in a 4-second time interval of relative status, affection and involvement components of mental retardates and their mothers. Although the sample was small, fairly distinctive characteristics appeared between the different dyads.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: Behavioral Scientists

CITATION: Kogan, Kate L., et al. 
In Approach to Defining Mother - Child Interaction Styles 
PERCEPTUAL AND MOTOR SKILLS, 1968, 23:1171-1177

MAIN EMPHASIS (4): A method for coding and recording mother/child non-verbal interactions is developed and used with 4 mother/child pairs.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMphASIS (4): Physicians face conflict between confidentiality with patients and reporting of maltreatment in cases of child abuse. On principle of "superior interests," doctor can notify police in cases where there is serious danger to child. He can examine child, if requested to do so by police, even if parents object.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientist

---

CITATION: Komrower, G. M.
Failure to Thrive
BRITISH MEDICAL JOURNAL, Nov. 28, 1964:1377-1380

MAIN EMphasis (4): Problems accounting for infants in the lowest 3% of weight-for-age are discussed.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Inadequate parenting is only one possible cause of this syndrome. Needful mothers attendance at instruction clinics could prevent a good deal of the problem. A restful environment for mothers and children could be combined with treatment.
CITATION: Kormer, A. F.
Mother-Child Interaction: One or Two-Way Street
SOCIAL WORK, 1965, 10:47-51

MAIN EMPHASIS (4): Literature and research pointing to important differences in the behavior of children from infancy leads author to suggest that both differences in child's as well as mother's behavior figure into dysfunction in their relationship.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists; Social Workers

CITATION: Kreech, Florence
Adoption Outreach

MAIN EMPHASIS (4): Overview of changing adoption - placement picture. Particular needs discussed include: need for outreach to unmarried parents, need to alter permanent foster care approach in favor of adoption, need for broader approach to recruitment of black families, use of single parent and transracial adoptions.

SECTIONS (3):

PARAGRAPHS (2): Needs of abused and neglected children: if efforts in working with parents fail, child should be placed permanently rather than kept in foster care indefinitely.

MENTION (1):

TARGET POPULATION:
Behavioral Scientist
MAIN EMPHASIS (4): Evidence that growth failure due to undernutrition can be traced to depriving mother.

SECTIONS (3): (a) Examples of symptoms of this malnutrition; (b) Examples of mother's attitudes and environment.

PARAGRAPHS (2):

MENTION (1): Changing interview technique with mother to improve results.

TARGET POPULATION:
Medical Scientists; Physicians

---

MAIN EMPHASIS (4): Indicators of physical abuse—predominant findings are radiologic. Suggested "index of suspicion" included which points out such factors as: health of child indicative of neglect, abused infant generally under age 3, x-ray indications of previous injuries, family history of previous maltreatment. Technical discussion of radiologic indicators.

SECTION (3): (a) Case report of abused 12-month-old infant; (b) Differential diagnosis, i.e., eliminating other explanations for abuse, e.g., scurvy, syphilis, bone disease, rickets.

PARAGRAPHS (2): Emotional immaturity characteristic of abusive parents; abuse occurs in families from all socio-economic levels.

MENTION (1): (a) Doctor's hesitation in reporting abuse because of distaste for legal entanglements and fear of court action; (b) London and New York statistics: 5,000 cases of child neglect heard by court but only 1% officially reported.
CITATION: Kuipers, F., et al.
Child Abuse - Battered Child Syndrome
MEDEL T. GENEESK, December 12, 1964, 108:2399-406

MAIN EMPHASIS (4): Summary of a Dutch article. Fractures with inadequate history, various stages of healing, and subdural hematomas are signs of abuse.

SECTIONS (3): (a) 12 cases are presented; (b) Doctors should use consultation and best judgement to decide to report.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: Medical Scientists

CITATION: Kunstadter, Ralph H., et al.
The Battered Child and the Celiac Syndrome

MAIN EMPHASIS (4): Case history of child with this malabsorptive problem is given.

SECTIONS (3): (a) Aside from medical intervention, a Social Service investigation of the home was done which disclosed several problems leading to foster placement; (b) Celiac Syndrome is seen as related to a disturbed mother-child relationship.

PARAGRAPHS (2):

MENTION (1):
**CITATION:** Kuohnick, Theodore, et al.  
*Syndrome of the Abandoned Small Child*  

**MAIN EMPHASIS (4):** An analysis of recorded findings in 39 children admitted to Newark City Hospital after parental abandonment is presented:
1. age and sex of children  
2. ethnic origin  
3. day of week  
4. month of year  
5. situation  
6. lab data

**SECTIONS (3):** Hospitalizations are usually prolonged awaiting social disposition which included 50% children returned to homes, 50% in foster or permanent care. Children who were abandoned were in reasonably good health. Hopelessness, helplessness and poor parental judgment were involved in the cases listed.

**PARAGRAPHS (2):**

**MENTION (1):**

**TARGET POPULATION:**
Medical Scientists; Behavioral Scientists

---

**CITATION:** La疲, F. Million  
*Nanook of Eklene Point*  
NURSING TIMES, Nov. 15, 1969, 65:1472-73

**MAIN EMPHASIS (4):** A case history of an Eskimo child of "primitive" parents who found it hard to care for his special needs.

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):**

**TARGET POPULATION:**
Medical Scientists

---

**ER**
CITATION: The Lancet
"Violent Parents"
THE LANCAST, Nov. 6, 1971, 2:1017-18

MAIN EMPHASIS (4): General commentary on problem of child abuse.

SECTIONS (3): In Britain only 5% of cases get to court. Law deals in terms of crime and punishment, not treatment and prevention. Need for new legislation to approach situation in positive, not punitive, manner.

PARAGRAPHS (2): Few abusers are psychotic; most are "inadequate." Important element of etiology is increased incidence of battering of children of low birth weight.

MENTION (1): Child abuse tolerated in Britain until 18th century. Reference to Kempe's identification of problem. Estimated 3000 cases in Great Britain of A/N. Recommendation for increased contact between mother and child while child in hospital. Any child under two who is injured (other than in traffic accident) should be viewed as abuse case.

TARGET POPULATION:
General Public

CITATION: Landis, J. T.
A Re-examination of the Role of the Father as an Index of Family Integration
MARRIAGE AND FAMILY LIVING, May, 1962, 24:122-28

MAIN EMPHASIS (4): This is a report of a questionnaire survey, which compared college student's ratings of the happiness of their parents' marriages with their ratings of their feelings of closeness to their fathers, mothers, and both as parents.

SECTIONS (3): The findings are reported and discussed. The principal findings were that closeness to father was a better predictor of happier marriages than closeness to mother, and that relationship to both parents was the strongest predictor of all.

PARAGRAPHS (2):

MENTION (1):
CITATION: Lane, Lionel C.  
Aggressive Approach in Preventable Casework with Children's Problems  
SOCIAL CASEWORK, Feb. 1952, (33):61-66

MAIN EMPHASIS (4): The author argues for a more aggressive casework approach in which the worker actively tries to interest reluctant clients in needed services.

SECTIONS (3): Case studies are used to illustrate workers more active role.

PARAGRAPHS (2):

MENTION (1):

CITATION: Langer, Marion F.  
New Year's Resolution: No More Corporal Punishment  
TEACHER, 1973, 90(5):19-21

MAIN EMPHASIS (4): Argument that use of corporal punishment in schools is form of child abuse, does not contribute constructively to socialization of child, and should be forbidden. Alternatives to corporal punishment suggested: "crisis teachers" to do life-space interviews with unruly child, relief time for teachers, use of play material.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Langer, William L.
Europe's Initial Population Explosion

MAIN EMPHASIS (4): Historian's perspective on the reasons for Europe's population explosion in the 18th century. Easier marriages and the introduction of potato to enrich the diet contributed to population growth.

SECTIONS (3): 18th century practices of giving children gin to quiet them, of sending children to foundling hospitals and orphanages, were in essence legalized infanticide.

PARAGRAPHS (2):

MENTION (1):

CITATION: Lapidus, Leah B.
Cognitive Control, Parental Practices, and Contemporary Social Problems

MAIN EMPHASIS (4): Personality tests are used to explore parental characteristics as transmitted to their children, especially with regard to failure to cope adequately and resultant social problems.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Laskin, Daniel M.  
The Battered Child Syndrome  

MAIN EMPHASIS (4): There is no main emphasis.

SECTION (3):

PARAGRAPHS (2): (a) Child abusers are generally "well adjusted", can be middle or upper class; (b) Dentists must be taught about abuse in order to promptly report cases; (c) Laceration of the mucosa, tearing of the lip, loosened or fractured teeth, burns, subjunctive ecchymosis, nose bleeding, trauma to the external ear, and cephal-hematomas are indicators.

MENTION (1):

CITATION: Lauer, Brian, et al.  
Battered Child Syndrome: Review of 130 Patients with Controls  
PEDIATRICS, July 1974, 54(1):67-70

MAIN EMPHASIS (4): Report on research showing that battered children can be distinguished from control group by personal and parental characteristics.

SECTIONS (3): (a) Statistics on acute injuries, age and sex of children, race, age of parents, mobility, and prior abuse; (b) Discussion of implications of statistics.

PARAGRAPHS (2):

MENTION (1):
CITATION: Laury, Gabriel V.
The Battered Child Syndrome: Parental Motivation, Clinical Aspects
BULLETIN NEW YORK ACADEMY OF MEDICINE, Sept. 1970, 46(9):666-685

MAIN EMPHASIS (4): The author uses examples to illustrate the underlying motivations behind parental abuse of children.

TARGET POPULATION: Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN AN</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHYS A</th>
<th>PHYS N</th>
<th>EMOS A</th>
<th>EMOS N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
</table>

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Laury, Gabriel, et al.
Subtle Types of Mental Cruelty to Children
CHILD AND FAMILY, Spring, 1967, 6(2):28-34

MAIN EMPHASIS (4): Discussion of mental cruelty which occurs daily and extends from the most blatant to the very subtle.

TARGET POPULATION: Behavioral Scientist

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN AN</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHYS A</th>
<th>PHYS N</th>
<th>EMOS A</th>
<th>EMOS N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
</table>

SECTIONS (3): (a) Preventing emotional abuse can best be dealt with by handling family crises before the child becomes the dumping ground. Also other agencies (i.e., schools, juvenile courts, etc.) should be coupled and interwoven with mental health. (b) Referrals to a mental health facility should not be left to parents, but should first be made by a community agency.

PARAGRAPHS (2):

MENTION (1): Some parents feel vicariously gratified by a child's crime or violence, a subtle form of parent-initiated exploitation.

MAIN EMPHASIS (4): Responses of Japanese students and adults to benign and stressful movies were compared to those of comparable American subjects. In most respects, responses were similar. However, unlike Americans, Japanese subjects' skin conductance was almost as high during benign as during stressful film.

TARGET POPULATION:
Behavioral Scientists

SECTION (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Lazenby, Herbert C. Do We Need Child Abuse Laws? WASHINGTON STATE JOURNAL OF NURSING, Feb.-March, 1965 :6-8

MAIN EMPHASIS (4): Nurses should be aware of the need for legislation.

TARGET POPULATION:
Medical Scientists

SECTION (3): Demonstration projects in Seattle are described.

PARAGRAPHS (2):

MENTION (1): (a) Case history is given; (b) 10,000 children/year are beaten. In Seattle, 35,000 needed CPS in 10 year period; (c) Variety of social and economic characteristics in abusing families.
**CITATION:** Leader, Arthur L.  
The Problem of Resistance in Social Work  
SOCIAL WORK, April 1958

**MAIN EMPHASIS (4):** Ambivalence—and consequent resistance—is pervasive, and is a particular problem for social workers.

**SECTIONS (3):** (a) Problems of ambivalence in client-worker relationship. (b) Problem of ambivalence in worker-supervisor relationship.

**MENTION (1):**

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Scientists; Social Workers</td>
</tr>
</tbody>
</table>

**CITATION:** Leaverton, David R.  
The Pediatrician's Role in Maternal Deprivation  
CLINICAL PEDIATRICS, June 1968, 7(6):340-343

**MAIN EMPHASIS (4):** A case study of maternal deprivation encompassing both physical separation and/or abuse, as well as poor quality mothering where there is physical abuse. Historically, pediatricians have taken a large part.

**SECTIONS (3):** (a) Problems defined include emotional disturbance within maternal family, marital difficulties, frequent hospital encounters; (b) Military compounds add frequent change of jobs, scarcity of close friends, lack of support of extended family.

**MENTION (1):**

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Scientists</td>
</tr>
</tbody>
</table>

CITATION: LeBouruais, Eleanor
Look Again - Is It Accident or Abuse
CANADIAN HOSPITALS, Jan. 1972, 49:26-28

MAIN EMPHASIS (4):
Child abuse originates from societal sanction of corporal punishment.
Abusing parents do not want the child, and a list of their characteristics are presented.

SECTIONS (3):
(a) Indicators - the abused child develops certain traits - a list is presented;
(b) Legally - laws make reporting mandatory but lack a strong punishment for failure to report;
(c) Statistics - emphasize the different surveys taken regarding child abuse.

PARAGRAPHS (2):

MENTION (1): Behavioral Scientists

CITATION: Lecker, Sidney
Coping With Drug Abuse

MAIN EMPHASIS (4):
2 articles describe: (1) Community action approach to drug abuse (2) A more clinical approach

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Behavioral Scientists
CITATION: Leivealey, S.  
The Maltreated Child: A Cause for Concern  

MAIN EMPHASIS (4): Initial complaint involves decision by general practitioner to send baby to hospital, with risk of parents not agreeing with hospital attitudes, assessment of parents, police action if necessary.

SECTIONS (3): Abusing parents usually have personality disorders so they can see nothing wrong with actions.

PARAGRAPHS (2): (a) Indicators - small swellings, lacerations; (b) History - reveals westerners have become aware of child abuse in last two centuries.

MENTION (1):

---

CITATION: Lentle, B. C.  
Pycodysostosis: A Case Report  

MAIN EMPHASIS (4): Case report of pycodysostosis, a rare bone disease characterized by shortness of stature, dysplasia of skull, no paranasal sinuses, proneness to bone fracture. Child abuse suspected in this case but was not primary diagnosis.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Leonard, Martha F., et al.
Failure to Thrive in Infants
AMERICAN JOURNAL OF DISTURBED CHILDREN, June 1966, 211:600-612

MAIN EMPHASIS (4): Discussion of exploratory study of 13 infants admitted to hospital for failure to thrive and of their families, aimed at identifying contributing factors to situation. Findings include: (1) all families had multiple problems (including number of children in quick succession), (2) isolation, (3) no mother reported nurturing in her own childhood. A non-thriving child affected the worker's perception of child, the baby's own personality, and depleted the mother's already overburdened resources.

SECTIONS (3): (a) Characteristics of children indicative of "failure to thrive:" evidence of underfeeding (inconsistent history from mother), unusual watchfulness of baby, lack of anxiety on child's part about strangers, superficiality of child's social relationships. (b) Treatment approach--encouraging and non-judgmental report given mothers. Difficulties discussed in making contact with parents. (c) Charts and tables are presented.

PARAGRAPHS (2): Follow-up only minimal, but information revealed continued weight gain in five infants after discharge.

MENTION (1):
CITATION: Leuchter, H. J.
Are Schools to be or Not to be Community Mental Health Centers?

MAIN EMPHASIS (4): Schools provide an avenue for possible identification and treatment of emotional problems.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Child abuse is one special area of concern.

CITATION: Levenstein, P., et al.
An Effect of Stimulating Verbal Interaction Between Mother and Children Around Play Materials

MAIN EMPHASIS (4): Presents a method of increasing verbal interaction between mothers and children through the use of trained "toy demonstrators" (social workers) who make home visits.

SECTIONS (3): (a) The author presents the results of an experiment using six mother-child pairs as controls, and six who received such home visits: the experimental group gained a mean of 13.7 IQ points; (b) The author points out the need for further research on the generality and longevity of the results.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Authors present their thesis that the identity problems and psychopathology of adolescent boys can be contributed to or caused by the "crisis of integrity", the state of masked depression, resignation, or hostility of middle aged fathers toward their sons. This position of the father prevents a healthy growth-producing conflict from taking place between father and son. Case histories are included.

SECTIONS (3):

PARAGRAPHS (2): The implications of this analysis for treatment are noted.

MENTION (1):

TARGET POPULATION:

Behavioral Scientists

---

Fathers and Sons: The Interlocking Crisis of Integrity and Identity
PSYCHIATRY, Feb. 1972, 35:48-56

MAIN EMPHASIS (4): Discussion of innovative organizational approaches to counter parental and community neglect.

SECTIONS (3): Discussion of parameters of community neglect.

PARAGRAPHS (2): (a) Conditions accepted as evidence of neglect; (b) Referral to CPS usually does not occur until troubled family makes trouble and by then situation has acutely deteriorated; (c) Rate of recidivism.

MENTION (1):

TARGET POPULATION:

Child Protective Service Workers

---

CITATION: Lewis, Harold
Parental and Community Neglect
CHILDREN, May-June, 1960, 114-118
MAIN EMPHASIS (4): Acute and long-lasting psychological sequelae may follow sexual attacks upon boys and girls during childhood depending on the form of attack, level of ego development, the closeness of the actual event to the prevailing fantasies.

SECTIONS (3): Case study of each developmental stage—infant, early childhood, middle childhood, adolescence.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION:
Lewis, Melvin, et al.
Some Psychological Aspects of Seduction, Incest, and Rape in Childhood
JOURNAL OF THE AMERICAN ACADEMY OF PSYCHIATRY, Oct 1969, 8:606-10

MAIN EMPHASIS (4): The state's lack of concern with the child sex victim in involving him in legal proceedings as evidenced by pretrial investigative proceedings. Some proposals to assure both the mental health of a child victim and rights of the accused in trial and pre-trial proceedings.

SECTIONS (3): (a) Initial interview (pre-trial interrogation); (b) Comparison of procedures in Chicago, Copenhagen, Stockholm; (c) Discussion of Israeli interrogation method—special non-police, youth interrogators who have sole legal authority to conduct interrogation; (d) Proposal to use specifically trained child examiners who videotape whole interrogation and supplement this with written social profile; (e) Conflict between accused's rights and child victim's welfare; (f) Illinois practices: repeated interrogations of sex victims, negotiated plea which does not resolve conflict between defendant's rights and child's welfare; (g) Determining child's duty to testify: suggests: (1) could be done by child examiner; (2) court could determine child's unavailability; (3) judge could ultimately decide on whether to accept examiner's recommendation; (h) Proposals to protect child victim (e.g., trial or special bearing in child-courtroom) and constitutional problems; (1) courtroom designed to take child's testimony in relaxed fashion; only judge, prosecutor, defense attorney, child examiner present; (3) defendant, jury, public watch behind one-way glass. Constitutional issues considered: (1) accused's right to be present at trial; (2) right to public trial; (3) right to cross-examination.

TARGET POPULATION:
Behavioral Scientists

CITATION:
Libai, David
The Protection of the Child Victim of a Sexual Offense in the Criminal Justice System
WAYNE LAW REVIEW, 1969, 15:977-1032
MAIN EMPHASIS (4): Research evidence indicates a significant relationship between amount of violence children see on TV and degree to which they are aggressive in attitudes and behavior. Bandura and Hicks studies cited. Learning by observation critical aspect of social learning processes. Recommendation for major economic investment into TV programs which teach cooperative, pro-social ways of dealing with life.

TARGET POPULATION:
Behavioral Scientists

CITATION: Lindenberg, Richard, et al.
Morphology of Brain Lesions from Blunt Trauma in Early Infancy
ARCHIVES OF PATHOLOGY, March 1969, 87:293-306

MAIN EMPHASIS (4): Sixteen cases of blunt head injury due to falling or, in at least one case, to being beaten are presented.

TARGET POPULATION:
Medical Scientists
MAIN EMPHASIS (4): The author sets forth his thesis that biological determinants provide a sufficient explanation of the origin of the incest taboo. A human group practicing incest would operate at a selective disadvantage in competition with out-breeding groups and ultimately would be unlikely to survive.

SECTIONS (3): (a) The author examines supportive evidence of the adverse effects of inbreeding on animals and humans; (b) The author examines evidence that would suggest that similarity in psychological makeup and physical proximity should result in sexual contact. Thus psychological explanations of the incest taboo are open to question.

PARAGRAPHS (2): Data from various sources on the incidence of incest are reviewed.

MENTION (1):

CITATION: Lion, John R.

Emotional Hazards in the Treatment of the Violent Patient
AGGRESSION, VIOLENCE AND CHILDHOOD, Fifth Annual Seminar, Children's Medical Center, Tulsa, Oklahoma, October, 1972

MAIN EMPHASIS (4): Violence fascinates us. Our emotional response to violence contributes to the difficulty in treating violent patients. Our ambivalence to violence is exacerbated by media coverage; we need to bolster our defenses with a more aggressive/authoritarian attitude toward violence than society permits right now.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): A case study of an infant with subdural hematoma associated with multiple fractures was presented. Etiology was not established. Points out that Caffey's suspicions of trauma are not answered.

TARGET POPULATION: Medical Scientists

PARAGRAPHS (2): 

MENTION (1): 

CITATION: Lloyd-Roberts, G.
The Diagnosis of Injury of Bones and Joints in Young Babies
PROCEEDINGS OF ROYAL SOCIETY OF MEDICINE, Dec. 12, 1968, 61:1299-300

MAIN EMPHASIS (4): Exuberant callous formation, varying degrees of maturity of injuries, and other indicators make the child abuse syndrome distinguishable from osteomyelitis and other diseases.

TARGET POPULATION: Medical Scientists

PARAGRAPHS (2): Parents of abused children are often poor and fail to clothe and clean children properly, but may also be of higher socio-economic families.

MENTION (1): 

CITATION: Lis, Edward F., et al.
Multiple Fractures Associated with Subdural Hematoma in Infancy
PEDIATRICS, 1950, 6:890-92

MAIN EMPHASIS (4): A case study of an infant with subdural hematoma associated with multiple fractures was presented. Etiology was not established. Points out that Caffey's suspicions of trauma are not answered.

TARGET POPULATION: Medical Scientists

PARAGRAPHS (2): 

MENTION (1):
MAIN EMPHASIS (4): Orthogonally rotated Wittenborn-Holzberg data on 250 psychotic patients was re-rotated to clarify the faction structure and to identify any 2nd-order factions that might be present. Findings were not in great agreement with those of other investigators; possible exacerbations discussed. Tables outlining factors and correlation are prescribed.

TARGET POPULATION:
Behavioral Scientists

CITATION: Lorr, Maurice, et al.
Factors Descriptive of Psychopathology and Behavior of Hospitalized Psychotics
JOURNAL OF ABNORMAL AND SOCIAL PSYCHOLOGY, 1955, 50


MAIN EMphasis (4): A re-examination of Achenson's study (of interrelated traits identifying major syndromes in children) by factorial methods. Five oblique factions found in parallel analyses of boys and girls: socialized delinquency, internal conflict, unsocialized aggressiveness, brain damage, schizoid reaction.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Two statistical tables on factors are provided.


MAIN EMphasis (4): Great Britain's legal means for prosecuting and defending abuse/neglect cases.

SECTIONS (3): (a) prosecution's charges: Murder, attempted murder, infanticide, man slaughter, cruelty and neglect; (b) defense means: diminished responsibilities, provocation, accident; (c) numerous legal cases - illustrations.

PARAGRAPHS (2): (a) scattered references to problem definition - e.g., scapegoating, neglect, provocation by child, mental abnormality (b) used for required reporting law.

MENTION (1):

MAIN EMPHASIS (4): Since so many unwanted children are abused, and other children are abused, even though wanted, abortion could be a preventative measure for child abuse.

SECTIONS (3): (a) Case studies citing examples of child abuse and neglect are given throughout; (b) Child abusers are as children who want to be parented instead of vice versa; (c) Statistics show that child abuse is often the by-product of unwanted pregnancies.

PARAGRAPHS (2): Dwarfism is often a result of lack of loving care and nutrition.

MENTION (1): wwwxx212

CITATION: Lukianowicz, N. Battered Children. PSYCHIATRIC CLINICIAN, 1971, 4:257-80 (Ireland)

MAIN EMPHASIS: A statistical study of the environment, personality, and psychodynamics of the parents of 18 abused children in Antrim County, North Ireland, compares findings with those of Kempe, Skinner and others to find causes: (a) unpreparedness to assume parental role; (b) marital conflicts scapegoated on child; (c) personality disorders or depression and irritability; (d) tension-relief via child beating; (e) imitation of abuse parent received as a child; (f) frustrated expectation that child can meet parent's needs; (g) resentment of child for not meeting parental needs. Parent profile: mother is most frequent abuser; father protects wife, not child; both children and mothers are relatively young.

SECTIONS (3): (a) Recommended treatment includes counseling the whole family at home; removal of child or hospitalization of parents, medication; (b) Pollock's questionnaire used to spot parent-child hostility is seen as a preventative mechanism; (c) Reporting laws and legal protection of reporters of abuse are needed; (d) Case histories of abusing families.

PARAGRAPHS (2): (a) The physician's role as initial reporter is emphasized; (b) The various medical and behavioral services need to alert each other to their contact with child abusing families.

MENTION (1): Behavioral Scientists
CITATION: Lustig, Noel, et al.
"Incest"
ARCHIVES GENERAL PSYCHIATRY, Jan., 1968, 14:31-40

MAIN EMPHASIS (4): Extensive discussion of psycho-
dynamics in family where father-daughter incest
occurred. Major theses: (1) incest reduces ten-
sion in dysfunctioning family; (2) incest involves
at least unconscious participation by parent not
overtly involved.

SECTIONS (3): Illustrations from six case studies.
Reference to numerous contributors to author's
thesis - e.g., Weiss, Reich, Sullivan, Horney.
Characteristics of fathers - history of separa-
tion experiences, need to appear a "patriarch." 
Characteristics of mother - abdication of wife
role, sexual rejection of husband, role reversal
with daughter. Characteristics of daughter -
unusually precocious behavior in nurturing func-
tions but retarded functioning in other areas.
Characteristics of family - relies on noninstitu-
tional role relationships, tenuous relationship
with larger society, incest protects and maintains
the family.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): The authors focus on the "interpersonal triangle" concept of incest, emphasizing the contributory role of the non-participating member. Three points of interest, according to Weinan, are: (1) Liaisons are protracted and usually occur in unbroken homes; (2) Several members collude, and the child is typically pushed into adult responsibilities; (3) Revenging daughter sees mother as cruel.

SECTIONS (3): (a) Three incestuous families are described; (b) University of Colorado Medical Center's Family Treatment Unit selects a few patients about to be admitted to the psychiatric floor for crisis-oriented family therapy, in which: (1) Sequence of events is unravelled; (2) All are encouraged to return to prior functioning; (3) Involvement of each member is emphasized; (4) Healthier roles are examined. Family is treated as a whole, with focus on the dynamics.

PARAGRAPHS (2):

MENTION (1): Growth failure, malnutrition, retardation of mother, and poor social development are characteristic of failure to thrive syndrome.
MAIN EMphasis (4): The implications of Nebraska's laws on child abuse reporting and privileged communication between patient and physician are discussed.

SECTIONS (3): (a) The historical development of recognition of the problem of child abuse is described; (b) A section of statistics compiled by a study of the American Humane Association of 662 instances of child abuse with characteristics and types of abuse is listed; (c) Discussion of the characteristics and theory of child abuse is included.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Medical Behavioral Scientists

<table>
<thead>
<tr>
<th>TRAIN</th>
<th>GEN AIN</th>
<th>GEN AM</th>
<th>GEN AY</th>
<th>PHY A</th>
<th>PHY N</th>
<th>PHY M</th>
<th>EMG A</th>
<th>EMG N</th>
<th>SEX A</th>
<th>SEX N</th>
<th>SEX M</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Marker, Gail, et al.
Rethinking Children's Rights

MAIN EMphasis (4): A discussion of the most current legal developments in assuring children's rights, e.g., rights of children in institutions to receive rehabilitative services (Morales v. Turnan, Willowbrook, N.Y.); exploitation of children in institutions; right to education (Mills v. Board of Education, Dist. of Columbia; Brown v. Board of Education). The obvious problems are being tackled now, e.g., neglect/abuse, abuse in institutions, right to education. Future considerations should involve less articulated concerns, i.e., right to medical care without parental consent, right to have own best interests adequately represented.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Maroteaux, P.
The Sequelae of Silverman Syndrome: Infant’s Multiple Fractures, 
So-called “Battered Child Syndrome”
LA PRESSE MEDICALE, March 22, 1967, 75:711-716

MAIN EMPHASIS (4): This is a report of a follow-up 
study of 16 cases of “battered baby syndrome” in 
which many nonconspicuous complications were ob-
served to develop.

SECTIONS (3): The authors discuss the appropriate-
ness of the term “battered baby syndrome”: since 
some cases are due, no doubt, to excessive (but not malicious) manipulation.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists

CITATION: Martin, David L.
The Growing Horror of Child Abuse and the Undeniable Role of the 
Schools in Putting an End to it

MAIN EMPHASIS (4): The author argues that schools 
have an important role to play in helping to iden-
tify and prevent cases of child abuse.

SECTIONS (3): Recommendations are made that steps 
be taken to sensitize school personnel to the 
problem and to establish concrete school policies 
on reporting suspected cases of abuse.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): A survey of the literature of child abuse is presented, finding that very little is known about later consequences of child abuse.

SECTIONS (3): (a) Various background material for abuse/neglect situations is given; (b) Statistical data of each study are related; (c) Undernutrition is a frequent concomitant of abuse and predisposes the child to retardation; (d) Measurements of coercion, family violence in cases of sex abuse are given; (e) Provocation of sex abuse by the victim is hypothesized. Long lasting negative effects occur; (f) Case studies of neurological outcome of abused children were done; (g) Follow-up of these cases showed handicapped ability to relate to people and environment, but surprisingly little cognitive disturbance; (g) Treatment orientation toward removal of threat of harm to child can be obtained by therapy, legal maneuvers, welfare, and medical interventions.

PARAGRAPHS (2):
MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Medical Scientists
**CITATION:** Massing, Rose  
*Neglected Children: A Challenge to the Community*  
*SOCIAL WORK, April, 1968, 30-6*

**MAIN EMPHASIS (4):** Problematic abuse (neglect case histories are presented in detail).

**SECTIONS (3):** Treatment of each case is reported, as well as a general discussion of need to find unusual treatment resources which are, ideally, incorporated into a separate, comprehensive facility which needs to deal with right to refuse treatment.

**PARAGRAPHS (2):** Problems dealt with in facilities include: (1) social breakdown in parents' childhood; (2) illegitimacy; (3) character disorders, (4) inadequate housing; and (5) poverty. Statistics for the occurrence of various problems are given.

**MENTION (1):**

---

**CITATION:** McCort, James, et al.  
*Visceral Injuries in Battered Children*  
*RADIOLOGY, March, 1964, 82:424-28*

**MAIN EMPHASIS (4):** A study of 10 infants with unexplained visceral trauma as evidence of battering.

**SECTIONS (3):** (a) Instability, alcohol problems, behavior disorders, etc., were characteristic of these children's homes; (b) An investigation in the child's best interests must be made.

**PARAGRAPHS (2):**

**MENTION (1):**
**CITATION:** Meerran, Jane
*Parent Discussion Meetings: A Protective Service Agency's Experience*
*CHILD WELFARE, July, 1957, 38(7):31-35*

**MAIN EMPHASIS (4):** Discusses a treatment program of discussion meetings for parents who had come to the attention of the welfare office for their neglect and abuse. The meetings had social value for many of the members, and they acquired new methods and examined their old methods for working with children. Individual letters were used as outreach to the parents until they made a commitment to the program.

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):**

**TARGET POPULATION:**
Behavioral Scientists
Social Workers

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN AN</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**CITATION:** Meerran, Jane
*Parents Groups in Protective Services*
*CHILDREN, Nov.-Dec., 1958, 5(6):223-228*

**MAIN EMPHASIS (4):** The authors use case examples to illustrate their thesis that protective service agencies can improve their services through group meetings.

**SECTIONS (3):** The authors describe how the meetings were organized and the educational and supportive role the meetings played in the casework process.

**PARAGRAPHS (2):**

**MENTION (1):**

**TARGET POPULATION:**
Behavioral Scientists
Social Workers

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN AN</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
CITATION: Mollenry, Thomas, et al.
Unsuspected Trauma with Multiple Skeletal Injuries During
Infancy and Childhood
PEDIATRICS, June, 1963, 31:903-8

MAIN EMPHASIS (4): Documentation of 50 children who
had unsuspected trauma--case material, prognoses,
types of injuries.

SECTIONS (3): (a) Statistics indicate early infancy
was when most abuse took place; (b) The abusers
were impulsive, had marital instability, demonstrated
little guilt or anger, emotionally de-
pressed in early life.

PARAGRAPHS (2): In interview, the clinician must
overcome anger, forego personal judgment, and be
prepared to accept hostility from the abusive
parent.

MENTION (1):

Child Abuse and Neglect Concerns SRS Multi-Efforts

MAIN EMPHASIS (4): Non-specific survey of SRS ac-
tivities and those of other HEW agencies re:
abuse/neglect. Report by Intradepartmental com-
mittee (NEW). Projects supported which investigate
treatment, prevention, service delivery, etc.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: McRae, Kenneth, et al.
The Battered Child Syndrome
CANADIAN MEDICAL ASSOCIATION JOURNAL, April 7, 1973, 108(7):859-866

MAIN EMPHASIS (4): Statistical data on 132 abused children from a Winnipeg hospital. Details on incidence, source, type. Frequency and follow-up tables are presented.

SECTIONS (3): Treatment: choice of separation, return to home with close supervision, or temporary separation.

PARAGRAPHS (2):

MENTION (1): (a) Training: Continuing education is essential; (b) Follow-up is a full time job, and a must.

TARGET POPULATION:
Medical Scientists

---------

CITATION: Meacham, William F.
The Neurosurgical Aspects of the Battered Child
SOUTHERN MEDICAL BULLETIN, June, 1970, 58(3):33-6

MAIN EMPHASIS (4): Since most child-battering involves striking the face of the child victim, physicians should particularly note wounds produced by trauma, such as an acute swelling, skull depression, retinal hemorrhages, etc. Failure to thrive, irritability, and feeding problems may indicate hematoma due to abuse.

SECTIONS (3): Detailed descriptions of the indicators, medical treatment needed, and results of failure to treat are given.

PARAGRAPHS (2): After hospitalization and/or removal, plans for child are made. Psychiatric, pediatric, nursing, and social work intervention can plan for release and eventual return home.

MENTION (1): An official, non-accusatory response by doctors is appropriate.
CITATION: Meerloo, J. A. N.
Mental Cruelty
(Article in Dutch, Summary in English)

MAIN EMPHASIS (4): Discussion of mental cruelty and its "disintegrating action" on spouse or child. May result in child's admission to psychiatric institution which is a stigma the child must carry for his whole life.

TARGET POPULATION:
Behavioral Scientists

CITATION: Melnick, Barry, et al.
Distinctive Personality Attributes of Child-Abusing Mothers

MAIN EMPHASIS (4): Research study showed that personality characteristics (i.e., inability to empathize with their children, severely frustrated dependency needs, and a probable history of emotional deprivation) of child-abusing mothers are consistent with contemporary findings.

TARGET POPULATION:
Behavioral Scientists
MAIN EMPHASIS (4): Twenty-eight reported cases of child abuse were studied to gain data on the outcome for the family and usefulness of the hospital services.

SECTIONS (3):
(a) A 1965 legislative act requires Iowa physicians to report abuse. (b) Families frequently had low income and were unprepared for a child.

PARAGRAPHS (2): Age, previous history, income, family structure, and other data is reported.

MENTION (1):

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Scientists</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>GEN A</th>
<th>PHY A</th>
<th>ESO A</th>
<th>GEN R</th>
<th>GEN N</th>
<th>GEN P</th>
<th>GEN E</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>IN COM</td>
<td>IN INT</td>
<td>INDIC</td>
<td>PRB DEF</td>
<td>TREAT</td>
<td>LEG CON</td>
<td>REFER</td>
<td>ANC SER</td>
<td>FOLLOW</td>
</tr>
</tbody>
</table>

TARGET POPULATION:
- Dentists

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>GEN A</th>
<th>PHY A</th>
<th>ESO A</th>
<th>GEN R</th>
<th>GEN N</th>
<th>GEN P</th>
<th>GEN E</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>IN COM</td>
<td>IN INT</td>
<td>INDIC</td>
<td>PRB DEF</td>
<td>TREAT</td>
<td>LEG CON</td>
<td>REFER</td>
<td>ANC SER</td>
<td>FOLLOW</td>
</tr>
</tbody>
</table>

TARGET POPULATION:
- Dentists

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>GEN A</th>
<th>PHY A</th>
<th>ESO A</th>
<th>GEN R</th>
<th>GEN N</th>
<th>GEN P</th>
<th>GEN E</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>IN COM</td>
<td>IN INT</td>
<td>INDIC</td>
<td>PRB DEF</td>
<td>TREAT</td>
<td>LEG CON</td>
<td>REFER</td>
<td>ANC SER</td>
<td>FOLLOW</td>
</tr>
</tbody>
</table>
CITATION: Miller, Donald S.  
Fractures Among Children, Part 1 - Parental Assault as a Causative Agent  
MINNESOTA MEDICINE, September 1959, 42:1209-1213

MAIN EMPHASIS (4): Describes indicators by which physicians can infer child abuse.

SECTIONS (3): Four case reports.

PARAGRAPHS (2): (a) History of research that debates willful trauma versus bone fragility as explanation of multiple fractures. (b) Adroit elicitation of information without an accusing attitude is necessary. (c) Abuse occurs in all socio-economic strata.

MENTION (1): Injured children at Cook County Hospital are referred to Juvenile Protective Association.

CITATION: Miller, John K.  
Red, White and Bruised. The Maltreatment Syndrome in the Army  
BEHAVIORAL SCIENCE, June 24, 1974, 1-22

MAIN EMPHASIS (4): That military life has its special characteristics in dealing with and contributing to child abuse.

SECTIONS (3): (a) Statistics show abuse high, but this is probably due to their reporting system. (b) Treatment of suspected child abuse and neglect should involve many disciplines. Training should be specialized in all disciplines, as this is an outreach skill not usually taught to professionals. (c) The military abusive parent is often enlisted and in serious financial straits or a member of a mixed marriage.

PARAGRAPHS (2): (a) Military posts have their own legal system and it has largely been unresponsive to child abuse laws. (b) Sexual abuse occurs in 7% of cases that involve a father and daughter who is between 7 and 16 years of age.

MENTION (1):
MAIN EMphasis (4): Public health nurses initiated a community project to alleviate child abuse by seeking the aid of the juvenile judge.

TARGET POPULATION:
General Public
Nurses

Mention (1): North Carolina child abuse statute does not require professionals to report cases of abuse.

Citation: Miller, Mary Bailey. Community Action. Nursing Outlook, March 1969, 17:44-46

Main Emphasis (4): Discussion which emphasizes that many abused children contribute to their own abuse by being irritating or unappealing, crying, fighting with parents.

Target Population: Behavioral Scientists

Sections (3): Legal considerations involve physician's liability and responsibilities.

Paragraphs (2): Training should involve supervision of new doctors so they may gain emotional objectivity and distance.

Mention (1):
MAIN EMPHASIS (4): The abused child is often the scapegoat with the family homeostasis obtained through this safety valve. Mother often demonstrates a murderous rage with father playing passive role.

SECTIONS (3):

PARAGRAPHS (2): Doctors as well as lay people seldom consider reporting abuse.

MENTION (1): Indicators are fractures and multiple healings.

TARGET POPULATION: Medical Scientists

CITATION: Mintz, A. A.
Battered Child Syndrome
TEXAS STATE JOURNAL OF MEDICINE, February 1964, 60:107-108

CITATION: Hillwell, Betty
Working with Abusing Parents - A Caseworker's View

MAIN EMPHASIS (4): A generalized article on what is involved in receiving a complaint of child abuse.

SECTIONS (3): Initial interview with mother reveals a need to convince the mother to get help.

PARAGRAPHS (2): 

MENTION (1): 

TARGET POPULATION: Behavioral Scientists

TARGET POPULATION: 

Behavioral Scientists
MAIN EMPHASIS (4): The process of removing children coercively from their parents and placing them in foster care with a test for evaluation of the best interests of the child.

SECTIONS (3): (a) Historically--examines the removal of children from homes, by the state, since medieval times. (b) Statistics--length of foster care, number of placements.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Lawyers

CITATION: Money, John, et al.
Pain Agnosia and Self Injury in the Syndrome of Reversible Somatotropin Deficiency (Psychosocial Dwarfism)
JOURNAL OF AUTISM AND CHILDHOOD SCHIZOPHRENIA, April-June 1972, 2(2):127-139

MAIN EMPHASIS (4): Discussion of a study of 32 children admitted to hospital for syndrome of dwarfism characterized by reversible inhibition of growth. Following initial hospitalization, patients were discharged to convalescent homes, then foster homes. Such changes in living situations from adverse environments (where growth failure began and persisted) to ameliorative environments (where catch-up growth occurred) decreased incidence of physical injury, severe punishment or abuse, self-inflicted injury, and pain agnosia (non-recognition of pain). Symptom reversal was secondary to change of domicile and interpersonal environment. When self-inflicted injury and pain agnosia co-exist, self-injury may serve to counteract "cognitive starvation" where sensory deprivation existed. One case history is presented.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Morris, Marian G., et al.
Role Reversal: A Necessary Concept in Dealing with the "Battered Child Syndrome"
CHILD WELFARE LEAGUE OF AMERICA, July 1963, 298-299

MAIN EMPHASIS (4): Child abusers are seen as living a role reversal, in which babies are seen by the abusers as capable of either pleasing or judging their parents, or satisfying or not satisfying needs.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Social Workers

---

CITATION: Morris, Marian G., et al.
Toward Prevention of Child Abuse
CHILDREN, March-April 1964, 11(2)

MAIN EMPHASIS (4): Drawing from two studies at Children's Hospital of Philadelphia, the authors describe typical reactions of abusive/neglectful parents towards child, and typical forms of behavior of neglected/battered children in hospital, and compare them to "normal" parents and children. Such signs are helpful in early identification of abuse/neglect and in prevention of further abuse/neglect.

SECTIONS (3): (a) Interviewing questions are useful in assessing the family situation and the seriousness of the abuse/neglect problem—take uncritical approach. (b) Case histories. (c) Social signs can be recognized early enough to prevent abuse/neglect or, at least, prevent reoccurrence and break cycle of transmission of problem through generations.

PARAGRAPHS (2): Need for coordination of community services to treat problem.

MENTION (1): (a) Abuse/neglect carried down through generations. (b) Abusive/neglectful parents acting out their own parents' incapacities. (c) Laws should also require notification of child welfare service as well as court of abuse/neglect. (d) Prevent abuse/neglect by recognition of above mentioned signs.
**CITATION:** Morris, T. M. O., et al.

A Battered Baby with Pharyngeal Atresia

*JOURNAL OF LARYNGOLOGY AND OTOTOLOGY (London)*, July 1971, 85:729-731

---

**MAIN EMPHASIS (4):** Describes case history of "battered baby" with atresia of the pharynx, probably of congenital origin.

**TARGET POPULATION:**

Medical Scientists
Physicians

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANG SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):** Though a congenital defect was present which caused feeding difficulty, the personality of the parent seemed to be the deciding factor in abuse.

---

**CITATION:** Morse, C. W., et al.

A Three-Year Follow-Up Study of Abused and Neglected Children

*AMERICAN JOURNAL OF DISEASES OF CHILDREN*, November 1970, 120:439-446

---

**MAIN EMPHASIS (4):** Results of study of 25 abused/neglected children from 23 families show 36% experienced repeated A/N; 43% were mentally retarded. Also indicated that certain children and families may be especially vulnerable. Authors evaluate type and effectiveness of intervention and conclude that agency should not focus just on child protection, but should provide more comprehensive services to rehabilitate families. In considering whether child should remain in home, mother's view of her relationship to child is critical; agency involvement most useful when it supports this relationship.

**TARGET POPULATION:**

Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANG SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTIONS (3):**

(a) Statistical tables from study.
(b) Study method.

**PARAGRAPHS (2):** Legal action unusual in New York because (1) too little evidence. (2) Victims too young to testify.

**MENTION (1):** Public health and visiting nurses provided therapeutic casework--better accepted by families than CPS workers.
### Treatment of neglectful parents

Treatment of neglectful parents can be accomplished by the skillful use of authority if it is rational, non-coercive, or provides the opportunity for some freedom of choice.

### A neglected child is defined legally in relation to abandonment, medical care, education, dangerous situations.

### Behavioral Scientists

**TARGET POPULATION:**

- Behavioral Scientists
- Social Workers

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN AM</th>
<th>GEN N</th>
<th>PHY N</th>
<th>EMG A</th>
<th>EMG N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN COM</td>
<td>IN INT</td>
<td>INDIC</td>
<td>PRB DEF</td>
<td>TREAT</td>
<td>LEG CON</td>
<td>REFER</td>
<td>ANC SER</td>
<td>FOLLOW</td>
</tr>
</tbody>
</table>

### Integration of the Family into the Child Placement Process

A discussion of a family-centered casework approach to placing the child out of the home. Offered as a way to understand family interactions, parents' ability to parent, working through separation, effective change to enable return of child, providing "post-placement" experiences conducive to assuring success of reunited family.

### Behavioral Scientists

**TARGET POPULATION:**

- Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN AM</th>
<th>GEN N</th>
<th>PHY N</th>
<th>EMG A</th>
<th>EMG N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN COM</td>
<td>IN INT</td>
<td>INDIC</td>
<td>PRB DEF</td>
<td>TREAT</td>
<td>LEG CON</td>
<td>REFER</td>
<td>ANC SER</td>
<td>FOLLOW</td>
</tr>
</tbody>
</table>
CITATION: Moyea, P. D.
Subdural Effusions in Infants
THE CANADIAN MEDICAL ASSOCIATION JOURNAL, February 1, 1969, 100(5):231-234

MAIN EMPHASIS (4): The author describes his experience with subdural haematomas and subdural effusions, and recommends steps to be taken in their diagnosis and treatment.

SECTIONS (3): (a) The etiology of subdural effusions can be trauma, accidents, battering by parents, or post-meningitic effusion. (b) Over a ten year period, 60 children with subdural effusions were treated by subdural taps, burr holes, craniotomy and shunting. Good results were obtained in 47 cases.

PARAGRAPHS (2):

MENTION (1):

CITATION: Maack, Donald
A Study of 100 Non-Selected Cases of Sexual Assaults on Children
THE INTERNATIONAL JOURNAL OF SEXOLOGY, February 1954, 7(3) :125-128

MAIN EMPHASIS (4): A study of 100 cases gives a statistical picture of sexual abuse of children.

SECTIONS (3): Gives age and sex of child victims, and age, profession, previous offenses and marital status of offenders.

PARAGRAPHS (2):

MENTION (1):
CITATION: Mulford, Robert
Emotional Neglect of Children: A Challenge to Protective Services
CHILD WELFARE, October 1958, 19-24

MAIN EMPHASIS (4): Neglect with regard to treatment is discussed from community, protective agency, and legal aspects.

SECTIONS (3): (a) Historical attitudes are traced, showing an increasing emphasis on the individual. (b) Emotional neglect, which is not really definable, is seen as failure to care for child's emotional needs. (c) Parent-child relationship is seen as the focus for treatment of emotional neglect. Treatment will help parents meet their needs and then better be able to feel concern over children. (d) The laws are treatment, not punishment, oriented. Legal action in response to emotional neglect may be precluded due to difficulty of finding acceptable evidence.

PARAGRAPHS (2):

MENTION (1): Case illustrations of neglect and legal impotence to help are given.

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
<th>Behavioral Scientists</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Murdock, C. George
The Abused Child and the School System
AMERICAN JOURNAL OF PUBLIC HEALTH, January 1970, 60:105-109

MAIN EMPHASIS (4): Schools have the best opportunity to report child abuse. A sample form is included. Promptness in acting on the report, immunity for the reporter, and registry of child abuse are emphasized.

SECTIONS (3): (a) The Children's Bureau has a published guide for legislation in mandatory reporting of child abuse. (b) All 50 states have enacted child abuse statutes.

PARAGRAPHS (2): Child abuse has been with us since the dawn of civilization, and has been used to appease deities, eliminate defective offspring, and control population—many examples of which are found in the literature.

MENTION (1):
CITATION: Mushin, Alan, et al. 
Ocular Injury in the Battered baby Syndrome: Report of Two Cases 
BRITISH JOURNAL OF OPHTHALMOLOGY (London), May 1971, 55:343-347

MAIN EMPHASIS (4): Two case studies of abused children's eyes includes clinical and pathological features.

SECTIONS (3): Previous reports of physical abuse written by such authors as Silverman, Fontana, Adelson.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists
Physicians & Ophthalmologists

CITATION: Myers, Steven A. 
The Child Slayer: A Twenty-Five Year Survey of Homicides Involving Preadolescent Victims 
ARCHIVES OF GENERAL PSYCHIATRY, August 1967, 17(2):211-213

MAIN EMPHASIS (4): A 25 year study of 83 infant slayings in Detroit is outlined according to age, sex, identity of assailant, motive, method, and fate of assailant, and race.

SECTIONS (3): Schizophrenia, psychotic illness, and explosive rage accounted for most of the slayings, although several are unexplained and may even be perpetrated by another child.

PARAGRAPHS (2):

MENTION (1): Suicide, confession, or family member reports, bring cases to police attention.
MAIN EMPHASIS (4): In foster care, there is a 50% chance of success but not a mathematical equation with a firm prediction of success or failure.

SECTION (3): (a) The continuity of placement and the personality of the placement officers is a factor. (b) There is no difference in success of placement on basis of whether the child is legitimate or not; however, illegitimate children placed when babies are more successful than when placed later in life. (c) Age is an important factor with under the age of one being the most successful. (d) No firm conclusion with regard to behavior problems. (e) Previous foster placements are not a determining factor. (f) The later the time of separation from biological family, the less successful the placement. (g) Foster parents having children within 3 years of the age of the foster child will inhibit the success of the placement. (h) Previous fostering experience is not a factor.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists
Social Workers

Medical Scientists

MAIN EMPHASIS (4): That children with minimal brain dysfunction exhibit harassing, irritating, atypical behavior which can have a provocative effect on an unstable parent, precipitating assault of variable degrees. This is response to Kempe article.

SECTIONS (3): Non-specific letter by Fontana.

PARAGRAPHS (2):

MENTION (1):

MAIN EMPHASIS (4): Occurrence, type, and treatment of burns in a number of children.

TARGET POPULATION:
Medical Scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): One case of intentional burning by a mother was recognized and it was suspected that other cases of abusive burning were undetected.

CITATION: New York State Dental Journal Dentists Required to Report Cases of Abused and Maltreated Children NEW YORK STATE DENTAL JOURNAL, 929

MAIN EMPHASIS (4): Dentists have legal obligation to report suspected cases of child abuse or maltreatment. Reporting procedures are also noted (includes naming Central Registry in New York City).

TARGET POPULATION:
Medical Scientists
Dentists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Newberger, Eli H., et al. 
Reducing the Literal and Human Cost of Child Abuse: Impact of a New Hospital Management System 

MAIN EMPHASIS (4): Consolidation of one public and two voluntary agencies resulted in actual cost reduction of medical services because consulting agencies had less re-injury.

SECTIONS (3):

PARAGRAPHS (2): Problem definition: Child abuse defined as a syndrome, with or without inflicted injury, in which child's survival is threatened at home.

MENTION (1):

CITATION: Newton, Niles R. 
The Relationship Between Infant Feeding Experience and Later Behavior 
JOURNAL OF PEDIATRICS, 1951, 38:28-40

MAIN EMPHASIS (4): Results of exploratory study on relationship between infant feeding experience and later behavior. Twenty-four normal children studied. Results were inconclusive as cause and effect relationship not very strong. Other relationships should be studied (e.g. mother's attitude toward child care).

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Describes the recommendations of the British Association of Pediatric Surgeons and Pediatric Association for some management systems to provide adequate protective services and correct professional action in response to child abuse.

SECTIONS (3): The growing problem of child abuse is discussed.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists
Physicians

CITATION: Nyden, Paul V.
The Use of Authority
PUBLIC WELFARE, July 1966, 239-252

MAIN EMPHASIS (4): General discussion of child protective services, e.g. requirement that such services must have public mandate, pioneering efforts and beginnings of child protective movement discussed, child protective services based on concept of parens patriae, components of child protection.

SECTIONS (3): (a) Treatment alternatives: intensive casework with parents, use of court, use of authority with parents, removal of child from dangerous environment. (b) References to characteristics of neglect/abuse problem, e.g. not restricted to any economic group, parents mostly dependent and insecure, large numbers of parents from neglected homes. (c) Discussion of mandatory reporting laws.

PARAGRAPHS (2): (a) 1874 case of abuse was prosecuted under law protecting animals from cruelty; resulted in formation of N.Y. SPCC. (b) Initial complaints often come from school personnel in the case of older abused child. Several times the child himself reports abuse. Some M.D.s report but they are often reluctant to report for fear of legal entanglement.

MENTION (1): Reference to historical exploitation of children in industry, theatre, circuses.
CITATION: Ochberg, Frank M.
Theories of Violence
AGGRESSION, VIOLENCE AND CHILDHOOD, Fifth Annual Seminar, Children's Medical Center, Tulsa, Oklahoma, October 1972

MAIN EMPHASIS (4): Consideration of biological, sociological and psychological approaches for reducing violence.

SECTIONS (3):

PARAGRAPHS (2): “Dyscontrol syndrome” incorporates child beating as one of its characteristic behaviors—caused by specific brain abnormality.

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: O'Doherty, M. J.
Subdural Haematoma in Battered Babies
DEVELOPMENT, MEDICINE AND CHILD NEUROLOGY, April 1964, 6:192-193

MAIN EMPHASIS (4): Author emphasizes that whenever a battered baby is treated, a deliberate search for subdural haematoma should be instituted.

SECTIONS (3):

PARAGRAPHS (2): The diagnostic clues the physician should look for are outlined.

MENTION (1):
MAIN EMPHASIS (4): Brief, non-specific article on "ugly truth" of child abuse, noting effects on Children's Bureau to promote state legislation on reporting laws, and appealing to readers to support efforts to counteract child abuse.

TARGET POPULATION:
General Public

CITATION: 
Oliver, J. E., et al.
A Family Kindred withIll-Used Children; The Burden on the Community
BRITISH JOURNAL OF PSYCHIATRY, July 1973, 123:81-90

MAIN EMPHASIS (4): Discussion of research study on one family, three generations. All were subjected to severe mistreatment as children. Though they received extensive social/medical services, such services have not prevented tendency to perpetuate child abuse/neglect. Numerous charts and tables.

TARGET POPULATION:
Behavioral Scientists

CITATION: 
Oltinger, Katherine B.
Protecting Children from Abuse
PARENTS MAGAZINE, November 1964, 39:11-12

MAIN EMPHASIS (4): Brief, non-specific article on "ugly truth" of child abuse, noting effects on Children's Bureau to promote state legislation on reporting laws, and appealing to readers to support efforts to counteract child abuse.

TARGET POPULATION:
General Public
CITATION: Oliver, J. E., et al.
Five Generations of Ill-Treated Children in One Family Pedigree
BRITISH JOURNAL OF PSYCHIATRY, November 1971, 119:473-480

MAIN EMPHASIS (4): It was found that numerous cases of child abuse and neglect were concentrated in the same family’s ancestry.

SECTIONS (3): (a) Many tables and a chart illustrate the details of all the cases of abuse found in successive generations of the family. (b) Encouraging birth control is suggested as a means to prevent further abuse in families with a high incidence of abuse.

PARAGRAPHS (2): (a) Childish unrealism is a large factor in resistance to treatment. (b) Separation of children from their parents, social supports, and psychiatric care are also mentioned as treatment options.

MENTION (1): A table giving figures on the incidence of various types of abuse in the generations of the families is included.

TARGET POPULATION:
Behavioral Scientists
Psychiatrists

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>GEN A</th>
<th>GEN A</th>
<th>GEN A</th>
<th>GEN A</th>
<th>GEN A</th>
<th>GEN A</th>
<th>TR</th>
<th>REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SEP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Oliver, J. E., et al.
Six Generations of Ill-Used Children in a Huntington’s Pedigree
POSTGRADUATE MEDICAL JOURNAL, December 1969, 45:757-760

MAIN EMPHASIS (4): Case study of environmental and genetic factors of six generations who were subjected to active cruelty and passive neglect.

SECTIONS (3): The case study follows Huntington’s disease, the symptoms of which are irritability and insidious deterioration of personality, which often contributed to overtly battering a child.

PARAGRAPHS (2): Treatment: psychiatric counselling (almost ineffective), family planning as necessary, and abortion.

MENTION (1):
MAIN EMPHASIS (4): Study investigating characteristics of Stanford-Binet and Goodenough-Harris tests for 188 Headstart children. Children scored in low normal level of intelligence, girls superior to boys, whites superior to blacks. While females did better than black males and females, no difference between white males and black males and females. Stanford-Binet and Goodenough-Harris did not correlate highly. Goodenough-Harris not an adequate measure of intelligence for this population.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>GEN N</th>
<th>PHYS N</th>
<th>EMOCN</th>
<th>SEX A</th>
<th>EXPL</th>
<th>MIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Ottnan, Jane E., et al.
Parental Deprivation & Psychiatric Conditions, III (in Personality Disorders and Other Conditions)
DISEASES OF THE NERVOUS SYSTEM. May 1967. (281:298-303

MAIN EMPHASIS (4): Data correlating deprivation with personality and character disorders is contrasted with early information, which showed experience in orphanages unrelated to schizophrenia.

SECTIONS (3): Broken homes and irresponsible parenting attitudes, especially of the father, have catastrophic effects on offspring. Because death of a parent does not produce the same reactions, this indicates hostile and traumatic events around separation affect the child.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Medical Scientists

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>GEN N</th>
<th>PHYS N</th>
<th>EMOCN</th>
<th>SEX A</th>
<th>EXPL</th>
<th>MIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MAIN EMPHASIS (4): The main emphasis is the physician's difficulty in working with abusive families as both caretaker and investigator, and problems with making diagnoses. Battered Child Committees formed in some institutions to facilitate identification and management of cases.

SECTIONS (3):

PARAGRAPHS (2): (a) Indicators for abuse, e.g., discrepancy between historical information and injury, neglect. (b) Legislators have not had medical/psychological information regarding abuse which would enable them to design "informed" legislation.

MENTION (1): Need for surgeons to be aware of abuse problem—they see children first.
CITATION: Orine, Martin T., et al.
On the Detection of Deception: A Model for the Study of Physiological Effects of Psychological Stimuli

MAIN EMPHASIS (4): A review of methods to detect deception, with an effort to organize independent variables involved in responsivity. Discussion of factors that play a role in the process, both physiological and psychological.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Oversted, Christopher, et al.
The Aspects of Bonding Failure: The Psychopathology and Psychotherapeutic Treatment of Families of Battered Children
DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY, 1974

MAIN EMPHASIS (4): Discussion of two-part program at Park Hospital for Children in Oxford, England: (1) In-patient treatment of abusive mothers and their children including non-battered siblings. Mothers live with children and are given total care, as are abused children. Open relationship is fostered (closed relationship discussed). Families deliberately placed in regressive situation to foster growth and development. Stable bond with families maintained after discharge. (2) Individual outpatient therapy by social worker for potentially abusive parents and child in home. Mothers involved in group therapy encouraged to phone in crisis and to keep diary. Of 24 mothers involved, no battering occurred.

SECTIONS (3): (a) Two case histories. (b) Characteristics of families, abusive and potentially abusive noted, e.g. physical or mental abnormalities present in many of child victims. (c) Court hearings can be therapeutic as means of parents' expiation of guilt.

PARAGRAPHS (2): (a) Parents told at first interview that doctor knows child was abused--often accept this with relief. (b) Use of Place of Safety Order to admit child to hospital allows 28 days to implement treatment plan. (c) Indications of abuse are that parents often give contradictory history of injury; child's "frozen watchfulness" indication of abuse.

MENTION (1): 110 cases per 1000 at above hospital per year--Kemp and Helfer statistics also noted.
CITATION: Overton, Alice
Serving Families Who Don’t Want Help
SOCIAL CASEWORK, July 1963

MAIN EMPHASIS (4): Observations of families who refused help from social service agencies and who were designated for service in an experimental outreach project in New York City in 1950. Workers went out to homes and found that, after initial distrust, families entered into meaningful contact. Author notes importance of looking diagnostically at whole family—best way to see this is in home; importance of giving distrustful family a positive sense of authority and assisting them with approaching, dealing with authority figures (especially social service agencies).

SECTIONS (3): (a) Two case histories—evidence of neglect in homes. (b) Families had multiple problems and resented authority—specific characteristics described.

PARAGRAPHS (2): 

MENTION (1): 

CITATION: Paget, Norman W.
Emergency Parent: A Protective Service to Children in Crisis
CHILD WELFARE, July 1967

MAIN EMPHASIS (4): Description of a two-year experimental project in Erie County, New York (begun in 1966) to provide emergency parent services in crisis neglect cases. Emergency parents move into home until parent can be located or until other placement arrangements for children can be made. This forestalls need to remove children abruptly from familiar surroundings which can be traumatic for children.

SECTIONS (3): Case illustrations: when no placement of children made (parents returned), and when placement delayed.

PARAGRAPHS (2): (a) Distinction of "emergency parent" service vs. "homemaker"—latter entails assisting responsible family member to care for children. (b) Attorneys consulted over issue of legality of placing adult in home without parents’ permission. (c) Preparation of emergency parents—functions, case situations, need to be alert for home accidents, preparation for hostility and possible overt aggression from neglectful parents.

MENTION (1): (a) Large number of complaints involve crisis situations—children left unsupervised or inadequately supervised. (b) In most cases, no telephone in home.
Battered Child Syndrome: Unusual Dermatological Manifestation—
ARCHIVES OF DERMATOLOGY, 1964, 90:326-327

MAIN EMPHASIS (4): Case of a 2-1/2 year old boy who was the subject of biting by his siblings.

SECTIONS (3):

PARAGRAPHS (2): It is emphasized that, although the Battered Child Syndrome technically involves neglect or abuse by parents, children are also quite capable of cruelty.

MENTION (1):

CITATION: Paneth, J.
AMERICAN JOURNAL OF PUBLIC HEALTH, January 1972, 62:60-63

MAIN EMPHASIS (4): An overview of a hospital social service department's experience with the current societal provisions for health and maintenance needs such as Medicare, Medicaid, and Public Assistance.

SECTIONS (3): Case studies are used to illustrate the problems of clients getting various forms of public assistance.

PARAGRAPHS (2): Child abuse is mentioned as a problem of current concern, along with drug addiction.

MENTION (1):
CITATION: Papaneck, G. O.
Dynamic Community Consultation
ARCHIVES OF GENERAL PSYCHIATRY, August 1968, 19:389-196

MAIN EMPHASIS (4): This paper reports on the experience of a group of psychoanalytically trained clinicians as they applied other dynamic understanding of human behavior to mental health problems via community consultation.

SECTIONS (3): Discussion of the problems of serving as consultants to welfare workers, police, clergy, etc., the issues of assessment, consultees' expectations, levels and modes of intervention, counter transference equivalents, goals and termination of consultation.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists
Behavioral Scientists

CITATION: Parker, Graham E.
The Battered Child Syndrome (The Problem in the United States)
MEDICAL SCIENCE AND LAW, 1965, 5:160-163

MAIN EMPHASIS (4): Doctors should be trained to diagnose and report abuse. Reporting procedures must be clarified. Many doctors resent reporting laws as infringing on doctor/patient relationship.

SECTIONS (3): Some states emphasize prosecution more than protection, and vice versa.

PARAGRAPHS (2): (a) A universally accepted CPS agency is lacking in the U.S. (b) Most abusers are the child's parents; the abuser's family life is multi-problematic.

MENTION (1):
MAIN EMPHASIS (4): In a letter to the editor, the author suggests that only a community-coordinated detection scheme would have any hope for preventing child abuse. This is a response to Graham Jackson's article of June 24, 1972, which according to above authors, contains nothing new on child abuse.

PARAGRAPHS (2):
MENTION (1): Battered baby can occur in any family, regardless of social class.

TARGET POPULATION: Medical Scientists

CITATION: Parsons, T.
The Incest Taboo in Relation to Social Structure and the Socialization of the Child
BRITISH JOURNAL OF SOCIOLOGY, June 1954, 5:110-117

MAIN EMPHASIS (4): The author develops a theory of the functional role the incest taboo plays in the social structure of societies and the socialization of the child, using the psychological theories of Freud and the sociology of Fortune and Levi-Strauss.

SECTIONS (3): (a) The incest taboo, in the opinion of the author, is one of the important universals in human society. Its role in the nuclear family is discussed, and the nuclear family's relation to the larger society is considered. (b) Freud's theory of the importance of eroticism in human development is discussed in detail. The author concludes erotic gratification is an indispensable instrument of socialization of the human child, but unrestricted erotic gratification stands in the way of both maturation of personality and the operation of the society. (c) The incest taboo plays the important role of regulating the erotic factor.

PARAGRAPH (2):
MENTION (1):
CITATION: Panamanick, Benjamin
A Child is Being Beaten

MAIN EMPHASIS (4): An emotional address (to the American Orthopsychiatric Association) dealing with the serious, sometimes fatal, effects of poverty--specifically malnutrition--on children. General criticism of our society's responsibility for this situation and its inaction in dealing with it. A plea for action. NB: The title refers to chapter heading from The Brothers Karamazov

TARGET POPULATION:
Behavioral Scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Paulsen, Monrad G.
The Legal Framework for Child Protection
COLUMBIA LAW REVIEW, April 1966, (66):679-717

MAIN EMPHASIS (4): The author describes at length and discusses in detail the legal provisions directly related to child abuse. Four sets of laws are taken up in turn: (1) Provisions of criminal law which can be invoked to punish child abusers. (2) Juvenile court acts that provide for the removal of neglected or abused children from their parents. (3) Legislation which establishes protective services for children. (4) Child abuse reporting laws. The issues raised by these laws and possible further legislation are suggested and discussed.

TARGET POPULATION:
Lawyers

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Paulsen, Morrie G., et al.  
The Physically Abused Child: A Focus on Prevention  
CHILDM WELFARE, February 1969, 48(2)  

MAIN EMPHASIS (4): A comparison of results of a Los Angeles County study with results reported in the literature, revealing important personal-social characteristics of abusive relationships.

SECTIONS (3): (a) Charts summarizing results of this study. (b) Description of various treatment approaches described in literature. (c) Use of homemaker services to identify family weaknesses as a preventive measure. (The authors have developed an instrument to measure child-rearing attitudes and practices.)

PARAGRAPHS (2): (a) Indicators for "Battered Child Syndrome" and indicators used in study to identify abuse. (b) Historical reference to the Mary Ellen case (1874)—first reported case. (c) Some description of reasons physicians fail to report abuse. (d) Psychodynamic description of neglectful vs. abusing parents.

MENTION (1):  

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Scientists</td>
</tr>
<tr>
<td>Social Workers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN. A</th>
<th>GEN. N</th>
<th>PHY. A</th>
<th>PHY. N</th>
<th>EMO. A</th>
<th>EMO. N</th>
<th>SEX. A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR. REL.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Pena, Sergio, et al.  
Child Abuse and Traumatic Pseudocyst of the Pancreas  

MAIN EMPHASIS (4): Blunt abdominal trauma accounts for at least 1/2 of the reported cases of pseudocyst of the pancreas in children. Abuse should be considered especially if the child is less than 3.

SECTIONS (3): Case histories documenting pseudocyst related to child abuse are reported.

PARAGRAPHS (2):

MENTION (1):  

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Scientists</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN. A</th>
<th>GEN. N</th>
<th>PHY. A</th>
<th>PHY. N</th>
<th>EMO. A</th>
<th>EMO. N</th>
<th>SEX. A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR. REL.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MAIN EMPHASIS (4): Philosophical discussion of using collateral information (communications from and to agencies concerning clients) which can be beneficial if used appropriately. Discussion of concepts of confidentiality and client's self-determination in an effort to clarify these operational philosophies so that useful purposes of collateral information, in terms of utility to client, can be identified.

SECTIONS (3): (a) Factors to be considered in use of collateral information. (b) Making maximum use of collateral information.

PARAGRAPHS (2): 

MENTION (1): Collateral information originally conceived as means of preventing client from exploiting community resources in 1870s.
CITATION: Pfundt, Theodore R.  
*The Problem of the Battered Child*  
*Postgraduate Medicine*, April 1964, 35:426-431

**MAIN EMPHASIS (4):** Cases demonstrating the extent and variety of child abuse are presented.

**SECTIONS (3):**

(a) Sexual assault should be handled with minimal trauma to the child, and good aftercare is needed. (b) Because there are rarely any witnesses to sexual assaults, the child must often be subjected to trauma of reliving the experience.

**PARAGRAPHS (2):**

(a) Physician's role is important not only in gathering evidence but also in initiating handling of case. (b) Family factors lie behind abuse problems. Children often recover emotionally. (c) Special courts often exist to take these cases.

**MENTION (1):**

**TARGET POPULATION:**

Medical Scientists

**CITATION:** Phillips, Leslie, et al.  
*Rorschach Indices of Developmental Level*  
*Journal of Genetic Psychology*, 1959, 94:267-285

**MAIN EMPHASIS (4):** A research study which reviews the investigation of normal and deviant perceptual activity and then presents a new assessment of perceptual function.

**SECTIONS (3):**

**PARAGRAPHS (2):**

**MENTION (1):**

**TARGET POPULATION:**

Behavioral Scientists
Social Role and Patterns of Symptomatic Behaviors.  
JOURNAL OF ABNORMAL AND SOCIAL PSYCHOLOGY, 1958, 57

MAIN EMPHASIS (4): This study analyzed symptomatic behaviors of 604 mental patients to determine a tendency to appear together or to be mutually exclusive in the deviant behavior of the patient.

SECTIONS (3): It was determined that symptoms tend to occur in three major groupings, classified as "avoidance of others," "self indulgences and turning against others," and "self deprivation and turning against self."

PARAGRAPHS (2):

MENTION (1):

CITATION: Pickol, S., et al.  
Thirsting and Hypernatremic Dehydration--A Form of Child Abuse  
PEDIATRICS, January 1970, 45(1):54-59

MAIN EMPHASIS (4): The authors present three cases of hypernatremic dehydration in young children, which they report was caused by periodic water deprivation by near-psychotic mothers.

SECTIONS (3): The medical treatment of the children's condition is described.

PARAGRAPHS (2): Graphs of subsequent weight gain and recovery indicators are included.

MENTION (1):
CITATION: Pickering, Douglas
Neonatal Hypoglycemia Due to Salicylate Poisoning
PROCEEDINGS OF THE ROYAL SOCIETY OF MEDICINE (London), December 1968, 61(12):1256

MAIN EMPHASIS (4): A case history of hypoglycemia in an infant may have been parent-induced in an attempt to poison the child.

TARGET POPULATION:
Medical Scientists

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Pickett, L. K.
Role of Surgeon in the Detection of Child Abuse
CONNECTICUT MEDICINE, September 1972, 36(9):613-614

MAIN EMPHASIS (4): Role of the surgeon in detection of child abuse.

TARGET POPULATION:
Medical Scientists
Surgeons


PARAGRAPHS (2): (a) Historical development of identified features of child abuse. (b) DART program of child abuse management at Yale-New Haven Hospital. (c) Connecticut Public Act #216 provisions for child abuse.

MAIN EMPHASIS (4): Hospitalization, healing, return to home with surveillance, and interim or permanent placement are recommended.

TARGET POPULATION:
Medical Scientists
Behavioral Scientists

MENTION (1):

CITATION: Platou, Ralph V.
Battering
BULLETIN OF THE TULANE MEDICAL FACULTY, May 1964, 23:157-165

MAIN EMPHASIS (4): The authors discuss the concept of "battering" and place emphasis on the variety of forms child battering may take.

SECTIONS (3): A number of case examples are given to illustrate the diverse forms abuse takes. Tables are presented which summarize data on the types of abuse and characteristics of abused children in a study of 5,039 infants and children seen in a pediatric clinic. The authors outline state legislation on reporting of child abuse recommended by the Department of Health, Education and Welfare.

PARAGRAPHS (2):

MENTION (1):
### Podell, Lawrence

*Family Planning by Mothers on Welfare*

**Bulletin of the New York Academy of Medicine, October 1973, 49(10):931-937**

**Main Emphasis (4):**

Most mothers surveyed were pregnant as teenagers. Most mothers over 30 had at least five children. Two-thirds knew of the pill. Seven-tenths knew where to get free advice on family planning.

**Sections (3):**

**Paragraphs (2):**

**Mention (1):**

**Target Population:**

Medical Scientists

---

### Polansky, Norman A., et al.

*Child Neglect in a Rural Community*

**Social Casework, October 1968, 467-474**

**Main Emphasis (4):**

Ten Appalachian mothers referred by Welfare Department due to concern about child neglect were seen as (1) immature and clinging, (2) forming symbiotic mother/child relationships until replaced by an attitude of detachment at a later age, (3) somatic, (4) IQ equal to other mothers in same socio-economic strata, and (5) tolerant of husbands. Patterns which were identified are (1) eruptive with shame, (2) eruptive without shame, (3) apathetic, and (4) apathetic without disorder.

**Sections (3):**

Case examples of each family are presented.

**Paragraphs (2):**

**Mention (1):**

Since the mothers' problems of "immaturity" are basic, treatment modes are expensive, long term and not limited to one type.

**Target Population:**

Behavioral Scientists
Two Modes of Maternal Immaturity and Their Consequences
CHILD WELFARE, June 1970, 49(6):312-323

MAIN EMPHASIS (4): There is a direct correlation between social withdrawal, physical slowness and dependency on others as characteristics of the mother and her neglect of her children.

SECTIONS (3): (a) Children who have immature mothers do not develop fully intellectually. (b) The apathy and futility expressed, as evidenced in the mother, can be traced to early childhood.

PARAGRAPHS (2): Treatment foci outlined are: (1) Provide economic aid, (2) Offer an emotional attachment, (3) Offer availability for verbal interaction, (4) Relate casework with concrete aid.

MENTION (1): Parents of abused children may be generally better organized, but are much more preoccupied with hostile impulses than those involved in child neglect.

TARGET POPULATION:
Behavioral Scientists
Social Workers

NOT DIRECTLY RELATED TO CPS

TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NOT DIRECTLY RELATED TO CPS

TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists

NOT DIRECTLY RELATED TO CPS

TREAT
LEG CON
REFER
ANC SER
FOLLOW
PREVEN
STATS

TARGET POPULATION:
Behavioral Scientists
MAIN EMphasis (4): Describes means for helping the verbally inaccessible, Southern Appalachian neglecting mother to talk.

SECTIONS (3): Interviewing skills to facilitate and diagnose verbal accessibility.

PARAGRAPHS (2): Psychodynamic characteristics of mothers lacking verbal accessibility.


TARGET POPULATION: Welfare Workers

CITATION: Potter, Justine Wise The Invisible Legal Rights of the Poor CHILDREN, November-December 1965, 12(6):215-220

MAIN EMphasis (4): The rights of the poor are often flagrantly violated in our society. Legal needs of the poor must be identified, as well as how laws, as they stand now, constitute economic, social and psychological disabilities imposed on the poor. A call for law reform.

SECTIONS (3): (a) Jurisdiction of court extended to cover child neglect but court services more adequate for delinquents than for dependent or neglected children. (b) Areas of violated rights: (1) Juveniles sent to prison without legal protection, (2) Unequal justice for unmarried mother, (3) No legal protection for neglected children left in shelter homes for long periods, then placed haphazardly in foster homes.

PARAGRAPHS (2):

MENTION (1): 1962 New York State law giving family court authority to terminate custody of child where there is permanent neglect.
CITATION: Poveda, T. G.
A Perspective on Adolescent Social Relations
PSYCHIATRY, February 1972, 35

MAIN EMPHASIS (4): The author attempts to present a perspective on adolescent relations which will create a coherent framework for the understanding of interpersonal problems of young people.

SECTIONS (3): (a) He argues the adolescent's position in America is one of segregation and subordination, and that the adolescent social world is the most important determinant of social behavior. (b) The author presents the findings of his study of the social structure of the senior class in a high school.

PARAGRAPHS (2): 

MENTION (1):
CITATION: Pratt, Brown
The Role of the Unconscious in the Eternal Husband
LITERATURE AND PSYCHOLOGY, 1971, 21(1):29-40

MAIN EMPHASIS (4): The Eternal Husband is one of Dostoevski's works which depicts the unconscious source of human behavior and unacknowledged connection between human beings.

TARGET POPULATION: General Public

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Pugh, R. J.
Battered Babies
LANCET, August 29, 1970, 2:466-467

MAIN EMPHASIS (4): Statistics of battered babies in England and Wales, with the author projecting that one out of every 1000 babies will be hospitalized for battering within its first year.

TARGET POPULATION: Medical Scientists

SECTIONS (3):

PARAGRAPHS (2): He also points out that one parent does not accuse the other of attacking the child, nor do they request medical help for their partners.

MENTION (1):
MAIN EMPHASIS (4): Many new advances in dealing with fractures, etc., are discussed.

SECTIONS (3): 

PARAGRAPHS (2): 

MENTION (1): (a) Old fractures, dehydration, bruising, pallor and other indicators are mentioned. (b) Parental assault accounts for most of the Battered Baby Syndrome, but other diagnoses must not be ruled out.

TARGET POPULATION: 
Medical Scientists

CITATION: 
Quigley, Thomas B., et al. 
Advances in the Management of Fractures and Dislocations in the Past Decade 
ORTHOPEDIC CLINICS OF NORTH AMERICA, November 1972, 3(3):793-825

CITATION: 
Radbill, Samuel X. 
The First Treatise on Pediatrics 
AMERICAN JOURNAL OF DISEASES OF CHILDREN, November 1971, 122(5):369-376

MAIN EMPHASIS (4): A translation of medical literature on pediatrics written in the year 900 A.D. The author explains pediatrics in contemporary terminology and then gives translated excerpts from Rhazes' treatise.

SECTIONS (3): 

PARAGRAPHS (2): 

MENTION (1):
CITATION: Raffalli, Henri Christian
The Battered Child: An Overview of a Medical, Legal and Social Problem
CRIME AND DELINQUENCY, 1970, 16(2):139-150

MAIN EMPHASIS (4): Legal aspects of the presumed natural right of parents to care for and have custody of children. Diagnosis is difficult because of the demands of the doctrine of substantiation. X-rays raise the problem of self-incrimination.

SECTIONS (3): (a) Problem definition: Families lived in communities for years but were not assimilated into the community, had financial difficulties, marital problems, premarital conception, were rigid, compulsive, generally depressed, with a wide range of pathology. However, beating is not confined to any one group. (b) Initial influence: The person should be sympathetic and quiet, not punitive, hostile or angry. (c) Initial complaint: Should include strength as well as weakness.

PARAGRAPHS (2):

MENTION (1):

CITATION: Hall, Mary E.
The Casework Process in Work with the Child and the Family in the Child's Own Home
NATIONAL CONFERENCE OF SOCIAL WORK, CASEWORK PAPERS, 1966, 31-43

MAIN EMPHASIS (4): Casework goals are based on the principle of intrinsic worth of the human being and the article traces the implications of this principle in working with damaged, neglected children and families.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): The author presents a case study of a family in which, over the course of the generations, father-daughter, mother-son, and sister-brother incest occurred and was to a great extent tolerated by all participants.

SECTIONS (3): The psychological characteristics and effects on the participants are discussed. A review of the literature is included.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists
Behavioral Scientists

CITATION: Ratner, Herbert
A Public Health Physician Views Abortion
CHILD AND FAMILY, Winter 1968, 7(1):38-46

MAIN EMPHASIS (4): The author argues that the medical profession should take a strong stand against legalizing abortion.

SECTIONS (3): The inaccuracy of statistics frequently cited about abortion is documented. The author cites evidence from other countries to show that legalizing abortion leads to increases in both legal and illegal abortions and a decrease in the use of contraceptives.

PARAGRAPHS (2): The author draws an analogy between the "extra uterine" battered child syndrome and the "intra uterine" battered child syndrome, i.e. abortion.

MENTION (1):
CITATION: Reeb, Kenneth G., et al.
A Conference on Child Abuse
WISCONSIN MEDICAL JOURNAL, October 1972, 71:226-229


TARGET POPULATION:
Medical Scientists

SECTIONS (3):

PARAGRAPHS (2): (a) Background family problems and difficulty of diagnosing child abuse are discussed. (b) Indicators for abuse, e.g., multiple long bone fractures, are given. (c) Indicators of neglect are retarded bone age, and mild osteoporosis. Several legal problems are encountered such as focus on defending parents unless they can be proven guilty, and need for Juvenile Court.

MENTION (1): (a) Revision in treatment priorities is suggested. (b) Drinking, psychosis, retardation and other incidences among parents are reported.

CITATION: Reinhard, Willie
Kindermieshandlungen
MUNCHENER MEDIZINISCHE WOCHENSCHRIFT, May 5, 1967

MAIN EMPHASIS (4): Summary of an article.

TARGET POPULATION:
Medical Scientists

SECTIONS (3):

PARAGRAPHS (2): Psychodynamics of abuse show up in family's structural deficit, child's bed-wetting, and other responses to antagonistic upbringing.

MENTION (1): (a) Hematomas and multiple fractures are two indicators. (b) Supervision of "passive-indolent" abusers is enough while "disharmonic-ambivalent" maltreaters should have child removed.
CITATION: Reinhart, John B., et al.
The Abused Child: Mandatory Reporting Legislation
JOURNAL OF AMERICAN MEDICAL ASSOCIATION, April 27, 1964, 188(4):358-362

MAIN EMPHASIS (4): Mandatory reporting laws are valuable because physicians have conflicting values. The laws extend rational management to bring the abuse problems out for investigation. Their drawback is exclusion of siblings; hazards to them may be augmented when caretaker is questioned.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: Medical Scientists

CITATION: Reinhart, J. B., et al.
Love of Children - a Myth?
CLINICAL PEDIATRICS, December 1968, 7(12) :703-705

MAIN EMPHASIS (4): The author presents informational discussion to document his point that children are a mixed blessing to most parents and many mothers are totally inadequate to the task of child rearing, much less measuring up to ideal models of mothering.

SECTIONS (3): The contention is made that public children's services concentrate more on needs of adults than needs of children.

PARAGRAPHS (2): Statistics on the success of treatment of a group of neglectful mothers are reported.

MENTION (1):
CITATION: Reints, Freda G.  
Special Registration Project on the Abused Child  
CHILD WELFARE, February 1965, 44(2):103-105

MAIN EMPHASIS (4): Cases of child abuse in Philadelphia area agencies were marked with a red "X" to indicate a report had been made in order to expedite case finding and treatment.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): The red "X" does not eliminate necessity for physicians to report. Eleven of 105 children involved were dead at the end of the study.

TARGET POPULATION:
Behavioral Scientists  
Medical Scientists

---

CITATION: Resnick, Phillip, J.  
Child Murder by Parents: A Psychiatric Review of Filicide  

MAIN EMPHASIS (4): Description of 131 cases of child murder with a classification of motive: (1) altruism, (2) acute psychosis, (3) unwanted child, (4) accidental, (5) revenge.

SECTIONS (3): (a) Foreknowledge of behavior pattern should help prevent child murder along with (1) access to psychiatric care, (2) intervention at first sign of child abuse, (3) social agencies to care for unwanted children. (b) Two lengthy case histories.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): The author reviews the literature on incest and presents four case histories of incestuous relationships.

SECTIONS (3): (a) The literature and case material indicate that participants tend to be extremely immature, often dependent and socially isolated people from low socioeconomic background, who were emotionally depriving, exploitive, tolerant of promiscuity, adultery and alcoholic excess. (b) The author suggests family structure disorganization is a more critical factor than poverty and that mother's response (tolerance vs. intolerance of incest) is also a critical factor.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Medical Scientists
Behavioral Scientists

CITATION: Richardson, Stephen A.
The Background Histories of School Children Severely Malnourished in Infancy
ADVANCES IN PEDIATRICS, 1974, 21:167-195

MAIN EMPHASIS (4): Discussion of comparative study on social/biological backgrounds of Jamaican school boys hospitalized with severe malnutrition and those of similar age, sex, residence, not suffering from malnutrition, to test hypothesis that severe malnutrition impairs functional development of children. Results suggest that there is a need to look at the total ecology of child development, where malnutrition is only one of a number of variables influencing functional development.

SECTIONS (3): (a) Survey of research studies--most do not give serious consideration to variables besides malnutrition. (b) Description of subjects and methods in this study. (c) Questionnaire used for interviewing families. (d) Variables considered: caretakers' histories, educational/social histories of boys, mortality of siblings.

PARAGRAPHS (2): Statistical tables or characteristics of two groups in study.

MENTION (1):
MAIN EMPHASIS (4): Discusses whether variables such as motivation, practice, test selection, language, anxiety, speed factors can affect various projective tests. Many difficulties are across cultural and subcultural lines.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists

CITATION: Riley, N. M.
The Abused Child
ROCKY MOUNTAIN MEDICAL JOURNAL, September 1971, 68:33-36

MAIN EMPHASIS (4): Emphasis is on explicating the Child Abuse Act which requires the reporting by physicians of suspected abuse, and illustrating how it has been adopted in modified versions by most states.

SECTIONS (3): The author discusses the physician's responsibility for reporting suspected cases of abuse and the reasons why they are sometimes reluctant to do so.

PARAGRAPHS (2): Author discusses briefly the character of the abusive parent. The approaches the physician might take in the initial interview of a parent in a suspected case of child abuse are outlined.

MENTION (1): That no successful treatment of parent abuses has been discovered.
### CITATION: Roaf, Robert
Child Care in General Practice: Trauma in Childhood
BRITISH MEDICAL JOURNAL, June 12, 1965, 5449:1541-1543

**MAIN EMPHASIS (4):** A discussion of common childhood injuries, diagnosis, and treatment. Includes mechanical injuries (e.g., from car accidents), common fractures, elbow fractures, ankle injury, nerve, tendon and blood vessel injuries, burns.

**SECTIONS (3):** Battered baby syndrome as a source of childhood trauma. Child usually teething and suffering from malnutrition, may come in with skull fractures; Caffey's work mentioned.

**PARAGRAPHS (2):** Diagnosis difficult regarding physical abuse, therefore hospitalization is best treatment plan for child. Parents' own M.D. is best source of advice for long-term treatment plans.

**MENTION (1):**

### CITATION: Robertson, Joyce
Mothering as an Influence on Early Development
PSYCHOANALYTIC STUDY OF THE CHILD, 1962, 17:245-264

**MAIN EMPHASIS (4):** The influence of mothering on early development shows that defects in the quality of mothering by a sole mother can result in emotional needs being unfulfilled; deficient mother in the first year causes poor general development which can look similar to retardation or organic defect, and the resulting impairment will persist after the first year, but may become partially obscured by neurotic features.

**SECTIONS (3):** (a) Psychoanalysis for the mother is not a cure because it will not bring about quick enough results. (b) The mother/child interaction is presented from five clinical records.

**PARAGRAPHS (2):**

**MENTION (1):**

MAIN EMPHASIS (4): Describes enriched day care program and longitudinal study of enrolled infants and young children in which (1) Cognitive development was enhanced, particularly during the time when verbal abilities emerge. (2) Day care efforts had special impact on culturally disadvantaged during ages 2-4. (3) Major impact was in verbal area rather than non-verbal. Suggests questions that could be studied for future efforts.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists


MAIN EMPHASIS (4): Maternal attitudes and specific infant behavior determine infant attachments to their mothers.

SECTIONS (3): (a) The first four to six weeks, the model mother views the baby as an anonymous, unsocial object. (b) When the child begins to smile, the baby is recognized as a person. (c) By the end of the third month, maternal attachments are strong enough to make the baby’s absence unpleasant and his imagined loss is an intolerable prospect.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Medical Scientists
CITATION: Rodenburg, Martin
Child Murder by Depressed Parents
CANADIAN PSYCHIATRIC ASSOCIATION JOURNAL, 1971, 16:41-48

MAIN EMPHASIS (4): Discussion of the psychodynamics of believed child murder. Author reviews literature on the subject and presents his analysis of Canadian statistics on 141 incidents of child murder between 1964 and 1968. Author notes inconsistent use of terms infanticide and filicide. In Canada child murder denotes killing of a person 16 years and under. In Canadian study, most child murders were committed by parents (54%); of those committed by non-relatives, 32% assaulted their victims sexually, the crime usually occurring in the evening. There is risk that children may be killed by parents who suffer from severe depressive illness.

SECTIONS (3): Statistics on and analysis of child murder in Canada. Also statistics on incidence in other countries.

PARAGRAPHS (2): Legal definition of infanticide in Canada.

MENTION (1): (a) Reference to Resnick's findings of 155 cases of child murder over period of 216 years. (b) Early recognition of depressive illness in parents may prevent child murder.

CITATION: Rodham, Hillary
Children Under the Law
HARVARD EDUCATION REVIEW, November 1973, 43(4) :489-514

MAIN EMPHASIS (4): General discussion of children's legal status and need to recognize their special needs and interests. Discussion of several Supreme Court cases.

SECTIONS (3): (a) Abuse/neglect—removal of child from home should not be based on "best interests" of parents but on medically or psychologically justifiable reasons. (b) Traditionally, children have been regarded as chattels and the state is reluctant to interfere in the parent/child relationship.

PARAGRAPHS (2): (a) Prevalence of parental rights vs. children's rights; children's rights not identical to parents' rights. (b) Limited ability of legal system to enforce child's psychological needs. (c) Recommendation that community served rule on terminating parental rights, thus avoiding "middle-class" bias.

MENTION (1): Ambiguity of legal conditions under which state should intervene in abuse/neglect cases.
CITATION: Rolston, Richard Hummel
The Effect of Prior Physical Abuse on the Expression of Overt and Fantasy Aggressive Behavior in Children
CLINICAL PSYCHOLOGY, DISSERTATION ABSTRACTS INTERNATIONAL, 1971, 32(5-B):3016

MAIN EMPHASIS (4): In follow-up, abused children have significantly less overt and fantasy aggressive behavior, and are higher in the scale of somberness, docility, desire to placate, appetite, masturbation, thumbsucking.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Rose, C. B.
Unusual Periostitis in Children
RADIOLOGY, 1936, 27(2):131-137

MAIN EMPHASIS (4): The author presents five case studies of unusual cases of periostitis in children. Double diagnosis of scurvy, syphilis, and other etiologies are considered and discussed.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Medical Scientists
Radiologists
Aftermath of Severe Multiple Deprivation in a Young Child: Clinical Implications  
PERCEPTUAL AND MOTOR SKILLS, 1967, 24:219-226

| MAIN EMPHASIS (4): A three year old child abandoned by his parents is reported as improving with treatment. |
| SECTIONS (3): A team approach emphasizing speech therapy and the relationship with the speech therapist is presented. |
| PARAGRAPHS (2): |
| MENTION (1): |

| TARGET POPULATION: |
| Medical Scientists |

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEC CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Rosenberg, A. H.  
Law-Medicine Notes: Compulsory Disclosure Statutes  

| MAIN EMPHASIS (4): The author presents the arguments against the public disclosure laws that violate the patient/doctor confidentiality. It is agreed the laws infringe upon the M.D.'s exercise of professional judgement and may frighten away patients. |
| SECTIONS (3): Three types of disclosure laws: those requiring reporting of gunshot wounds, drug abuse, and child abuse, are discussed. |
| PARAGRAPHS (2): |
| MENTION (1): |

| TARGET POPULATION: |
| Medical Scientists |

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEC CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MAIN EMPHASIS (4): Thirty-six adolescent drug addicts were studied and it was found that, compared to their siblings, they had more intense hostility toward their fathers, an over-dependent bond with their mothers, more serious childhood illnesses, and neurotic anti-social features.

SECTIONS (3): The study also showed over 1/3 of the parents and older siblings of the addicts were receiving psychiatric care at one time or another.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Psychiatrists

CITATION: Rosenfield, M.
The Young Addict and His Family
BRITISH JOURNAL OF PSYCHIATRY, April 1971, 116(546):469-470

MAIN EMPHASIS (4): Reconciliation of need to act vs. established right to act is difficult. The best interests of the child need to be determined. Similar legal situations are treated differently. Social workers need to learn how to present legal evidence. Suggestions for reforming the Hearsay Rule and other aspects are given.

SECTIONS (3): Matters related to delinquents and court hearings are presented.

PARAGRAPHS (2): Not only does each state vary in definition of and approach to neglect and delinquency, but lawyers, social workers, and judges each approach the problem with divergent interests.

MENTION (1): "Neglect" infers parental failing and "dependency" infers inability.

TARGET POPULATION:
Lawyers
Behavioral Scientists
CITATION: Rowe, Daniel ., et al.
A Hospital Program for the Detection and Registration of Abused and Neglected
Children
NEW ENGLAND JOURNAL OF MEDICINE, April 23, 1970, 282:950-952

MAIN EMPHASIS (4): A registry for suspected abused
children which has resulted in increased level of
staff awareness of these problems, promoted early
identification and led to thorough investigation.

SECTIONS (3):

PARAGRAPHS (2): Indicators are injuries that are
not adequately explained, history or appearance
that is repeated, or repeated ingestion of a toxic
substance.

MENTION (1): Referrals have come mainly from
professionals.
CITATION: Rubin, Jean
The Need for Intervention
PUBLIC WELFARE, July 1966, 230-245

MAIN EMPHASIS (4):

SECTIONS (3): (a) The characteristics of child abusers' families are discussed. (b) Legislation currently enacted is reviewed relating to children. (c) The authors suggest there is a need for county planning and education.

PARAGRAPHS (2):


TARGET POPULATION:
Behavioral Scientists
Social Workers

CITATION: Russell, Donald Hayes
Law, Medicine and Minors (Part IV)
NEW ENGLAND JOURNAL OF MEDICINE, July 4, 1968, 279(11:31-32

MAIN EMPHASIS (4): Because abuse complaints must be initiated by a third party who then becomes liable for counter-suit, new laws requiring compulsory reports by and immunity for physicians have been instituted. Some drawbacks such as accusatory stance, attribution of willful intent, and pre-requisite injury are present.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): History of S.P.C.C. reported as it developed.
MAIN EMPHASIS (4): A review of 25 cases of subdural hematoma in infants; medically technical discussion of presenting fractures and treatment. Early diagnosis and treatment may prevent permanent brain damage.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): (a) In three of the 25 cases, injury was probably inflicted. (b) Caffey's association of bone fractures and subdural hematoma.

TARGET POPULATION:
Medical Scientists

CITATION: Salk, Lee
Effects of Early Experience on Later Behavior
THE BATTERED PARENT: STRESSES OF CONTEMPORARY PARENTHOOD, Sixth Annual Seminar, Children's Medical Center, Dallas, Oklahoma, October 1978

MAIN EMPHASIS (4): Presentation of three major concepts: (1) early influences have enormous effects on later behavior and are sometimes irreversible, (2) there are critical periods in development for establishing certain behavior patterns, (3) concept of imprinting--described with reference to studies in fields of animal and human behavior, e.g. David Levy, Lorenz, Salk.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMphasis (4): Autism (infantile schizophrenia) is related to maternal deprivation. Author cites studies on effects of early sensory deprivation in animals and humans—such effects (e.g., inability to relate to others, inability to learn by experience or to respond appropriately to stimulation) are long-standing, affecting later adult behavior. Because sensory stimulation is crucial to infants' normal development, author suggests (1) parents should be educated in importance of early life phase, (2) parents should be given professional consultation at least once a month during last three months of pregnancy and child's first year.

TARGET POPULATION: Behavioral Scientists

---

MAIN EMphasis (4): Parents need education regarding child development, helping them understand how child communicates. Importance of early months to foster child's trust and dependence. Parenthood a full-time responsibility. Need to be lenient with children. Parent education should also be part of medical curriculum. Doctors need to be sensitized to human needs.

TARGET POPULATION: General Public

---

CITATION: Salmon, James H.
Subdural Hematoma in Infancy: Suggestions for Diagnosis and Management
CLINICAL PEDIATRICS, October 1971, 10(10):597-599

MAIN EMPHASIS (4): Diagnosis and details of the technique for performing a subdural tap

SECTIONS (3): Repeated subdural taps--keystone of treatment program.

PARAGRAPHS (2):

MENTION (1): Multiple skull fractures or bruises which are suggestive of battered child syndrome.

TARGET POPULATION:
Medical Scientists
Physicians in Pediatrics

CITATION: Salmon, M. A.
The Spectrum of Abuse in the Battered Child Syndrome
INJURY, January 1971, 2(3):211-217

MAIN EMPHASIS (4): Pediatricians have to be aware of indications of child abuse in physical finding in the child as well as in feelings and attitudes of the mother.

SECTIONS (3): Non-specific. Five case studies of child abuse are presented.

PARAGRAPHS (2):

MENTION (1): (a) Statistics show that most children are abused during the "crying period" of life. (b) Problems occur in legal definitions of child abuse. (c) Pediatricians should take charge of child abuse referrals.
CITATION: Scanlon, Wilma H.
Protecting Children Through Services to Families
PUBLIC WELFARE, July 1962, 162-167

MAIN EMPHASIS (4): Treatment techniques and goals for helping hard-core multi-problem families.

SECTIONS (3): (a) Physical and emotional needs of children. (b) Case history. (c) Description of physical and emotional neglect, and dynamics of family situations in which these occur.

PARAGRAPHS (2): (a) Indicators of physical neglect. (b) Indicators of emotional abuse/neglect. (c) Description of dynamics of emotional abuse.

MENTION (1):

CITATION: F. S. (1972) Resistance to Dealing with Parents of Battered Children
PEDIATRICS, December 1972, 50(6):853-857

MAIN EMPHASIS (4): Ambivalent feelings about parenting, childish memories of hostile wishes toward others, fear of similar loss of control, etc., are additional reasons for failure of physicians to report instances of child abuse.

SECTIONS (3): (a) Description of method for physician to overcome resistance to contact with parents and to actually make a report. (b) Four case vignettes.

PARAGRAPHS (2): Description of eight common reasons cited for physician non-report

MENTION (1): Anyone dealing with battering families must understand their own feelings to see if they would interfere with relationship.
CITATION: Sanduoky, Annie Lee
Services to Neglected Children: A Public Welfare Responsibility

MAIN EMPHASIS (4): Treatment must convey a message of treating both child and adult; temporary care of child has to be available, with the goal of providing a secure family life. Legislation needs to define role of public welfare agencies. Also definitions used in service have to be offered.

SECTIONS (3): Case studies are presented.

PARAGRAPHS (2):

MENTION (1): (a) Legally, some agency has to be responsible for neglected and abused children. (b) Referrals are given careful consideration as every attempt is made to keep the children in their homes.

TARGET POPULATION:
Behavioral Scientists
Social Workers

PITY Syndrome
INDIAN PEDIATRICS, February 1973, 10:97-100

MAIN EMPHASIS (4): The authors describe three cases of child abuse which illustrate their experience with the phenomenon in India.

SECTIONS (3):

PARAGRAPHS (2): The difficulty of treating suspected cases is discussed. Cases are attributed to stresses and strains imposed on the mother by the current and traditional injustices of their environment. The best indicators of abuse were found to be fractural radiographic changes, etc.

TARGET POPULATION:
Medical Scientists

453
MAIN EMPHASIS (4): In a study of 60 neurotic and psychotic patients where an autobiographical survey and psychotherapists' ratings were used, findings indicate significant correlation between high scores on test anxiety/lack of protection and higher levels of verbal conditioning, defensiveness scores and poor verbal conditioning, compliancy and high verbal conditioning.

TARGET POPULATION:
Behavioral Scientists

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Mental Health Workers

MENTION (1):
MAIN EMPHASIS (4): Five specific problem areas are discussed: early feeding and nursing care, prevention of premature births, preventable birth defects, diagnosis of battered child syndrome, detection of congenital syphilis.

TARGET POPULATION:
Medical Scientists

PARAGRAPHS (2):

MENTION (1): (a) Battering parents are frequently young; injuries inflicted during anger are related to alcoholism, psychopathology, or drug addiction. (b) Indications of physical abuse are multiple bone fractures (diagnosed by x-rays), bruises, inconsistent or conflicting histories between parents, irritation at repeated questions.


MAIN EMPHASIS (4): Description of treatment program conducted at UCLA Neuropsychiatric Institute, including group therapy for mothers and fathers and home visits by public health nurse.

TARGET POPULATION:
Behavioral Scientists
Social Workers
Medical Scientists
Public Health Nurses

PARAGRAPHS (2): Description of psychodynamic aspects of visits with abusers.

MENTION (1): First few meetings may include just sitting and listening.
CITATION: Sayre, James W., et al.
Community Committee on Child Abuse: A Step Toward Better Understanding and Cooperation
NEW YORK STATE JOURNAL OF MEDICINE, August 15, 1973, 73:2071-2075

MAIN EMPHASIS (4): Describes development, membership and accomplishments of interagency committee meeting monthly to discuss improving services in area of child abuse (Monroe County, New York, 1967).

SECTIONS (3): (a) Case history of gap between court decision and implementation in family. (b) Future undertakings. (c) Changes recommended.

PARAGRAPHS (2): (a) Legal judgement becomes meaningless without agency participation. (b) Original source of medical care should continue. (c) Mandatory psychiatric care not useful. (d) Follow-up case reviews should be scheduled.

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Spaulding, Sandy
Race, Social Class and IQ
SCIENCE, December 24, 1971, 174(4016):1285-1295

MAIN EMPHASIS (4): Child rearning environment is very much related to IQ scores.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Treatment involves interviews once or twice a week or less, depending on prognosis. Staff should believe parents can change, service should be immediate and skilled, and evaluative.

SECTIONS (3): (a) Initial report often comes from police and probation officers who make them directly to social services or, in some instances, to the court. (b) Statistics show the reasons why cases were terminated.

PARAGRAPHS (2):

MENTION (1): In the initial interview, worker should be understanding but not condemning or condoning.

TARGET POPULATION:

Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB-DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
</table>

CITATION: Scherer, Lorena

Pediatric Casework Service

CRIME AND DELINQUENCY, January-February 1966, 3(1)

MAIN EMPHASIS (4): Means of treatment which must be taken by protective service agencies. Includes discussion of initiation of service, establishing relationship with parent, parenting the parent, working with both mother and father, other agencies, setting realistic goals and starting from where the parent is, termination of services.

SECTIONS (3): (a) Agencies usually have legal or "inherent" authority in protective cases--need for social worker to be in touch with his feelings regarding authority. (b) Sources of initial complaint. Importance of caseworker to get factual information from complainant.

PARAGRAPHS (2): In initial interview with parent, social worker must be specific about nature of complaint so as not to confuse parent.

MENTION (1):
MAIN EMphasis (4): General summary of weekend seminar on filicide in which young playwrights participated on the theory that they could make a contribution to dealing with child abuse. Literary themes of abuse noted and some discussion of characteristics of abuse problem, e.g., battered children become battering parents; problem cuts across socio-economic and ethnic lines.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists

Playwrights

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PH A</th>
<th>PH N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR-REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Schwartz, L. H., et al.
Psychiatric Case Report of Nutritional Batter of with Implications for Community Agencies
COMMUNITY MENTAL HEALTH JOURNAL, Summer 1977, 3(2):162-163

MAIN EMphasis (4): An extensive case history of "nutritional battering" is described, in which a girl was starved and abused by her parents for 13 years before school authorities referred her case to the juvenile court.

SECTIONS (3): The author discussed the psychodynamics of the pathology of the girl's family.

PARAGRAPHS (2):

MENTION (1): The author recommends that close cooperation between legal, psychiatric, and social agencies is necessary for treatment.
CITATION: Schmidt, Dolores M.
The Challenge of Helping the "Untreatable"
PUBLIC WELFARE, April 1966

MAIN EMPHASIS (4): The author argues that because the public welfare field treats the least treatable and most needy clients, the status of this casework needs to be upgraded so that the best workers are attracted to work with the most difficult clients.

SECTIONS (3): An extensive case example is used to illustrate how psychiatrically or insight-oriented casework methods, requiring a great deal of skill and ability, move the untreatables.

PARAGRAPHS (2): The author deplores the tendency for the profession to gravitate to therapies and clientele with higher status and more affluence, but ignore the untreatable's need for help.

MENTION (1):

CITATION: Schmidt, Dolores M.
The Protective Service Caseworker: How Does He Survive Job Pressures?
CHILD WELFARE, March 1963, 116-119

MAIN EMPHASIS (4): Various pressures by (1) professional self-image, (2) community, and (3) law enforcement bodies, as well as complex interventions with clients, call for highly capable workers.

SECTIONS (3): (a) Agencies must provide legal consultation in order to protect the worker and the client's rights, (b) Diagnosis and resultant action may require long-term, well-planned intervention, (c) Court hearings call for special efforts to maintain helpful attitudes toward angry clients.

PARAGRAPHS (2): (a) Middle class ideals are flagrantly violated by neglectful parents, (b) Statistics from a 1958 Denver study on 43 families are given.

MENTION (1):
MAIN EMPHASIS (4): Description of Denver Child Welfare Division management of A/N cases in cooperation with police, Juvenile Bureau and Juvenile Court.

SECTIONS (3): Legal considerations: Juvenile Bureau detective usually files dependency petition with court. Colorado law indicates police should take action initially; court action warranted in less than 1/2 of families. Sometimes can be therapeutic experience for parents. Professional caseworker can help parents to accept relinquishment of children when necessary and help those who have capability of providing better care for children.

PARAGRAPHS (2): Calls received by police during the day are referred to Child Welfare Division if non-emergency. Description of kinds of complaints child welfare worker receives and handles. Initial interview—child welfare worker offers help, plans weekly contacts, refers them for help with various agencies.

MENTION (1): Parents have histories of fear-of-conflict with authority, some are illiterate and/or disturbed, few have ever been financially secure. Juvenile Bureau detective--liaison between police and Child Welfare Division. Child Welfare Division provides foster boarding homes for emergency care.

TARGET POPULATION:

Behavioral Scientists

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>SEX A</th>
<th>PHY A</th>
<th>EMN A</th>
<th>EMO A</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td>ANC SER</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TARGET POPULATION:

Behavioral Scientists

Social Workers

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>SEX A</th>
<th>PHY A</th>
<th>EMN A</th>
<th>EMO A</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td>ANC SER</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Schultz, Leroy G.
The Child Sex Victim: Social, Psychological, and Legal Perspectives
CHILD WELFARE, March 1973, 52(3):147-157
MAIN EMPHASIS (4): General summary of weekend seminar on filicide in which young playwrights participated on the theory that they could make a contribution to dealing with child abuse. Literary themes of abuse noted and some discussion of characteristics of abuse problem, e.g., battered children become battering parents; problem cuts across socio-economic and ethnic lines.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: Behavioral Scientists

Playwrights

---

CITATION: Schwarts, L. H., et al.
Psychiatric Case Report of Nutritional Battering with Implications for Community Agencies
COMMUNITY MENTAL HEALTH JOURNAL, Summer 1987, 3(2):162-169

MAIN EMphasis (4): An extensive case history of "nutritional battering" is described, in which a girl was starved and abused by her parents for 13 years before school authorities referred her case to the juvenile court.

SECTIONS (3): The author discussed the psychodynamics of the pathology of the girl's family.

PARAGRAPHS (2):

MENTION (1): The author recommends that close cooperation between legal, psychiatric, and social agencies is necessary for treatment.

---

TARGET POPULATION: Behavioral Scientists
CITATION: Scott, P. D.
Fatal Battered Baby Cases
MEDICINE, SCIENCE AND THE LAW, July 1973, 13(3):197-206

MAIN EMPHASIS (4): Study of 29 fathers (or substitute fathers) imprisoned for fatal battering of a child (under 5 years). Characteristics include 2/3 not married to their partner, work and child-caring roles reversed in 25% of cases, which contributed to stress, sex motive not important, victim contributes immediate stimulus for killing, fathers interpret unrealistically the child's activities, 75% had given warning of their subsequent action, e.g., earlier incidents of batterings, 75% had personality disorders, most had experienced violence/hostility from own parents. Differences from non-fatal cases are noted.

SECTIONS (3): (a) Statistical tables. (b) Case histories. (c) Arbitrary and wide variety of sentences imposed on fathers.

PARAGRAPHS (2): Non-punitive treatment includes keeping child temporarily in hospital or placement into day care nursery.

MENTION (1): (a) Samuel West's 1888 paper describing battered child and family. (b) Treatment recommendations: therapeutically-run prison, welfare staff to make contact with wife, flexible use of parole system, establishment of after-care services.

CITATION: Scott, P. D.
Parents Who Kill Their Children
MEDICINE, SCIENCE AND THE LAW, April 1973, 13(2):120-126

MAIN EMPHASIS (4): Discussion of classification of parents who murdered their children. Depression and difficulties of using criteria of motivation are discussed, and illustrative cases are presented. Learning and frustration as sources of aggression are discussed. Reference to numerous studies on murder.

SECTIONS (3): Author's classification of parental filicide, and application to Morris and Blom-Cooper's "calendar of murder."

PARAGRAPHS (2): (a) Statistics and tables on filicide. (b) Examples of sexual abuse and molestation.

MENTION (1):
CITATION: Scranton, William M.
"Battered Child" Bill: State Legislation of 1963 of Interest to Physicians
PENNSYLVANIA MEDICAL JOURNAL, October 1963, 66:23-26

MAIN EMPHASIS (4): Health care personnel must report abuse to Juvenile Court, CPS, or police, and are protected from suit.

TARGET POPULATION:
Legal

SECTION (3):

PARAGRAPHS (2):

MENTION (1):

CITATION: Scrimshaw, N. S.
Early Malnutrition and Central Nervous System Function
MERRILL PALMER QUARTERLY, 1969, 15:376-379

MAIN EMPHASIS (4): The author reviews current research on animals, and studies of children in under-developed countries, to ascertain the long range effects of malnutrition in infancy and early childhood on later learning and behavior.

TARGET POPULATION:
Medical Scientists
Behavioral Scientists

SECTION (3): After reviewing the evidence, the authors conclude that in the case of humans, it is not possible to estimate precisely the contribution of malnutrition to impairment of the brain. However, it is no doubt a factor in retarding children's learning and development in developing countries.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Nurses' greatest contribution to solving the problem of child abuse is in the area of prevention and the recognition of high-risk families rather than trying to be a therapist.

SECTIONS (3): (a) The author emphasizes that facts should be carefully gathered to substantiate suspicions. (b) It is suggested that a decision to refer a family to a protective agency should be made jointly. (c) The author suggests the nurse should be provided legal counsel to prepare effective testimony when she is subpoenaed to appear in court.

PARAGRAPHS (2): County agencies should engage in discussion over intervention in suspected abuse.

MENTION (1):

TARGET POPULATION:
Medical Scientists 
Nurses

CITATION: Shaffer, Helen B.
Child Abuse: Search for Remedies
EDITORIAL RESEARCH REPORTS, May 12, 1965, 1(18):343-359

MAIN EMPHASIS (4): The author attempts to summarize the current legal and social service responses to the problem of child abuse. The difficulties of identifying and treating cases of child abuse are given particular attention.

SECTIONS (3): (a) The poor prognosis for changing the behavior of parents who abuse their children is stressed. (b) The history of growing recognition of the problem of physical abuse, which has resulted in child abuse reporting laws, is traced. (c) The author traces the development of early child protective legislation and services.

PARAGRAPHS (2): (a) The current reporting laws are described. (b) Statistics on and estimates of the incidence of abuse are reported. (c) Some of the aspects of the parents' and child's behavior which should arouse the suspicions of the physician are noted.

MENTION (1):

TARGET POPULATION:
Behavioral Scientists 
Medical Scientists
MAIN EMPHASIS (4): Article reports study using homemakers as teachers in homes in high risk of neglect. After initial resistance, homemaking and child care were provided, as well as occasional reaching out to get in touch with relatives.

SECTIONS (3): (a) Depression and loneliness are but two of the characteristics among neglectful mothers. (b) Case histories show that support and mother-substitution were given by homemaker.

PARAGRAPHS (2): Intensive, continuous homemaker training in conferences, staff meetings and discussions.

MENTION (1): Prevention might be achieved by intervening during pregnancy of mothers who apply for welfare.

CITATION: Shankar, Yelaga, A.
The Abused Child...A Reminder of Despair
CANADIAN WELFARE, 1973, 49(2):8-11

MAIN EMPHASIS (4): Child abuse must be understood as social pathology rather than individual pathology ("institutional" vs. "residual" approach).

SECTIONS (3):

PARAGRAPHS (2): (a) Treatment--present "residual report." (b) Legal historical--"Mary Ellen, 1874." (c) Preventive--correcting social pathology through an "institutional approach."

MENTION (1): (a) Legal provision for emotional neglect is scarce. (b) Treating rather than punishing neglectful parents. (c) Issue of parental rights versus children's rights, i.e. religious beliefs, faith healing, etc.
CITATION: Sharlin, Shlomo A., et al.
The Process of Infantilism
AMERICAN JOURNAL OF ORTHOPSYCHIATRY, 1972, 42:92-102

MAIN EMPHASIS (4): Research report on mothering attitudes producing infantilism, psychological deprivations.

SECTIONS (3): Measures: (1) Physical incoordination, (2) I.Q. drop, (3) Visual clinging to mother. Self-regard attitude shaped by mother; fragile, special, part of mother.

PARAGRAPHS (2): (a) Self-regard attitude "unlovable" unproven. (b) Peripheral results in mothering practice in non-infantilized children.

MENTION (1): Application of results to general population.

TARGET POPULATION:
Behavioral Scientists
Psychiatrists

CITATION: Shaw, Anthony
The Surgeon and the Battered Child
SURGICAL GYNECOLOGY AND OBSTETRICS, 1964, 119:355

MAIN EMPHASIS (4): Because of the varieties and range of degree of trauma, abuse is difficult to diagnose.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): (a) Old injuries, hematomas, burns and other indicators are given. (b) Treatment must be prompt and physicians must contact social service agencies. (c) Laws must be part of physician's knowledge; he is immune from prosecution for reporting abuse.

TARGET POPULATION:
Medical Scientists
CITATION: Shengold, Leonard
The Effects of Overstimulation: Rat People
JOURNAL OF PSYCHOANALYSIS, 1967, 48:403-415

MAIN EMPHASIS (4): A Freudian based paper which examines traumatic over-stimulation of children. People who have been seduced and beaten as children establish a pattern of repetitive compulsions which dominate their lives.

SECTIONS (3): Case studies are given which depict the different components of the effects of over-stimulation.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Sheridan, Mary D.
Neglectful Mothers
LANCET, April 4, 1959, 2:722-25

MAIN EMPHASIS (4): Follow-up study on 100 mothers placed on probation and into residential training homes for neglecting their children. Success of program evaluated. Factors significant to success were: steady and affectionate husband, urban residence, good health. Treatment consisted of providing healthy environment for mothers, practical training in child care and home management.

SECTIONS (3): Characteristics of mothers, children and fathers. Most significant factors in mothers who failed were poor moral and material standards in early life, unstable personality, low mentality, ignorance, ill health. Statistics on training results and significant factors.

PARAGRAPHS (2): Indicators of neglect among children - underweight, paleness, apathy, low level of functioning.

MENTION (1): Treatment should be given to family as a whole at home.

TARGET POPULATION:
Behavioral Scientists
MAIN EMPHASIS (4): New York State child abuse law requires immediate report, photos, written physical findings; doctors are exempt from liability. Describes where to obtain forms and what kind of evidence is admissible in court.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Social Workers

CITATION: Sherman, Gilbert
The Abused Child - New York State
NEW YORK DENTAL JOURNAL, Feb., 1970, 36:109

MAIN EMPHASIS (4): Medically technical discussion of periosteal bone growth in infants--results of a roentgenologic study of long bones in normal and premature infants suggest that the incidence is not rare nor necessarily abnormal unless definite relation with disease is proven. Several illustrative photographs. Two statistical tables.

SECTIONS (3): Describes possible causes including syphilis, infection, rickets, scurvy.

PARAGRAPHS (2): Author suggests that the theory of traumatic etiology (of periosteal bone growth) is not correct.

MENTION (1): "Cortical thickening of prematurity" is an indication of mild trauma.

TARGET POPULATION:
Medical Scientists
Radiologists

CITATION: Shopfner, Charles E.
Periosteal Bone Growth in Normal Infants
CITATION: Shulman, Kenneth
Late Complications of Head Injuries in Children
CLINICAL NEUROSURGERY, 1972, 19:371-80

MAIN EMPHASIS (4): Medically technical discussion of late complications of head injuries in children which require surgery (recurrent CSF fistulas and infection, post traumatic hydrocephalus, leptomeningeal cysts) or which require non-surgical care (seizures, motor and intellectual loss, battered child syndrome).

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): (a) Lower socioeconomic group of children most often experience head injury from abuse; (b) Indicators of abuse: trauma to other children, obscure nature of injury, parents unstable or users of much alcohol or drugs.

TARGET POPULATION:
Medical Scientists

CITATION: Silver, Larry B.
Child Abuse Syndrome: A Review
MEDICAL TIMES, Aug. 1968, 96(8):803-19

MAIN EMPHASIS (4): Child abuse is defined to include all aspects of abuse, neglect, and social deprivation. The characteristics of the parent, the home, and the child are given. Also different diagnoses are given, distinguishing them from abuse. Initial complaint is difficult for physicians.

SECTIONS (3): (a) Historical-case of Mary Ellen, and review of writings defining abuse; (b) Indicators are of physical, laboratory, or radiological nature; (c) Legally, mandatory abuse laws; but weakness lies in not protecting other children of the abusers; (d) Treatment can consist of protective services, police department, and combination of all.

PARAGRAPHS (2): Follow-up depends on child's psychological makeup, age at the time of abuse, etc.

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Medical Scientists
**CITATION:**  Silver, Larry B., et al.  
*Agency Action and Interaction in Cases of Child Abuse*  
*SOCIAL CASEWORK, March, 1971, 164-71*

**MAIN EMPHASIS (4):** Retrospective study of police, welfare, family agency, court involvement in handling 34 cases of child abuse.

**SECTIONS (3):**  
(a) Characteristics of study population;  
(b) Delay between learning of abuse/neglect case and legal action to remove child;  
(c) Several case histories of children treated in hospital;  
(d) Treatment - all families suspected of abuse/neglect should be referred quickly to CPS.

**PARAGRAPHS (2):**

**MENTION (1):** CPS maintaining responsibility for children placed in foster homes.

---

**CITATION:**  Silver, Larry B., et al.  
*Child Abuse Laws - Are They Enough?*  
*JOURNAL OF AMERICAN MEDICAL ASSOC., Jan., 1967, 199(2):66-68*

**MAIN EMPHASIS (4):** Description of study indicating physicians are not sufficiently informed about the battered child syndrome or procedures for reporting suspected cases, and cases are under-reported.

**SECTIONS (3):**  
(a) Charts and tables of study results;  
(b) Childrens' Bureau HEW 1963 model legislation on reporting.

**PARAGRAPHS (2):**  
(a) No written juvenile court opinions dealing with neglect;  
(b) Hospitalization as a suggestion for more complete diagnostic information.

**MENTION (1):**
CITATION: Silver, Larry B., et al.
Child Abuse Syndrome: The "Gray Areas" in Establishing a Diagnosis

MAIN EMPHASIS (4): Describes five subjective types of obstacles to physicians' reporting abuse and delineates actual extent of physicians' responsibility in proving abuse.

SECTIONS (3): (a) 1965 Children's Bureau of HEW model legislation on reporting abuse; (b) Role of the Juvenile Court varies with definition of "neglected;" (c) Historical perspective on parents' absolute power over children.

PARAGRAPHS (2) (a) Results of past surveys attempting to estimate incidence of child abuse; (b) Breakdown by state of agencies designated as reporting agency.

MENTION (1): Reporting abuse should be done by the physician, as he is in a unique position to interrupt the violence cycle; and an example is given which uses the director of social services to do the reporting.

CITATION: Silver, Larry B., et al.
Does Violence Breed Violence? Contributions from a Study of the Child Abuse Syndrome

MAIN EMPHASIS (4): The main emphasis is that a child who experiences violence as a child has a strong chance of becoming a violent member of society or the victim of violence.

SECTIONS (3): Case studies are given which present the main theme.

PARAGRAPHS (2): Reporting abuse should be done by the physician, as he is in a unique position to interrupt the violence cycle; and an example is given which uses the director of social services to do the reporting.

MAIN EMPHASIS (4): Describes the characteristics and limitations of the current mandatory reporting laws.

SECTIONS (3): (a) Outlines the mandatory reporting law as it exists in Washington D.C.; (b) A critique of the limitations and problems of the reporting laws is given.

PARAGRAPHS (2): (a) A brief history of the developments that led to the passage of child abuse reporting statutes is included; (b) The system of referral from reporting agencies to treatment agencies is described.

MENTION (1):

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>GEN N</th>
<th>PHY A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


MAIN EMPHASIS (4): Speculated causes of roentgen abnormalities are: (1) more trauma than reported by parents; and (2) a slim possibility of skeletal predisposition.

SECTIONS (3): (a) Case histories show roentgen abnormalities with inadequate histories of trauma; (b) A subsequent discussion by Dr. Edward Newhauser suggests a history to be taken by the physician: (1) Was baby of breech extraction? (2) Does a family member drink or have low intelligence? and (3) Did child injure himself.

PARAGRAPHS (2):

MENTION (1)

MAIN EMPHASIS (4): Discussion of the use of individual psychotherapy and its effectiveness with disadvantaged children. Authors argue such treatment approach “should be used rather than social action efforts to “eradicate social ills.” Psychotherapy used with children ages 3 – 6 at day care center in Manhattan.

SECTIONS (3): Case illustrations. Discussion of diagnostic and technical problems of psychotherapy with disadvantaged children. Case history of a 3½ year old girl neglected by her mother and her response to psychotherapy.

PARAGRAPHS (2):

MENTION (1):

---


MAIN EMPHASIS (4): Statistics from an epidemiological study of abuse are presented, listing who reported and financial status, race and sex of abuser.

SECTIONS (3): (a) Abusers were found to be suffering from some psychological difficulty and role of the child is examined; (b) Indicators - physical, malnutritional, sexual.

PARAGRAPHS (2):

MENTION (1):
CITATION: Simeon, James S.
Self-mutilation: A Case of a 13 Year Old Girl
PEDIATRICS, June, 1970; 45(6):1008-11

MAIN EMphasis (4): A girl who did not wish to leave the hospital re-opened a wound. Doctors eventually forced her to leave upon enforced healing.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1)

TARGET POPULATION:
Medical Scientists

CITATION: Simpson, Keith
The Battered Baby Problem
SOUTH AFRICAN MEDICAL JOURNAL, July 6, 1968, 42:661-63

MAIN EMphasis (4): Distinguishing indicators of battering are that infants are usually two to three years; there has been persistent violence by either guardian with a failure to report; explanation of injury is inadequate, and subnormal or simple adult mentally is involved.

SECTIONS (3): (a) Importance lies in defining the problem and recognizing that the parents or guardian have intellect below normal and cannot reason, and for them childrearing imposes near impossible responsibilities; (b) Case studies depicting brute violence and the problems involved in proving abuse.

PARAGRAPHS (2): (a) Frequency of abuse shows the seriousness of the problem; (b) Law is hopelessly inadequate to convict.

MENTION (1):
CITATION: Simpson, Keith
The Battered Baby Problem
ROYAL SOCIETY OF HEALTH JOURNAL, May-June, 1967, 87:168-70

MAIN EMPHASIS (4): The nature of injuries is discussed and a table is given which lists the stories the battering parent tells and what probably happened.

SECTIONS (3): (a) Problem definition - Abusers have not matured, are anxiety-free and unfeeling types, irritable, and are part of a total family disturbance; (b) Legal punishment for the crime is meaningless; (c) Case studies are given.

PARAGRAPHS (2): Indicators of child abuse: Children are usually 2 to 3 years old and there is persistent or repeated violence by one or both parents, who do not report.

MENTION (1):

TARGET POPULATION:
Medical Scientists

---

CITATION: Sims, B. G., et al.
Bite Marks in the "Battered Baby Syndrome"

MAIN EMPHASIS (4): Presents case reports of dead children exhibiting bite marks.

SECTIONS (3): (a) Discussion of bite marks as indicators of battered baby syndrome; (b) Survey of various authors' discussions about indicators of abuse, e.g., Caffey, Cameron, Johnson and Camps, Meahis.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Medical Scientists
MAIN EMPHASIS (4): Post-adolescent indulgence in incest has more serious repercussions than pre-adolescent incest. A post-adolescent female involved in incest has a tendency to act out conflicts by indulging in promiscuous relationships. She has guilt feelings toward her mother.

SECTIONS (3): Case study presented that emphasizes the conclusions.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists

<table>
<thead>
<tr>
<th>GEN A1</th>
<th>GEN A2</th>
<th>GEN N</th>
<th>PHA A</th>
<th>PHY N</th>
<th>EMN A</th>
<th>EMN N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td>IN COM</td>
<td>IN INT</td>
<td>INDIC</td>
<td>PRB DEF</td>
<td>TREAT</td>
<td>LEG CON</td>
<td>REFER</td>
<td>ANC SER</td>
<td>FOLLOW</td>
<td>PREVEN</td>
</tr>
</tbody>
</table>

CITATION: Smith, A., et al., Prediction of Developmental Outcome at Seven Years from Prenatal, and Postnatal Events, Child Development, 1972, 43:495-507

MAIN EMPHASIS (4): Seven year explanatory study into relationships between prenatal, perinatal, postnatal conditions and subsequent growth and development, based on Lilienfeld and Parkhurst's continuum of reproductive causality. Subjects were 301 children from urban, low socio-economic background, ranging in age from 6 years 10 months to 7 years 3 months. Results of analyses of the 3 stages show great accuracy in predicting normal and abnormal categories by developmental stage.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Smith, Austin E.
The Beaten Child
HYGEIA, 1944, 22:386-387

MAIN EMPHASIS (4): Emotion-filled article which appeals to society as a whole to act to protect children. It has many case illustrations and contends that abusers deserve nothing but censure.

SECTIONS (3):

PARAGRAPHS (2): Treatment - that if children are taken out of the home, special attention must be given to them.

MENTION (1):

TARGET POPULATION:
General Public

---

CITATION: Smith, Clement A,
The Battered Child

MAIN EMPHASIS (4): It is suggested that early screening by health professionals could identify high risk families and help prevent abuse.

SECTIONS (3):

PARAGRAPHS (2): (a) Characteristics of parents who abuse children are described; (b) The events which led to increased recognition of child abuse are described; (c) The number of children abused and the death rate in U.S. are estimated.

MENTION (1):
CITATION: Smith, David E., et al.
The Hippie Communal Movement: Effects on Child Birth and Development
AMERICAN JOURNAL OF ORTHOPSYCHIATRY, April, 1970, 40(3):527-30

MAIN EMPHASIS (4): Description of communal goals and practices.

SECTIONS (3): Describes childrearing practices and the future of communes.

PARAGRAPHS (2):

MENTION (1): (a) Now impossible to determine effects on children; (b) Lack of stability can interfere with mother/child relationship.

TARGET POPULATION:
Behavioral Scientists

CITATION: Smith, Marcus J.
Subdural Hematoma with Multiple Fractures
AMERICAN JOURNAL OF ROENTGENOLOGY, March, 1950, 63(3):342-4

MAIN EMPHASIS (4): A case history demonstrates the occurrence of multiple long bone fractures and subdural hematoma with suspicion of but no evidence for trauma.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Excerpts from a Families Anonymous meeting in Denver, run by Joan and Walt Hopkins.

SECTIONS (3): (a) Characteristics of battering parents: (1) ignorance about effective parenting practices; (2) unreasonable expectations of child; (3) often were battered themselves; (4) always aim to please because of fear of being hurt; (b) reference to two programs supervised by University of Colorado Medical Center: Lay Therapists and Families Anonymous.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: General Public

CITATION: Smith, Selwyn
Child Injury - Intensive Monitoring System
BRITISH MEDICAL JOURNAL, Sept. 15, 1973, 3:593-4

MAIN EMPHASIS (4): If a registry is actually used, computerizing assessments of child abuse is outdated.

SECTIONS (3): Reliable statistics do not solve the problem of the battered baby.

PARAGRAPHS (2):

MENTION (1):
CITATION: Smith, Selwyn M., et al.
E.E.G. and Personality Factors in Baby Batterers

MAIN EMPHASIS (4): Abnormal E.E.G., psychopathics, low intelligence, are all seen as factors in some child abusers. The authors argue that organic background should not be neglected, as they feel it is a result of stress.

SECTIONS (3):

PARAGRAPHS (2): Statistics of those studied, comparing IQ and EEG, and personality disorders and EEG's.

MENTION (1):

TARGET POPULATION:
Medical Scientists

CITATION: Smith, Selwyn, et al.
Failure to Thrive and Anorexia Nervosa
POST GRAD MEDICAL JOURNAL, June, 1972, 48:382-4

MAIN EMPHASIS (4): This is a report of a case where anorexia nervosa in the mother was associated with her battering one child and in starving the other to death.

SECTIONS (3): The author speculates on the possible dynamics of the underlying pathology.

PARAGRAPHS (2):

MENTION (1):
CITATION: Smith, Selwyn M., et al. 
Parents of Battered Babies: A Controlled Study 
BRITISH MEDICAL JOURNAL, 1975, 4:388-91

MAIN EMPHASIS (4): A study which discussed the characteristics of battering parents revealed that parenthood was premature; that 76% of mothers had abnormal personality; 48% were neurotic; 50% were borderline or subnormal intelligence; 11% had a criminal record; 64% of fathers had abnormal personality, more than half being psychopaths, 29% had criminal records.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Prevention: Since recidivism is so high, permanent removal from parental care should be considered when response to treatment appears unlikely.

TARGET POPULATION: Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN M</th>
<th>GEN F</th>
<th>PHP M</th>
<th>PHP F</th>
<th>EBO M</th>
<th>EBO N</th>
<th>SER M</th>
<th>SER N</th>
<th>GEN A</th>
<th>INDIC</th>
<th>STAT</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some Obstetrical Injuries to the Long Bones 
JOURNAL OF BONE AND JOINT SURGERY, April, 1949, 31(A):378-84

MAIN EMPHASIS (4): The authors describe trauma to the long bones of babies which results from the force of breech extraction during birth.

SECTIONS (3): The authors use a series of eleven cases to illustrate the causative mechanism of injury, pathological changes and the course of recovery.

PARAGRAPHS (2):

MENTION (1):
CITATION: Spitz, René A.
On the Genesis of Super-ego Components
PSYCHOANALYTIC STUDY OF THE CHILD, 1958, 13:375-403

MAIN EMPHASIS (4): An investigation of the first and second year of life by looking at the behavioral phenomena which form the super-ego and subsequently becomes part of its organization. The primordia of the super-ego consist of physical intervention of the parent, parental actions, which become endowed with positive meaning for the child and with which he identifies in his attempts at mastery and the identification with the aggression on the ideational level.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

---

CITATION: Spitz, René A.
Relevancy of Direct Infant Observation
PSYCHOANALYTIC STUDY OF THE CHILD, 1960, 5:68-73

MAIN EMPHASIS (4): That the experimental-psychological approach used within the framework of the psychoanalytic investigation can offer valuable contributions to the psychoanalytic theory and to psychoanalytic clinic (examples given).

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): The author outlines hospital's treatment of abuse cases: (1) record is marked, (2) report is made to hospital administration and social service, and possibly to SPCC, (3) a registry is formed; (4) psychiatric consultation is recommended.

SECTIONS (3):

PARAGRAPHS (2): (a) Hospital staff were hesitant to seek legal action because of (1) doubt that abuse caused injuries, (2) fear of recrimination. (1) Author sees alternative ways of dealing with abuse as highly effective.

MENTION (1):

TARGET POPULATION:

Medical Scientists

CITATION: SOCIAL WELFARE COURT DIGEST, December 1971, 16:12
"First Degree Murder Indictment of Parents".


SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Behavioral Scientists
CITATION: SOCIAL WELFARE COURT DIGEST, December 1972, 17(4):3
"Physically Abused Child Held Deprived"

MAIN EMPHASIS (4): 9-7-71; North Dakota Supreme Court affirms termination of parental rights in child battering case--child was "deprived."

TARGET POPULATION:
Behavioral Scientists

SECTION (3):

PARAGRAPHS (2):

MENTION (1):

---

CITATION: Solomon, Theodore
History and Demography of Child Abuse
PEDIATRICS, April, 1973, 51(4):773-6

MAIN EMPHASIS (4): A discussion of history of infanticide and child abuse. Child abuse may be perpetrated for exploitation, punishment, or salvation. The dimensions of the problem--includes composite demographic picture of problem.

SECTION (3): (a) Exploitation of child; (b) Change in "treatment" focus from removing child/punishing parents to treating parents/maintaining family structure.

PARAGRAPHS (2): (a) Statistics on scope of problem from American Humane Society and from California/Colorado data; (b) Neglect cases potentially more dangerous than abuses.

MENTION (1): 2600 abuse cases in N.Y.C. (1969) - only 11 reported by private physicians; none by dentists.

TARGET POPULATION:
Medical and Behavioral Scientists

---
MAIN EMPHASIS (4): To provide a guide to physicians for management of child abuse cases.

SECTIONS (3):
(a) Problem definition: characteristics of (more boys injured, most under age 3); characteristics of parents (lacked mothering themselves; role reversed with kids); (b) Avoiding anger in initial interview, showing parents you want to help; (c) Reporting procedures and suggestions for what to include in report; (d) N.J. State reporting law - applies to both abuse and neglect.

PARAGRAPHS (2): (a) Parents need someone to mother them - homemaker, social worker is appropriate service; (b) Doctor should not terminate support - should be available for counseling.


TARGET POPULATION: Medical Scientists

---

MAIN EMPHASIS (4): (Abstract contained in article) The review of psychological literature concludes that abusing parents are raised with some degree of deprivation; have mistaken notions of child rearing; that there is a general defect in character structure allowing aggressive impulses to be expressed freely; and that socio-economic factors add to child abuse but are not responsible by themselves.

SECTIONS (3):

PARAGRAPHS (2): The authors contend that raising the general level of well-being throughout society and reducing violence can be accomplished in a systematic educational effort.

MENTION (1):
MAIN EMPHASIS (4): Emotional Neglect: Mental and physical development of young children are permanently impaired by maternal deprivations.

TARGET POPULATION: Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MENTION (1):

CITATION:
Spitz, René A.
Hospitalism - An Inquiry into the Genesis of Psychiatric Conditions in Early Childhood
PSYCHOANALYTIC STUDY OF THE CHILD, 1946, 2:133-17

MAIN EMPHASIS (4): Research study which compares the babies of two institutions (foundling home and a nursery). It was found that where the mother/child relationship is allowed, babies develop better both intellectually and physically. This cannot be accounted for by perceptual or motor deprivation. Those babies who do not have mother contact have bizarre stereotyped motor patterns.

TARGET POPULATION:

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MENTION (1):
CITATION: Spitz, René A.
On the Genesis of Super-ego Components
PSYCHOANALYTIC STUDY OF THE CHILD, 1958, 13:375-403

MAIN EMPHASIS (4): An investigation of the first and second year of life by looking at the behavioral phenomena which form the super-ego and subsequently become part of its organization. The primordia of the super-ego consist of physical intervention of the parent, parental actions, which become endowed with positive meaning for the child and with which he identifies in his attempts at mastery and the identification with the aggression on the ideational level.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHA</th>
<th>PHY N</th>
<th>EMA A</th>
<th>EMA N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEC CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Spitz, René A.
Relevancy of Direct Infant Observation
PSYCHOANALYTIC STUDY OF THE CHILD, 1950, 6:86-73

MAIN EMPHASIS (4): That the experimental-psychological approach used within the framework of the psychoanalytic investigation can offer valuable contributions to the psychoanalytic theory and to psychoanalytic clinic (examples given).

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHA</th>
<th>PHY N</th>
<th>EMA A</th>
<th>EMA N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEC CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sprey, Jetse
The Family as a System in Conflict

MAIN EMHASIS (4): Describes the theoretical approach that the family is a system in conflict.

SECTIONS (3): (a) Participation in a family is not voluntary, and a family does not usually act as a buffer between the individual and society. The family does, however, give one a sense of belonging; (b) Theoretically, family harmony is a problematic state of affairs and manifestation of family harmony is a case of successful conflict management.

PARAGRAPHS (2):

MENTION (1): Striking a child is approved of by parents and teachers, but only a small percentage believe in beating.

CITATION: Stark, Rodney, et al.
Middle Class Violence

MAIN EMHASIS (4): Violence is a part of all of our lives, as givers, recipients and condoners. We have been victims and victimized; we are willing to engage in political violence and vigilantism, and we are willing to condone violence by police and the military.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Striking a child is approved of by parents and teachers, but only a small percentage believe in beating.
**MAIN EMPHASIS (4):** Parents who abuse/neglect their children had similar experiences in their childhood. Parenting patterns determined by quality of child's attachment to own mother in first years; also such patterns have strong cultural determination (examples given); socioeconomic factors are secondary to own childhood experience in etiology of abuse/neglect.

**SECTIONS (3):** Case histories of abusive behavior are presented.

**PARAGRAPHS (2):** Harlow's monkey experiments: effects of early maternal deprivation.

**MENTION (1):** Societal approval of physical punishment since 2800 B.C. is presented.

---

**CITATION:** Steele, Brandt F.

Violence in Our Society

THE PHAROS, April, 1970, 42-8

**MAIN EMPHASIS (4):** Child abuse is violent aggression that is most often learned from the parents of the abuser as an acceptable method of enforcing their standards of right and wrong.

**SECTIONS (3):** Aggression becomes violence when society considers it destructive and wrong.

**PARAGRAPHS (2):** (a) Treatment of child abuser should be non-judgmental, non-critical, and considerate of abuser; (b) Historically child abuse, although not called that, has been condoned as a method of discipline; (c) Case studies show abused children become abusive parents, abuse of child done as method of discipline.

**MENTION (1):** Statistics - 40,000 children are abused each year in the U.S. and about 1/3 of these are under the age of three.

TARGET POPULATION

Behavioral Scientists

MENTION (1):

TARGET POPULATION:

Behavioral Scientists

MAIN EMPHASIS (4): A research study of an exploratory nature which suggests that the widespread practice of using social class as an independent variable in socialization research suppresses important relationships between occupational groups and socialization practice. The article points out that Straus's conclusion that there is no difference between middle class and working class parents in their use of physical punishment ignores the fact that manual and non-manual punishment are not clear-cut and that his results did not account for all cases.

SECTION (3):

PARAGRAPHS (2):

MENTION (1):
Stephenson, P. Susan
Judging the Effectiveness of a Consultation Program to a Community Agency
COMMUNITY MENTAL HEALTH JOURNAL, 1978, 9(3):253-259

MAIN EMPHASIS (4): Effectiveness of a mental health consultation program is critically examined and is subjectively a success; however, its objective value is much harder to assess.

SECTIONS (3): (a) Review of literature brings to light pessimism about the objective documentation of success. (b) Describes parameter used to document change.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

---

Citation: Stern, Leo
Prematurity as a Factor in Child Abuse
HOSPITAL PRACTICE, May 1973, 3(5):117-123

MAIN EMPHASIS (4): Child abuse occurs with premature infants because of the abnormal separation of the mother from the child due to the prolonged hospital stay.

SECTIONS (3):

PARAGRAPHS (2): Prevention: parents should be included in the care of their infant in the nursery when intensive medical care and lengthy hospitalization are needed.

MENTION (1): (a) Statistics show that low-birthweight infants compose a significantly large proportion of abused children. (b) Physicians, like most adults, resist reporting abuse because of ambivalent feelings toward children. (c) A case study of an abused premature infant.
CITATION: Stone, F. H.
Psychological Aspects of Early Mother-Infant Relationship
BRITISH MEDICAL JOURNAL, October 23, 1971, 224-226

MAIN EMPHASIS (4): Problems in the mother/baby relationship often do not involve psychiatric abnormality in the parent nor organic disease in the baby, but rather are found in the life situation of the mother.

SECTIONS (3): (a) Psychiatric causes are examined in view of psychosis, neurotic disorder, personality problems and character disorders. (b) Causes in the child may be malformation, which can result in over-protection as well as neglect. (c) The needs of the infants are often discussed --how to recognize the developmental needs.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists

CITATION: Storey, Bruce
The Battered Child
THE MEDICAL JOURNAL OF AUSTRALIA, December 14, 1964, 2:789-791

MAIN EMPHASIS (4): Cases of child abuse are presented to educate Australian doctors of their existence.

SECTIONS (3): (a) Presentation of Fontana's, Caffey's, and Kempe's findings leading to definition of the syndrome. (b) Failure to thrive, soft-tissue injury, fractures, hematomas, etc., are indicators.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): A review of studies directly and indirectly related to empathy suggest the following conclusions: that, it is possible to study empathy in the lab and to examine some determinants of empathy; process leading to empathy can be understood in terms of cognitive variables; the type of social relationships between two people influences the amount of empathy. Individual differences in reactions to social situations and in perceiving the other must be considered in predicting the amount of subsequent empathizing. Such differences are determined in part by birth order of the person (first born or last born).

TARGET POPULATION:
Behavioral Scientists

TARGET POPULATION:
Leveling, Civility, and Violence in the Family
JOURNAL OF MARRIAGE AND THE FAMILY, February 1974, 13-29

MAIN EMPHASIS (4) The more verbal expression of aggression, the more physical aggression there is.

TARGET POPULATION:
Leveling, Civility, and Violence in the Family
JOURNAL OF MARRIAGE AND THE FAMILY, February 1974, 13-29

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
CITATION: Strauss, P.
From Unrecognized Accidents to Deliberate Injuries
ANN. PEDIATR., October 2, 1972, 19:658

MAIN EMPHASIS (4): An abstract of an article (printed elsewhere) mentions the need to suspect 111-treatment because of the frequency with which injuries occur, and to use a team approach in responding.

SECTIONS (3):

TARGET POPULATION:
Medical Scientists

MENTION (1):  

TARGET POPULATION:

CITATION: Streshinsky, Naomi, et al.
CHILD WELFARE, October 1986, 446-471

MAIN EMPHASIS (4): The authors attempt to examine the factors which affect the protective service worker on the job. A survey recorded the extent to which 536 caseworkers recommended legal recourse as part of intervention in response to hypothetical cases of child abuse. The author suggests that agency and community pressures may exert a greater influence on worker case decisions than education or work load.

SECTIONS (3):

TARGET POPULATION:
Behavioral Scientists
Social Workers

PARAGRAPHS (2):  

MENTION (1):
CITATION: Stiiker, M.  
Trauma of the Columella  
REV. STOMATOL. CHIR. MAXILLOFAC., September 1972, 73:485-494

MAIN EMPHASIS (4): Columella mutilation results most often from repeated trauma suffered by children. Comments on repair and the difficulty of repair (from English summary of article).

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:

Medical Scientists

CITATION: Stringer, Elizabeth A.  
Homemaker Service in Neglect and Abuse: A Tool for Case Evaluation  
CHILDREN, January-February 1965, 12(1):26-29

MAIN EMPHASIS (4): The use of a homemaker to give a clearer picture of family relationships and incidents taking place in the home is an effective treatment approach.

SECTIONS (3): Case studies demonstrating the usefulness of homemakers in determining and treating the reality of the situation.

PARAGRAPHS (2): (a) Legal considerations—rights of parents are protected first and children must have their rights protected without abrogating parents' rights. (b) Parents are asking for help, expressing their parental incapacities in brutality.

MENTION (1):

TARGET POPULATION:

Behavioral Scientists
Social Workers
MAIN EMPHASIS (4): This is a report of the socio-medical aspects of 23 episodes of physical abuse among 21 children, detailing the characteristics of the population studied and types of injuries.

SECTIONS (3): Tables illustrating the psycho-social characteristics of abused children and their families are presented.

PARAGRAPHS (2):

MENTION (1): Physicians are encouraged to play a role in therapy and not limit their roles to diagnosis.

TARGET POPULATION:

Medical Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXP</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Sussman, Sidney J.
Skin Manifestations of the Battered Child Syndrome

MAIN EMPHASIS (4): There are certain characteristics of the skin lesions in the battered child syndrome.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Legally, the physician has a responsibility to report child abuse.

TARGET POPULATION:

Medical Scientists

Physicians

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXP</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MAIN EMPHASIS (4): Role of police is seen as investigation of complaints, referral, taking children into custody.

SECTIONS (3): (a) Police may legally take into custody children in danger of violence. Juvenile courts exist to handle the cases. (b) Community agencies must plan together to determine treatment strategies. (c) Primary focus should be legal rights, use of force, self-protection and dealing with disturbed persons.

PARAGRAPHS (2): Referral to community agencies must be made after due consideration.

MENTION (1): Statistics of dependency and neglect are given.

TARGET POPULATION:

<table>
<thead>
<tr>
<th>Behavioral Scientists</th>
<th>Police</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEN. ANN.</td>
<td>GEN. ANN.</td>
</tr>
<tr>
<td>PHY. AN.</td>
<td>PHY. AN.</td>
</tr>
<tr>
<td>EMO. AN.</td>
<td>EMO. AN.</td>
</tr>
<tr>
<td>SEX. AN.</td>
<td>SEX. AN.</td>
</tr>
<tr>
<td>HIST.</td>
<td>TR. REL.</td>
</tr>
</tbody>
</table>

CITATION: Swanson, Lynn D.
"Role of the Police in the Protection of Children from Neglect and Abuse"
FEDERAL PROBATION, March 1981

MAIN EMPHASIS (4): The etiology of notched vertebra at the thoracolumbar junction is mechanical. Its common denominator is anterior hematoma of the nucleus pulposus resulting from exaggeration of the normal physiologic kyphosis.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Battered children evidence this syndrome.
MAIN EMPHASIS (4): While not previously evaluated specifically, spinal trauma in the battered child syndrome does occur though its incidence is not as high as trauma to skull and extremities. Medical technicalities of such injuries are discussed in reference to seven cases. Its presence alone should not be taken as evidence of child abuse, but should be assessed in light of other clinical and roentgenographic findings. Diagnosis of spinal trauma often rests with a radiologist. Seven case histories presented of spinal trauma in child abuse cases.

TARGET POPULATION: Medical Scientists

MENTION (1): Spinal trauma may be caused by excessive hyperflexia of spine as with violent shaking.

CITATION: Tank, E. S., et al.
Blunt Abdominal Trauma in Infancy and Childhood
JOURNAL OF TRAUMA IN INFANCY AND CHILDHOOD, 1968, 8:439-448

MAIN EMPHASIS (4): A report of clinical findings, patterns of injury, and surgical management of 74 children. The study is explained in respect to each individual organ.

TARGET POPULATION: Medical Scientists

SECTIONS (3):

PARAGRAPHS (2): Case examples of child abuse are given in one section.

MENTION (1):
CITATION: Tate, R. J.
Facial Injuries Associated with the Battered Child Syndrome
BRITISH JOURNAL OF ORAL SURGERY, July 1971, 5:41-45

MAIN EMPHASIS (4): A brief report on six cases of children's facial injuries, commonly associated with battered child syndrome.

TARGET POPULATION: Medical Scientists Oral Surgeons

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Dental surgeons should be careful not to overlook possibility of child abuse in cases of facial injury.

CITATION: Tedeschi, James T., et al.
A Reinterpretation of Research on Aggression
PSYCHOLOGICAL BULLETIN, 1974, 81(3):540-562

MAIN EMPHASIS (4): The term aggression when used to classify and describe human behaviors is inadequate; rather, the concepts of coercive action in terms of threat and punishment provide a more discriminating and value-free language in constructing a theory of harm-doing behavior.

TARGET POPULATION: Behavioral Scientists

SECTIONS (3): Labeling behavior as aggression allows others to seek legitimate retribution.

PARAGRAPHS (2): (a) Frustration-aggression theory is defined and examined. Frustration as a concept is examined operationally. (b) The concept of aggression serves as a catch-all for displacement and catharsis.

MENTION (1):
CITATION: Ten Have, Ralph
A Preventive Approach to Problems of Child Abuse and Neglect
MICHIGAN MEDICINE, September 1965, 64(9):645-649

MAIN EMPHASIS (4): Family planning is the best preventive program for abusers and neglecters. A description of different contraceptives is given.

SECTIONS (3): (a) Abusers are unwilling and psychologically unprepared parents. There is in severe physical abuse a lack or distortion of reality. (b) Case study depicts the death of a child from neglect, after which the mother became pregnant again. (c) The physician has a primary and crucial role in detection.

PARAGRAPHS (2): Historically, infanticide has been advocated since ancient times and has been used to control population. American Humane Society was the first to state the case about abused children.

MENTION (1):

---

CITATION: Ten Bensel, Robert W., et al.
The Hatched Child Syndrome
MINNESOTA MEDICINE, October 1963, 46:977-982

MAIN EMPHASIS (4): Legal responsibility to report to police suspected cases of child abuse. All other agencies also have certain legal responsibilities to fulfill.

SECTIONS (3): (a) Psychological aspects of abuse are poorly understood and it is not limited to any special class. (b) Case study of physically abused child. (c) Statistics emphasize the high incidence of abuse.

PARAGRAPHS (2): Initial complaint: physician needs to become more aware.

MENTION (1):
**MAIN EMPHASIS (4):** Case studies which demonstrate the roentgen manifestations of bone lesions.

**SECTIONS (3):** Lesion characteristics are: subperiosteal hemorrhage with subsequent cortical hypoplasia and epiphyseal/metaphyseal separation, multiplicity, fresh and healing lesions present.

**PARAGRAPHS (2):**

**MENTION (1):**

---

**TARGET POPULATION:**
Medical Scientists

---

**MAIN EMPHASIS (4):** Reports findings of a study on the etiology of abuse, covering ten cases over a six-year period. Notable difference from other studies is the postulation that the abuser's fantasies about the child are not simple role reversal but involve fear of disappointment from the child.

**SECTIONS (5):** (a) Research survey--similarities/differences with results of abuse study. (b) Extensive dominant-submissive pattern in marriage that contributes to abuse. (c) More than one child in family may be abused if abuser's fantasy easily transferred to another child. (d) Characteristics of child which contribute to his abuse. (e) Case illustrations.

**PARAGRAPHS (2):** Treatment must apply to whole family; disturbances in interaction of all family members.

**MENTION (1):**
MAIN EMPHASIS (4): In a study of ten cases, the authors found that confusion, delays, poorly coordinated efforts and failure by agencies and individuals to assume responsibility for appropriate action, produced serious emotional stresses to already traumatized youngsters. The problems in treatment are enumerated, including diagnostic failures, effects of the voluntary nature of the doctor-agency-parent relationships. The authors present their recommendations for better management of cases of abuse.

SECTIONS (3): (a) The effects of the legal system, including the roles of the lawyer, prosecutor, courts and legislation. (b) Doctors contribute to victimization by failure to diagnose, overconfidence in relationship with parents and lack of recognition that injury can come from willful and careless acts.

PARAGRAPHS (2):

MENTION (1): (a) Authors propose use of various ancillary services as safeguards to provide frequent checks on parents' performance. (b) Historically, public concern has increased because of improved techniques and reporting to local authorities.

TARGET POPULATION:

Behavioral Scientists
Medical Scientists

<table>
<thead>
<tr>
<th>GEN AN</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMN A</th>
<th>SEX A</th>
<th>EXP</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Tarr, Lenore C., et al.
The Battered Child Reburialized: Ten Cases of Medical-Legal Confusion
AMERICAN JOURNAL OF PSYCHIATRY, April 1960, 116(10):126-133

MAIN EMPHASIS (4): In a letter to the editor, the author defends earlier paper on treatment of subdural haematoma in infancy against criticism by Murray A. Falcover. Deliberately did not deal with psychosocial histories of abusive parents. In Britain, need to organize studies of family situations in these cases.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): (a) States that many probably were responsible for intentional injury. (b) Notes that in follow-up, only a small proportion of children appeared to have been re-injured.
CITATION: Topa, Myra B., et al.
A Psychological Exploration of the Non-Organic Failure-to-Thrive Syndrome
DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY, October 1969, 11:601-607

MAIN EMPHASIS (4): Familial factors of failure-to-thrive children include "narcissistic" mothers.

SECTIONS (3): Statistics of the nine cases are presented for multiple variables. Signs of chronic poor care, weight gain in hospital, loss of weight upon return home, are indicators.

PARAGRAPHS (2): Literature reviewing past failure-to-thrive research is reported.

MENTION (1):

---

CITATION: Touloukian, Robert J.
Abdominal Visceral Injuries in Battered Children
PEDIATRICS, October 1968, 42(4):642-646

MAIN EMPHASIS (4): Physical characteristics of abdominal visceral injuries in battered children.

SECTIONS (3): There are five case studies of visceral injury in battered children.

PARAGRAPHS (2): Since 1946 physical injury to children has been connected and reported with parental abuse.

MENTION (1): Statistics show visceral injuries to comprise significant percentages of child abuse.
**MAIN EMPHASIS (4):** Treatment for child abuse based on the social learning theory.

**SECTIONS (3):** Abusive parents have few adult skills and are ignorant of child development, control child's behavior through punishment.

**PARAGRAPHS (2):** (a) Initial complaint begins in the emergency room; (b) Initial interview is focused on parents' method of punishment and control of the child; (c) Training is to teach a common language to all describing the behavior.

**MENTION (1):**

### Target Population:
- Behavioral Scientists
- Social Workers

### Target Population:
- Medical Scientists

**MAIN EMPHASIS (4):** Child abuse emphasis lies on severe physical injury in a family with major emotional, social and/or financial stress, or serious illness and parents who emphasize irritability of child.

**SECTIONS (3):**

**PARAGRAPHS (2):** (a) Child abuse is on the steady increase; (b) Indicators are lesions, bruises, x-rays; (c) Case study of child with repeated physical findings; (d) Legally - Report has to be made in good faith, not proof beyond a reasonable doubt; (e) Initial complaint - report is often not made because of lack of awareness.

**MENTION (1):**
MAIN EMPHASIS (4): Autopsy is essential in cases of sudden death in infancy to determine whether or not traumatic violence is the cause of death. The author's experience indicates that 12% of children on whom autopsy was performed died because of abuse or neglect.

TARGET POPULATION: Medical Scientists

CITATION: Trube-Becker, Elizabeth
Autopsy in Sudden Death of a Child
MEDIZINISCHE KLINIK, Jan., 8, 1971, 68:58-9

MAIN EMPHASIS (4): One of the two basic legal principles (protection of life, and professional secrecy) must be violated by a physician in cases of child abuse. Once in court, he can decline to answer questions.

TARGET POPULATION: Medical Scientists

CITATION: Trube-Becker, Elizabeth
"The Doctor's Pledge of Secrecy and his Right as a Witness to Refuse to Answer in Crimes Against Children,"
MAIN EMPHASIS (4): Results from data collected from 30 middle class and 26 working class white mothers with 10-month-old daughters with regard to experiences of infants. Social class differences evident chiefly in areas involving maternal stimulation of cognitive development, e.g., verbal interactions. Authors suggest some working class mothers felt it was futile to interact verbally with infants because they could not understand and in general seemed to feel they were powerless to effect the development of their children.

TARGET POPULATION:
Behavioral Scientists

CITATION: Tulkin, Steven R., et al.
Mother-Child Interaction in the First Year of Life
CHILD DEVELOPMENT, 1972, 43:31-41

MAIN EMPHASIS (4): A research study which supports Kohlberg's schema of stages on a developmental continuum, in which each individual passes through the stages in a prescribed sequence. Attainment of a stage of thought involves a reorganization of the preceding modes of thought, with integration rather than addition.

TARGET POPULATION:
Behavioral Scientists

CITATION: Turiel, Elias
An Experimental Test of the Sequentiality of Developmental Stages in the Child's Moral Judgment
JOURNAL OF PERSONALITY AND SOCIAL PSYCHOLOGY, 1966, 3(6):611-628
CITATION: Turner, Eric
Battered Baby Syndrome
BRITISH MEDICAL JOURNAL, Feb. 1, 1964, 5378:308

MAIN EMPHASIS (4): In a letter to the editor, the author cites his personal experience with the battered baby syndrome and suggests that publicity in the press or certain conviction of the abuser might help prevent abuse.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Extensive head fractures, subdural hematoma, areas of oedema as indicators of abuse. Also "frivolous" or no history of injury.

TARGET POPULATION: Medical Scientists

CITATION: Van Stolk, Mary
Who Owns the Child?
CHILDHOOD EDUCATION, March, 1974, 50(5):259-65

MAIN EMPHASIS (4): Characteristics of physically abusive parents, notably the significant fact that they are unable to nurture their children, because they themselves were not nurtured as children (Boisvert's typology of battering personalities described). Child battering seen as one aspect of major problem of child abuse. North American child-rearing practices are punitive (stressing parental rights, sanction of rules) and foster abuse problem.

SECTIONS (3): Historical perspective on child abuse - concept of children as property extends back to Aristotle.

PARAGRAPHS (2): (a) Examples of laws reflecting society's emphasis on maintenance of discipline, rule following, obedience from children: Canadian law okays teacher's use of force to correct child; 1971 Mass. Supreme Court upholds 1654 stubborn child law; (b) Foundation of N.Y.S.P.C.C. (1871) originated from court ruling on protection of child under law protecting animals from cruelty.

MENTION (1): Reference to kinds of injuries exhibited by battered children.

TARGET POPULATION: Behavioral Scientists
CITATION: Varon, Edith
Communication: Client, Community, and Agency
SOCIAL WORK, April, 1984, 51-57

MAIN EMPHASIS (4): Discussion of study on community attitudes towards a protective service agency. Interviews conducted with 13 former clients (of Massachusetts Society for Prevention of Cruelty to Children) and 50 neighbors, living in two working-class areas of Greater Boston. Generally, people lacked knowledge and curiosity about social agencies; social workers were viewed as nosy and often identified with police, prison wardens; protective agency viewed as punitive, with few people noting the helping aspect of agency service. Few would make referrals to MSPCC because viewed referral as inimical act.

SECTIONS (3):

PARAGRAPHS (2): MSPCC originally dealt with neglect by removing child from home -- now trying to save home and to remedy emotional neglect. Interviewees generally view agency in terms of former function.

MENTION (1): Interviewees defined neglect as failure to provide material needs; failure to meet emotional needs of children NOT viewed as neglect.

TARGET POPULATION:
Behavioral Scientists

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>IN COM</th>
<th>IN INT</th>
<th>INDIC</th>
<th>PRB DEF</th>
<th>TREAT</th>
<th>LEG CON</th>
<th>REFER</th>
<th>ANC SER</th>
<th>FOLLOW</th>
<th>PREVEN</th>
<th>STATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Wasserman, Harry
Early Careers of Professional Social Workers in a Public Child Welfare Agency

MAIN EMPHASIS (4): Social workers in protective services find themselves in the impossible task of coping with constant emergencies, inadequate resources, lack of supportive consultation, and confinement by the agency regulations.

SECTIONS (3):

PARAGRAPHS (2): TREAT

MENTION (1):
CITATION: Wasserman, Sidney
The Abused Parent of the Abused Child

MAIN EMPHASIS (4): Treatment of an abusing parent is a process of understanding coupled with establishing firm controls exercised over a very long period of time.

SECTIONS (3): The abusing parent feels they have been "done to" both socially and psychologically and thus the child becomes their hostility sponge.

PARAGRAPHS (2): 

MENTION (1): Child abuse has been with us since the beginning of mankind, but only written about since World War II.

CITATION: Wish, M. J.
The Terms "Mother" and "Father" as a Defense Against Incest
JOURNAL OF THE AMERICAN PSYCHOANALYTICAL ASSOC., Oct 1968, 26:783-91

MAIN EMPHASIS (4): The author presents his thesis that the terms "mother" and "father" are used by parents and children, rather than first names of the parents, to support the incest taboo.

SECTIONS (3): 

PARAGRAPHS (2): 

MENTION (1):
CITATION: Wolff, Howard
Are Doctors Too Soft on Child Beaters?
MEDICAL ECONOMICS, October 3, 1966, 84-87

MAIN EMPHASIS (4): Describes and illustrates the dilemma faced by doctors in making the decision to report suspected cases of child abuse.

SECTIONS (3): The author illustrates the dilemma with examples of suspicious injuries that in some instances were cases of abuse.

PARAGRAPHS (2): The doctor's role in the legal process is outlined briefly. Some of the major indicators of child abuse are described.

MENTION (1): Understanding the etiology of abuse entails training in child care practices, child development, family dynamics, etc.

CITATION: Wolman, Irving J.
The Abused or Sexually Molested Child; Clinical Management
PEDIATRICS HANDBOOK, May-June 1969, 8(268):S

MAIN EMPHASIS (4): A two-part paper on clinical management of the abused or sexually molested child. In the case of abuse, it focuses on identifying clues (and a helpful table of clues is provided). In the case of sexual molestation, the parameters of the problem (incidence, types of molestation, characteristics of molester and of victim) are discussed.

SECTIONS (3): (a) In cases of sexual abuse, initial interview must be careful, noting date, time, place, and circumstances of incident, and emotional state of parents and child. (b) Nature of physical examination and laboratory procedures for sexual abuse cases are noted.

PARAGRAPHS (2): (a) List of stresses which may impair mother's nurturing capacity, thus precipitating abuse/neglect. (b) Report must be made in suspected cases of abuse (including sexual abuse). (c) Complete skeletal survey is mandatory, and immediate hospitalization recommended in abuse/neglect cases. (d) In sexual abuse cases, social worker can provide additional background history and emotional support for the family.

MENTION (1): Understanding the etiology of abuse entails training in child care practices, child development, family dynamics, etc.
CITATION: Weir, J. G.
The Pregnant Narcotic Addict: A Psychiatrist's Impression

MAIN EMPHASIS (4): Description of the addict, focusing on the pregnant addict, and some behaviors to be expected by the physician.

SECTIONS (3):

PARAGRAPHS (2): Author's argues that the treatment goal of the psychiatrist to develop a good relationship with the reluctant addict is not facilitated by having him give evidence in court against the addict.

MENTION (1): Addict will neglect her child if the "maturing effect" of pregnancy is not enough to make her change her irresponsible behavior.

TARGET POPULATION:
Behavioral Scientists
Medical Scientists

---

CITATION: Werthan, Frederic
Battered Children and Baffled Adults
BULLETIN OF NEW YORK ACADEMY OF MEDICINE, Aug., 1972, 48(7):888-98

MAIN EMPHASIS (4): Child abuse is the result of a close interrelation of psychological and social factors. Only in the minority of cases does the abuser suffer from definite mental disease.

SECTIONS (3): (a) The law should protect infant and child with mandatory reporting laws; (b) Review of the literature in abuse; (c) Psychiatric intervention is not seen as a cure; rather, the author offers a punishment to fit the crime.

PARAGRAPHS (2): Indicators are fractures of extremities, subdural hematomas. Babies are in distress, in pain, suffering.

MENTION (1):
MAIN EMPHASIS (4):

Three cases of metaphyseal fractures in infants are given, two as the result of obstetrical trauma, the third, direct assault. All fractures are associated with bone destruction and periosteal new bone formation in the metaphyses. The importance is their confusion with syphilis, tuberculosis, scurvy, osteomyelitis and neoplasm.

MENTION (1): Parents' unwillingness to admit the possibility of injury has been pointed out.

<table>
<thead>
<tr>
<th>TARGET POPULATION:</th>
<th>Medical Scientists</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEN A</td>
<td>GEN N</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NON-SP</td>
<td>3</td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
</tr>
</tbody>
</table>

MAIN EMPHASIS (4): Subdural hematomas (esp. if bilateral) and whiplash injuries indicate abuse.

SECTIONS (3):

PARAGRAPHS (2): A case history with the above indicators but no suggestion of abuse is given.

MENTION (1):
MAIN EMPHASIS (4): "Discussion of study testing validity of hypothesis that growth failure in maternal deprivation syndrome is due to psychological factors.

SECTIONS (3): Study involved 16 infants admitted to hospital for growth failure. Evidence suggests underfeeding as cause of growth failure in maternally deprived infants as measured by weight gain. (Study not long enough to determine whether height also responds to adequate caloric intake.) Need to obtain more data on actual behavior of depriving mother to understand effect on infants.

PARAGRAPHS (2): Charts and tables. Four experimental designs used.

MENTION (1):

TARGET POPULATION:
Medical Scientists
Behavioral Scientists

Battered or Pigmented?
BRITISH MEDICAL JOURNAL, May 13, 1972, 2:404

MAIN EMPHASIS (4): A case history of a pigmented baby which was suspected of being a victim of battering.

SECTIONS (3): Mongolian spots, grey-blue areas of pigmentation, may be mistaken for bruises, but can be distinguished by their persistent nature.

MENTION (1):
### Target Population:

<table>
<thead>
<tr>
<th>Behavioral Scientists</th>
<th>Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEN A</td>
<td>GEN A</td>
</tr>
<tr>
<td>GEN N</td>
<td>GEN N</td>
</tr>
<tr>
<td>PHY A</td>
<td>PHY A</td>
</tr>
<tr>
<td>PHY N</td>
<td>PHY N</td>
</tr>
<tr>
<td>EMO A</td>
<td>EMO A</td>
</tr>
<tr>
<td>EMO N</td>
<td>EMO N</td>
</tr>
<tr>
<td>SEX A</td>
<td>SEX A</td>
</tr>
<tr>
<td>EXPL</td>
<td>EXPL</td>
</tr>
<tr>
<td>HIST</td>
<td>HIST</td>
</tr>
<tr>
<td>TR REL</td>
<td>TR REL</td>
</tr>
</tbody>
</table>

### Mention (1):

The author describes obstacles to the AFDC workers developing a helping relationship which would enhance effective protective services.

### Sections (4): (a) Case examples are used to illustrate the author's point. (b) Characteristics of AFDC families are described.

### Paragraphs (2):

- MAIN EMPHASIS (4): The author describes obstacles to the AFDC workers developing a helping relationship which would enhance effective protective services.

### Table:

<table>
<thead>
<tr>
<th>Stats</th>
<th>Follow</th>
<th>ANC SR</th>
<th>Prob Def</th>
<th>Indic PRE</th>
<th>Int CON</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Behavioral Scientists</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GEN A</td>
<td></td>
<td>Social Workers</td>
</tr>
<tr>
<td>(N:180)</td>
<td></td>
<td></td>
<td></td>
<td>GEN N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N:180)</td>
<td></td>
<td></td>
<td></td>
<td>PHY A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N:180)</td>
<td></td>
<td></td>
<td></td>
<td>PHY N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N:180)</td>
<td></td>
<td></td>
<td></td>
<td>EMO A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N:180)</td>
<td></td>
<td></td>
<td></td>
<td>EMO N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N:180)</td>
<td></td>
<td></td>
<td></td>
<td>SEX A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N:180)</td>
<td></td>
<td></td>
<td></td>
<td>EXPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N:180)</td>
<td></td>
<td></td>
<td></td>
<td>HIST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N:180)</td>
<td></td>
<td></td>
<td></td>
<td>TR REL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CITATION: Wilson, Reginald A.
Legal Action and the "Battered Child"
PEDIATRICS, 1963, 1003

MAIN EMPHASIS (4): Legal safeguards should be considered to prevent injury to innocent parents.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1): Children's Aid Society instituted legal proceeding after diagnosis in the hospital.

CITATION: Winick, Myron
Malnutrition and Brain Development

MAIN EMPHASIS (4): Discussion on effects of malnutrition on brain development.

SECTIONS (3): (a) Animal experiments indicating retarded brain growth. (b) Human brain growth may be retarded; perceptual defects possible.

PARAGRAPHS (2): First six months of life critical and possibly pre-natal experience (if mother malnourished) may affect child.

MENTION (1):
CITATION: Winking, Cyril H.  
Coping with Child Abuse: One State’s Experience  
PUBLIC WELFARE, July 1988, 189-192

MAIN EMPHASIS (4): The article reports the implementation of new laws regarding child abuse, citing a need for merging legal and social service perspectives.

SECTIONS (3): (a) Initial complaints in Illinois must be to a single, statewide agency, but agency is lenient in requiring law enforcement. (b) Immunity is written into the law. (c) Poverty, social problems, etc., contribute to the problem of abuse. (d) Inadequate treatment resources are available. Registries could be useful. (e) Highly skilled staff who can sort and make quick decisions are needed.

PARAGRAPHS (2):

MENTION (1): Over one half of the children were under three years; boys are more frequently abused than girls.

TARGET POPULATION:

<table>
<thead>
<tr>
<th>Lawyers</th>
<th>Behavioral Scientists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Winnicott, D. W.  
The Depressive Position in Normal Emotional Development  
BRITISH JOURNAL OF MEDICAL PSYCHOLOGY, 19:4, 28:89-100

MAIN EMPHASIS (4): A discussion of Melanie Klein's "Depressive Condition" as an achievement in emotional development. The above condition is that point when baby is a whole baby and mother holds situation, allowing baby to work through certain relationships. Baby eventually recognizes mother's two functions: as object of both dependent relationship, and instinctual love.

SECTIONS (3): 

PARAGRAPHS (2): 

MENTION (1):
MAIN EMPHASIS (4): A hypothesis that in problem-solving, interactional settings, normal families are free to talk or not as much as they please, while in abnormal families, one or more members are more constrained to take their cues from another.

SECTIONS (3): McAudles found that normal families resemble each other in a nonlexical way more than do abnormal families.

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Describes and illustrates the dilemma faced by doctors in making the decision to report suspected cases of child abuse.

SECTIONS (3): The author illustrates the dilemma with examples of suspicious injuries that in some instances were cases of abuse.

PARAGRAPHS (2): The doctor's role in the legal process is outlined briefly. Some of the major indicators of child abuse are described.

MENTION (1):

TARGET POPULATION:
General Public

MAIN EMPHASIS (4): A two-part paper on clinical management of the abused or sexually molested child. In the case of abuse, it focuses on identifying clues (and a helpful table of clues is provided). In the case of sexual molestation, the parameters of the problem (incidence, types of molestation, characteristics of molester and of victim) are discussed.

SECTIONS (3): (a) In cases of sexual abuse, initial interview must be careful, noting date, time, place, and circumstances of incident, and emotional state of parents and child. (b) Nature of physical examination and laboratory procedures for sexual abuse cases are noted.

PARAGRAPHS (2): (a) List of stresses which may impair mother's nurturing capacity, thus precipitating abuse/neglect. (b) Report must be made in suspected cases of abuse (including sexual abuse). (c) Complete skeletal survey is mandatory, and immediate hospitalization recommended in abuse/neglect cases. (d) In sexual abuse cases, social worker can provide additional background history and emotional support for the family.

MENTION (1): Understanding the etiology of abuse entails training in child care practices, child development, family dynamics, etc.
CITATION: Woolf, Paul V., Jr., et al.
Significance of Skeletal Lesions in Infants Resembling Those of Traumatic Origin
JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, June 18, 1955, 158:539-543

MAIN EMPHASIS (4): Discusses evidence from study for regarding multiple bone injury as the result of direct violence.

SECTIONS (3): Presents table on lesions in twelve children.

PARAGRAPHS (2): (a) Characterizes injury-producing environment. (b) References to first investigations of multiple bone fractures. (c) Treatment consisted of confronting parents with suspicions, removal of child, attempting to investigate further.

MENTION (1):

TARGET POPULATION:
Medical Scientists

CITATION: Wright, Byron W.
The Control of Child-Environment Interaction: A Conceptual Approach to Accident Occurrence
PEDIATRICS, November 1969, 44(supplement):799-805

MAIN EMPHASIS (4): In child-abusing homes it is hypothesized that it would be best to improve social and environmental conditions which contribute to abuse (incompetent caretaker, baby in unsafe position, dangerous objects, lack of control).

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Wright, E. A.
Dysmorphogenesis. Parental Behavior and Survival of Normal and Deformed Offspring

MAIN EMPHASIS (4): The author discusses the issue of physical aggression by parents toward their young from the viewpoint of comparing the habits of different species and of different human societies at different times.

TARGET POPULATION:
Medical Scientists

CITATION:
Yarrow, Leon J.
Maternal Deprivation: Toward an Empirical and Conceptual Re-Evaluation
PSYCHOLOGICAL BULLETIN, 1961, 58(6):459-90

MAIN EMPHASIS (4): Summarizes articles on neglect, attempting to distinguish four major kinds: (1) Institutionalization; (2) Separation; (3) Multiple mothering; (4) Distorted quality of mothering. The effects of these types of mothering are reported by authors in sometimes contradictory ways.

TARGET POPULATION:
Behavioral Scientists

CITATION:
Yarrow, Leon J.
Maternal Deprivation: Toward an Empirical and Conceptual Re-Evaluation
PSYCHOLOGICAL BULLETIN, 1961, 58(6):459-90
MAIN EMPHASIS (4): This longitudinal research study defines the effective environment of the infant in terms of developmental sensibilities and response capabilities and deals with reciprocal influences in mother/infant interactions, communication of the mother's underlying feelings and motivations.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION: 
Behavioral Scientists

---

CITATION: Yelaja, Shankar A. 
The Concept of Authority and Its Use in Child Protective Services 
CHILD WELFARE, November, 1965, 514-522

MAIN EMPHASIS (4): Abstract discussion of treatment, benefit of authority in child protective services. Authority is helpful, not coercive/punitive for neglectful parents.

SECTIONS (3): (a) Treatment of CPS clients vs. voluntary clients - willingness to help; (b) Discussion of kinds of activity, legal, psychological, rational/irrational; (c) Client.

PARAGRAPHS (2):

MENTION (1): Legal basis of social services to neglectful parents.

TARGET POPULATION: 
Behavioral Scientists 
Social Workers
**CITATION:** Young, Leontine R.  
*An Interim Report on an Experimental Program of Protective Service*  
CHILD WELFARE, July 1966, 373-389

**MAIN EMPHASIS (4):** Multiservice treatment approach to disorganization in neglectful families, emphasizing areas of casework, education, and group work. Based on two years' experience at Child Service Association, New Jersey.

**SECTIONS (3):** (a) Characteristics of families involved in child neglect. (b) Coordination of services (caseworker's responsibility). Progress by children can precipitate new conflicts in home. (c) Discussion of positive results of this treatment approach.

**PARAGRAPHS (2):**

**MENTION (1):**

**TARGET POPULATION:**  
Behavioral Scientists  
Social Workers

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**CITATION:** Zalba, Serapio R.  
*The Abused Child: 1. A Survey of the Problem*  
SOCIAL WORK, October 1966, 3-16

**MAIN EMPHASIS (4):** Survey of literature relating to child abuse--definition of problem and treatment.

**SECTIONS (3):** (a) Definition of problem of abuse/neglect and treatment from historical perspective. (b) Distinction between abuse and neglect; parental characteristics. (c) Statistics attempting to define scope of abuse/neglect problem. (d) Treatment of children, of parents in groups, of whole family (conjuring family therapy). (e) Community considerations regarding treatment approaches.

**PARAGRAPHS (2):** (a) Statistics on who makes initial complaint. (b) Worker's characteristics--implications for training.

**MENTION (1):** (a) Indications of abuse. (b) Using court to remove child when he is in immediate danger.

**TARGET POPULATION:**  
Behavioral Scientists  
Social Workers

<table>
<thead>
<tr>
<th>NON-SP</th>
<th>GEN A</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CITATION: Zalba, Serapio R.
The Abused Child: II. A Typology for Classification and Treatment
SOCIAL WORK, January 1967, 70-79.

MAIN EMPHASIS (4): Presentation of typology, problem definition and treatment in cases of child abuse (includes chart and detailed outline).

SECTIONS (3): (a) General analytic framework of determining factors in human behavior. (b) Twelve behavior factors characteristic of abusive parents, abused children.

PARAGRAPHS (2):

MENTION (1):

TARGET POPULATION:
Behavioral Scientists
Social Workers

CITATION: Zalba, Serapio R.
Battered Children
TRANSACTION, July-August 1971, 8:56-61

MAIN EMPHASIS (4): Describes parameters of child abuse.

SECTIONS (3): (a) Physical, socioeconomic indicators of child abusers (2 sections). (b) Statistical quotes from research on incidence of abuse and referrals. (c) Historical response to abuse; traditions which deter reporting.

PARAGRAPHS (2):

MENTION (1): (a) Examples of legal trend regarding children as property. (b) Physical indicators of abuse. (c) Legal protection for reporters of abuse. (d) Comparison of U.S.-Scandinavian training emphasis. (e) Prevention at point of stress beginning with birth. (f) Psychoanalytic view of physical abuse.
CITATION: Ziering, William
The Battered Baby Syndrome
JOURNAL OF PEDIATRICS, August 1964, 65(2):321-322

MAIN EMPHASIS (4): Author deplores an earlier article which presented the case of a three year old whose situation implied battering, but this was not mentioned by the authors. He reiterates need for prompt reporting.

SECTIONS (3): The author defends his previous stance, mentions lack of evidence for initiating a complaint.

PARAGRAPHS (2):

MENTION (1): Abuse occurs when an out-of-control parent acts out anger on an unwanted child. Because abuse is a multicentric problem, it requires involvement of diverse agencies.

TARGET POPULATION:
Medical Scientists

<table>
<thead>
<tr>
<th>GEN AN.</th>
<th>GEN N</th>
<th>PHY A</th>
<th>PHY N</th>
<th>EMO A</th>
<th>EMO N</th>
<th>SEX A</th>
<th>EXPL</th>
<th>HIST</th>
<th>TR REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN INT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRB DEF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG CON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANC SER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLLOW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREVII</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CITATION: Zilboorg, Gregory
Sidelights on Parent-Child Antagonism
AMERICAN JOURNAL OF ORTHOPSYCHIATRY, 1932, 2:35-43

MAIN EMPHASIS (4): In analyzing the parent-child antagonism, it is necessary to examine the infancy and childhood of the parent, as this is often recapitulated in the relationship.

SECTIONS (3):

PARAGRAPHS (2):

MENTION (1):
MAIN EMPHASIS (4): Account of twenty-three cases of child abuse—characteristics of abuses include very young parents with character defects.

TARGET POPULATION:

Behavioral Scientists

TARGET POPULATION:

Medical Scientists

CITATION: Zuckerman, Kenneth, et al.
Child Neglect and Abuse: A Study of Cases Evaluated at Columbus Children's Hospital in 1968-1969
THE OHIO STATE MEDICAL JOURNAL, July 1972, 68:629-632

MAIN EMPHASIS (4): A follow-up study at Columbus Children's Hospital of sixty cases of abuse showed two deaths, four unable to be followed, eleven permanently removed from home, twenty-four returned home (four later removed) and four court decisions of "guilty."

SECTIONS (3): Statistics on the families are compiled.

PARAGRAPHS (2): (a) Physician reluctance, lack of recognition, failure to be suspicious, and desire to avoid involvement account for low reporting. (b) Conviction rate is small and does nothing to prevent abuse. (c) Seventy-five percent of the population earned less than $5000/year.

MENTION (1): (a) Psychological abuse more insidious and possibly more damaging than physical, must be reported by other professionals, e.g. teachers. (b) Protection, not punishment, should be focus of intervention for neglected children.
ABDELLAH, FAY G., ET AL, 
[GETTER PATIENT CARE THROUGH NURSING RESEARCH], 
(N.Y,: THE MACMILLAN CO., 1965). 

ACKERMAN, NATHAN 
[THE PSYCHODYNAMICS OF FAMILY LIFE], 
(NEW YORK: BASIC BOOKS, 1955, 156-206). 

ADAMS, PAUL L., ET AL, 
"AUTHORITARIAN PARENTS AND DISTURBED CHILDREN," 

ADELSON, LESTER 
"THE BATTERING CHILD," 
[CJAMA], OCTOBER 9, 1972, 222(2):159-61. 

ADELSON, LESTER 
"HOMICIDE BY PEPPER," 
[CJ OF FORENSIC SCIENCE], 1964, 9(3):391-95. 

ADELSON, LESTER 
"HOMICIDE BY STARVATION: THE NUTRITIONAL VARIANT OF THE BATTERED CHILD," 
[CJAMA], NOVEMBER 2, 1963, 186:458-60. 

ADELSON, LESTER 
"SLAUGHTER OF THE INNOCENTS--A STUDY OF FORTY-SIX HOMICIDES IN WHICH THE 
VICTIMS WERE CHILDREN," 

ADORNA, T.W., ET AL, 
[THE AUTHORITARIAN PERSONALITY] 
(N.Y,: HARPER AND ROW, 1950). 

[ADVICE TO YOUNG MOTHERS ON PHYSICAL EDUCATION OF CHILDREN, BY A GRANDMOTHER], 
(LONDON: 1823.) 

ALBERTS, M.E., 
"CHILD ABUSE," 

ALCOTT, WILLIAM A, 
[THE YOUNG MOTHER], 
(BOSTON: 1836.) 

ALDOUS, JOAN 
"CHILDREN'S PERCEPTIONS OF ADULT ROLE ASSIGNMENTS: FATHER-ABSENCE, CLASS, 
RACE AND SEX INFLUENCES," 

ALEXANDER, HELEN 
"LAY THERAPISTS", 
(DENVER: AMERICAN HUMANE ASSOCIATION,) 

ALLEN ANN FRANCIS 
"MALTREATMENT SYNDROME IN CHILDREN," 
[CANADIAN NURSE], APRIL 1966, 62(4):140-42. 

ALLEN, ANNE AND MORTON, ARTHUR, 
[THIS IS YOUR CHILD: THE STORY OF THE NATIONAL SOCIETY FOR THE PREVENTION 
OF CRUELTY TO CHILDREN] 
(LONDON: ROUTLEDGE AND K. PAUL, LTD., 1961.)
ALLEN, H. D., ET AL.
"THE BATTERED CHILD SYNDROME, PARTS I, II, III, & IV,"

AMERICAN ACADEMY OF PEDIATRICS
*A DESCRIPTIVE STUDY OF NINE HEALTH BASED PROGRAMS IN CHILD ABUSE AND NEGLECT,
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, APRIL, 1974.

AMERICAN ACADEMY OF PEDIATRICS
*SITE VISIT #1: COOK COUNTY CHILDREN'S HOSPITAL, CHICAGO, ILL., JAN., 10, 1974,
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, APRIL, 1974, 7-12.

AMERICAN ACADEMY OF PEDIATRICS
*SITE VISIT #2: UNIVERSITY OF COLORADO MEDICAL CENTER, DENVER, DEC., 18, 1973,

AMERICAN ACADEMY OF PEDIATRICS
*SITE VISIT #3: WILLIAM BEAUMONT ARMY MEDICAL CENTER, EL PASO, TEXAS

AMERICAN ACADEMY OF PEDIATRICS
*SITE VISIT #4: CHILDREN'S PROTECTIVE SERVICES CENTER; KAUAIKOLEH HOSPITAL
HONOLULU
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, APRIL, 1974, 35-43.

AMERICAN ACADEMY OF PEDIATRICS
*SITE VISIT #5: UNIVERSITY OF IOWA HOSPITALS, IOWA CITY, IOWA, JAN., 7, 1974,
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, APRIL, 1974, 44-50.

AMERICAN ACADEMY OF PEDIATRICS
*SITE VISIT #6: CHILDREN'S HOSPITAL, LOS ANGELES, FEB., 6, 1974,
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, APRIL, 1974.

AMERICAN ACADEMY OF PEDIATRICS
*SITE VISIT #7: NEW YORK FOUNDLING HOSPITAL, NYC, JAN., 4, 1974
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, APRIL, 1974, 60-69.

AMERICAN ACADEMY OF PEDIATRICS
*SITE VISIT #8: CHILDREN'S HOSPITAL OF PITTSBURGH, JAN., 3, 1974
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, APRIL, 1974, 70-80.

AMERICAN ACADEMY OF PEDIATRICS
*SITE VISIT #9: ST. PAUL, MINN. RAMSEY COUNTY MENTAL HEALTH CENTER, JAN., 8, 1974
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, APRIL, 1974, 81-88.

AMERICAN ACADEMY OF PEDIATRICS
*SIMILARITIES AND DIFFERENCES
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, APRIL, 1974, 89-94.

AMERICAN ACADEMY OF PEDIATRICS
*CONCLUSION
CONTRACT HRA 106-74-9, HEALTH RESOURCES ADMINISTRATION, APRIL, 1974, 95-98.

AMERICAN ACADEMY OF PEDIATRICS
*APPENDICES

AMERICAN ACADEMY OF PEDIATRICS COMMITTEE ON INFANT AND PRESCHOOL CHILDREN,
"MALTREATMENT OF CHILDREN: THE BATTERED CHILD SYNDROME,"
PEDIATRICS, JULY, 1972, 50:160-82.

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION,
CHILD ABUSE LEGISLATION: ANALYSIS OF REPORTING LAWS IN THE US PART 1,3
(DENVER, COLORADO: AHA, 1966.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION,
CHILD PROTECTIVE SERVICES--1967.
(DENVER, COLORADO: AHA, 1967.)

532
AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
GUIDELINES FOR LEGISLATION TO PROTECT THE BATTERED CHILD, 
(DENVER, COLO; AHA, 1968.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
IN THE INTEREST OF CHILDREN--A CENTURY OF PROGRESS, 
(DENVER, COLO; AHA, 1968.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
INNOVATIVE APPROACHES IN CHILD PROTECTIVE SERVICES, 
(DENVER, COLO; AHA, 1970.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
CAN INTENSIVE CASEWORK PROJECT IN CHILD PROTECTIVE SERVICES, 
(DENVER, COLO; AHA, 1963.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
MARSHALLING COMMUNITY SERVICES ON BEHALF OF THE ABUSED CHILD, 
(DENVER, COLO; AHA, 1966.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
A NATIONAL SYMPOSIUM ON CHILD ABUSE, 
(DENVER, COLO; AHA, 1972.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
NEGLECTING PARENTS: A STUDY OF PSYCHOSOCIAL CHARACTERISTICS, 
(DENVER, COLO; AHA, 1968.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
PROTECTING THE BATTERED CHILD, 
(DENVER, COLO; AHA, 1962.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
PROTECTING THE VICTIM OF SEX CRIMES COMMITTED BY ADULTS: FIRST ANNUAL REPORT ON PROJECT R-222, 
(DENVER, COLO; AHA, 1966.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
THE PROTECTIVE SERVICES CENTER, 
(DENVER, COLO; AHA, 1966.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
PUBLIC WELFARE RESPONSIBILITY FOR CHILD PROTECTIVE SERVICES, 
(DENVER, COLO; AHA, 1964.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
GROUND-THE-CLOCK COVERAGE IN CHILD PROTECTIVE SERVICES, 
(DENVER, COLO; AHA, 1964.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
SEXUAL ABUSE OF CHILDREN: IMPLICATIONS FOR CASEWORK, 
(DENVER, COLO; AHA, 1967.)

AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 
THE STATUS OF CHILD PROTECTION--A NATIONAL DILEMMA, 
(DENVER, COLO; AHA, 1971.)

AMERICAN MEDICAL ASSOCIATION, 
"THE BATTERED CHILD SYNDROME--EDITORIAL," 
(JAMA), 1962; 181.

"AMERICAN PUBLIC HEALTH ASSOCIATION CONFERENCE REPORT; 1968, SCHOOL HEALTH," 
PUBLIC HEALTH REPORTS), MARCH, 1969; 84:219-220.

AMERICAN PUBLIC WELFARE ASSOCIATION, 
PREVENTIVE AND PROTECTIVE SERVICES TO CHILDREN: A RESPONSIBILITY OF THE PUBLIC WELFARE AGENCY, 
(CHICAGO: AMERICAN PUBLIC WELFARE ASSOCIATION, 1958.)
AMIEL, SHIRLEY
- "CHILD ABUSE IN SCHOOLS."
  [NORTHWEST MEDICINE], NOVEMBER, 1972; 71:888.

AMIEL, SHIRLEY
- "CHILD DISCRIMINATION BY THE WASHINGTON STATE CHILD PROTECTIVE SERVICE."
  PRESENTED TO THE CITIZENS ADVISORY COMMITTEE FOR THE WASHINGTON CPS,
  DECEMBER 6, 1973; 11-8.

AMIEL, SHIRLEY
- "A REPORT OF CHILD ABUSE, CHILD MISTREATMENT AND CHILD DISCRIMINATION WHILE
  THE CHILDREN ARE UNDER ADULT SUPERVISION OTHER THAN THAT OF THEIR
  PARENTS OR LEGAL GUARDIANS IN THE STATE OF WASHINGTON."
  MARCH 1972; 11-20

AMIEL, SHIRLEY
- "THIRD PARTY CHILD ABUSE."

ANDERSON, G. WILSON,
- "MAKING FAMILY LIFE SAFE FOR CHILDREN."
  [PUBLIC WELFARE], APRIL, 1966.

ANDERSON, J. P.
- "ATTITUDES OF NOVA SCOTIA PHYSICIANS TO CHILD ABUSE."
  [THE NOVA SCOTIA MEDICAL BULLETIN], OCTOBER, 1973; 521 185-89.

ANDREWS, JOHN P.
- "THE BATTERED BABY SYNDROME."
  [ILLINOIS MEDICAL J], NOVEMBER, 1962; 1221494.

ANTHONY, E. JAMES.
- "IT HURTS ME MORE THAN IT HURTS YOU--AN APPROACH TO DISCIPLINE AS A TWO-WAY
  PROCESS."
  [REISS-DAVIS CLINIC BULLETIN], SPRING, 1965.

ANTONIO, P.
- "THE BATTERED CHILD SYNDROME."

ARCADIO, F., ET AL.
- "UNUSUAL FORM OF CHILD ABUSE: INTRODUCTION OF 13 SEWING NEEDLES INTO THE
  BODY."
  [MED LEG DOMM CORP], JULY-SEPT, 1969, 21274-75.

ARIES, PHILIPPE.
- [CENTURIES OF CHILDHOOD: A SOCIAL HISTORY OF FAMILY LIFE],
  (N.Y., ALFRED A. KNOPF, 1962,)

ARNOLD, MILDRED.
- "CHILDREN IN LIMBO."
  [PUBLIC WELFARE], JULY, 1967; 1223-228.

ARNOLD, MILDRED.
- "TERMINATION OF PARENTAL RIGHTS.
  (DENVER, COLO: AHA, 1962,)

ARNSTEIR, HELENE S.
- "WHAT TO TELL YOUR CHILD ABOUT DEATH, ILLNESS, DIVORCE AND OTHER FAMILY CRISIS,
  (N.Y., POCKET BOOKS, 1962,)

ARON, J. J., ET AL.
- "OCULAR SYMPTOMS OBSERVED IN SILVERMAN'S SYNDROME (BATTERED CHILD SYNDROME)."

ASCH, STUART S.
- "CRIB DEATHS: THEIR POSSIBLE RELATIONSHIP TO POST-PARTUM DEPRESSION AND
  INFANCIDE."
ASHBY, HUGH T.,
[INFANT MORTALITY], 2ND EDITION,
(CAMBRIDGE: UNIVERSITY PRESS, 1922.)

ASKWITH, GORDON K.
*"AUTHORITY, PREVENTION AND A NEW CHILD WELFARE ACT,"

ASTLEY, RAY.
*"MULTIPLE METAPHYSEAL FRACTURES IN SMALL CHILDREN,"
[BRITISH RADIOLOGY], NOV. 1953, 26(311):577-83.

AUVERT, B., ET AL.
"BATTERED CHILD SYNDROME, A CASE WITH CORNEAL LESION,"
[BULL SOC OPHTALMOL FRE], DECEMBER, 1971, 71:1093-98.

AVERY, JANE C.
*"THE BATTERED CHILD--A SHOCKING PROBLEM,"
[MENTAL HYGIENE], SPRING, 1973, 57:40-43.

BAIN, KATHERINE.
* "COMMENTARY--"THE PHYSICALLY ABUSE CHILD,"

BAIN, KATHERINE, ET AL.
* "CHILD ABUSE AND INJURY,"
[MILITARY MEDICINE], AUG. 1965, 130(8):747-60.

BAKAN, DAVID.
[SlaughteR OF THE INNOCENTS],
(SAN FRANCISCO: JOSSEY-BASS, 1971.)

BAKER, DAVID H., ET AL.
* "SPECIAL TRAUMA PROBLEMS IN CHILDREN,"
[RADIOLOGY CLINIC OF NORTH AMERICA], 1966, 41:289-305.

BAKER, HELEN.
"A QUESTION OF WITNESS,"

BAKER, KATHERINE I.
"PROTECTIVE SERVICE--PRACTICE AND PROBLEMS,"
[TENNESSEE PUBLIC WELFARE RECORD], APRIL, 1972.

BAKER, R.K., ET AL.
[MASS MEDIA AND VIOLENCE, REPORT TO THE NATIONAL COMMISSION ON CAUSES AND
PREVENTION OF VIOLENCE],
(WASHINGTON, D.C.: UNITED STATES GOV'T PRINTING OFFICE, 1969.)

BAKIN, HARRY
"LONELINESS IN INFANTS,"
[AMERICAN J OF DISEASES IN CHILDREN], 1942, 63: 30-40.

BAKIN, HARRY.
* "MULTIPLE SKELETAL LESIONS IN YOUNG CHILDREN DUE TO TRAUMA,"
[EJ OF PEDIATRICS], JULY, 1956, 49:17-16.

BAKWIN, HARRY.
"REPORT OF THE MEETING OF THE AMERICAN HUMANE SOCIETY,"

HALORIN, ALFRED L., ET AL.
* "THE APPRAISAL OF PARENT BEHAVIOR,"

BALL, RICHARD A.
[AMERICAN SOCIOLOGICAL REVIEW], 1968;33, 1885-95,

BANDURA, A., [PRINCIPLES OF BEHAVIOR MODIFICATION], (N.Y.: HOLT, RINEHART AND WINSTON, 1969.)

BANDURA, A., ET AL., [ADOLESCENT AGRESSION], (N.Y.: RONALD PRESS, 1959.)


BARBER, G., ET AL., "MALIDENTIFICATION OF MOTHER, BABY, FATHER RELATIONSHIP EXPRESSED IN INFANT FAILURE TO THRIVE." IN (THE NEGLECTED-BATTERED CHILD SYNDROME), (N.Y.: CHILD WELFARE LEAGUE OF AMERICAN, 1963.)

BÄHMEYER, GEORGE H., "TRAUMATIC PERIOSTITIS IN YOUNG CHILDREN." [J OF PEDIATRICS], 1931, 38:184-90.

BARNESS, LEWIS, "WHAT'S WRONG WITH THE HIP?" [CLINICAL PEDIATRICS], AUGUST, 1976, 9:467.

BARNETT, B., "BATTERED BABIES." [LANCET], SEPT. 12, 1970, 2:1567-68.


BARRETT, HOWARD, MANAGEMENT OF INFANCY AND CHILDHOOD IN HEALTH AND DISEASE], (LONDON: 1875.)

BARRY, ELIZABETH, "SOME PROBLEMS IN PROTECTIVE CASEWORK TECHNIQUE: A CASE PRESENTATION." IN PARAD, HOWARD J., [EGO PSYCHOLOGY AND DYNAMIC CASEWORK], (N.Y.: FAMILY SERVICE ASSOCIATION OF AMERICA, 1960, 120-36.)

BART, RUDOLPH, ET AL., "WILLFUL TRAUMA TO YOUNG CHILDREN - A CHALLENGE TO THE PHYSICIAN." [CLINICAL PEDIATRICS], OCTOBER, 1963, 2(10): 545-54.

"BATTERED BABIES." [BRITISH MEDICAL J], 1969, 5672:667-668.


536

534
"THE BATTERED CHILD RE-BRUTALIZED: TEN CASES OF MEDICAL-LEGAL CONFUSION," [AMERICAN J OF PSYCHIATRY], 1968, 19,


BATTLE, E. S., ET AL., "CHILDREN'S FEELINGS OF PERSONAL CONTROL AS RELATED TO SOCIAL CLASS AND ETHNIC GROUPS," [J OF PERSONALITY], 1963, 31: 482-96


BECKER, THOMAS T., [CHILD PROTECTIVE SERVICES AND THE LAW], (DENVER: THE AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 1968, 1-23.)

BECKER, THOMAS T., "DUE PROCESS AND CHILD PROTECTIVE PROCEEDINGS: INTERVENTION ON BEHALF OF NEGLECTED CHILDREN," (DENVER, COLO: AHA, 1972.)


BEINE, ELIZABETH C.
"PROTECTIVE SERVICES SITUATION IN NEW YORK CITY,"
[WELFARE], SPRING, 1970.

BELL, GWYNETH
"PARENTS WHO ABUSE THEIR CHILDREN."

BELL, RICHARD O.
"A REINTERPRETATION OF THE DIRECTION OF EFFORTS IN STUDIES OF SOCIALIZATION."
[PSYCHOLOGICAL REVIEW], MARCH 1968, 75(2):181-95.

BELLUCCI, MATILDA T.
"GROUP TREATMENT OF MOTHERS IN CHILD PROTECTION CASES."
[CHILD WELFARE], FEB. 1972, 51(2): 110-16.

BENDER, L.
"A REINTERPRETATION OF THE DIRECTION OF EFFORTS IN STUDIES OF SOCIALIZATION,"
[PSYCHOLOGICAL REVIEW], MARCH 1968, 75(2):181-95.

BENDER, L., ET AL.
"THE REACTION OF CHILDREN TO SEXUAL RELATIONS WITH ADULTS."
[AMERICAN J OF ORTHOPSYCHIATRY], OCTOBER, 1937, 71 500.

BENEDIK, THERESE
"ADAPTATION TO REALITY IN EARLY INFANCY."
[PSYCHOANALYTIC QUARTERLY], 1938, 7:200-215.

BENEDIK, THERESE
"PARENTHOOD AS A DEVELOPMENTAL PHASE."

BENEDIK, THERESE
"PSYCHOBIOLOGICAL ASPECTS OF MOTHERING."
[AMERICAN J OF ORTHOPSYCHIATRY], 1956, 26:272-78.

BENEDIK, THERESE
[PSYCHOSEXUAL FUNCTIONS IN WOMEN].
(N.Y.: RONALD PRESS, 1952.)

BENEDIK, THERESE
"THE PSYCHOSOMATIC IMPLICATIONS OF THE PRIMARY UNIT: MOTHER-CHILD."
[AMERICAN J OF ORTHOPSYCHIATRY], 1949; 191642-54.

BENJAMIN, LISALOTE.
[PROTECTIVE SERVICES: A GUIDE TO ITS CONCEPTS AND PRINCIPLES].
(PENN DEPT. OF WELFARE, BUREAU OF CHILDREN'S SERVICES, MAY, 1959.)

BENNETT, F.
"THE CONDITION OF FARM WORKERS."
IN L. FERMAN, ET AL: [POVERTY IN AMERICA],
(ANN ARBOR: UNIVERSITY OF MICHIGAN PRESS, 1968, 1178-84.)

BENNIE, E. H., ET AL.
"THE BATTERED CHILD SYNDROME."
[AMERICAN J OF PSYCHIATRY], 1969, 125(7):975-79.

BENSON, L.
[FAtherhood, A SOCIOLOGICAL PERSPECTIVE],
(N.Y.: RANDOM HOUSE, 1968.)

BENSTEAD, J. G.
"INFANTILE SUBDURAL HAEATOMA."

BERANT, M., ET AL.
"A "SEUDO" BATTERED CHILD."


BERKOWITZ, S., *[THE ABC'S OF BEHAVIOR MODIFICATION] (Baltimore: Behavioral Information and Technology, 1972,)


BETTELHEIM, BRUNO, *"A NORMAL MODE OF BEHAVIOR AND HOW TO CONTROL IT,"* CHILDREN'S MEDICAL CENTER, FIFTH ANNUAL SEMINAR, TULSA, OKLA: OCT, 1972.


BHATTACHARYA, A.K., *"MULTIPLE FRACTURES,"* [BULLETIN OF CALCUTTA SCHOOL OF TROPICAL MEDICINE], 1966, 14:111-12.


BIALESTOCK, D., *"CUSTODY OF CHILDREN,"* [MEDICAL J OF AUST], DECEMBER 22, 1973, 21:120.

BIESTEK, FELIX P., *[THE CASEWORK RELATIONSHIP], (CHICAGO: LOYOLA UNIVERSITY PRESS, 1957,)

BILLINGSLEY, ANDREW, *"THE ROLE OF THE SOCIAL WORKER IN A CHILD PROTECTIVE AGENCY,"* [CHILD WELFARE], NOVEMBER, 1964, 14:72-79.

BILLINGSLEY, ANDREW, *"THE SOCIAL WORKER IN A CHILD PROTECTIVE AGENCY,"* [N.Y., NATIONAL ASSOC. OF SOCIAL WORKERS, 1965,]

BILLINGSLEY, ANDREW, ET AL., *"AGENCY STRUCTURE AND THE COMMITMENT TO SERVICE,"* [PUBLIC WELFARE], JULY, 1966, 12:46-51.

BILLINGSLEY, ANDREW, ET AL., *[STUDIES IN CHILD PROTECTIVE SERVICE: FINAL REPORT TO THE CHILDREN'S BUREAU], SEPTEMBER, 1969.
BIRCH, HERBERT G.

*“MALNUTRICIAN, LEARNING, AND INTELLIGENCE,”

BIRCH, HERBERT, ET AL.

*“THE PROBLEM OF COMPARING HOME REARING VS FOSTER-HOME REARING IN DEFECTIVE CHILDREN,”
[PEDIATRICS], DEC., 1961, 28: 956-61.

BIRD, H.

*BATTERED BABIES: A SOCIAL AND MEDICAL PROBLEM,”

BIRRELL, JOHN H.

*“WHERE DEATH DELIGHTS TO HELP THE LIVING, FORENSIC MEDICINE--CINDERELLA?”

BIRRELL, R. G.

*“THE MALTREATMENT SYNDROME IN CHILDREN,”
[MED J OF AUSTRALIA], DECEMBER 10, 1966, 2:1134-38.

BIRRELL, R. G., ET AL.

*“THE MALTREATMENT SYNDROME IN CHILDREN: A HOSPITAL SURVEY,”

BISHOP, F. I.

“CHILDREN AT RISK,”

BISHOP, JULIA A.

“HELPING NEGLECTFUL PARENTS,”
[ANNALS], SEPTEMBER, 1964.

BLALOCK, H. M.

*“BEYOND ORDINAL MEASUREMENT: WEAK TESTS OF STRONGER THEORIES,”
IN BLALOCK, (ED.) [MEASUREMENT IN THE SOCIAL SCIENCES],
[CHICAGO: ALDINE ATHERTON, CHAPTER 15.]

BLEIBERG, NINA

*“THE NEGLECTED CHILD AND THE CHILD HEALTH CONFERENCE,”

BLOCH, HARRY

*“DESMAHA OF BATTERED CHILD AND BATTERED CHILDREN,”

BLOCHER, N. J.

*“OBSERVATIONS ON INFANTILE COXA VARA,”

BLOEMBERG, WARNER

*“A CITY FOR CHILDREN: THE YEAR 2005,”

BLUE, M. T.

*THE BATTERED CHILD SYNDROME FROM A SOCIAL WORK VIEWPOINT,”
[CANADIAN J OF PUBLIC HEALTH], MAY 1965, 56:197-98.

BLUMBERG, MARVIN L.

*“PSYCHOPATHOLOGY OF THE ABUSING PARENT,”

BLUMBERG, MYRNA.

*“WHEN PARENTS HIT OUT,”
[TENTH CENTURY], WINTER 1964-65, 174139-44.
BLUMENTHAL, MONICA D.

BOARDMAN, HELEN

BOARDMAN, HELEN E.
"WHO INSURES THE CHILD'S RIGHT TO HEALTH?" IN THE NEGLctED AND BATTERED CHILD SYNDROME, (N.Y.: CHILD WELFARE LEAGUE OF AMERICA, JULY 1963.)

BOEHM, BERNICE.
"AN ASSESSMENT OF FAMILY ADEQUACY IN PROTECTIVE CASES," [CHILD WELFARE], JANUARY 1962, 116-16.

BOEHM, BERNICE.
"THE COMMUNITY AND THE SOCIAL AGENCY DEFINE NEGLECT," [CHILD WELFARE], NOVEMBER 1964, 1453-64.

BOEHM, BERNICE.
"THE COMMUNITY AND THE SOCIAL AGENCY DEFINE NEGLECT," [CHILD WELFARE], NOVEMBER 1964, 1453-64.

BOISVERT, MAURICE J.

BOISVERT, MAURICE J.

BOISVERT, MAURICE J.

BOISVERT, MAURICE J.

BOISVERT, MAURICE J.

BOISVERT, MAURICE J.

BOISVERT, MAURICE J.

BOISVERT, MAURICE J.

BOISVERT, MAURICE J.

BOISVERT, MAURICE J.
BRIELAND, DONALD,
"EMERGENCY PROTECTIVE SERVICE IN ILLINOIS."
CHILD WELFARE, MAY, 1965.

BRIELAND, DONALD
"PROTECTIVE SERVICES AND CHILD ABUSE: IMPLEMENTATION FOR PUBLIC WELFARE."

BRIELAND, DONALD
"PROTECTIVE SERVICES AND PUBLIC WELFARE: IMPLICATIONS FOR PUBLIC CHILD WELFARE"
SOCIAL SERVICE REVIEW, DECEMBER, 1966.

BRIFFAULT, ROBERT
THE MOTHERS (3 VOL.)
(V, Y: MACMILLAN, 1927.)

BRIK, J.C., ET AL.
SOCIALIZATION AFTER CHILDHOOD.
(N, Y: JOHN WILEY AND SONS, 1966.)

BRISCOE, RAYMOND GENE
"EDUCATIONAL IMPLICATIONS OF DIFFERENCES OF PERCEPTION BY DRUG-USING AND NON-DRUG-USING STUDENTS IN OHIO SCHOOL DISTRICT."

BRISSET, D.
"TOWARD A CLARIFICATION OF SELF-ESTEEM."
PSYCHIATRY, AUGUST 1972, 35, 1255-63.

BRITISH MEDICAL JOURNAL
"BATTERED BABIES."
BRITISH MEDICAL JOURNAL (LONDON), 1969, 5672:667-68.

BROADBENT, P.
"MRS. JONES - 22 YEARS - GRAVIDA 2 - POTENTIAL BATTERER."
HEALTH VISIT, OCT., 1972, 45: 321.

BROOY, S.
PATTERNS OF MOTHERING.
(N, Y: INTERNATIONAL UNIV, PRESS, INC, 1956.)

BROECK, ELSA TEN
"THE EXTENDED FAMILY CENTER."

BRUGUAN, B.G., ET AL.
"LITTLE LEAGUE'S ELBOW."

BROWN, JOHN A.
"SOME OBSERVATIONS ON ABUSIVE PARENTS."

BROWN, RICHARD J.
"BRAIN DAMAGED ADOLESCENTS: THEIR MISEDUCATION IN REHABILITATION CENTER."

BROOME, KENNETH M.
"WILLFUL ABUSE OF CHILDREN."

BRUMBAUGH, OLIVER L.
"DISCUSSION."

BRYANT, C.
"PROBLEMS OF INSTITUTIONAL INEFFECTIVENESS." IN SOCIAL PROBLEMS TODAY: DILEMMAS AND DISSENSUS.
(PHILADELPHIA: LIPPINCOTT, 1971.)
BRYANT, HAROLD D., ET AL.
*"PHYSICAL ABUSE OF CHILDREN--AN AGENCY STUDY,"
[CHILD WELFARE], MARCH 1963, 1125-30.

BUELL, BRADLEY, ET AL.
*"REORGANIZING TO PREVENT AND CONTROL DISORDERED BEHAVIOR"
[MENTAL HYGIENE], APRIL 1958, 421:155-94.

BUGLASS, ROBERT
*"PARENTS WITH EMOTIONAL PROBLEMS,"
[NURSING TIMES], AUGUST 12, 1971, 671 1000-1.

BUHRDEL, P.
"NEGLECT SYNDROME IN THE CHILD."
[DTSCH GESUNDHEITSC], JULY 16, 1978, 251:1352-54.

BUJST, NEAL R. K.
*"DELIBERATE INJURY OF CHILDREN,"

BUJST, NEAL R. K.
*"VIOLENT PARENTS,"
[LANCE], JANUARY 1, 1972, 1136.

BULLARD, DEXTER H., ET AL.
*"FAILURE TO THRIVE IN THE 'NEGLECTED CHILD',"

BUMBALO, JUDITH A., ET AL.
*"THE SELF-HELP PHENOMENON,"

BURIAN, R.
"A FORM OF PEDOPHILIA RESULTING FROM SEXUAL IMPRESSION FORMATION,"
[PSYCHALATHIE, NEUROLOGIE UND MEDIZINISCHE PSYCHOLOGIE] (LEIPZIG), JULY

BURLAND, J. ALEXIS, ET AL.
"CHILD ABUSE: ONE TREE IN THE FOREST,"
[CHILD WELFARE], 1973, 52(9):1585-592.

BURT, MARVIN R., ET AL.
*"A NEW SYSTEM FOR IMPROVING THE CARE OF NEGLECTED AND ABUSED CHILDREN,"

BURT, ROBERT A.
*"PROTECTING CHILDREN FROM THEIR FAMILIES AND THEMSELVES: STATE LAWS AND
THE CONSTITUTION,"
[CJ OF YOUTH AND ADOLESCENCE], 1972, 1(1):91-111.

Bwibo, N.O.
"BATTERED CHILD SYNDROME,"

Bwibo, N.O.
"BATTERED CHILD SYNDROME,"

BYNUM, A.S.
"A REPORT ON THE BATTERED CHILD--INDIANA, 1966,"
[CJ OF THE INDIANA MEDICAL ASSOC], APRIL, 1967, 618:469,

CABANIS, D.
"UNUSUAL ACT OF AGGRESSION,"

CABANIS, D., ET AL.
"THE PAEDOPHILE-HOMOSEXUAL INCEST IN COURT,"
[DEUTSCHE ZEITSCHRIFT FUR DIE GESAMT GERICHTLICHEN MEDIZEN] (BERLIN), 1969,
66:146-74.
CAFFEY, JOHN,

"INFANTILE CORTICAL HYPEROSTOSIS."

CAFFEY, JOHN,
[CJ OF PEDIATRIC X-RAY DIAGNOSIS], 1: 684-67,
(CHICAGO: YEAR BOOK PUBLISHERS, INC., 2ND EDITION, 1950.)

CAFFEY, JOHN,
"MULTIPLE FRACTURES IN THE LONG BONES OF INFANTS SUFFERING FROM CHRONIC SUB-DURAL HEMATOMA."
[AMERICAN J OF ROENTGENOLOGY], 1946, 56(2):163-73,

CAFFEY, JOHN,
"ON THE THEORY AND PRACTICE OF SHAKEING INFANTS."

CAFFEY, JOHN,
"THE PARENT-INFANT TRAUMATIC STRESS SYNDROME."
[AMERICAN J OF ROENTGENOL RADIUM THEORY OF NUCLEAR MEDICINE], FEBRUARY, 1972, 114(2): 218-29.

CAFFEY, JOHN,
"SIGNIFICANCE OF THE HISTORY IN THE DIAGNOSIS OF TRAUMATIC INJURY TO CHILDREN."

CAFFEY, JOHN,
"SOME TRAUMATIC LESIONS IN GROWING BONES OTHER THAN FRACTURES AND DISLOCATIONS - CLINICAL AND RADIOLOGICAL."
[BRITISH J OF RADIOLOGY], MAY 1957, 30(353): 225-238.

CAFFEY, JOHN,
"SYPHILIS OF THE SKELETON IN EARLY INFANCY."

CAFFEY, JOHN,
"TRAUMATIC CUPPING OF THE METAPHYES OF GROWING BONES."

CAFFEY, JOHN,
"TRAUMATIC LESIONS IN GROWING BONES OTHER THAN FRACTURES AND DISLOCATIONS - CLINICAL AND RADIOLOGICAL FEATURES."
[BRITISH J OF RADIOLOGY], 1957, 30:225-238.

CAFFEY, JOHN,
"THE WHIPLASH SHAKEPN INFANT SYNDROME."

CAFFEY, JOHN, ET AL.
"CHILD BATTERY: SEEK AND SAVE."
[MEJICAL WORLD NEWS], JUNE 2 1972, 13(22): 21-33.

CALDWELL, BETTY E.
"THE EFFECT OF PSYCHOSOCIAL DEPRIVATION ON HUMAN DEVELOPMENT IN INFANCY."
[MERRILL-PALMER QUARTERLY], 1970, 12:60-77.

CALIF, VICTOR,
"THE HOSTILITY OF PARENTS TO CHILDREN: SOME NOTES ON INFERTILITY, CHILD ABUSE AND ABORTION."

CALKINS, CARL ET AL.
"CHILDREN'S RIGHTS: AN INTRODUCTORY SOCIOLOGICAL OVERVIEW."

CALLAGHAN, K., A., ET AL.
"PRACTICAL MANAGEMENT OF THE BATTERED BABY SYNDROME."
[MEJICAL J OF AUSTRALIA], JUNE 27, 1978, 11282-84.
CAMERON, J.M.

"THE BATTERED BABY.
[NURSING MIRROR], JUNE 9, 1972, 134:32-38.

CAMERON, J.M.

"THE BATTERED BABY SYNDROME."

CAMERON, J.M., ET AL.

"THE BATTERED CHILD SYNDROME."

CAMERON, J.S.

"ROLE OF THE CHILD PROTECTIVE ORGANIZATION."

CANADIAN WELFARE COUNCIL.

[CHILD PROTECTION IN CANADA].
(OTTAWA: CANADIAN WELFARE COUNCIL, 1954.)

CARY, ARA C., ET AL.

"PREVENTION AND DETECTION OF EMOTIONAL DISTURBANCES IN PRESCHOOL CHILDREN."

CASTRO DE LA MATA, RENATO, ET AL.

"A MODEL OF ACTION IN SOCIAL PSYCHIATRY."

CAULFIELD, ERIEST.

[THE INFANT WELFARE MOVEMENT IN THE EIGHTEENTH CENTURY].
(N.Y.: PAUL B. HOEBER, 1931.)

CAVILLIN, H.

"INCESTUOUS FATHERS: A CLINICAL REPORT."
[AMERICAN J OF PSYCHIATRY], 1966, 122:1 1132.

CENTRE D'ETUDE DE LA DELINQUANCE JUVENILE.

[CHILD VICTIMS OF BAD TREATMENT].
(BRUSSELS: CENTRE D'ETUDE DE LA DELINQUANCE JUVENILE, 197L.)

CHABOK, ROBERT S., ET AL.

"THE PROBLEM OF CHILD ABUSE--A COMMUNITY HOSPITAL APPROACH."

CHANDRA, R.K.

"THE BATTERED CHILD."
[INDIAN J OF PEDIATRICS], ANNOTATIONS, JULY, 1968, 35:1365.

CHANELES, S.

"ADJUSTMENT TO CRISIS IN FAMILIES OF CHILD SEX VICTIMS." IN [SEXUAL ABUSE OF CHILDREN: IMPLICATIONS FOR CASEWORK].
(DENVER: AMERICAN HUMANE ASSOCIATION, 1967.)

CHANELES, SOL.

"CHILD VICTIMS OF SEXUAL OFFENSES."
[FEDERAL PROBATION], JUNE, 1967, 152:56.

CHANELES, SOL.

"FAMILY STRUCTURE OF CHILD SEX VICTIMS." IN [SEXUAL ABUSE OF CHILDREN: IMPLICATIONS FOR CASEWORK].
(DENVER: AMERICAN HUMANE ASSOCIATION, 1967.)

CHANSKY, N.

"MOBILITY AND THE RURAL SCHOOL DROP-OUT."

CHASE, H. PETER, ET AL.

"UNDERNUTRICIAN AND CHILD DEVELOPMENT."

516

544


CHESS, STELLA., ET AL, [ANNUAL PROGRESS IN CHILD PSYCHIATRY AND CHILD DEVELOPMENT], (N.Y., BRUNNER-MAZEL, 1968.)

CHESSER, EUSTACE., CRUELTY TO CHILDREN] (N.Y.: THE PHILOSOPHICAL LIBRARY, INC., 1952.)


CHILD PROTECTIVE SERVICES, KENT COUNTY DEPT. OF SOCIAL WELFARE, [THE ABUSED CHILD IN THIS COMMUNITY] (GRAND RAPIDS, MICH: KENT COUNTY DEPT. OF SOCIAL WELFARE, OCTOBER 25, 1969.)

CHILD STUDY ASSOCIATION OF AMERICA, [WHAT TO TELL YOUR CHILDREN ABOUT SEX], (N.Y.: POCKET BOOKS, 1958.)

CHILD WELFARE LEAGUE OF AMERICA, [THE NEGLECTED, BATTERED CHILD SYNDROME: ROLE REVERSAL IN PARENTS], (N.Y.: CHILD WELFARE LEAGUE OF AMERICA, 1963.)

CHILD WELFARE LEAGUE OF AMERICA, [STANDARDS FOR CHILD PROTECTIVE SERVICE], (N.Y.: CHILD WELFARE LEAGUE OF AMERICA, 1966.)


CHRISTIANSEN, W.F., "CHILD ABUSE: CASE MATERIAL FROM GENERAL PRACTICE," [JUGESKR LAEG], JULY 10, 1968,
CLADWELL, B.M.,
"THE EFFECTS OF PSYCHOSOCIAL DEPRIVATION ON HUMAN DEVELOPMENT IN INFANCY,"

CLASS, NORRIS E.
* "NEGLECT, SOCIAL DEVIANCE AND COMMUNITY ACTION,"
[NATIONAL PROBATION AND PAROLE ASSOC J], JANUARY, 1969, 6(7): 17-23.

CLASS, NORRIS
* "SOME COMMENTS ON THE CHILD WELFARE LEAGUE OF AMERICA'S STANDARDS FOR CHILD PROTECTIVE SERVICE,"
[CHILD WELFARE], MARCH, 1963, 1: 139-49.

CLAUS, H.G.
* "BONE CHANGES FOLLOWING BATTERED CHILD SYNDROME,"

CLAUS, H.G.
* "THE INTRICACIES OF VIOLENCE AGAINST CHILDREN IN AMERICAN SOCIETY,"
[CLINICAL PEDIATRICS], OCTOBER, 1971, 10(10): 957-58.

COCHRANE, W.
* "THE BATTERED CHILD SYNDROME,"

COHEN, M., ET AL.
* "PSYCHOLOGIC ASPECTS OF THE MALTREATMENT SYNDROME OF CHILDHOOD,"

COHN-MATTIJSEN, T.
"THE BATTERED CHILD SYNDROME,"
[NEUROLOGIE], JANUARY 24, 1970, 114(2): 142-49.

COLAHOSI, G., ET AL.
* "DOMESTIC TRAUMAS AND SWALLOWING OF VARIOUS OBJECTS,"
[MINERVA PEDIATRICA], AUG., 25, 1970.

COLAROSSI, G., ET AL.

CULBACK, E.H.
* "PSYCHIATRIC CRITERIA FOR COMPASSIONATE REASSIGNMENT IN THE ARMY,"

CULLOUGH, L.R.
* "VICTORIAN GOVERNMENT'S REPORT ON CHILD ABUSE - A REINVESTIGATION,"
[MEDICAL J OF AUSTRALIA], DECEMBER 30, 1972, 2: 1491-97.

COLES, ROBERT

COLES, ROBERT
* "TERROR-STRUCK CHILDREN,"
[THE NEW REPUBLIC], MAY 30, 1964.

COLLINS, CAMILLA
* "ON THE DANGERS OF SHAKING YOUNG CHILDREN,"

COLUMBIA J OF LAW AND SOCIAL PROBLEMS
* "REPRESENTATION IN CHILD NEGLECT CASES: ARE PARENTS NEGLECTED?"
COMMITTEE ON ACCIDENTS IN CHILDHOOD.
"THE SATTERED BABY."
[BRITISH MEDICAL J.], 1966, 1(601-3).

COMMITTEE ON INFANT AND PRESCHOOL CHILD, AMERICAN ACADEMY OF PEDIATRICS.
"MALTREATMENT OF CHILDREN: THE SATTERED CHILD SYNDROME."

COMMUNITY MENTAL HEALTH SERVICES, DIVISION OF INSTITUTIONAL MANAGEMENT, STATE DEPT, OF SOCIAL WELFARE.
[CASEBOOK AND PROCEEDINGS: SEMINAR ON THE SATTERED CHILD SYNDROME], (TOPEKA, KASH DEPT, OF SOCIAL WELFARE, JANUARY 31, 1965.)

CONNELL, JOHN R.
"THE SATTERED BATTERED CHILDREN."
[J OF KANSAS MEDICAL SOCIOLOGY], 1963, 64:385-91.

CORBETT, JAMES T.
"A PSYCHIATRIST REVIEWING THE SATTERED CHILD SYNDROME AND MANDATORY REPORTING LEGISLATION."
[NORTHWEST MEDICINE], OCTOBER, 1964, 63:1920-22.

COURT, JANE.
"THE BATTERED CHILO SYNDROME--THE NEED FOR A MULTIDISCIPLINARY APPROACH."
[NURSING TIMES], (LONDON), 1971, 67(22):659-61.

COURT, JOAN.
"BATTERING PARENTS."

COURT, JOAN.
"PSYCHO-SOCIAL FACTORS IN CHILD BATTERING."
[J OF MEDICAL WOMEN'S FEDERATION], 1970, 52:199-204.

COURT, JOAN, ET AL.
"THE BATTERED CHILD SYNDROME: A BIBLIOGRAPHY."
[LONDON: NATIONAL SOCIETY FOR PREVENTION OF CRUELTY TO CHILDREN, 1969.]


CURRAN, W. J., "TRACY'S 'THE DOCTOR AS A WITNESS','" (PHILADELPHIA: W. B. SAUNDERS, 1965.)


L'AMBROSIO, RICHARD W., "NO LANGUAGE BUT A CRY," (GARDEN CITY, N.Y.: DOUBLEDAY, 1978.)

DAVIE, LEON.
THE SHOCKING PRICE OF PARENTAL ANGER., (N.Y.: HEARST, 1964.)


U. COURCY, PETER, ET AL., "A SILENT TRAGEDY: CHILD ABUSE IN THE COMMUNITY,
(P.T., WASHINGTON, N.Y.: ALFRED, 1973.)

DEFRANCIS, VINCENT,
[CHILD ABUSE LEGISLATION],
(DENVER, COLO: AHA, 1966,)

DEFRANCIS, VINCENT,
[CHILD ABUSE LEGISLATION IN THE 1970'S],
AMERICAN HUMANE ASSOCIATION, CHILDREN'S DIVISION, 1970, DENVER, COLORADO,

DEFRANCIS, VINCENT,
[CHILD ABUSE--A PREVIEW OF A NATIONWIDE SURVEY],
(DENVER, COLO: AHA, 1963,)

DEFRANCIS, VINCENT,
"CHILD PROTECTIVE SERVICES--1967,"
(DENVER, COLO: AHA, 1967,)

DEFRANCIS, VINCENT,
[CHILDREN WHO WERE HELPED THROUGH PROTECTIVE SERVICES],
(DENVER, COLO: AHA, 1966,)

DEFRANCIS, VINCENT,
[COMMUNITY COOPERATION FOR BETTER CHILD PROTECTION],
(DENVER, COLO: AHA, 1959,)

DEFRANCIS, VINCENT,
[THE COURT AND PROTECTIVE SERVICES: THEIR RESPECTIVE ROLES],
(DENVER, COLO: AHA, 1960,)

DEFRANCIS, VINCENT
"DUE PROCESS IN CHILD PROTECTIVE PROCEEDINGS,"
[CUMBERLAND-SANFORD LAW REVIEW], 1971, (FALL), 2(2):11-24,

DEFRANCIS, VINCENT,
[THE FUNDAMENTALS OF CHILD PROTECTION],
(DENVER, COLO: AHA, 1955,)

DEFRANCIS, VINCENT,
[INTERPRETING CHILD PROTECTIVE SERVICES TO YOUR COMMUNITY],
(DENVER, COLO: AHA, 1957,)

DEFRANCIS, VINCENT,
"LAWS FOR MANDATORY REPORTING OF CHILD ABUSE CASES,"
[STATE GOVERNMENT], WINTER, 1966, 39(1):18-15,

DEFRANCIS, VINCENT,
[LET'S GO TECHNICAL: THE 'WHY AND WHAT' OF CHILD PROTECTIVE SERVICES],
(DENVER, COLO: AHA, 1959,)

DEFRANCIS, VINCENT
"PARENTS WHO ABUSE CHILDREN,"
[PTA MAGAZINE], NOVEMBER, 1963, 58(3):16-18,

DEFRANCIS, VINCENT,
"PROTECTING THE CHILD VICTIM OF SEX CRIMES,"
[FEDERAL PROBATION], SEPTEMBER, 1971, 11:15-20,

DEFRANCIS, VINCENT
[PROTECTING THE CHILD VICTIM OF SEX CRIMES],
(DENVER, COLO: AHA, 1969,)

DEFRANCIS, VINCENT
[PROTECTING THE CHILD VICTIM OF SEX CRIMES],
[NINETY-FIRST ANNUAL FORUM OF NAT'L CONF ON SOCIAL WELFARE, ATLANTIC CITY, N.J., MAY 25, 1965]

DEFRANCIS, VINCENT
[PROTECTIVE SERVICES AND COMMUNITY EXPECTATIONS],
(DENVER, COLO: AHA, 1961,)

551
DEFRANCIS, VINCENT.
(PUBLIC WELFARE RESPONSIBILITY FOR CHILD PROTECTIVE SERVICES),
(DENVER, COLO: AHA, 1968.)

DEFRANCIS, VINCENT.
(REVIEW OF LEGISLATION TO PROTECT THE BATTERED CHILD: A STUDY OF LAWS ENACTED IN 1963),
(DENVER, COLO: AHA, 1964.)

DEFRANCIS, VINCENT.
(SPECIAL SKILLS IN CHILD PROTECTIVE SERVICES),
(DENVER, COLO: AHA, 1959.)

DEFRANCIS, VINCENT.
(THE STATUS OF CHILD PROTECTION--A NATIONAL DILEMMA),
(DENVER, COLO: AHA, 1971.)

DEFRANCIS, VINCENT.
(TERMINATION OF PARENTAL RIGHTS: BALANCING THE EQUITIES),
(DENVER, COLO: AHA, 1971, 11:1-19.)

DEGOS, R., ET AL.
"SILVERMAN'S SYNDROME, SO-CALLED BATTERED CHILD SYNDROME."
[BULLETIN DE LA SOCIETE FRANCAISE DE DERMATOLOGIE ET DE SYPHILIGRAPHIE (PARIS)],
1971, 78:258-69.

DELANEY, D.W.
"THE PHYSICALLY ABUSED CHILD."

"MISCHGENATE INJURY OF CHILDREN."

GELSON, JAMES U.
"PROTECTIVE CASEWORK FOR ABUSED CHILDREN."

GELSON, JAMES D.
(STATE DEPT, OF PUBLIC WELFARE, DIVISION OF STAFF DEVELOPMENT),
(DENVER, COLO; STATE DEPT, OF PUBLIC WELFARE, DIVISION OF STAFF DEVELOPMENT, 1964.)

GEBLITZ, NANETTE.
"CHILD ABUSE AND THE LAW--FACT AND FICTION."

DENISON, DAVID V.
[THE NEGLECTED CHILD AND THE SOCIAL SERVICES],
(MANCHESTER: MANCHESTER UNIV, PRESS, 1954.)

DENVER DEPT, OF WELFARE: BETTY JOHNSON AND HAROLD MORSE.
(THE BATTERED CHILD: A STUDY OF CHILDREN WITH INFLECTED INJURIES),
(DENVER: DENVER DEPT OF WELFARE, 1968.)

DENVER POST (THE)
FEATURED ARTICLE ON CHILD ABUSE,
[THE DENVER POST], JANUARY 16, 1966,

DENZIN, NORMAN K, (ED.).
[CHILDREN AND THEIR CARETAKERS],
(NEW BRUNSWICK, NEW JERSEY: TRANSACTION BOOKS, 1973.)

DEPT, OF HEW,
(THE CHILD ADVOCATE, 1970 WHITE HOUSE CONFERENCE ON CHILDREN, REPORT OF FORUM 243,
DEPT, OF HEW, 1970.)

552
DEPRIVATION OF MATERNAL CARE: A REASSESSMENT OF ITS EFFECTS,
PUBLIC HEALTH PAPERS, #14, 1962, WORLD HEALTH ORGANIZATION.

DESCHEINITZ, ELIZABETH AND KARL,
"THE PLACE OF AUTHORITY IN THE PROTECTIVE FUNCTION OF THE PUBLIC WELFARE AGENCY"
(CHILD WELFARE), JUNE 1964.

DESPERT, J.L.
"THE EMOTIONALLY DISTURBED CHILD--THEN AND NOW,
(N.Y.,: VANTAGE, 1965.)

DEUTSCH, HELENE.
"THE PSYCHOLOGY OF MOTHERHOOD," VOL II, MOTHERHOOD,
(N.Y.: GRUNE AND STRATTON, 1945.)

DEUTSCH, M.
"THE DISADVANTAGED CHILD AND THE LEARNING PROCESS," IN L.A. FERMAN (ED),
"POVERTY IN AMERICA," (ANN ARBOR, MICH: UNIV. OF MICHIGAN PRESS, 1961.)

DIEWES, P.E.
"THE ROLE OF THE FAMILY DOCTOR IN THE SOCIAL PROBLEM OF CHILD ABUSE: COMMENTS ON NEW LEGISLATION AFFECTING THE LEGAL IMMUNITY OF PHYSICIANS,"
[NORTH CAROLINA MEDICAL J], 1965; 27:385-88.

DICK, KENNETH, ET AL.
"THE MULTI-PROBLEM FAMILY AND PROBLEMS OF SERVICE,
(SOCIAL CASEWORK), JUNE, 1958, 1:349-355.

DIEFFENBACH, A.TIMES); A.P, (PI)
"SCHOOLS MISTREAT CHILDREN", "ABUSE TO BE PROBED,
SEATTLE TIMES, OCTOBER 6, 1972, SEATTLE POST INTELLIGENCER, OCTOBER 6, 1972.

DINGLE, GEOFFREY, ET AL.
"CHILD INJURY INTENSIVE MONITORING SYSTEM,

DINE, MARK S.
"TRANQUILIZER POISONING: AN EXAMPLE OF CHILD ABUSE,
[PEDIATRICS], NOV 1965, 36:51782-85.

DINE, MARK S., ET AL.
"SLAUGHTER OF THE INNOCENTS,

DISBROW, MILDRED A.
"DEViant BEHAVIOR AND PUTATIVE REFERENCE PERSONS,
(UNPUBLISHED DOCTOR'S DISSERTATION, UNIV OF WASH; 1968.)

DISBROW, MILDRED A.
"PARENTS WHO ABUSE THEIR CHILDREN,

DISTRICT OF COLUMBIA DEPT OF PUBLIC WELFARE,
TOWARD SOCIAL AND ECONOMIC INDEPENDENCE: THE FIRST THREE YEARS OF THE DISTRICT OF COLUMBIA TRAINING CENTER,
(WASHINGTON, D.C.: 1969.)

DOERR, H.O., ET AL.
"BASAL AUTONOMIC ACTIVITY LEVEL AS PREDICTORS OF CONDITIONING MEDIATED BY THE SECOND SIGNALLING SYSTEM,
[JA OF PSYCHOMATRIC MEDICINE], 1971, 32:549-50.

DOLL, P.J.
"MEDICAL PROFESSIONAL SECRECY AND PROTECTION OF MARTYRED CHILDHOOD,
DOLLARD, J., ET AL.,
*Frustration and Aggression*,
(New Haven, Conn.: Yale Univ Press, 1939.)

DONNON, S., P.,
"Suspected Child Abuse—Experience in Guy's Hospital Accident and Emergency Department."
[GUY'S HOSPITAL REPORT], 1972, 121:295-98.

DOWNS, WILLIAM T.,
*The Meaning and Handling of Child Neglect—A Legal View."
[CHILD WELFARE], March, 1963, 11:31-34.

DOXIAUDIS, SPYROS,
*Mothering and Frederick II."

DRISCOLL, PAUL,
"Child Abuse Legal—Aspects of the Physician's Duty."

DRUGENDIJK, A. C.,
"Professional Secret: Child Abuse."

DREUGENDIJK, A. C., SR,
"What Kind of Parents Are Those Who Abuse Their Children?"

DUNCAN, GLEN H., ET AL.,
*Etiological Factors in First-Degree Murder."

DUNCAN, JANE WATSON, ET AL.,
"Murder in the Family: A Study of Some Homicidal Adolescents."

DUNN, COURTENAY,
[The Natural History of the Child],
(Provo: University of Utah Press, 1920.)

DUNOVSKY, J., ET AL.,
"Complexity of Social Background in the Case of a Battered Child."

DYHES, R., ET AL.,
*Social Problems: Dissensus and Deviations in an Industrial Society*,
(New York: Oxford University, 1964, 188-121.)

EARL, HOWARD,
*10,000 Children Battered and Starved; Hundreds Die."

EARLE, ALICE MORSE,
[Child Life in Colonial Days],
(N.Y.: Macmillan, 1926.)

EBBIN, ALLAN J., ET AL.,
*Battered Child Syndrome at the Los Angeles County General Hospital."

ECKERT, W. G.,
"Slaughter of the Innocents."

EDELBERG, ROBERT,
*Electrodermal Recovery Rate, Goal Orientation and Aversion."
EDELMAN, PETER B.

"THE MASSACHUSETTS TASK FORCE REPORTS: ADVOCATE FOR CHILDREN."

EDWARDS, A.L.
[TECHNIQUES OF ATTITUDE SCALE CONSTRUCTION],
(N.Y.; APPLETON-CENTURY CROFT, INC., 1957.)

EGER, H.J., ET AL.
"THE ABUSED CHILD: PROBLEMS AND PROPOSALS."
[DUQUESNE LAW REVIEW], 1969-70, 61:36-60.

EIGELBERNER, J.
[THE INVESTIGATION OF BUSINESS PROBLEMS],
(N.Y.; MCGRAW-HILL BOOK CO., 1926.)

EIGHMIE, DORLAND.
"LEGISLATION: CHILD ABUSE."

EISENBERG, LEON
"THE SINS OF THE FATHERS: URBAN DECAY AND SOC. PATHOLOGY."
[AMERICAN J OF ORTHOPSYCHIATRY], 1962, 32(1):5-17.

EISENMENGER, H., ET AL.
"CHILD ABUSE IN MUNICH IN THE YEARS 1961-71."

EISENSTEIN, ELLIOT, ET AL.
"JEJUNAL HEMATOMA: AN UNUSUAL MANIFESTATION OF THE BATTERED CHILD SYNDROME."

EIST, HAROLD I., ET AL.
"FAMILY TREATMENT OF ONGOING INCEST BEHAVIOR."
[FAMILY PROCESS], 1969, 216-32.

ELMER, ELIZABETH.
"ABUSED YOUNG CHILDREN SEEN IN HOSPITALS."
[SOCIAL WORK], OCTOBER, 1960.

ELMER, ELIZABETH.
"CHILD ABUSE: THE FAMILY'S CRY FOR HELP."

ELMER, ELIZABETH.
[CHILDREN IN JEOPARDY: A STUDY OF ABUSED MINORS AND THEIR FAMILIES],
(PITTSBURGH: UNIV OF PITTSBURGH PRESS, 1967.)

ELMER, ELIZABETH.
"DEVELOPMENTAL CHARACTERISTICS OF ABUSED CHILDREN."

ELMER, ELIZABETH.
"FAILURE TO THRIVE-ROLE OF THE MOTHER."
[PEDIATRICS], APRIL, 1968, 1717.

ELMER, ELIZABETH.
"FIFTY FAMILY STUDY: A STUDY OF ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES."
(PITTSBURGH: UNIV OF PITTSBURGH SCHOOL OF MEDICINE; JUNE, 1965.)

ELMER, ELIZABETH.
"HAZARDS IN DETERMINING CHILD ABUSE."
[CHILD WELFARE], JANUARY, 1966, 128-33.

ELMER, ELIZABETH.
"IDENTIFICATION OF ABUSED CHILDREN."
[CHILDREN], SEPT-OCT, 1963, 10(91): 108.
ELMER, ELIZABETH,
[PROGRESS REPORT--FIFTY FAMILIES STUDY],
(PITTSBURGH: CHILDREN'S HOSPITAL, JAN, 20, 1964,)

ELMER, ELIZABETH, ET AL,
[CHILDREN IN JEOPARDY: A STUDY OF ABUSED MINORS AND THEIR FAMILIES],
(PITTSBURGH: UNIV OF PITTSBURGH PRESS, 1967,)

ELMER, ELIZABETH, ET AL,
*"DEVELOPMENTAL CHARACTERISTICS OF ABUSED CHILDREN,"
[PEDIATRICS], OCTOBER 1967, 40(4):596-602,

ELMER, ELIZABETH, ET AL,
SEGAL, J., (ED.) [MENTAL HEALTH PROGRAM REPORTS] - 5 DHW PUBLICATION
#(HSM) 72-9042,

ELMER, ELIZABETH, ET AL,
*"STUDIES OF CHILD ABUSE AND INFANT ACCIDENTS,"
[MENTAL HEALTH PROGRAM REPORTS], 1971, 1345-72,

ELMORE, J., ET AL,
"THE NURSE'S ROLE IN THE CARE OF THE BATTERED CHILD: PANEL DISCUSSION,"
[CLIN PROC CHILD HOSP DC], DECEMBER, 1968, 241364-74,

ENelow, allen J,
*"THE SILENT PATIENT,"
[PSYCHIATRY], 1968, 23,

Enzer, n. b., et al,
"A CHILD GUIDANCE CLINIC APPROACH TO THE MULTIPROBLEM FAMILY,"
PAPER PRESENTED AT NATIONAL CONFERENCE ON SOCIAL WELFARE, JUNE, 1966,

Epstein, norman, et al,
*"PARAPROFESSIONAL PARENT AIDES AND DISADVANTAGED FAMILIES,"
[SOCIAL CASEWORK], APRIL 1974, 1230-36,

Erkson, e.h,
[CHILDHOOD AND SOCIETY],
(N.Y.: W.W. NORTON, 1950,)

Erikson, e.h,
*"THE PROBLEM OF EGO IDENTITY,"
[CJ OF AMERICAN PSYCHOANALYTIC ASSOC], 1956, 4156-121,

Eklanger, howard s,
*"SOCIAL CLASS AND CORPORAL PUNISHMENT IN CHILDREARIN: A REASSESSMENT,"
[AMERICAN SOCIOLOGICAL REVIEW], FEB, 1974, 39166-85,

Ehlin, donald f,
"THE BATTERED CHILD SYNDROME,"
[MEDICOLEG BULLETIN], 1964, 13011-10,

Evans, Phillips
*"INFANTICIDE,"
[PROCEEDINGS OF THE ROYAL SOCIETY OF MEDICINE], DECEMBER, 1968, 611296-98,

Evans, sue l., et al,
*"FAILURE TO THRIVE-A STUDY OF 45 CHILDREN AND THEIR FAMILIES,"
[AMERICAN ACADEMY OF CHILD PSYCHIATRY J], 1972, 21440-57,

Everett, m.g., et al,
*"THE BATTERED BABY SYNDROME, THE TASMANIAN APPROACH,"
[MEDICAL J OF AUSTRALIA], OCT, 13, 1973, 21735-37,

Fairburn, A.C,
*"SMALL CHILDREN AT RISK,"
[LANCET], JANUARY 27, 1973, 11199-200.
FAIRBURN, A.C., ET AL.

FALK, W., ET AL.

FANAL, F.

FANAROFF, A.A., ET AL.

FANTL, BERTA.
"INTEGRATING PSYCHOLOGICAL, SOCIAL AND CULTURAL FACTORS IN ASSERTIVE CASEWORK," [SOCIAL WORK], OCTOBER, 1958, 130:37.

FAURE, J., ET AL.
"SILVERMAN'S SYNDROME OR BATTERED CHILD SYNDROME: A CASE" [MED LEG DOMH CORPO], APRIL, 1968, 11:139-41.

FEINSTEIN, HOWARD M., ET AL.
"GROUP THERAPY FOR MOTHERS WITH INFANTICIDAL IMPULSES," [AMERICAN J OF PSYCHIATRY], 1964, 129:852-86.

FELDER, SAMUEL.

FELKER, E.H.

FELKER, E. H.
"PARENTAL VISITS," IN [FOSTER PARENTING YOUNG CHILDREN: GUIDELINES FROM A FOSTER PARENT], (NEW YORK: CHILC WELFARE LEAGUE OF AMERICA, 1974.)

FENBY, F., PITTS.

FENICHEL, O.
[THE PSYCHOANALYTIC THEORY OF NEUROSIS], (N.Y., W.W. NORTON, 1945.)

FENLAISON, ANNE E.
[ESSENTIALS IN INTERVIEWING], (N.Y., HARRER & BROS., 1952.)

FERGUSON, WILLIAM M.

FERGUSON, WILLIAM M.

555


FINBERG, LAWRENCE, "A PEDIATRICIAN'S VIEW OF THE ABUSED CHILD," [CHILD WELFARE], JANUARY 1965, 141.


FOLKS, HOMER, "THE CARE OF DESTITUTE, NEGLECTED, AND DELINQUENT CHILDREN," (N.Y., HAC MILLAN CO., 1962.)


FONTANA, VINCENT J., "CHILD ABUSE: A TRAGIC PROBLEM" [PARENT'S MAGAZINE], MARCH 1973;
FONTANA, V. J., 

FONTANA, V. J., 

FONTANA, V. J., 

FONTANA, V. J., 
"AN INSIDIOUS AND DISTURBING MEDICAL ENTITY," [PUBLIC WELFARE], JULY, 1966.

FONTANA, V. J., 

FONTANA, V. J., 
"THE MALTREATED CHILD: THE MALTREATMENT SYNDROME IN CHILDREN" (2ND EDITION) (SPRINGFIELD, ILL: CHARLES C. THOMAS, 1971.)

FONTANA, V. J., 

FONTANA, V. J., 

FONTANA, V. J., 

FONTANA, V. J., 

FONTANA, V. J., 
"SOMEBODY A CHILD IS CRYING: THE BATTERED CHILD"
(N.Y.: MACMILLAN, 1973.)

FONTANA, V. J., 
"SYNOPSIS OF PROGRAM ON CHILD ABUSE AT NEW YORK FOUNDLING HOSPITAL," NEW YORK FOUNDLING HOSPITAL CENTER FOR PARENT AND CHILD DEVELOPMENT, ABUSING PARENTS AND CHILD UNIT

FONTANA, V. J., 
"WHICH PARENTS ABUSE CHILDREN?" [MEDICAL INSIGHT], OCT. 1971, 3(10): 16-21.

FONTANA, V. J., 
"WHY DO PEOPLE BEAT UP THEIR KIDS?" [U.S. CATHOLIC], MARCH 1974, 128-32.

FONTANA, V. J., ET AL., 

FORESMAN, LOUISE, 

FORESMAN, LOUISE, ET AL., 
FORSYTH, WILLIAM B.,  
"COMMITTEE ON INFANT AND PRESCHOOL CHILD: MALTREATMENT OF CHILDREN, THE BATTERED CHILD SYNDROME," 
[PEDIATRICS], 1972, 50(1), 1160-62.

FORSYTH, WILLIAM B.,  
"MALTREATMENT OF CHILDREN--THE BATTERED CHILD SYNDROME," 
[PEDIATRICS], 1972, 50(1).

FOSTER, H., JR.,  
[A BILL OF RIGHTS FOR CHILDREN], 
(SPRINGFIELD, ILL.: CHARLES C. THOMAS, 1974.)

[FOSTER HOME SERVICE TO CHILDREN: HELPING THE CHILD TO USE FOSTER HOME CARE], 
(N.Y.: CHILD WELFARE LEAGUE OF AMERICA, 1953.)

FOX, DAVID J.,  
[FUNDAMENTALS OF RESEARCH IN NURSING], 
(N.Y.: APPLETON-CENTURY-CROFT, 1970.)

FOX, E. F., ET AL.,  
"THE TERMINATION PROCESS, A NEGLECTED DIMENSION IN SOCIAL WORK," 
[SOCIAL WORK], OCTOBER, 1969, 14(4), 53-63.

FRANCIS, H. W. S., 
"CHILD HEALTH--POINTS OF CONCERN," 
[PUBLIC HEALTH], JULY, 1967, 81(5), 246-49.

FRANKIE, RITA V.,  
[A REVIEW OF RESEARCH IN CHILD PERSONALITY], 
(N.Y.: FAMILY SERVICE ASSOCIATES OF AMERICA, 1959.)

FRANKLIN, LEE R.,  
"AN EXCEPTION TO USE OF THE PHYSICIAN-PATIENT PRIVILEGE IN CHILD ABUSE CASES," 

FRASER, BRIAN GEORGE,  
"'MOMMA USED TO WHIP HER...': THE TRAGEDY OF CHILD ABUSE," 
[COMPACT], 1974, 8(2), 10-12.

FRASER, BRIAN GEORGE,  
"A PRAGMATIC ALTERNATIVE TO CURRENT LEGISLATIVE APPROACHES TO CHILD ABUSE," 
[THE AMERICAN CRIMINAL LAW REVIEW], 1974, 12(103), 103-124.

FRAY, PIERRE,  
"CRIMES AND OFFENSES BY PRIMITIVE REALITY," 

FREEDMAN, D.A., ET AL.,  
"ON THE ROLE OF COENESTHETIC STIMULATION IN THE DEVELOPMENT OF PSYCHIC STRUCTURE," 

FREUD, ANNA,  
[THE EGO AND THE MECHANISM OF DEFENSE], 
(N.Y.: INTERNATIONAL UNIVERSITIES PRESS, 1946.)

FREY, MARY J., ET AL.,  
"ROLE OF THE PEDIATRIC NURSE CLINICAN IN EARLY IDENTIFICATION OF POTENTIAL CHILD ABUSE," 
(MADIGAN ARMY MEDICAL, TACOMA, WASHINGTON.)

FRICK, A.,  
"MISTREATED SMALL CHILDREN," 
[SVENSKA LAKARTIDN], 1964, 61:3084-12
FRIEDMAN, MORRIS S.
"TRAUMATIC PERIOSTITIS IN INFANTS AND CHILDREN,"
[JAMA], APRIL 12, 1958, 166(15)1184-45.

FRIENDLY, DAVID S.
"OCULAR MANIFESTATIONS OF PHYSICAL CHILD ABUSE,"
[TRANSACIONS OF THE AMERICAN ACADEMY OF OPHTALMOLOGY AND OTOLARYNGOLOGY],

FRISK, A.
"MISTREATED SMALL CHILDREN,"
[SVENSK LAKARTIDN], OCT. 7, 1964, 61:304-12.

FULK, DELORES.
"THE BATTERED CHILD,"
[NURSING FORUM], 1964, 3(2):11-27.

FULK, DELORES L.
"CHILD ABUSE,"
[NURSING FORUM], 1964, 3:7-9.

FULLER, MARJORIE G.
"CHILD ABUSE: THE PHYSICIAN'S RESPONSIBILITY,"
[J OF LEGAL MEDICINE], MAY 1975, 1:24-29.

GAGNON, JOHN H.
"FEMALE CHILD VICTIMS OF SEX OFFENSES,"
[SOCIAL PROBLEMS], 1963, 1766-92.

GALDSTON, RICHARD.
"THE BURNING AND THE HEALING OF CHILDREN,"
[PSYCHIATRY], FEBRUARY, 1972, 3:57-64.

GALDSTON, RICHARD.
EXPOITED CHILD, " IN [MODERN PERSPECTIVES OF INTERNATIONAL CHILD
PSYCHIATRY], JOHN G. HOWELLS (ED),
(EDINBURGH, SCOTLAND: OLIVER AND BOYD, OCTOBER 1968.)

GALDSTON, RICHARD.
"OBSERVATIONS ON CHILDREN WHO HAVE BEEN PHYSICALLY ABUSED AND THEIR PARENTS,"

GALDSTON, RICHARD.
IN [PATTERNS OF PARENTAL BEHAVIOR LEADING TO PHYSICAL ABUSE OF CHILDREN],
WORKSHOP SPONSORED BY CHILDREN'S BUREAU IN COLLABORATION WITH THE UNIV OF
COLO SCHOOL OF MEDICINE.

GALDSTON, RICHARD.
"PREVENTING THE ABUSE OF LITTLE CHILDREN,"
(BOSTON, MASS: THE PARENT'S CENTER PROJECT FOR THE STUDY AND PREVENTION OF
CHILD ABUSE.)

GALDSTON, RICHARD.
"VIOLENCE BEGINS AT HOME, THE PARENT'S CENTER PROJECT FOR THE STUDY AND PREV\nEN'TION OF CHILD ABUSE,"

GANS, B.
"BATTERED BABIES--HOW MANY DO WE MISS?"

GANS, B.
"UNNECESSARY X-RAYS?"
[BRITISH MEDICAL J], FEB, 28, 1970, 1564.

GARDNER, JOHN W.
"THE ABUSED CHILD,"
[McCALLS], SEPTEMBER, 1967, 97:143.
GARRETT, ANNETTE,  
(Interviewing: Its Principles and Methods),  
(N.Y.: Family Service Associates of America,)

GAULTIER, E.  
"Clinical Demonstrations, Aminopterin Embryopathy, Kwashiorkor, Child Abuse,  
Congenital Listeriosis and Lead Poisoning, Weil's Disease,"  

GEISMAR, L.L.  
(555 Families: A Social-Psychological Study of Young Families in Transition),  
(New Brunswick, N.J.: Transaction, 1973,)

GEISMAR, LUDWIG, ET AL.  
"Factors Associated with Family Disorganization,"  
(Re: Marriage and Family Living: November 1963, 1:479-81,)

GEISMAR, L., ET AL.  
(Understanding the Multiproblem Family: A Conceptual Analysis and Exploration  
in Early Identification),  
(New York: Association Press, 1964,)

GELLES, RICHARD J.  
"Child Abuse as Psychopathology, A Social Critique and Reformulation,"  
(American J of Orthopsychiatry: July, 1973, 43:611-21,)

GELLES, RICHARD J., ET AL.  
"Toward an Integrated Theory of Intra-Family Violence,"  
(Paper given at Nat'l Council on Family Relations Annual Meeting, Sept., 24, 1974,)

GEORGE, J.E.  
"Spare the Rod, A Survey of the Battered Child Syndrome,"  
(Forensic Science: May, 1973, 2:129-67,)

GIBBENS, T.C.N.  
"Female Offenders,"  
(British J of Hospital Medicine: 1971, 6(3):279-82, 285-86,)

GIBBENS, T.C.N., ET AL.  
"Violent Cruelty to Children,"  
(British J of Delinquency: April 1956, 6:260-77,)

GIEDION, A.  
"The Repeated Skeletal Trauma in the Infant and Small Child in X-Ray Films,"  
(Praxix, Feb. 13, 1968, 57:191-96,)

GIL, DAVID G.  
"First Steps in a Nationwide Study of Child Abuse,"  
(In National Conference on Social Welfare, Social Welfare Practice: 1966,  
(N.Y.: Columbia Univ Press, 1966,)

GIL, DAVID G.  
"A Holistic Perspective on Child Abuse and Its Prevention,"  
(American J of Orthopsychiatry: April/June, 1975,)

GIL, DAVID G.  
"Incidence of Child Abuse and Demographic Characteristics of Persons Involved,"  
(In [The Battered Child], (Ed) by Ray E. Helfer and C.Henry Kempe,  
(Chicago, Ill.: Univ of Chicago Press, 1968,)

GIL, DAVID G.  
"Legally Reported Child Abuse: A Nationwide Survey,"  
(In National Conference on Social Welfare, Social Work Practice: 1966,  
(N.Y.: Columbia Univ Press, 1966,)

562
GIL, DAVID G.
[NATIONWIDE EPIDEMIOLOGIC STUDY OF CHILD ABUSE: PROGRESS REPORT NO. 1,]
(WALTHAM, MASS.: BRANDEIS UNIV, FLORENCE HELLER GRADUATE SCHOOL FOR ADVANCED
STUDIES IN SOCIAL WELFARE; 1966.)

GIL, DAVID G.
"PHYSICAL ABUSE OF CHILDREN."
[PEDIATRICS], MARCH, 1970, 45:105-11.

GIL, DAVID G.
"A SOCIOCULTURAL PERSPECTIVE ON PHYSICAL CHILD ABUSE."
[CHILD WELFARE], JULY, 1971, 50(7): 389-95.

GIL, DAVID G.
"VIOLENCE AGAINST CHILDREN."
[PEDIATRICS], APRIL, 1972, 49:1641.

GIL, DAVID G.
"VIOLENCE AGAINST CHILDREN."

GIL, DAVID G.
"WHAT SCHOOLS CAN DO ABOUT CHILD ABUSE."
[SOCIAL SERVICE OUTLOOK], FEBRUARY, 1970.

GIL, DAVID G., ET AL.
"PUBLIC KNOWLEDGE, ATTITUDES AND OPINIONS ABOUT PHYSICAL CHILD ABUSE IN THE US."

GILDEN, J., ET AL.
"CONGENITAL INSENSITIVITY TO PAIN: A NEUROLOGIC SYNDROME WITH BIZARRE SKELETAL
LESIONS."
[RADIOLOGY], 1959, 72:178-49.

GILL, THOMAS O.
"THE LEGAL NATURE OF NEGLECT."

GILLESPIE, ROBERT H.
"THE BATTERED CHILD SYNDROME: THERMAL AND CAUSTIC MANIFESTATIONS."

GILLIES, C.L., ET AL.
"FRACTURE OF THE TIBIA IN SPINA BIFIDA VERA: REPORT OF TWO CASES."
[RADIOLOGY], 1938, 31:621-23.

GINSBURG, L.
"SOCIAL PROBLEMS IN RURAL AMERICA."
IN [SOCIAL WORK PRACTICE], 1969,
(N.Y., COLUMBIA UNIV PRESS, 1969.)

GIOVANNONI, JEANNE M.
"PARENTAL MISTREATMENT: PERPETRATORS AND VICTIMS."

GIOVANNONI, JEANNE M.
"RESEARCH IN CHILD ABUSE: A WAY OF SEEING IS A WAY OF NOT SEEING."
(PAPER PRESENTED TO NAT'L SYMPOSIUM ON CHILD ABUSE, CHICAGO, 1974.)

GIOVANNONI, JEANNE M., ET AL.
"A STUDY OF PARENTAL ADEQUACY IN FAMILIES OF CHILD NEGLECT AMONG THE POOR:
THREE ETHNIC GROUPS."
[CHILD WELFARE], APRIL, 1979, 49(4):196.

GJERDRUM, K.
"THE BATTERED CHILD SYNDROME."
[TDISSKR NORSKE LAEGFORSK], 1964, 84:1609-12.
GLASSER, HELEN H., ET AL,
"PHYSICAL AND PSYCHOLOGICAL DEVELOPMENT OF CHILDREN WITH EARLY FAILURE TO THRIVE
[J OF PEDIATRICS], NOVEMBER, 1968, 73(5)1690-98.

GLAZIER, ALICE E., (ED)
[CHILD ABUSE: A COMMUNITY CHALLENGE],
(EAST AURORA, N.Y: HENRY STEWARD, 1971.)

GLICKMAN, ESTHER,
[CHILD PLACEMENT THROUGH CLINICALLY ORIENTED CASEWORK],
(N.Y.: COLUMBIA UNIV PRESS, 1957.)

GLICKMAN, L.K.
"CRUELTY TO CHILDREN,

GNEHM, H.E.
"BATTERED CHILD SYNDROME,

GODFREY, ELIZABETH,
[ENGLISH CHILDREN IN OLDEN TIME],
(LONDON: METHUEN AND CO., 1907.)

GODFREY, JOSEPH D.
"TRAUMA IN CHILDREN,
[J OF BONE AND JOINT SURGERY], 1964, 46:422-47.

GOLDBERG, HARRIET L.
"SOCIAL WORK AND LAW,

GOLDFARB, W.
"PSYCHOLOGICAL PRIVATION IN INFANCY AND SUBSEQUENT ADJUSTMENT,
[AMERICAN J OF ORTHOPSYCHIATRY], 1945, 15:1247-55.

GOLDENBERG, R. D.
"ABUSING PARENTS: LEGAL AND THERAPEUTIC ASPECTS,

GOLDSTON, STEPHEN E., ET AL,
"APPRAISALS OF MENTAL HEALTH ASPECTS COVERED IN PUBLIC HEALTH TRAINING, IN:
GALDSTON, S., MENTAL HEALTH TRAINING AND PUBLIC HEALTH MANPOWER,
(ROCKVILLE, MD: NATIONAL INSTITUTE OF MENTAL HEALTH, 1971:133-55.)

GOLUB, SHARON
"THE BATTERED CHILD: WHAT THE NURSE CAN DO,
[RN], 1968, 31:142-43.

GOODE, W.J.
"FORCE AND VIOLENCE IN THE FAMILY,

GORDON, ALEX
"A CHILD IS BEING BEATEN,
[PHYSICIAN'S MANAGEMENT], JUNE, 1965, 122:34.

GORDON, HENRIETTA,
[CASEWORK SERVICES FOR CHILDREN],
(N.Y.: HOUGHTON, 1956.)

GORDON, HENRIETTA L.
"EMOTIONAL NEGLECT,
[CHILD WELFARE], FEBRUARY, 1959, 124:27.

GORDON, HENRIETTA,
"PROTECTIVE SERVICES FOR CHILDREN,
[CHILD WELFARE], MAY, 1948, 29.


GOTTLIEB, DAVID (ED.), CHILDREN'S LIBERATION, (NEW JERSEY: PRENTICE-HALL, INC., 1973.)


GRADEWOHL, R.B.H., [LEGAL MEDICINE], EDITED BY T.A. GONZALES, (NY, I. APPLETON-CENTURY-CROFTS; 1954.)


GUNN, ALEXANDER D. 
★ "WOUNDS OF VIOLENCE." 
[NURSING TIMES], MAY 5, 1967, 631990-92.

GUTHKELCH, A.N. 
★ "INFANTILE SUBDURAL HAEMATOMA AND ITS RELATIONSHIP TO WHIPLASH INJURIES." 

GUTTMACHER, ALAN F. 
★ "UNWANTED PREGNANCY: A CHALLENGE TO MENTAL HEALTH." 
[MENTAL HYGIENE], OCTOBER, 1967.

GWINN, J.L., ET AL. 
★ "ROENTGENOGRAPHIC MANIFESTATIONS OF UNSUSPECTED TRAUMA IN INFANCY." 
[JAMA], JUNE 17, 1961, 176, 1926-29.

GWINN, JOHN L., ET AL. 
★ "META PHYSICAL AND PHYSICAL INJURIES IN CHILDREN WITH SPINA BIFIDA AND MENGHELLOCELES." 
[AMERICAN J OF ROENTGENOLOGY], 1965, 951166+77.

HAAS, L. 
★ "INJURED BABY." 
[BRITISH MEDICAL J], SEPT, 11, 1956, 1645.

HAGEBEK, ROBERT W. 
★ "DISCIPLINARY PRACTICES IN DALLAS CONTRASTED WITH SCHOOL SYSTEMS WITH RULES AGAINST VIOLENCE AGAINST CHILDREN." 
[J OF CLINICAL CHILD PSYCHOLOGY], 1973, 2(3)114-16.

HALL, MARIAN 
★ "THE RIGHT TO LIVE." 

HALLER, J, ALEX, , ET AL. 
★ "TRAUMA WORKSHOP REPORT: TRAUMA IN CHILDREN." 
[J OF TRAUMA], NOVEMBER, 1970, 10(11)11052.54.

HALLIDAY, SAMUEL B. 
★ "THE LITTLE STREET SIEPER; OR LIFE AMONG THE POOR." 
(N Y, I PHINNEY, BLAKEMAN AND MASON, 1861.)

HAMILTON, GORDON. 
★ [THEORY AND PRACTICE OF SOCIAL CASEWORK], 
(NY, I COLUMBIA UNIV PRESS, 1964.)

HAHLE, HANNAH. 
★ "SUBGAEAL HAEMATOMA CAUSED BY HAIRPULL." 
[JAMA], APRIL 22, 1968, 204(4)1339.

HAMMER, CHARLOTTE L. 
★ "PRESEVING FAMILY LIFE FOR CHILDREN." 
[CHILD WELFARE], DECEMBER, 1969, 48(10) 591-94.

HANCOCK, CLAIRE. 
★ [CHILDREN AND NEGLECT...HAZARDOUS HOME CONDITIONS]; 
(WASHINGTON, D.C.; US WELFARE ADMINISTRATION, 1963.)

HANCOCK, CLAIRE. 
★ [DIGEST OF A STUDY OF PROTECTIVE SERVICES AND THE PROBLEM OF NEGLECT OF CHILDREN IN NEW JERSEY], 
(TRENTON N.J.; STATE BOARD OF CHILD WELFARE, 1958.)
HANCOCK, CLAIRE R,

HANSEN, D., ET AL,

HANSEN, RICHARD H,

HANSEN, RICHARD

HANSEN, R.H,
"SUGGESTED GUIDELINES FOR CHILD ABUSE LAWS," [J OF FAMILY LAW], 1967, 7(1) 161-65.

HARCOURT, BRIAN, ET AL,

HARDER, THIGER

HARDIN, GARREY,
"WE NEED ABORTION FOR THE CHILDREN'S SAKE," IN REITERMAN, C, [ABORTION AND UNWANTED CHILD], (N.Y., SPRINGER, 1971, PP 1-6.)

HARE, ROBERT D., ET AL,

HARING, J,
"FREEDOM OF COMMUNICATION BETWEEN PARENTS AND ADOLESCENTS WITH PROBLEMS," UNPUBLISHED OWS DISSEMINATION, CASE WESTERN RESERVE UNIV; 1965.

HARMON, 0,K,

HARLOW, H,F., ET AL.

HARNETT, ARTHUR L
"HOW DO WE DO IT?" [J OF SCHOOL HEALTH], OCT., 1971, 1425-26.

HARPER, FOWLER V,

HARRINGTON, J.A.

HARRINGTON, M,
[THE OTHER AMERICA], (NEW YORK: MACMILLAN, 1962.)

HARRIS, J,

568
HARRIS, THOMAS A.
"I'M OK - YOU'RE OK.
(N.Y., HARRPER AND ROW, 1967.)

HARRISON, S.L.
"CHILD ABUSE CONTROL CENTERS: A PROJECT FOR THE ACADEMY?"
[PEDIATRICS], MAY 1970, 45:895.

HART, W.H.
"THE LAW CONCERNING ABUSE OF CHILDREN,"

HARTL, H.
"INJURIES IN NEWBORN, INFANTS AND SMALL CHILDREN,"
[BADEN MEDIINISCHE WOCHERSCHRIFT], OCTOBER 10, 1970; 120:702-4.

HARTLEY, A.I.
"IDENTIFYING THE PHYSICALLY ABUSED CHILD,"

HARTMAN, ANN.
"USE OF WORKER'S VACATION IN CASEWORK TREATMENT."
[ SOCIAL CASEWORK], 6(60):310-313.

HARTMAN, LOUISE G., ET AL.
"USING THE GROUP METHOD IN PROTECTIVE SERVICES,"
[ TENNESSEE PUBLIC WELFARE RECORD], JUNE, 1969.

HAVENS, LESTON L.
"YOUTH, VIOLENCE AND THE NATURE OF FAMILY LIFE,"
[PSYCHIATRIC ANNALS], FEB, 1972, 2(2)118-29.

HAWARD, L.R.
"SOME PSYCHOLOGICAL ASPECTS OF PREGNANCY,"

HAWKES, D.
"CRANO-CEREBRAL TRAUMA IN INFANCY AND CHILDHOOD,"
[CLINICAL NEUROSURGERY], 1964, 11166-75.

AYASHI, VALERIE.
"AN INVESTIGATION OF THE PHYSICIAN'S KNOWLEDGE OF CHILD ABUSE, WILLINGNESS TO
REPORT SUSPECTED CASES AND FAMILIARITY WITH THE LAW AND APPROPRIATE
AGENCIES."
[UNPUBLISHED MASTER'S THESIS, UNIV OF WASHINGTON.]

HAYNES, G., ET AL.
"NATIONAL CHILDREN'S BUREAU TENTH ANNUAL REVIEW,"
[LONDON, ENGLAND: THE BUREAU, 1973.]

HAYWOOD, ARTHUR I.
"CHILD ABUSEI THE DENTIST'S ROLE."

HEARINGS BEFORE THE SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS OF THE
US SENATE, 93RD CONGRESS, FIRST SESSION,
PART I - CONSEQUENCES OF MALNUTRITION

HEARINGS BEFORE THE SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS OF THE
US SENATE, 93RD CONGRESS, FIRST SESSION,
PART II - GOVERNMENTAL RESPONSE

HEARINGS BEFORE THE SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS OF THE
US SENATE, 93RD CONGRESS, FIRST SESSION,
PART III - OVERSIGHT: THE WIC PROGRAM

569

567
HEBER, R.,
[A MANUAL IN TERMINOLOGY AND CLASSIFICATION IN MENTAL RETARDATION],
(Springfield Ill., American Assoc on Mental Deficiency, 1961.)

HINS, MARILYN,
"CHILD ABUSE--ANALYSIS OF A CURRENT EPIDEMIC,"

HELFER, RAY E,
"THE BATTERED CHILD--1973, WHAT TO DO WHEN THE EVIDENCE HARDENS,"

HELFER, RAY
"THE ETIOLOGY OF CHILD ABUSE,"

HELFER, RAY E.
"A PLAN FOR PROTECTION--THE CHILD ABUSE CENTER,"
[CHILD WELFARE], NOV, 1970, 49(9):466-94.

HELFER, RAY E AND KEMPE, C.HENRY (ED.),
[THE BATTERED CHILD],

HELFER, RAY E., ET AL,
"THE BATTERED CHILD SYNDROME,"
[ADVANCES IN PEDIATRICS], 1968, 15:9-27.

HELFER, RAY E., ET AL,
"PHYSICAL ABUSE OF CHILDREN,"

HENDERSON, RONALD H.
"ENVIRONMENTAL PREDICTORS OF ACADEMIC PERFORMANCE OF DISADVANTAGED MEXICAN-AMERICAN CHILDREN,"

HINLEY, ARTHUR,
"THE ABANDONED CHILD,"
[MCALL'S], MAY, 1964.

HENRY, CHARLOTTE.
[CULTURE AGAINST MAN],
(NY, Random House, Inc., 1963.)

HENRY, JULIUS.
[THE BATTERED CHILD],

HENRICH, J., ET AL,
"DIFFERENTIAL DIAGNOSIS IN CHILD ABUSE,"
HERRE, ERNEST A.
- "AGGRESSIVE CASEWORK IN A PROTECTIVE SERVICE UNIT."
  [SOCIAL CASEWORK], JUNE, 1965, 1130-38.

HERRE, ERNEST A.
- "A COMMUNITY MOBILIZES TO PROTECT ITS CHILDREN."
  [PUBLIC WELFARE], APRIL, 1965, 193-97.

HERZOG, E., ET AL.
- "FAMILY STRUCTURE AND COMPOSITION."
  IN R. MILLER (ED), [RACE, RESEARCH AND REASON: SOCIAL WORK PERSPECTIVES].
  (N.Y.; NATIONAL ASSOC OF SOCIAL WORKERS, 1969.)

HESSEL, SAMUEL J.
- "RIGHTS OF PARENTS AND CHILDREN."

HICK, JOHN F., ET AL.
- "SUDDEN INFANT DEATH SYNDROME AND CHILD ABUSE."

HILL, LEWIS B.
- "INFANTILE PERSONALITIES."
  [AMERICAN J OF PSYCHIATRY], DEC, 1952, 102.

HILLER, H.G.
- "BATTERED OR NOT---A REAPPRaisal OF METAPHYSICAL FRAGILITY."
  [AMERICAN J OF RONTGENOL RADION THERAPY OF NUCLEAR MEDICINE], FEB, 1972, 114:
  241-46.

HILLER, RENATE B.
- "THE BATTERED CHILD--A HEALTH VISITOR'S POINT OF VIEW."

HINES, J.O.
- "FATHER, THE FORGOTTEN MAN."
  [NURSING TIMES], 1971, 18:177-280.

HIRAMATSU, Y., ET AL.
- "SO-CALLED BATTERED CHILD SYNDROME."
  [RINSPO HOSHASEN], OCTOBER, 1971, 16:843-46.

HIRSCHBERG, J. COTTER, ET AL.
- "TERMINATION OF RESIDENTIAL TREATMENT OF CHILDREN."
  [CHILD WELFARE], OCT, 1970, 49(8):443-47.

HOFFMAN, MARTIN L.
- "POWER ASSERTION BY THE PARENT AND ITS IMPACT ON THE CHILD."
  [CHILD DEVELOPMENT], 1960, 31, 1129-43.

HOFFMAN, MARTIN L., ET AL.
- "PARENT DISCIPLINE AND THE CHILD'S MORAL DEVELOPMENT."

HOLCZABEK, W., ET AL.
- "DOWNFALL IN INFANCY."
  [DEUTSCHE MEDIZINISCHE WOCHENSCHRIFT], OCTOBER 27, 1972, 97:1640-46.

HOLDER, A.F.
- "CHILD ABUSE AND THE PHYSICIAN."

HOLLAND, J. G.
- "THE INFLUENCE OF PREVIOUS EXPERIENCE AND RESIDUAL EFFECTS OF DEPRIVATION ON
  MOARDING IN THE RAT."
  [J OF COMPARATIVE AND PHYSIOLOGICAL PSYCHOLOGY], 1954, 47:244-47.
HOLLAND, J.G., ET AL.,
[THE ANALYSIS OF BEHAVIOR: A PROGRAM FOR SELF-INSTRUCTION],
(N.Y: MCCRA\-HILL, 1961,)

HOLLIDAY, KATE,

HOLLINGSHEDER, A.
"CLASS DIFFERENCES IN FAMILY STABILITY," IN S.N. EISENSTADT, (ED), [COMPARATIVE SOCIAL PROBLEMS],
(N.E.W: THE FREE PRESS, 1964, 1265-70,)

HOLLIS, F.
[DEVELOPMENT OF A CASEWORK TREATMENT TYPOLOGY]
[UNPUBLISHED RESEARCH PROJECT REPORT, COLUMBIA UNIV SCHOOL OF SOCIAL WORK, 1966,]

HOLMES, S.A., ET AL.
"WORKING WITH THE PARENT IN CHILD ABUSE CASES,"
[SOCIAL CASEWORK], JANUARY 1975, 13-12.

HOLT, J.
[ESCAPE FROM CHILDHOOD: THE NEEDS AND RIGHTS OF CHILDREN],
(N.Y: E.P. DUTTON AND CO., INC., 1974,)

HOLTER, JOAN, ET AL.
"CHILD ABUSE: EARLY CASE FINDING IN THE EMERGENCY DEPARTMENT,"
[PEDIATRICS], JULY 1968, 42(1):120-38.

HOLTER, JOAN C., ET AL.
"ETIOLOGY AND MANAGEMENT OF SEVERELY BURNED CHILDREN: PSYCHOSOCIAL CONSIDERATIONS,"

HOLTER, JOAN C., ET AL.
"PRINCIPLES OF MANAGEMENT IN CHILD ABUSE CASES,"

HOPKINS, JOAN
"THE NURSE AND THE ABUSED CHILD,"

HOSHI, GEORGE, ET AL.
"ADMINISTRATIVE DISCRETION IN THE IMPLEMENTATION OF CHILD ABUSE LEGISLATION,"
[CHILD WELFARE], JULY 1973, 52(7):141-42.

HUSDALE, L.G.
[THE PREVENTION OF CRUELTY TO CHILDREN],
(LONDON, JONATHAN CAPE, LTD., 1955,)

HOWELLS, JOHN G.
"THE PSYCHOPATHOGENESIS OF HARD-CORE FAMILIES,"
[AMERICAN J OF PSYCHIATRY], APRIL 1966, 122, 1159-64.

HOWELLS, JOHN G., ET AL.
"SEPARATION EXPERIENCES AND MENTAL HEALTH,"
[LANCET], AUG, 6, 1955, 283-88.

HUDSON, P.
"THE DOCTOR'S HANDY GUIDE TO CHRONIC-child ABUSE,"

HUDSON, P.
"HOW TO SET UP A NO-BUDGET BATTERED CHILD PROGRAM,"

HUNT, DAVID.
[PARENTS AND CHILDREN IN HISTORY],
(N.Y: BASIC BOOKS, INC., 1970,)

572
570
WYMAN, CLARE A.
* "I.Q. OF PARENTS OF BATTERED BABIES."

ILLINOIS MEDICAL JOURNAL
* "REPORT SUSPECTED CHILD ABUSE."

ILLINOIS STATE DEPT OF CHILDREN AND FAMILY SERVICES,
  [ILLINOIS CHILD ABUSE ACT -- A SURVEY OF THE FIRST YEAR],
  (SPRINGFIELD, ILL, I DEPT OF CHILDREN AND FAMILY SERVICES, NOV. 15, 1966.)

INGRAHAM, FRANC D., ET AL.
* "SUBDURAL HEMATOMA IN INFANCY AND CHILDHOOD."
  [JAMA], 1939, 112(3): 198-204.

IRELAND, WILLIAM H.
* "A REGISTRY ON CHILD ABUSE."

IRVINE, MAY.
* "COMMUNICATION AND RELATIONSHIP IN SOCIAL CASEWORK."
  [SOCIAL CASEWORK], JANUARY, 1955.

ISAACS, JACOB L.
* "THE LAW AND THE ABUSED AND NEGLECTED CHILD."

ISAACS, SUSANNA.
* "EMOTIONAL PROBLEMS IN CHILDHOOD AND ADOLESCENCE: NEGLECT, CRUELTY AND BATTERING."

ISAACS, SUSANNA.
* "PHYSICAL ILL-TREATMENT OF CHILDREN."

ISAACSON, EDWARD K.
* "THE EMOTIONALLY BATTERED CHILD."
  [PEDIATRICS], 1966: 523.

JACKSON, GRAHAM.
* "CHILD ABUSE SYNDROME. THE CASES WE MISS."

JACOBUCCI, L.
* "CASEWORK TREATMENT OF THE NEGLECTFUL MOTHER."

JACOBY, ARTHUR P.
* "TRANSITION TO PARENTHOOD: A REASSESSMENT."

JACOBZINER, HAROLD.
* "RESCUING THE BATTERED CHILD."

JAFFEE, L.
* "AN INVESTIGATION OF SOME FACTORS RELATED TO DELINQUENCY PRONENESS."
  (UNPUBLISHED MASTER'S THESIS, COLUMBUS, OHIO: OHIO STATE UNIV, DEPT.
  OF SOCIOLOGY, 1959.)

JAFFEE, LESTER D., ET AL.
* "VERBAL INACCESSIBILITY IN YOUNG ADOLESCENTS SHOWING DELINQUENT TRENDS."
  [J OF HEALTH AND HUMAN BEHAVIOR], 1962, 31:105-111.

JAMES, JOSEPH, JR.
* "CHILD NEGLECT AND ABUSE."
  [MARYLAND STATE MEDICAL J], JULY, 1972, 2:1164-65.


JEFFERS, C., [LIVING POOR], (ANN ARBOR, MICH: ANN ARBOR SCIENCE PUBLISHERS, 1967.)


JENNETT, B., "HEAD INJURIES IN CHILDREN," [DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY], APRIL, 1972, 14:137-47.

JETER, HELEN, [CHILDREN, PROBLEMS AND SERVICES IN CHILD WELFARE PROGRAMS], (WASHINGTON, D.C.: US GOV'T PRG OFFICE, 1963.)

JOHNSON, BETTY, ET AL., [THE BATTERED CHILD: A STUDY OF CHILDREN WITH INFLECTED INJURIES], (DENVER, COLO: DENVER DEPT OF WELFARE, 1968.)


JONES, M., [THE THERAPEUTIC COMMUNITY], (N.Y.,: BASIC BOOKS, 1964.)
JOOS, THAD H.
*A "CHILD ABUSE: A DIFFERENT POINT OF VIEW."
[PEdiATRICS], MARCH, 1970, 45:511.

JOSSelyn, I., M.
"CULTURAL FORCES, MOTHERLINESS AND FATHERLINESS."
[AMERICAN J OF ORTHOPSYCHIATRY], 1956, 26:1264-71.

J OF THE AMERICAN MEDICAL ASSOCIATION
"BATTERED CHILD SYNDROME AND BRAiN DYSFUNCTION."

J OF THE LOUISIANA STATE MEDICAL SOCIETY.
"BATTERED CHILD LAW (LSA RS 14:1406)"

J OF THE TENNESSEE MEDICAL ASSOCIATION
"THE BATTERED CHILD SYNDROME."
[TN MED ASSN], 1971, 64(4):1346-47.

JOYNER, EDMUNO N., III.
"THE BATTERED CHILD."
[new YORK J OF MEDICINE], 1970, 26:1388-89.

JOYNER, EDMUNO N.
"CHILD ABUSE--THE ROLE OF THE PHYSICIAN AND THE HOSPITAL."

JOYNER, EDMUNO N.
"M.D., RESPONSIBILITY FOR THE PROTECTION OF THE BATTERED CHILD."
[new YORK J OF MEDICINE], 1971, 27:159-61.

JUHASE, ANNE.
*"TO HAVE OR NOT HAVE--CHILDREN? THAT IS THE QUESTION."

JUSTISS, HOWARD H.
"A NEW LAW HELPS AN ABUSEO CHILD AND HIS FAMILY."
[TENNESSEE PUBLIC WELFARE RECORD], OCTOBER, 1965.

KADUSHIN, ALFRED.
[CiiLD WELFARE SERVICES]
[NEW YORK: MACMILLAN, 1967.]

KADUSHIN, A.
"INTRODUCTION OF NEW ORIENTATIONS IN CHILo WELFARE RESEARCH."
IN M., NORRIS AND B., WALLACE (ED.) [THE KNOWN AND THE UNKNOWN IN CHILo WELFARE RESEARCH:
AN APPRAISAL],
[NEW YORK: CHILD WELFARE LEAGUE OF AMERICA, 1965.]

KAlAH, ALFRED J.
[PLANNING COMMUNITY SERVICES FOR CHILDREN IN TROUBLE],
[NEW YORK: COLUMBIA UNiV PRESS, 1963.]

KAHN, ROBERT LEWIS; ET AL.
[DYNAMICS OF INTERVIEWING],
[NEW YORK: J. W. WILEY, 1957.]

KANFER, F. H.; ET AL.
[LEARNING FOUNDATIONS OF BEHAVIOR THERAPY],
[NEW YORK: JOHN WILEY, 1970.]

KANSAS CITY TIMES EDITORIAL
*"A NEW MISSOURI APPROACH TO THE AGONY OF CHILD ABUSE."

KANSAS STATE DEPT OF SOCIAL WELFARE, COMMUNITY MENTAL WELFARE SERVICES;
[CASEBOOK AND PROCEEDINGS: SEMINAR ON THE BATTERED CHILD SYNDROME],
[T0PEKA: KANSAS STATE DEPT OF PUBLIC WELFARE, 1969.]


KLUCKHOHN, C., "VALUES AND VALUE ORIENTATIONS," IN: PARSONS AND SHILS (ED) [TOWARD A GENERAL THEORY OF ACTION], (N.Y.: HARPER AND ROW, 1951.)


KOHLHAS, VON MAX, "DUTY TO SECRECY IN CASES OF CHILD ABUSE," [MUNCHEN MED WSCHR], SEPT, 38, 1966, 18(1)1941-44.
KOHLHAAS, M.,
"OBLIGATORY DISCRETION DOES NOT REPRESENT RESPONSIBILITY FOR PREVENTION,"

KOHLHAAS, M., ET AL,
"CHILD ABUSE AND MEDICAL ETHICS,"

KOKÁVEC, M., ET AL,
"PROBLEMS OF MOTIVATION IN MISTREATING CHILDREN,"

KOMAROVSKY, M.
IN ROACH, JACK, ET AL, [SOCIAL STRATIFICATION IN THE UNITED STATES],
(NEW JERSEY: PRENTICE-HALL, INC., 1969, I197-280.)

KOMROWER, C.M,
"FAILURE TO THRIVE,"
(British Medical J), Nov. 28, 1964, 113:77-80.

KÖRNER, A.F.
"MOTHER-CHILD INTERACTION: ONE OR TWO WAY STREET,"
(Social Work), 1965, 10:47-51.

KOŚCIOLEK, EDWARD J.
"CHILD PROTECTIVE SERVICE,"
(Minnesota Welfare), Spring, 1966.

KOŚCIOLEK, EDWARD J.
"WHO IS THE BATTERED CHILD?"
(Minnesota Welfare), Summer/Fall, 1966.

KOTTGEN, V.
"CHILD ABUSE,"

KOTTGEN, V.
"CHILD ABUSE BATTERED CHILD SYNDROME,"

KOUNIN, J.
"EXPERIMENTAL STUDIES OF RIGIDITY,"
(Character and Personality), 1941, 9.

KRAUHALAND, W.
"MORPHOLOGICAL ASPECTS OF TRAUMATIC BRAIN DAMAGE,"

KREECH, FLORENCE
"ADOPTION OUTREACH,"

KREISLER, L., ET AL.
"THE PERPETRATOR OF CRUELTY UPON YOUNG CHILDREN: A PSYCHOLOGICAL APPROACH,"
(Archives Francaise de Pediatrie), 1971, 28:1249-65.

KRIGE, H.N.
"FOOD RESTRICTIONS AS A FORM OF CHILD ABUSE IN TEN CASES OF PSYCHOSOCIAL DEPRIVATION DWARFISM,"

KRIGE, H.N.
"THE ABUSED CHILD COMPLEX AND ITS CHARACTERISTIC X-RAY FINDINGS,"

KRIGE, H.N.
"THE ABUSED CHILD COMPLEX AND ITS CHARACTERISTIC X-RAY FINDINGS,"
(South African Medical J), 1966, 48:1490-93.
KROMROWER, G. M.,
"FAILURE TO THRIVE."
[BRITISH MEDICAL J, 1964, 1; 1377-80.

KROPSKI, A., ET AL.
"PHYSIOLOGICAL AND PERSONALITY CORRELATES OF COMMISSION ERRORS IN AN AUDITORY VIGILANCE TASK."
[PSYCHOPHYSIOLOGY], 1971, 8; 394-411.

KRYWULAK, E., ET AL.
"THE PHYSICALLY ABUSED CHILD."
[MANITOBA MEDICAL REVIEW], OCTOBER, 1967, 47; 472-75.

KUISPER, F., ET AL.
"CHILD ABUSE BATTERED CHILD SYNDROME."

KUNSTADTER, RALPH H., ET AL.
"THE BATTERED CHILD AND THE CELIAC SYNDROME."

KUNZEL, E.
"JUVENILE DELINQUENCY AND NEGLECT: THEIR ORIGIN AND TREATMENT FROM THE VIEW-POINT OF DEPTH PSYCHOLOGY."
[PRAX KINDERPYSCHO], 1965, 11-136.

KUSHNICK, THEODORE, ET AL.
"SYNDROME OF THE ABANDONED SMALL CHILD."

LACEY, T.
"AUTONOMIC INDICES OF ATTENTION READINESS AND REJECTION OF THE EXTERNAL ENVIRONMENT," IN: D.P. KIMBLE (ED) [READINESS TO REMEMBER], (N.Y.; GORDON AND BREACH, 1969.)

LACEY, T.
"PSYCHOPHYSIOLOGICAL APPROACHES TO THE EVALUATION OF PSYCHOTHERAPEUTIC PROCESS AND OUTCOME," IN E. A. RUBINSTEIN AND M.B. PARLOSS (ED) [RESEARCH IN PSYCHOTHERAPY], (WASHINGTON, D.C.; AMERICAN PSYCHIATRIC ASSOC., 1959, PP 179-288.)

LAKIN, M.
"PERSONAL FACTORS IN MOTHERS OF EXCESSIVELY CRYING (COLICKY) INFANTS,"[SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT], 1957, 22: 7-48.

LAMPA, F.GILLIAN, ET AL.
"NANOOK OF TIKHOM POINT."

[LANCET]
"VIOLENT PARENTS"

LAND, K.C.
"PRINCIPLES OF PATH ANALYSIS," IN BORATTA (ED) [SOCIOPHICAL METHODOLOGY], (SAN FRANCISCO; JOSSEY-BASS, INC., 1969, PP 3-37.)

LANDIS, J.T.
"A RE-EXAMINATION OF THE ROLE OF THE FATHER AS AN INDEX OF FAMILY INTEGRATION."
[Marriage and Family Living], MAY 1962, 24: 1122-128.

LANE, LIONEL C.
"AGGRESSIVE APPROACH IN PREVENTABLE CASE WORK WITH CHILDREN'S PROBLEMS."
[Social Casework], FEBRUARY, 1992, 33: 161-66

LANE-CLAYTON, JAMET E.
[THE CHILD WELFARE MOVEMENT] (LONDON: 1920.)
LANGER, MARION F.
* "NEW YEAR'S RESOLUTION: NO MORE CORPORAL PUNISHMENT."

LANGER, WILLIAM L.
* "EUROPE'S INITIAL POPULATION EXPLOSION."

LANGSHAW, W.C.
"THE BATTERED CHILD."

LANSKY, L.L.
"AN UNUSUAL CASE OF CHILDHOOD CHLORAL HYDRATE POISONING."

LAPIOUS, LEAH B.
* "COGNITIVE CONTROL, PARENTAL PRACTICES AND CONTEMPORARY SOCIAL PROBLEMS."

LASCARI, A.D.
"THE ABUSED CHILD."

LASKIN, DANIEL M.
* "THE BATTERED CHILD SYNDROME."

LAUER, BRIAN ET AL.
* "BATTERED CHILD SYNDROME: REVIEW OF 138 PATIENTS WITH CONTROLS."

LAWREN HYDE ASSOCIATES.
[PROTECTIVE SERVICE FOR THE CHILDREN IN NEW YORK CITY: A PLAN OF ACTION].
(N.Y.: LAURIN HYDE ASSOCIATES, 1962.)

LAURY, GABRIEL V.
* "THE BATTERED CHILD SYNDROME: PARENTAL MOTIVATION, CLINICAL ASPECTS."
[BULLETIN NEW YORK ACADEMY OF MEDICINE], SEPT, 1970, 46(9):1666-85.

LAURY, GABRIEL V., ET AL.
"MENTAL CRUELTY AND CHILD ABUSE."

LEAVITT, JEROME E.
"THE BATTERED CHILD."
(CALIFORNIA: GENERAL LEARNING CORP., 1974.)
LEBOURDAS, ELEANOR
"LOOK AGAIN--IS IT ACCIDENT OR ABUSE,"

LECKER, SIDNEY
"COPING WITH DRUG ABUSE,"

"LEGALLY REPORTED CHILD ABUSE: A NATIONWIDE SURVEY,"
[SOCIAL WORK PRACTICE], (N.Y., COLUMBIA UNIV PRESS, 1968.)

LEGER, L.
"TO PROTECT ABUSED CHILDREN, ARE PHYSICIANS FORCED TO REPORT THE CASES? AN AMBIGUITY TO CLEAR UP,"
[PRESSE MEDICALE], MAY 29, 1971; 79:1261.

LEIK, R.K.
"MONOTONIC REGRESSION ANALYSIS FOR ORDINAL VARIABLES,"
(UNIV OF MASSACHUSETTS, 1974.)

LEIKEN, SANFORD L., ET AL.
"CLINICAL PATHOLOGICAL CONFERENCE: THE BATTERED CHILD SYNDROME,"
[CLINICAL PROC CHILD HOSP OCC], NOVEMBER, 1964, 19:301-305.

LEIVESLEY, S.
"THE MALTREATED CHILD--A CAUSE FOR CONCERN,"

LEMASTERS, E., E.
"PARENTHOOD AS CRISIS," IN M. SUSSMAN, (ED), [SOURCEBOOK IN MARRIAGE AND THE FAMILY],
(BOSTON: HOUGHTON MIFFLIN CO., 1968.)

LENTLE, B.C.
"PYCNODYSOSTOSIS; A CASE REPORT,"

LEONARD, MARTHA F., ET AL.
"FAILURE TO THRIVE IN INFANTS,"
[AMERICAN J OF DISEASES OF CHILDREN], JUNE 1966, 111:600-612.

LESERMAN, S.
"THERE'S A MURDERER IN MY WAITING ROOM,"

LEUCHTER, H.J.
"ARE SCHOOLS TO BE OR NOT TO BE COMMUNITY MENTAL HEALTH CENTERS?"

LEVENSTEIN, P., ET AL.
"AN EFFECT OF STIMULATING VERBAL INTERACTION BETWEEN MOTHERS AND CHILDREN AROUND PLAY MATERIALS,"

LEVI, L.0., ET AL.
"FATHERS AND SONS: INTERLOCKING CRISIS OF INTEGRITY AND IDENTITY,"
[PSYCHIATRY], FEBRUARY 1972, 35, 148-56.

LEVITAN, S.
"ALTERNATIVE INCOME SUPPORT PROGRAMS," IN M. MILLER, (ED) [POVERTY--AMERICAN STYLE],
WADSWORTH, 1966.

LEVY, DAVID M.
[MATERNAL OVERPROTECTION],
(N.Y., COLUMBIA UNIV PRESS, 1943.)
LEVY, DAVID
"PRIMARY AFFECT HUNGER,"
[AMERICAN J OF PSYCHIATRY], 1937, 94,

LEWIS, HAROLD
"PARENTAL AND COMMUNITY NEGLECT,"
[CHILDREN], MAY-JUNE, 1969, 111-118

LEWIS, HAROLD
"SYNDROMES OF URBAN POVERTY," IN: M. GREENBLATT, ET AL. (ED), [POVERTY AND MENTAL HEALTH],
(WASHINGTON, D.C., AMERICAN PSYCHIATRIC ASSOC., 1967,)

LEWIS, HAROLD, ET AL.
[DESIGNING MORE EFFECTIVE PROTECTIVE SERVICES--INTERVENING IN THE RECURRENCE CYCLE OF NEGLECT AND ABUSE OF CHILDREN],
(PHILADELPHIA RESEARCH CENTER, UNIV OF PENN SCHOOL OF SOCIAL WORK, JUNE, 1967)

LEWIS, M., ET AL.
[THE EFFECT OF THE INFANT ON ITS CAREGIVER],
(NY: JOHN WILEY & SONS, 1974,)

LEWIS, MELVIN, ET AL.
"SOME PSYCHOLOGICAL ASPECTS OF SEDUCTION, INCEST AND RAPE IN CHILDHOOD,"
[J OF THE AMERICAN ACADEMY OF CHILD PSYCHIATRY], OCT., 1969, 61606.49,

LIEBER, ROBERT H.
"ABUSED AND NEGLECTED CHILDREN IN AMERICA: A STUDY OF ALTERNATIVE POLICIES,"
[WASHINGTON EDUCATIONAL REVIEW], 1973, 43(4)1556-98,

LINDENBERG, RICHARD, ET AL.
"MORPHOLOGY OF BRAIN LESIONS FROM BLUNT TRAUMA IN EARLY INFANCY,"
[ARCHIVES OF PATHOLOGY], MARCH 1969, 87:293-305.

LITTFER, NER
[SOME TRAUMATIC EFFECTS OF SEPARATION AND PLACEMENT],
[CHILD WELFARE LEAGUE OF AMERICA, 1956.]

LIBAI, DAVID
"THE PROTECTION OF THE CHILD VICTIM OF A SEXUAL OFFENSE IN THE CRIMINAL JUSTICE SYSTEM,"

LIBERMAN, R.P.
[A GUIDE TO BEHAVIORAL ANALYSIS AND THEORY],
(N.Y.: PERGAMON PRESS, 1972,)

LIEBERT, ROBERT H.
"TELEVISION & ITS EFFECTS ON AGGRESSIVE BEHAVIOR IN CHILDREN," AGGRESSION, VIOLENCE AND CHILDHOOD,
FIFTH ANNUAL SEMINAR, CHILDREN'S MEDICAL CENTER, TULSA, OKLA, 1972,

LIEVRE, J.A., ET AL.
"OSTEOARTICULAR MANIFESTATIONS OF CONGENITAL GENERALIZED ANALGESIA,"
[REVIEW OF RHUMATISME ET DES MALADIES OSTEOARTICULAIRES], NOV., 1968, 35:583-89,

LIGHT, RICHARD J.
"ABUSE AND NEGLECTED CHILDREN IN AMERICA: A STUDY OF ALTERNATIVE POLICIES,"
[CHILDREN'S MEDICAL CENTER, TULSA, OKLA, OCTOBER, 1972,

LIS, EDWARD F., ET AL.
"MULTIPLE FRACTURES ASSOCIATED WITH SUBDURAL HEMATOMA IN INFANCY,"
[ARCHIVES OF PATHOLOGY], MARCH 1969, 87:293-305.

LITTFER, NER
[SOME TRAUMATIC EFFECTS OF SEPARATION AND PLACEMENT],
[CHILD WELFARE LEAGUE OF AMERICA, 1956,]
LLOYD, ROBERTS G.
"THE DIAGNOSIS OF INJURY OF BONES AND JOINTS IN YOUNG BABIES."
[PROCEEDINGS OF THE ROYAL SOCIETY OF MEDICINE], DEC., 12, 1968, 611:297-300.

LOCAMA, ROBERT.
"NOTES FROM THE AMERICAN HUMANE ASSOCIATION CONFERENCE, JANUARY, 1969."
DEPARTMENT OF SOCIAL AND HEALTH SERVICES.

LOCKETT, PATRICIA W.
"DEALING WITH ABUSE."
[ TENNESSEE PUBLIC WELFARE RECORD], JUNE, 1971.

LOOF, D. H.
"APPALACHIA'S CHILDREN: THE CHALLENGE OF MENTAL HEALTH."

LOPRESTI, J. M.
"THE ABUSED BATTERED CHILD."

LORENZ, Konrad.
"ON AGGRESSION."
(N.Y.: M A R C O U R T , B R A C E AND WORLD, 1966.)

LORE, MAURICE
"THE WITTENBORN PSYCHIATRIC SYNDROMES: AN OBLIQUE ROTATION."
[J. OF Consulting Psychology], 1957, 2:16.

LORE, MAURICE, ET AL.
"FACTORS DESCRIPTIVE OF PSYCHOPATHOLOGY AND BEHAVIOR OF HOSPITALIZED PSYCHOTICS."
[J. OF Abnormal and Social Psychology], 1955, 50.

LORE, MAURICE, ET AL.
"PATTERNS OF MALADJUSTMENT IN CHILDREN."

LOW, COLIN.
"THE BATTERING PARENT, THE COMMUNITY AND THE LAW."

LOWRY, THOMAS P., ET AL.
"ABORTION AS A PREVENTIVE FOR ABUSED CHILDREN."

LUKIANOWICZ, N.
"BATTERED CHILDREN."
[Psychiatric Clinics], 1971, 4:257-60.

LUSTIG, L., ET AL.
"INCEST, A FAMILY GROUP SURVIVAL PATTERN."
[Archives of General Psychiatry], 1967, 16:585.

LUSTIG, NOEL, ET AL.
"INCEST."

LUX, B.
"A DENTIST'S VIEW OF DELINQUENCY."
[Dental News], 1969, 617.

MAAS, HENRY, ET AL.
"CHILDREN IN NEED OF PARENTS."
(N.Y.: Columbia Univ Press, 1959.)

MACDONALD, JOHN M.
"THE THREAT TO KILL."
MACHOTKA, PAUL, ET AL.
"INCEST AS A FAMILY AFFAIR."

MACKLER, STUART F., ET AL.
"DIAGNOSIS AND TREATMENT OF SKELETAL INJURIES IN THE BATTERED CHILDO SYNDROME."

MAGINNIS, ELIZABETH, ET AL.
"A SOCIAL WORKER LOOKS AT FAILURE TO THRIVE."
[CHILD WELFARE], JUNE 1967, 461 335-38.

MAHANNAH, B.J.
"A STUDY OF PUBLIC HEALTH NURSES' KNOWLEDGE ABOUT AND ANTICIPATED BEHAVIOR REGARDING CHILD ABUSE."
[UNPUBLISHED MASTER'S THESIS, UNIV OF WASHINGTON, 1969.]

MAJLATH, GYORGY.
"ON THE VERACITY OF INJURED JUVENILES AND ON THE GENERAL POSSIBILITIES OF DRAWING UP AN ADEQUATE PSYCHOLOGICAL EXPERTISE IN CASES OF DEPRIVATION AND INCEST."
[PESZICHOLOGAI TANULNANYOK], 1968, 111623-40.

MAKOVER, H.
"PATTERNS OF PARENTAL BEHAVIOR LEADING TO PHYSICAL ABUSE OF CHILDREN."
[WORKSHOP SPONSORED BY THE CHILDREN'S BUREAU IN COLLABORATION WITH THE UNIV OF COLORADO SCHOOL OF MEDICINE.], 1966.

MANT, A.K.
"THE BATTERED BABY SYNDROME."
[CMED LEG BULL], OCT., 1968, 18611-8.

MANZKE, H., ET AL.
"TRAUMATIC BONE CHANGES IN INFANTS, ESPECIALLY FOLLOWING ABUSE."

MARRIKER, J.W.
"THE DEVELOPMENT OF THE LAW OF THE BATTERED CHILDO SYNDROME."
[NEBRASKA STATE MEDICAL J], SEPTEMBER, 1966, 511368-72.

MARKER, GAIL, ET AL.
"RETHINKING CHILDREN'S RIGHTS."
[CHILDREN TODAY], NOV-DEC 1973, 2(6)18-11.

MARKFIELD, A.
"A NEW CHILDO ABUSE IS SOARING IN U.S."
[THE NATIONAL ENQUIRER], JULY 18, 1971, 45146.

MAROTEAX, P.
"SEQUELAE OF SILVERMAN'S SYNDROME, INFANTS MULTIPLE FRACTURES, SO-CALLED BATTERED CHILDO SYNDROME."
[CLAPRESSE MED], MARCH 22, 1967, 751711-16.

MARQUIS, D.P.
"CAN CONDITIONED RESPONSES BE ESTABLISHED IN THE NEWBORN INFANT?"
[CJ OF GENETIC PSYCHOLOGY], 1931, 371479-92.

MARTIN, DAVID L.
"THE GROWING HORROR OF CHILDO ABUSE AND THE UDNENIABLE ROLE OF THE SCHOOLS IN PUTTING AN END TO IT."

MARTIN, HAROLD P., ET AL.
"THE DEVELOPMENT OF ABUSED CHILDREN."
[ADVANCES IN PEDIATRICS], 1974, 21125-73.

MARTIN, H.
"THE CHILD AND HIS DEVELOPMENT."
[PHILADELPHIA: J.B. LIPPINCOTT, CO.], 1972, PP 93-114.
MARTIN, HELEN L.

MASSING, ROSE
"NEGLECTED CHILDREN: A CHALLENGE TO THE COMMUNITY;" [SOCIAL WORK], APRIL, 1958, 138-36.

MASTERS, R.E.L.
(PATTERNS OF INCEST), (N.Y.,: THE JULIAN PRESS, INC., 1963.)

MATHEWS, K.E., JR., ET AL.
[EMPATHY, FANTASY AND HELP], (BOOK IN THE FINAL STAGES OF PRODUCTION, 1974.)

MAXWELL, I.D.

MCCLOSKEY, KENNETH O.
"TORTS: PARENTAL LIABILITY TO A MINOR CHILD FOR INJURIES CAUSED BY EXCESSIVE PUNISHMENT," [HASTINGS LAW J], FEBRUARY, 1960, 11:335-40.

MCCOD, ALLAN H.

MCCORT, JAMES, ET AL.

McCREA, ROSWELL.
[THE HUMANE MOVEMENT], (N.Y.,: COLUMBIA UNIV PRESS, 1910.)

MCFERRAN, JANE.

MCFERRAN, JANE.

MCGUIRE, C., ET AL.
[THE MEASUREMENT OF SOCIAL STATUS], (AUSTIN, TEXAS: UNIV OF TEXAS; DEPT OF SOCIOLOGY, 1955.)

MCHENRY, THOMAS, ET AL.

MCKINNEY, G., ET AL.

MCRAE, KENNETH, ET AL.

MEACHAM, WILLIAM F.

MEAD, M., ET AL.
[THE FAMILY], (N.Y.,: MACMILLAN CO., 1965.)

585
MECH, E.,
"PRACTICE-ORIENTED RESEARCH ON SEPARATION IN CHILD WELFARE," IN M. NORRIS AND
B. WALLACE (ED) [THE KNOWN AND UNKNOWN IN CHILD WELFARE RESEARCH],
(N.Y.: CHILo WELFARE LEAGUE OF AMERICA, 1965.)

[MEDEICAL J OF AUSTRALIA],
"WHIPLASH INJURY IN INFANCY,"
[MEDEICAL J OF AUSTRALIA], AUGUST 28, 1971, 2145.

"MEDICAL MANAGEMENT OF CHILD ABUSE,"
[CJ OF MEDICAL SOCIETY OF NEW JERSEY], JUNE, 1972, 691561-53.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK, SYMPOSIUM ON CHILD ABUSE, NEW YORK
UNIVERSITY MEDICAL CENTER, JUNE 15, 1971,

MEOLEY, H., EARL,
[A NEW APPROACH IN PUBLIC WELFARE IN SERVING FAMILIES WITH ABUSED OR NEGLECTED
CHILDREN],
[NASHVILLE: DEPT OF PUBLIC WELFARE, MAY 25, 1967,]

MEERLOO, J., A., N.,
"MENTAL CRUELTY,"

MEIER, ELIZABETH G.,
"CHILD NEGLECT," IN: COHEN, NATHN E., (ED) [SOCIAL WORK AND SOCIAL PROBLEMS],
(N.Y.: NATIONAL ASSOCIATION OF SOCIAL WORKERS, 1964,)

MEIER, ELIZABETH G.,
FORMER FOSTER CHILDREN AS ADULT CITIZENS,
[UNPUBLISHED PH.D. THESIS, COLUMBIA UNIV PRESS, APRIL, 1962,]

MELNICK, BARRY, ET AL,
"DISTINCTIVE PERSONALITY ATTRIBUTES OF CHILD-ABUSING MOTHERS,"

NELSON, E. F.,
"INTERPRETING, TESTING AND PROVING NEGLECT, CASEWORKER AND JUDGE IN NEGLECT
CASES,"
[NEW YORK: CHILD WELFARE LEAGUE OF AMERICA, 1970, 128-31,]

MENCHER, SAMUEL (EO)
"CONCEPT OF AUTHORITY IN CASEWORK,"
[CASEWORK PAPERS], FAMILY SERVICE ASSOC., 1960.

MERRILL, E. J.,
"PHYSICAL ABUSE OF CHILDREN: AN AGENCY STUDY," IN [PROTECTING THE BATTERED
CHILD],
(OENERV, COLO: AHA, 1962,)

MERRILL, EDOAR J.,
"REPORTING OF ABUSE OR BATTERED CHILDREN,"

MERRILL, EDOAR J., ET AL,
[PROTECTING THE BATTERED CHILD],
(OENERV, COLO: AHA, 1962,)

MERTON, R. K.,
"SOCIAL STRUCTURE AND ANOMIE," IN: [SOCIAL THEORY AND SOCIAL STRUCTURE],
(GLENCOE, ILL: FREE PRESS, 1949,)

MICHAEL, MARIANNE K.,
"THE BATTERED CHILD,"
[IOUMA J OF SOCIAL WORK], 1978, 3(I):78-83.
MICHAEL, H.K.,

MILES, A.E.W.,

MILLER, A.

MILLER, D.R., ET AL.
"INNER CONFLICT AND DEFENSE," [N.Y. HENRY HOLY CO., 1968].

MILLER, DONALD S.

MILLER, JOHN K.

MILLER, MARY BAILEY

MILLER, S.M.
"SOCIAL CLASS AND PROJECTIVE TESTS," [J OF PROJECTIVE TECHNIQUES], 1958, 22.

MILLER, T.W.
"LOWER-CLASS CULTURE AS A GENERATING MILIEU OF JUVENILE DELINQUENCY," IN S. N. EISENSTADY (ED) [COMPARATIVE SOCIAL PROBLEMS], (NEW YORK: THE FREE PRESS, 1965.)

MINOWE, I.D.
"PATTERNS OF PARENTAL BEHAVIOR LEADING TO PHYSICAL ABUSE OF CHILDREN," WORKSHOP SPONSORED BY CHILDREN'S BUREAU IN COLLABORATION WITH THE UNIV OF COLO SCHOOL OF MEDICINE, 1966.

MINOWE, IRVIN D., ET AL.

MINOWE, IRVIN D., ET AL.

MINN, PING KYAD.
"OPERATION HELP: AN APPROACH TO CHILD PROTECTION," IN [NATIONAL CONFERENCE ON SOCIAL WORK]. [SOCIAL WORK PRACTICE], 1964, NEW YORK: COLUMBIA UNIV PRESS.

MINTZ, A.A.

MINUCHE, S., ET AL.
"ADAPTING FAMILY THERAPY FOR THE LOW SOCIOECONOMIC GROUP," PHILADELPHIA CHILD GUIDANCE CLINIC, 1966, MIMEO.
MINUCHIN, S., ET AL.

MITCHELL, BETTY
"WORKING WITH ABUSIVE PARENTS: A CASEWORKER'S VIEW."

MNOOKIN, ROBERT H.
"FOSTER CARE: IN WHOSE BEST INTEREST?"

MONEY, JOHN, ET AL.
"PAIN AGNOSIA AND SELF-INJURY IN THE SYNDROME OF REVERSIBLE SOMATOTROPIN DEFICIENCY (PSYCHOSOMATIC DWARFISM)."

MOORE, CAROL W., ET AL.
"A THREE-YEAR FOLLOW-UP STUDY OF ABUSED AND NEGLECTED CHILDREN."

MOORE, J.L., JR.
"REPORTING OF CHILD ABUSE."

MORRIS, M.
"PATTERNS OF PARENTAL BEHAVIOR LEADING TO PHYSICAL ABUSE OF CHILDREN," WORKSHOP SPONSORED BY CHILDREN'S BUREAU IN COLLABORATION WITH THE UNIV OF COLO. SCHOOL OF MEDICINE, 1966.

MORRIS, MARIAN GENNARIA,
"PSYCHOLOGICAL MISCARRIAGE: AN END TO MOTHER LOVE."
[TRANSACTION], JAN-FEB., 1966.

MORRIS, MARIAN G., ET AL.
"ROLE REVERSAL: A NECESSARY CONCEPT IN DEALING WITH THE BATTERED CHILD SYNDROME."

MORRIS, MARIAN G., ET AL.

MORRIS, MARIAN G., ET AL.
"TOWARDS PREVENTION OF CHILD ABUSE."
[CHILDREN], MARCH-APRIL, 1964, 11(2).

MORRIS T.M.O., ET AL.
"A BATTERED BABY WITH PHARYNGEAL ATRESIA."

MORSE, C.H., ET AL.
"A THREE-YEAR FOLLOW-UP STUDY OF ABUSED AND NEGLECTED CHILDREN."

MOSS, SIDNEY Z.
"AUTHORITY - AN ENABLING FACTOR IN CASEWORK WITH NEGLECTFUL PARENTS."
[CHILD WELFARE], OCTOBER, 1963, 1385-483.

MOSS, SIDNEY Z.
"INTEGRATION OF THE FAMILY INTO THE CHILD PLACEMENT PROCESS."

MOYES, P.D.
"SUBDURAL EFFUSIONS IN INFANTS."
[CANADIAN MEDICAL ASSOC J], FEB. 1, 1969, 100(5):231-34.
MOYSON, F., ET AL.,
"IGNORED FRACTURES AND MISTREATED CHILDREN."

MULCOCK, DONALD
"A STUDY OF 100 NON-SELECTED CASES OF SEXUAL ASSAULTS ON CHILDREN."

MULFORD, ROBERT M.
"EMOTIONAL NEGLECT OF CHILDREN A CHALLENGE TO PROTECTIVE SERVICE."
CHILD WELFARE, OCT., 1956, 119-29.

MULFORD, ROBERT M., ET AL.
(CASEWORKER AND JUDGE IN NEGLECT CASES)
(N.Y.: CHILD WELFARE LEAGUE OF AMERICA, 1956.)

MULFORD, ROBERT M., ET AL.
(PROTECTIVE-PREVENTIVE SERVICES: ARE THEY SYNONYMOUS?)
(DENVER, COLORADO: AHA, 1969.)

MULFORD, R., M., ET AL.
"PSYCHOSOCIAL CHARACTERISTICS OF NEGLECTING PARENTS: IMPLICATIONS FOR TREATMENT."
(DENVER: AMERICAN HUMANE ASSOCIATION, 1967, 11-28.)

MURDOCK, C. GEORGE
"THE ABUSED CHILD AND THE SCHOOL SYSTEM."

MUSHIN, A.S.
"OCULAR DAMAGE IN THE BATTERED BABY SYNDROME."

MUSHIN, ALAN, ET AL.
"OCULAR INJURY IN THE BATTERED SYNDROME, REPORT OF TWO CASES."

MUSING, ROSE.
"NEGLECTED CHILDREN: A CHALLENGE TO THE COMMUNITY."
SOCIAL WORK, APRIL, 1958, 3.

MYERS, STEVEN A.
"THE CHILD SLAYER: A TWENTY-FIVE YEAR SURVEY OF HOMICIDES INVOLVING PRE- ADOLESCENT VICTIMS."

MYREN, RICHARD A., ET AL.
(POLICE WORK WITH CHILDREN: PERSPECTIVES AND PRINCIPLES)

NAPIER, HARRY.
"SUCCESS AND FAILURE IN FOSTER CARE."

NASH, J.
"THE FATHER IN CONTEMPORARY CULTURE AND CURRENT PSYCHOLOGICAL LITERATURE."

NATIONAL ACADEMY OF SCIENCES,
"REDUCE THE FLOW OF UNWANTED BABIES." IN H. MILLER (ED) [POVERTY - AMERICAN STYLE]
WADSWORTH, 1966.

NATIONAL CENTER FOR SOCIAL STATISTICS,
(CHILD WELFARE STATISTICS)
(WASHINGTON, D.C., 1969.)
NATIONAL CONFERENCE ON SOCIAL WELFARE, "LEGALLY REPORTED CHILD ABUSE: A NATIONWIDE SURVEY," IN: [SOCIAL WORK PRACTICE], 1968, (N.Y.: COLUMBIA UNIV PRESS, 1968.)


NATIONAL PROBATION AND PAROLE ASSOCIATION, "THE NEGLECTED CHILD," (N.Y., NATIONAL PROBATION AND PAROLE ASSOCIATION, 1968.)

NATIONWIDE, "SURVEY OF LEGALLY REPORTED PHYSICAL ABUSE OF CHILDREN," (N.Y., BRANDEIS UNIV, PAPERS IN SOCIAL WELFARE, PUB, #15, 1968.)


NEILL, A.S., [FREEDOM NOT LICENSE], (N.Y.: HART, 1966.)

NEILL, A.S., [SUMMERHILL: A RADICAL APPROACH TO CHILD REARING], (N.Y.: HART, 1960.)


NELSEN, LLOYD H.,
"THE ABUSED CHILD LAW,"
[UTAH PUBLIC WELFARE REVIEW], WINTER, 1966.

NELSON, GERALD D., ET AL.
"BURNS IN CHILDREN,"

NETTER, GWYNNE,
[A STUDY OF OPINIONS ON CHILD WELFARE IN HARRIS COUNTY],
[HOUSTON: COMMUNITY COUNCIL OF HOUSTON AND HARRIS COUNTY, OCTOBER, 1958,]

NEW YORK CITY MAYOR'S TASK FORCE ON CHILD ABUSE AND NEGLECT; SOLOMON, THEO,
ET AL.
[THE MAYOR'S TASK FORCE ON CHILD ABUSE AND NEGLECT],
[N.Y. CENTER FOR COMMUNITY RESEARCH, 1970,]

NEW YORK CITY YOUTH BOARD,
[REACHING THE UNREACHED],
(N.Y.: NEW YORK CITY YOUTH BOARD, 1952,)

NEW YORK STATE DENTAL JOURNAL
"DENTISTS REQUIRED TO REPORT CASES OF ABUSED AND MALTRATED CHILDREN,"
[NEW YORK STATE DENTAL J], 629,

NEWBERGER, ELI H.,
"THE MYTH OF THE BATTERED CHILD SYNDROME,"
[CURRENT MEDICAL DIALOGUE], APRIL, 1973, CONDENSATION OF PAPER PRESENTED AT
THE 95TH ANNIVERSARY SYMPOSIUM OF AHA, 1971,

NEWBERGER, E., ET AL.
"CHILD ABUSE IN MASSACHUSETTS,"

NEWBERGER, ELI H., ET AL.
"CHILD ABUSE: PRINCIPLES AND IMPLICATIONS OF CURRENT PEDIATRIC PRACTICE,"
PAPER, MARCH 1975.

NEWBERGER, ELI H., ET AL.
"REDDUCING THE LITERAL AND HUMAN COST OF CHILD ABUSE, IMPACT OF A NEW HOSPITAL
MANAGEMENT SYSTEM,"

NEWTON, NILES R.
"THE RELATIONSHIP BETWEEN INFANT FEEDING EXPERIENCE AND LATER BEHAVIOR,"
[J OF PEDIATRICS], 1951, 38: 28-40.

NIXON, H.H.
"NON-ACCIDENTAL INJURY IN CHILDREN,"

NOMURA, F.M.
"THE BATTERED CHILD SYNDROME, A REVIEW,"

NORTH CAROLINA HEALTH COUNCIL.
[GOVERNOR'S CONFERENCE ON CHILD ABUSE],
[RALEIGH, N.C.: NORTH CAROLINA HEALTH COUNCIL, 1967,]

NURSE, SHIRLEY H.
"FAMILIAL PATTERNS OF PARENTS WHO ABUSE THEIR CHILDREN,"
[SMITH COLLEGE STUDIES IN SOCIAL WORK], OCTOBER, 1964, 35.

NYDEN, PAUL V.
"THE USE OF AUTHORITY,"
[PUBLIC WELFARE], JULY, 1966, 1239-52.
"OBSERVATIONS ON THE ESTABLISHMENT OF A CHILD PROTECTIVE SERVICE SYSTEM IN CALIFORNIA."

OCHBERG, FRANK M.
* "THEORIES OF VIOLENCE," AGGRESSION, VIOLENCE AND CHILDHOOD,
FIFTH ANNUAL SEMINAR, CHILDREN'S MEDICAL CENTER, TULSA, OKLA. OCTOBER, 1972,

ODUM, O.J.
* "SUBLURAL HAEMATOMA IN BATTERED BABIES."
[DEVELOPMENTAL MEDICINE AND CHILD NEUROLOGY], APRIL, 1964, 6:192-93.

ODETNER, KATHERINE B.
* "PROTECTING CHILDREN FROM ABUSE."

O'KEEFE, EDWARD J.

OKELL, C.
* "THE BATTERED BABY SYNDROME: RECENT RESEARCH AND IMPLICATIONS FOR TREATMENT."
[COMMUNITY HEALTH, PUBLIC NURSING SECTION, ROYAL SOCIETY OF HEALTH], 1972, 23: 89-95.

OKLAHOMA STATE DEPT OF HEALTH.
* [BATTERED CHILD SYNDROME: A BIBLIOGRAPHY].
(OKLAHOMA CITY, OKLA: STATE DEPT OF HEALTH, 1964.)

OLIPHANT, WINFORD.
* "AFDC FOSTER CARE: PROBLEMS AND RECOMMENDATIONS."
[CHILD WELFARE LEAGUE OF AMERICA], 1974.

OLIVER, J.E.
* "A FAMILY KINDRED WITH ILL-USED CHILDREN - THE BURDEN ON THE COMMUNITY."

OLIVER, J.E., ET AL.
* "FIVE GENERATIONS OF ILL-TREATED CHILDREN IN ONE FAMILY PEDIGREE."

OLIVER, J.E., ET AL.
* "SIX GENERATIONS OF ILL-USED CHILDREN IN A HUNTINGTON'S PEDIGREE."

OLIVER, K., ET AL.
* "STANFORD-BINET AND GOODENOUGH-HARRIS TEST PERFORMANCES OF HEADSTART CHILDREN."
[PSYCHOLOGICAL REPORTS], 1967, 26, 1:1175-79.

OLSON, J.
* "SOME EFFECTS OF INCREASED AID IN MONEY AND SOCIAL SERVICES TO FAMILIES GETTING AFDC GRANTS."

OLTHAN, JANE E., ET AL.
* "PARENTAL DEPRIVATION IN PSYCHIATRIC CONDITIONS. III: (IN PERSONALITY DISORDERS AND OTHER CONDITIONS.)"

O'NEILL, JAMES A., JR.
* "DELIBERATE CHILDHOOD TRAUMA-SURGICAL PERSPECTIVES."


PARCELL, NEAL (ED), GROWING UP IN IDAHO: THE NEEDS OF YOUNG CHILDREN, (BOISE, IDAHO: IDAHO STATE OFFICE OF CHILD DEVELOPMENT, 1973.)


PARSON, T., ET AL., FAMILY SOCIALIZATION AND INTERACTION PROCESS, (NEW YORK: THE FREE PRESS, 1955, 18-26.)


PATTERSON, G.R., [FAMILIES], (CHAMPAIGN, ILL: RESEARCH PRESS, 1971.)

PATTERSON, G.R., ET AL., (LIVING WITH CHILDREN), (CHAMPAIGN, ILL: RESEARCH PRESS, 1968.)


PAULSEN, MONRAD G., "THE LAW AND ABUSED CHILDREN," IN: RAY HELFER & C. HENRY KEMPE (ED) [THE BATTERED CHILD], (CHICAGO: UNIV OF CHICAGO PRESS, 1968.)

PAULSEN, MONRAD,
"LEGAL PROTECTION AGAINST CHILD ABUSE."

PAULSEN, MONRAD G., ET AL,
"CHILD ABUSE REPORTING LAWS--SOME LEGISLATIVE HISTORY."

PAULSEN, MORRIS G., ET AL,
"THE PHYSICALLY ABUSED CHILD: A FOCUS ON PREVENTION."
[CHILD WELFARE], FEBRUARY, 1969, 48(2).

PAULSON, MORRIS J., ET AL,
"THE ABUSED, BATTERED AND MALTREATED CHILD: A REVIEW."

PAULSON, MORRIS J., ET AL,
"PARENT SURROGATE ROLES: A DYNAMIC CONCEPT IN UNDERSTANDING AND TREATING
ABUSIVE PARENTS."

PAULSON, MORRIS J., ET AL,
"THE PHYSICALLY ABUSED CHILD: A FOCUS ON PREVENTION."
[CHILD WELFARE], FEBRUARY, 1969.

PAVENSTEDT, E., (ED)
[THE DRIFTERS: CHILDREN OF DISORGANIZED LOWER-CLASS FAMILIES],
(BOSTON: LITTLE, BROWN, 1967.)

PAVENSTEDT, E.
"THE MEANINGS OF MOTHERHOOD IN A DEPRIVED ENVIRONMENT," IN E. PAVENSTEDT
AND V. BERNARD (EDS) [CRISIS OF FAMILY DISORGANIZATION: PROGRAMS TO
SOFTEN THEIR IMPACT ON CHILDREN],
(NEW YORK: BEHAVIORAL PUBLICATIONS, 1971, 159-74.

PAVENSTEDT, ELEANOR, ET AL, (ED)
[CRISIS OF FAMILY DISORGANIZATION: PROGRAMS TO SOFTEN THEIR IMPACT ON CHILDREN]
(N.Y.: BEHAVIORAL PUBLICATIONS, 1971.)

PAYNE, A.M
"KNOWLEDGE, ACTIONS AND ANTICIPATED ACTIONS OF NURSES WITH RESPECT TO CHILD
ABUSE."
(UNPUBLISHED MASTER'S THESIS, UNIVERSITY OF WASHINGTON, 1972.)

PAYNE, ANNA MARIE,
"A STUDY TO INVESTIGATE THE KNOWLEDGE, ACTIONS AND ANTICIPATED ACTIONS OF
NURSES WITH RESPECT TO CHILD ABUSE."
(UNPUBLISHED MASTER'S THESIS, UNIVERSITY OF WASHINGTON, 1972.)

PECK, H.B., ET AL,
[TREATMENT OF THE DELINQUENT ADOLESCENT],
(N.Y.: FAMILY SERVICE ASSOC OR AMERICA, 1954.)

PEIPER, A,
"REVERSED PEDIATRICS."

PELIKAN, L., ET AL,
"SEVERE DEPRIVATION SYNDROME IN TWINS FOLLOWING PROLONGED SOCIAL ISOLATION"
[CESK PEDIAT], NOV., 1969, 24(3):80-83.

PENA, SERGIO, ET AL,
"CHILD ABUSE AND TRAUMATIC PSEUDOCYST OF THE Pancreas."

PENNER, LEWIS G., ET AL.
[THE PROTECTIVE SERVICES CENTER--AN INTEGRATED PROGRAM TO PROTECT CHILDREN],
(DEL0R, COLO: AHA, 1968.)
PERLMAN, HELEN HARRIS
**"THE CASWORKER'S USE OF COLLATERAL INFORMATION."
[SOCIAL CASEWORK], OCTOBER, 1951, 1325-33.

PERLMAN, HELEN H.
[SOCIAL CASEWORK],
[CHICAGO: UNIVERSITY PRESS, 1957.]

PETE R S O N, D.R.
**"BEHAVIOR PROBLEMS OF MIDDLE CHILDHOOD."
[CJ OF CONSULTING PSYCHOLOGY], 1961, 25(3) 1252-59,

PFUNDT, THEODORE R.
**"THE PROBLEM OF THE BATTERED CHILD."

PHILBRICK, ELIZABETH BARRY,
[TREATING PARENTAL PATHOLOGY THROUGH CHILD PROTECTIVE SERVICES].
(DENVER, COLO: AHA, 1960.)

PHILLIPS, L.
[HUMAN ADAPTATION AND ITS FAILURES],
[N.Y.; ACADEMIC PRESS, 1968.]

PHILLIPS, L., ET AL.
**"RORSCHACH INDICES OF DEVELOPMENTAL LEVEL."
[CJ OF GENETIC PSYCHOLOGY], 1959, 94: 267-83.

PHILLIPS, L., ET AL.
**"SOCIAL ROLE AND PATTERNS OF SYMPTOMATIC BEHAVIOR."
[CJ OF ABNORMAL AND SOCIAL PSYCHOLOGY], 1958, 57.

PICKEL, S., ET AL.
**"THIRSTING AND HYPERNATREMIC DEHYDRATION—A FORM OF CHILD ABUSE."
[PEDIATRICS], JANUARY, 1970, 45(1) 55-59.

PICKERING, DOUGLAS.
**"NEONATAL HYPOGLYCÆMIA DUE TO SALICYLATE POISONING."
[PROCEEDINGS OF THE ROYAL SOCIETY OF MEDICINE], (LONDON), DEC, 1968, 61(12) 1256.

PICKETT, L.K.
**"ROLE OF THE SURGEON IN THE DETECTION OF CHILD ABUSE."
[CONNECTICUT MEDICINE], SEPT., 1972, 36(9) 513-14.

PIETERSE, J.J.
**"THE BATTERED CHILD."
[NEDERL T GENEESK], JUNE 13, 1970, 114(24) 1106-02.

PINCHECK, IVY, ET AL.
[CHILDREN IN ENGLISH SOCIETY, VOL. I: FROM TUDOR TIMES TO THE ENLIGHTENMENT CENTURY].
(LONDON: KEGAN PAUL, TRENCH, TRUBNER AND CO., 1969.)

PIVEN, F., ET AL.
[REGULATING THE POOR: THE FUNCTIONS OF PUBLIC WELFARE],
(NEW YORK: PANtheon BOOKS, 1971.)

PLATOU, RALPH V.
**"BATTERING."

PODELL, LAWRENCE
**"FAMILY PLANNING BY MOTHERS ON WELFARE."
[BULLETIN OF THE NEW YORK ACADEMY OF MEDICINE], OCTOBER 1973, 45(10) 1 931-37.

POLANSKY, N.A.
[CHANGING SERVICES FOR CHANGING CLIENTS],
[N.Y.; NATIONAL ASSOC OF SOCIAL WORKERS, 1969.]
POLANSKY, N.A.,
"EGO PSYCHOLOGY AND COMMUNICATION THEORY FOR THE INTERVIEW,
(Chicago: Aldine-Atherton, 1971.)

POLANSKY, N.A.,
"TECHNIQUES FOR ORDERING CASES," IN: N.A. POLANSKY (ED) [SOCIAL WORK RESEARCH]
(Chicago: Univ of Chicago Press, 1969.)

POLANSKY, N.A., ET AL,
"CHILD NEGLECT IN APPALACHIA," IN: [SOCIAL WORK PRACTICE], 1971,
(N.Y.: Columbia University Press, 1971.)

POLANSKY, NORMAN A., ET AL,
"CHILD NEGLECT IN A RURAL COMMUNITY,
[SOCIAL CASEWORK], OCTOBER, 1968, 1467-74.

POLANSKY, N.A., ET AL,
"CHILD NEGLECT: UNDERSTANDING AND REACHING THE PARENT,
(N.Y.: Child Welfare League of America, 1972.)

POLANSKY, N.A., ET AL,
"THE CURRENT STATUS OF CHILD ABUSE AND CHILD NEGLECT IN THIS COUNTRY,
(Washington, D.C.: Report to the Joint Commission on the Mental Health of Children, Feb., 1968.)

POLANSKY, NORMAN A., ET AL,
"PSEUODOSTOICISM IN MOTHERS OF THE RETARDED,
[SOCIAL CASEWORK], DEC. 1971, 511643-50,

POLANSKY, N.A., ET AL,
"ROOTS OF FUTILITY,
(San Francisco: Jossey-Bass, Inc., 1972.)

POLANSKY, N.A., ET AL,
"SOME RESERVATIONS REGARDING GROUP PSYCHOTHERAPY IN IN-PATIENT PSYCHIATRIC TREATMENT,
(GROUP PSYCHOTHERAPY), 1955, 8.

POLANSKY, NORMAN A., ET AL,
"TWO MODES OF MATERNAL IMMATURE AND THEIR CONSEQUENCES,
[CHILD WELFARE], JUNE, 1970, 49(6) 312-23.

POLANSKY, NORMAN A., ET AL,
"VERBAL ACCESSIBILITY IN THE TREATMENT OF CHILD NEGLECT,

POLIER, JUSTINE WISE,
"THE INVISIBLE LEGAL RIGHTS OF THE POOR,
[CHILDREN], NOV-DEC. 1965, 12(6) 215-220.

POLIER, JUSTINE W., ET AL,
"THE FAMILY COURT IN AN URBAN SETTING," IN: C.HENRY KEMPE & RAY HELFER (ED)
[HELPING THE BATTERED CHILD AND HIS FAMILY],
(Philadelphia: J.B. Lippincott Co., 1972.)

POLOCK, C.B.,
"EARLY CASE FINDING AS A MEANS OF PREVENTION OF CHILD ABUSE," IN: HELFER, RAY & KEMPE, C.HENRY (ED), [THE BATTERED CHILD],
(Chicago: Univ of Chicago Press, 1966.)

POLOCK, C., ET AL,
"A THERAPEUTIC APPROACH TO PARENTS," IN: KEMPE, C.HENRY & HELFER, RAY E. (ED),
[HELPING THE BATTERED CHILD AND HIS FAMILY],
(Philadelphia: J.B. Lippincott Co., 1972.)

POLOMEQUE, F.E., ET AL,
"BATTERED CHILD SYNDROME: UNUSUAL DERMATOLOGICAL MANIFESTATION,
[ARCHIVES OF DERMATOLOGY], 1964, 98:1326-27.


POVEO, T. G., "A PERSPECTIVE ON ADOLESCENT SOCIAL RELATIONS," [PSYCHIATRY], FEBRUARY 1972, 35.


PRESIDENT'S NATIONAL ADVISORY COMMISSION ON RURAL POVERTY, [THE PEOPLE LEFT BEHIND], (WASHINGTON, D.C.: US GOV'T PRTG OFFICE, 1967.)


"PROTECTIVE SERVICES PROJECT: AN INTERIM REPORT," [TENNESSEE PUBLIC WELFARE RECORD], APRIL, 1968.


RAAB, E., ET AL., [MAJOR SOCIAL PROBLEMS], (ILLINOIS: ROW, PERSON, 1959, 1355-413.)


RACINE, A., "INTRODUCTORY DISCUSSION OF CHILD ABUSE," [LES ENFANTS VICTIMES DE MAUVAIS TRAITEMNTS], (BRUXELLES), 1971, 2815-16.

RAOBILL, S.X.,
[THE BATTERED CHILD],
(CHICAGO: UNIV OF CHICAGO PRESS, 1966.)

RAOL, S,
MOTHER'S DAY IS OVER],

RAFFALLI, HENRI CHRISTIAN,
"THE BATTERED CHILD: AN OVERVIEW OF A MEDICAL, LEGAL AND SOCIAL PROBLEM," 
[CRIME AND DELINQUENCY], 1970, 16(2), 139-50.

RAINWATER, L,
IN JACK ROACH, (ED), [SOCIAL STRATIFICATION IN THE UNITED STATES],
(ENGLEWOOD CLIFFS, N.J.: PRENTICE-HALL, 1969.)

RALL, MARY E,
"THE CASWORK PROCESS IN WORK WITH THE CHILD AND THE FAMILY IN THE CHILD'S OWN 
HOME," [NATIONAL CONFERENCE OF SOCIAL WORK, CASEWORK PAPERS], 1955, 131-42.

RAPHLING, O. L., ET AL.
"INCEST: A GENEALOGICAL STUDY," 
[ARCHIVES OF GENERAL PSYCHIATRY], APRIL 1967, 16(1), 50-5.

RAPPAPORT, MAIZE F., ET AL.
"THE NEGLECTED CHILD--COLLABORATIVE APPROACHES TO RECOGNITION AND MANAGEMENT," 
[Clinical Pediatrics], SEPT., 1963, 21(9), 521-524.

RATNER, HERBERT,
"A PUBLIC HEALTH PHYSICIAN VIEWS ABORTION," 
[CHILD AND FAMILY], WINTER 1966, 7(1), 138-46.

RAYFORD, L., ET AL.
"THE SOCIAL AND LEGAL ASPECTS OF THE BATTERED CHILD IN THE DISTRICT OF COLUMBIA:
PANEL DISCUSSION," 
[Clinical procedures of Children's Hospital, Washington, D.C.], DEC., 1967, 24, 373-93.

REEB, KENNETH G., ET AL.
"A CONFERENCE ON CHILD ABUSE," 
[WISCONSIN MEDICAL J], OCTOBER, 1972, 71(12), 226-29.

REIN, MARTIN,
[CHILD PROTECTIVE SERVICES IN MASSACHUSETTS], PAPERS IN SOCIAL WELFARE, #6,
(MALTMON, MASS: FLORENCE HELPER GRADUATE SCHOOL FOR ADVANCED STUDIES IN SOCIAL 
WELFARE, NOVEMBER, 1963.)

REINER, B.S., ET AL.
"CHARACTER DISORDERS IN PARENTS OF DELINQUENTS,
(NEW YORK: FAMILY SERVICE ASSOC OF AMERICA, 1959.)

REINHARD, WILLIE
"KINDESMISSHANDLUNGEN" 
[MUNCHENER MEDIZINISCHE WOCHENSCHRIFT], MAY 5, 1967.

REINHART, JOHN B., ET AL.
"THE ABUSE OF CHILDREN: MANDATORY REPORTING LEGISLATION," 
[CJAMA], APRIL 27, 1964, 188(4), 1350-52.

REINHART, J.B., ET AL.
"LOVE OF CHILDREN--A MYTH?" 
[Clinical Pediatrics], DECEMBER, 1966, 7(12), 703-5.

REINSTE, FRED A.
"SPECIAL REGISTRATION PROJECT ON THE ABUSED CHILD," 
[CHILD WELFARE], FEB., 1965, 44(2), 1103-5.
REISSMAN, F., ET AL.
"SOCIAL CLASS AND PROJECTIVE TESTS."
[J. OF PROJECTIVE TECHNIQUE], 1958, 22.

REISTROFFER, MARY.
"CONVERSATIONS NO. 3--FOSTER PARENTS AND SOCIAL WORKERS: ON THE JOB TOGETHER."
[CHILD WELFARE LEAGUE OF AMERICA], 1974.

"REPORT SUSPECTED CHILD ABUSE."
[I. MEDICAL J], JUNE, 1972, 141:587.

RESKOW, JUDITH.
"CHILD ABUSE: WHAT THE EDUCATOR SHOULD KNOW."

RESNICK, PHILIP J.
"CHILD MURDER BY PARENTS: A PSYCHIATRIC REVIEW OF FILICIDE."
[AMERICAN J OF PSYCHIATRY], SEPT., 1969, 126(3):325-34.

REYNOLDS, H.T.
[MAKING CAUSAL INFERENCES WITH ORDINAL DATA].
(CHAPEL HILL: INSTITUTE FOR RESEARCH IN SOCIAL SCIENCE, UNIV OF NC, CAROLINA WORKING PAPERS IN METHODOLOGY, #5, 1971.)

RIGLINGOLD, JOSEPH C.
"THE FEAR OF BEING A WOMAN: A THEORY OF MATERNAL DESTRUCTIVENESS."
(N.Y.: GRUNE AND STRATTON, 1964.)

RHINEHART, JOHN H.
"GENESIS OF OVERT INCEST."
[COMPREHENSIVE PSYCHIATRY], FEB., 1961, 1338-49.

RICCARDOS, MICHAEL P.
"CHILDREN AND POLITICS OF TRUST."
[CHILD STUDY J], 1971, 1: 227-32.

RICHARDS, LAUREL A.
"CAN THE SCHOOLS HELP PREVENT CHILD ABUSE?"

RICHARDSON, S. A.
"THE BACKGROUND HISTORIES OF SCHOOLCHILDREN SEVERELY MALNOURISHED IN INFANCY."
[ADVANCES IN PEDIATRICS], 1974, 21: 167-95

RICHETTE, L.A.
[THE THROWAWAY CHILDREN].
(N.Y.: DELL PUBLISHERS, 1969.)

RIESSMAN, FRANK
"SOCIAL CLASS AND PROJECTIVE TESTS."

RILEY, HARRIS D.
"THE HATTERED CHILD SYNDROME: GENERAL AND MEDICAL ASPECTS."

RILEY, N.M.
"THE ABUSED CHILD."

RINGEL, J.
"CRUELTY TO CHILD IN THE FAMILY."

ROACH, J.
IN JACK ROACH, ET AL (ED) [SOCIAL STRATIFICATION IN THE UNITED STATES].
(NEW JERSEY: PRENTICE-HALL, 1969.)

600

598
ROBERT, ROBERT
○ "CHILD CARE IN GENERAL PRACTICE; TRAUMA IN CHILDHOOD," [BRITISH MEDICAL J], JUNE 12, 1965, 544:91-541-43.

ROBBINS, JERRY H.
○ "THE LEGAL STATUS OF CHILD ABUSE AND NEGLECT IN MISSISSIPPI," [JACKSON, MISS: RIE, AUGUST, 1974, GOVERNOR'S OFFICE OF EDUCATION AND TRAINING 1974.]

ROBERTSON, A.B.

ROBERTSON, I., ET AL.
○ "HISTOPATHOLOGY OF HEALING ABRASIONS," [FORENSIC SCIENCE], APRIL, 1972, 1117-29.

ROBERTSON, J.
○ "MOTHER-INFANT INTERACTION FROM BIRTH TO TWELVE MONTHS: TWO CASE STUDIES," [IN: B.M. FOSS, (ED.), DETERMINANTS OF INFANTS BEHAVIOR], (CARNES AND NOBLE, INC., 1965, PP 111-127.)

ROBERTSON, JOYCE
○ "MOTHERING AS AN INFLUENCE ON EARLY DEVELOPMENT," [PSYCHOANALYTIC STUDY OF THE CHILD], 1962, 17:1245-64.

ROBINSON, H.B., ET AL.

ROBSON, KENNETH, ET AL.

ROCHEL, M., ET AL.

RODENBURG, MARTIN

RODHAM, HILLARY

ROLSTON, RICHARD HUMMERL
○ "THE EFFECT OF PRIOR PHYSICAL ABUSE ON THE EXPRESSION OF OVERT AND FANTASY AGGRESSIVE BEHAVIOR IN CHILDREN," [CLINICAL PSYCHOLOGY DISSERTATION ABSTRACTS INTERNATIONAL], 1971, 32(5-B):13016.

ROSE, C.B.
○ "UNUSUAL PERIOSTITIS IN CHILDREN," [RADIOLOGY], 1936, 27(2):131-37.

ROSEN, SHIRLEY R., ET AL.

ROSENBERG, A.H.

ROSENBERG, C.H.
ROSENHEIN, MARGARET K.
* "THE CHILD AND HIS DAY IN COURT."

ROWE, DANIEL S.
"RIGHTS OF PARENTS AND CHILDREN."

ROWE, DANIEL S., ET AL.
* "A HOSPITAL PROGRAM FOR THE DETECTION AND REGISTRATION OF ABUSED AND NEGLECTED CHILDREN."

ROWE, NORMAN L.
*"FRACRTURES OF THE FACIAL SKELETON IN CHILDREN."
[J OF ORAL SURGERY], AUG. 1968, 26:1505-19.

RUBIN, JEAN.
* "THE BATTERED CHILD."

RUBIN, JEAN.
* "THE NEED FOR INTERVENTION."

RUDEEN, SCOTT, ET AL.
"THE PRENATAL, PERINATAL AND POSTNATAL STATUS OF CHILDREN IN IDAHO, VOL. I."
(BOISE, IDAHO: IDAHO STATE OFFICE OF CHILD DEVELOPMENT, 1973.)

RUSSELL, DONALD HAYES
* "LAW, MEDICINE AND MINORS-PART IV."

RUSSELL, PATRICIA A.
* "SUBDURAL HEMATOMAS IN INFANCY."

RYAN, J,H.
[SUFFER THE LITTLE ONES].
[NASHVILLE, TENN: AURORA PUBLISHERS, 1972.]

RYAN, WILLIAM BURKE.
[INFANTICIDE: ITS LAW, PREVALENCE, PREVENTION AND HISTORY].
[LONDON: J. CHURCHILL, 1862.]

SAFRIET, A, WILLIAM.
"REACHING THE NEGLECTED CHILD."
[NORTH CAROLINA PUBLIC WELFARE NEWS], DECEMBER, 1961.

SALK, LEE.

SALK, LEE.
* "ON THE PREVENTION OF SCHIZOPHRENIA."

SALK, LEE.

SALMON, JAMES H.
"SUBDURAL HEMATOMA IN INFANCY: SUGGESTIONS FOR DIAGNOSIS AND MANAGEMENT,"

SALMON, N,A.
* "THE SPECTRUM OF ABUSE IN THE BATTERED CHILD SYNDROME."
SALMON, WILMA H.
* "PROTECTING CHILDREN THROUGH SERVICES TO FAMILIES," [PUBLIC WELFARE], JULY, 1962, 1162-67.

SANDER, L.W.
* "ISSUES IN EARLY MOTHER-CHILD INTERACTION," [AMERICAN ACADEMY OF CHILD PSYCHIATRY], 1962, 1:141-66.

SANDERS, R.WYMAN
* "RESISTANCE TO DEALING WITH PARENTS OF BATTERED CHILDREN," [PEDIATRICS], DEC., 1972, 50(6)1553-57.

SANDUSKY, ANNIE L.
* "PROTECTIVE SERVICES," IN: [ENCYCLOPEDIA OF SOCIAL WORK], (N.Y., NATIONAL ASSOC OF SOCIAL WORKERS, 1964,)

SANDUSKY, ANNIE LEE

SANTHANAKRISHNAN, B.B., ET AL.
* "PITS SYNDROME," [INDIAN PEDIATRICS], FEBRUARY, 1973, 10:97-100.

SARASON, IRWIN G.
* "INTERRELATIONSHIP AMONG INDIVIDUAL DIFFERENCE VARIABLES, BEHAVIOR IN PSYCHOTHERAPY AND VERBAL CONDITIONING," [J OF ABNORMAL AND SOCIAL PSYCHOLOGY], 1956, 33:339-44.

SATTIN, DANE B., ET AL.

SAUER, L.W.

SAURY, H.
* "MEDICAL EXPERT TESTIMONY IN CHILD ABUSE, INDECENT BEHAVIOR AND DRUG ADDICTION (EXCLUDING PSYCHITRIC EXPERT TESTIMONY, VIEWPOINT OF THE MAGISTRATE," [MED LEG DOMM CORP], JAN-MARCH, 1973, 6162-64.

SAVINO, ANNE ,B., ET AL.

SAYRE, JAMES W., ET AL.

SCARR-SALAPATEK, S.

SCHAVIL, I., ET AL.

SCHERER, LORENA
* "FACILITIES AND SERVICES FOR NEGLECTED CHILDREN IN MISSOURI," [CRIME AND DELINQUENCY], JANUARY, 1969, 6, 166-68.

SCHERER, LORENA
* "PROTECTIVE CASEWORK SERVICE," [CHILDREN], JAN-FEB., 1956, 3(1)
SCHERL, DONALD J., ET AL.

"AN EXAMINATION OF THE RELEVANCE FOR MENTAL HEALTH OF SELECTED ANTI-POVERTY PROGRAMS FOR CHILDREN AND YOUTH."

[COMMUNITY MENTAL HEALTH J], 1972, 8(1): 8-16.

SCHLEIFFER, M.J., ET AL.

"THE MOTHER OF THE SCHOOL DROP-OUT: THE ALIENATED ADULT."

[BOSTON, MASS: JUDGE BAKER GUIDANCE CENTER, 1964,]

SCHLOSSER, PATRICIA T.

"THE ABUSED CHILD."

[BULLETIN OF THE MENNINGER CLINIC], SEPTEMBER, 1964, 1261-68

SCHLOSSER, P.T.

"THE REPORTING OF CHILD ABUSE."


SCHMIDT, DOLORES M.

"THE CHALLENGE OF HELPING THE 'UNTREATABLES'."

[PUBLIC WELFARE], APRIL, 1965.

SCHMIDT, DOLORES M.

"THE PROTECTIVE SERVICE CASEWORKER: HOW DOES HE SURVIVE JOB PRESSURES?"

[CHILD WELFARE], MARCH, 1963, 1115-119.

SCHMIDT, DOLORES M., ET AL.

"FACILITIES AND SERVICES FOR NEGLECTED CHILDREN."

[CRIME AND DELINQUENCY], JANUARY, 1960, 6.

SCHMIDT, F.

"STUDIES ON THE REGISTRATION AND CARE OF SOCIALLY ENDANGERED GROUPS OF PERSONS IN A DISTRICT."


SCHNEIDER, O., ET AL.

"INTERVIEWING THE PARENTS," IN: C.H. KEMPE & F.E. HELPER (ED), [HELPING THE BATTERED CHILD AND HIS FAMILY].

[PHILADELPHIA: J.H. LIPPINCOTT CO., 1972, PP 55..65.)

SCHORR, ALVIN.

"HOW THE POOR ARE HOUSED," IN L. FERMAN, ET AL. [POVERTY IN AMERICA],

[ANN ARBOR; UNIVERSITY OF MICHIGAN PRESS, 1968, 1349-68,]

SCHREIBER, LOTHAR HANS.

[MISTREATMENT OF CHILDREN AND OLD PEOPLE],

[HAMBURG, GERMANY: KRIMINALISTIK Verlag, 1971,)

SCHWARTZ, EMANUEL K.

"CHILD MURDER TODAY. (PLAYWRIGHTS AND PSYCHOLOGISTS VIEW FILICIDE IN LIFE, DRAMA).

[THE HUMAN CONTEXT], 1972, 4(2):136-61,
SCHWARTZ, L.H., ET AL.
"PSYCHIATRIC CASE REPORT OF NUTRITIONAL BATTERING WITH IMPLICATIONS FOR COMMUNITY AGENCIES."
[COMMUNITY MENTAL HEALTH J], SUMMER, 1967, 3(2)1163-69;

SCHWARTZ, C.F., ET AL.
"SEVERE TRAUMATIC DESTRUCTION OF BOTH KNEE JOINTS AND MULTIPLE FACE HEMATOMAS IN AN 8-MONTH OLD INFANT. A CONTRIBUTION ON THE BATTERED CHILD SYNDROME."
[2BL CHIR], SEPT. 2, 1967, 92:2442-47;

SCOGGIN, J.P.
"THE EFFECTS OF LEARNING BREAST-FEEDING ON SUCCESS, UNPUBLISHED MASTER'S THESIS, ARIZONA STATE UNIVERSITY, 1971.

SCOTT, P.O.
"FATAL BATTERED BABY CASES."
[MEDICAL SCIENCE/LAW], JULY, 1973, 13(3)197-206;

SCOTT, P.O.
"PARENTS WHO KILL THEIR CHILDREN."
[MEDICINE, SCIENCE AND THE LAW], APRIL, 1973, 13(2)120-26;

SCRANTON, WILLIAM M.
"BATTERED CHILD BILL - STATE LEGISLATION OF 1963 OF INTEREST TO PHYSICIANS."
[PENNSYLVANIA MEDICAL J], OCTOBER, 1963, 66:23-26;

SCRIMSHAW, N. S.
"EARLY MALNUTRITION AND CENTRAL NERVOUS SYSTEM FUNCTION."
[MERRILL-PALMER QUARTERLY], 1969, 15:375-78;

SEARS, R.R., ET AL.
(PATTERNS OF CHILD REARING).
(N.Y., HARPER AND ROW, 1957.)

SEELEMMANN, K.
"BATTERED CHILD SYNDROME."
[MONATSSCHR KINDERHEILK], JANUARY, 1971, 119:60-65;

SEELEMMANN, K.
"OBSEVATIONS ON THE BATTERED CHILD SYNDROME."
[MONATSSCHRIFT FUR KINDERHEILKUNDE], 1971, 119(1):60-65;

SEGAL, JULIUS (ED)
[MENTAL HEALTH PROGRAM REPORTS - 2].
(WASHINGTON D.C.: U.S. GOVT PRINT OFFICE, 1971.)

SELLITZ, E., ET AL.
[RESEARCH METHODS IN SOCIAL RELATIONS].
(N.Y., HOLT, 1959.)

SELZER, R.
"THE DISADVANTAGED CHILD AND COGNITIVE DEVELOPMENT IN THE EARLY YEARS."
[MERRILL-PALMER QUARTERLY], 1973, 19:241-52;

SEMENDES HOPITAUX DE PARIS.
"PROFESSIONAL SECRECY AND ABUSED CHILDREN."
[SEM HOP PARIS], NOV. 26, 1971, 47(14):1263-67;

SHADE, D.A.
"LIMITS TO SERVICE IN CHILD ABUSE."
[AMERICAN J OF NURSING], AUGUST, 1969, 69:1710-12;

SMYTHE, HELEN B.
"A USE OF HOME: SEARCH FOR REMEDIES."
[EDITORIAL RESEARCH REPORTS], MAY 12, 1965, 1(10):343-59;

SHAMES, MIRIAM.
"USE OF HOME-MAKER SERVICE IN FAMILIES THAT NEGLECT THEIR CHILDREN."
[SOCIAL WORK], JANUARY, 1964, 112-18.
SHANKAR, YELAGA A,
*"THE ABUSED CHILD, A REMINDER OF DESPAIR,"
[CANADIAN WELFARE], 1973, 49(2)10-11.

SHARLIN, S.A.
"INFANTILIZATION: A STUDY IN INTRAFAMILIAL COMMUNICATION,"
[AUTHOR, GA: UNPUBLISHED PH.D. DISSERTATION, UNIVERSITY OF GEORGIA, DEPT OF
SOCIOLOGY, 1971.]

SHARLIN, SHLOMO A., ET AL.
*"THE PROCESS OF INFANTILISM,"

SHAW, ANTHONY,
"HOW TO HELP THE BATTERED CHILD,"
[RISS], 1963, 6:71-104.

SHAW, ANTHONY.
*"THE SURGEON AND THE BATTERED CHILD,"

SHENGOLD, LEONARD
*"THE EFFECTS OF OVERSTIMULATION: RAT PEOPLE,"

SHEPHERD, R.E, JR.
"THE ABUSED CHILD AND THE LAW,"
[WASHINGTON AND LEE LAW REVIEW], 1965, 22(2)182-95.

SHEPHERD, ROBERT E., JR.
"THE BATTERED CHILD AND THE LAW,"

SHERIDAN, MARY.
"THE INTELLIGENCE OF 100 NEGLECTFUL MOTHERS,"
[BRITISH MEDICAL J], JANUARY 7, 1956, 1.

SHERIDAN, MARY O.
*"NEGLECTFUL MOTHERS,"
[LANCET], APRIL 4, 1959, 2:722-25.

SHERIDAN, WILLIAM H., ET AL.
[ASOCIAL WORKER TAKES A CASE INTO COURT],

SHERMAN, EDMUND A., ET AL.
"SERVICE TO CHILDREN IN THEIR OWN HOMES: ITS NATURE AND OUTCOME,"

SHERMAN, GILBERT
*"THE ABUSED CHILD--NEW YORK STATE,"

SHERIFF, HILLA.
"THE ABUSED CHILD,"

SHOPFNER, CHARLES E.
*"PERIOSTEAL BONE GROWTH IN NORMAL INFANTS,"

SHULMAN, KENNETH
*"LATE COMPLICATIONS OF HEAD INJURIES IN CHILDREN,"

SIERRA, S.
"RX TO CHECK CHILD MOLESTING,"

606

604
SILBER, O.L.,
"THE NEUROLOGIST AND THE PHYSICALLY ABUSED CHILD."

SILVER, HENRY K., ET AL,
"THE PROBLEM OF PARENTAL CRIMINAL NEGLECT AND SEVERE PHYSICAL ABUSE OF CHILDREN.
(A MERICAN J OF DISEASES OF CHILDREN), OCTOBER, 1959, 98(4):520.

SILVER, LARRY B.
*"CHILD ABUSE SYNDROME: A REVIEW."

SILVER, LARRY B.
"THE PSYCHOLOGICAL ASPECTS OF THE BATTERED CHILD AND HIS PARENTS."
(CLIN PROC CHILD HOSP WASH DC), DECEMBER 1966, 24:355-64.

SILVER, LARRY B., ET AL.
*"AGENCY ACTION AND INTERACTION IN CASES OF CHILD ABUSE."
(SOCIAL CASEWORK), MARCH, 1971, 1164-71.

SILVER, LARRY B., ET AL.
*"CHILD ABUSE LAWS-ARE THEY ENOUGH."

SILVER, LARRY B., ET AL.
*"CHILD ABUSE SYNDROME: THE 'GRAY AREAS' IN ESTABLISHING A DIAGNOSIS."

SILVER, LARRY B., ET AL.
*"COMMUNITY AGENCIES: ACTIONS, NON-ACTIONS AND INTERACTIONS IN CASES OF CHILD ABUSE."
(SOCIAL CASEWORK), IN PRESS.

SILVER, LARRY F., ET AL.
"DOES VIOLENCE BREED VIOLENCE? CONTRIBUTION FROM A STUDY OF THE CHILD ABUSE SYNDROME."

SILVER, LARRY H., ET AL.
*"MANDATORY REPORTING OF PHYSICAL ABUSE OF CHILDREN IN THE DISTRICT OF COLUMBIA: COMMUNITY PROCEEDURES AND NEW LEGISLATION."

SILVERMAN, F.N.
"THE BATTERTED CHILD."

SILVERMAN, F.N.
"RADIOLOGIC ASPECTS OF THE BATTERED CHILD SYNDROME."  IN: HELFER, R.F. AND KEMPE, C.M., (ED), "THE BATTERED CHILD."
(CHICAGO: UNIV OF CHICAGO PRESS, 1968.)

SILVERMAN, FREDERIC N.
"THE ROENTGEN MANIFESTATIONS OF UNRECOGNIZED SKELETAL TRAUMA IN INFANTS."

SILVERMAN, F.N.

SILVERMAN, MARTIN A., ET AL.
*"EARLY INTERVENTION AND SOCIAL CLASS: DIAGNOSIS AND TREATMENT OF PRESCHOOL CHILDREN IN A DAY CARE CENTER."

SIMMON, HAROLD E.
(PROTECTIVE SERVICES FOR CHILDREN: A PUBLIC WELFARE RESPONSIBILITY).
(SACRAMENTO: GENERAL WELFARE PUBLICATIONS, 1968.)
SIMONS, B., ET AL.
"CHILD ABUSE: EPIDEMIOLOGIC STUDY OF MEDICALLY REPORTED CASES,"

SIMONS, B., ET AL.
"CHILD ABUSE, A PERSPECTIVE ON LEGISLATION IN 5 MID-ATLANTIC STATES AND A SURVEY OF REPORTED CASES IN NEW YORK CITY,"
(N.Y, COLUMBIA UNIV SCHOOL OF PUBLIC HEALTH AND ADMINISTRATIVE MEDICINE, 1966)

SIMPSON, HELEN.
"THE UNFIT PARENT,"
[UNIV OF DETROIT LAW REVIEW], FEBRUARY, 1962, 39.

SIMPSON, JAMES S.
"SELF-MUTILATION - CASE OF A 13 YEAR OLD GIRL,"

SIMPSON, KEITH.
"THE BATTERED BABY PROBLEM,"
[SOUTH AFRICAN MEDICAL J], JULY 6, 1968, 42:661-63.

SIMPSON, KEITH.
"THE BATTERED BABY PROBLEM,"

SIMS, B.G., ET AL.
"BITE MARKS IN THE BATTERED BABY SYNDROME,"

SINGER, J.
[THE CONTROL OF AGGRESSION AND VIOLENCE],
(N.Y: ACADEMIC PRESS, 1971.)

SKEELS, H., ET AL.
"MENTAL DEVELOPMENT OF CHILDREN FROM UNDERPRIVILEGED HOMES,"
[CJ OF GENETIC PSYCHOLOGY], 1937, 50.

SKINNER, ANGELA, ET AL.
[SEVENTY-EIGHT BATTERED CHILDREN: A RETROSPECTIVE STUDY,]
[LONDON: NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN, SEPTEMBER, 1969,]

SLATER, PHILIP.
[THE PURSUIT OF LONELINESS: AMERICAN CULTURE AT THE BREAKING POINT,]
(BOStoN: BEACON PRESS, 1970, 15-7.)

"SLAUGHTER OF THE INNOCENTS,"

SLINGERLAND, W.H.
[CHILD PLACING IN FAMILIES,]
(N.Y: RUSSELL SAGE FOUNDATION, 1919,)

SLOAN, PAUL, ET AL.
"EFFECTS OF INCEST ON PARTICIPANTS,"
[AMERICAN J OF ORTHOPSYCHIATRY], DECEMBER, 1942, 1666-83.

SMITH, A. C., ET AL.
"PREDICTION OF DEVELOPMENTAL OUTCOME AT SEVEN YEARS FROM PRENATAL, PERINATAL AND POSTNATAL EVENTS,"
[CHILD DEVELOPMENT], 1972, 43: 495-507.

SMITH, AUSTIN E.
"THE BEATEN CHILD,"
[MGEIA], 1944, 22:386-87.

SMITH, CLEMENT A.
"THE BATTERED CHILD."
SMITH, DAVID E., ET AL.
*"THE HIPPIE COMMUNAL MOVEMENT: EFFECTS OF CHILDBIRTH AND DEVELOPMENT."

SMITH, HOMER A.
"THE LEGAL ASPECTS OF CHILD ABUSE."

SMITH, MARCUS J.
*"SUBGLOURAL HEMATOMA WITH MULTIPLE FRACTURES."
[AMERICAN J OF ROENTGENOLOGY], MARCH 1959, 83(3):342-44.

SMITH, R.C.
*"NEW WAYS TO HELP BATTERING PARENTS."

SMITH, SELWYN
*"CHILD INJURY-INTENSIVE MONITORING SYSTEM."

SMITH, SELWYN M., ET AL.
*"LEG AND PERSONALITY FACTORS IN BABY BATTEHERS."

SMITH, SELWYN M., ET AL.
*"FAILURE TO THRIVE AND ANOREXIA NERVOSA."

SMITH, S.M., ET AL.
*"PARENTS OF BATTERED BABIES: A CONTROLLED STUDY."

SNEDECOR, S.T., ET AL.
*"SOME OBSTETRICAL INJURIES TO THE LONG BONES."
[J OF BONE AND JOINT SURGERY], APRIL 1949, 31(4):1370-84.

SNEDECOR, S.T., ET AL.
*"TRAUMATIC OSSIFYING PERIOSTITIS OF THE NEWBORN."

SNEDEKER, LEMN S.
"NOTES ON CHILDHOOD TRAUMA."

SNEDEKER, LEONARD
*"TRAUMATIZATION OF CHILDREN."

SOCIAL WELFARE COURT DIGEST
"FIRST DEGREE MURDER INDICTMENT OF PARENTS."
[SOCIAL WELFARE COURT DIGEST], DEC., 1971, 16(12).

SOCIAL WELFARE COURT DIGEST
"PHYSICALLY ABUSED CHILD HELD 'DEPRIVED'."

SOLOMON, THEODORE
*"HISTORY AND DEMOGRAPHY OF CHILD ABUSE."

SOLOMON, THEO, ET AL.
[THE MAYOR'S TASK FORCE ON CHILD ABUSE AND NEGLECT].
(N.Y.: CENTER FOR COMMUNITY RESEARCH, 1970.)


SPECIAL COMMITTEE ON CHILD HEALTH OF MEDICAL SOCIETY OF NEW JERSEY "MEDICAL MANAGEMENT OF CHILD ABUSE," [J OF MEDICAL SOCIETY OF NEW JERSEY], JUNE, 1972, 69(6).


STEELE, BRANDT F, "PARENTAL ABUSE OF INFANTS AND SMALL CHILDREN," IN: E.J. ANTHONY AND F. BENEDIK (ED) [PARENTHOOD & ITS PSYCHOLOGY AND PSYCHOPATHOLOGY], (BOSTON: LITTLE, 1978.)


STEELE, BRANDT F., ET AL, [PATTERNS OF PARENTAL BEHAVIOR LEADING TO PHYSICAL ABUSE OF CHILDREN], WORKSHOP SPONSORED BY CHILDREN'S BUREAU IN COLLABORATION WITH THE UNIV OF COLORADO SCHOOL OF MEDICINE, 1966.

STEELE, BRANDT F., ET AL, "A PSYCHIATRIC STUDY OF PARENTS WHO ABUSE INFANTS AND SMALL CHILDREN," IN: RAY HELFER AND C. HENRY KEMPE (ED), [THE BATTERED CHILD], (CHICAGO: UNIV OF CHICAGO PRESS, 1969.)
STEINHAUSEN, H.C.,
*"SOCIAL MEDICINE ASPECTS OF PHYSICAL CHILD ABUSE."

STEINMETZ, SUZANNE K.
*"OCCUPATION AND PHYSICAL PUNISHMENT: A RESPONSE TO STRAUS."

STEINMETZ, S.K., ET AL.
[VIOLENCE IN THE FAMILY].
(N.Y.: DOOD, MEAO AND CO., 1974.)

STENDER, K.
"CONSEQUENCES OF CHILD ABUSE."

STEPHENS, EDWARD.
[RELIEF OF APPRENTICES WROGNEO BY THEIR MASTERS].
(LONDON: 1687.)

STEPHENS, P., SUSAN
*"JUDGING THE EFFECTIVENESS OF A CONSULTATION PROGRAM TO A COMMUNITY AGENCY."

STERN, LEO.
*"PREMATURITY AS A FACTOR IN CHILD ABUSE."
[HOSPITAL PRACTICE], MAY, 1973, 8(5)(1)117-23.

STERN, U.
"IMMUNITY AGAINST VIOLATION OF PROFESSIONAL SECRECY DUE TO CONFLICTING OBLIGATIONS."

STILL, GEORGE FREDERICK.
[THE HISTORY OF PEDIATRICS: THE PROGRESS OF THE STUDY OF DISEASES OF CHILDREN UP TO THE END OF THE 18TH CENTURY].
(LONDON: DAWSONS OF PALL MALL, 1965.)

STOERGER, R.
"CHILD ABUSE FROM THE FORENSIC - PSYCHIATRIC VIEWPOINT."

STONE, F.H.
*"PSYCHOLOGICAL ASPECTS OF EARLY MOTHER-INFANT RELATIONSHIPS."

STONE, HELEN, ET AL.
"FOSTER PARENT ASSOCIATIONS: DESIGNS FOR DEVELOPMENT."
[CHILD WELFARE LEAGUE OF AMERICA, INC.], 1974.

STONE, N.H., ET AL.
"CHILD ABUSE BY BURNING."

STOREY, BRUCE.
*"THE BATTERED CHILD."
[MEDICAL J OF AUSTRALIA], DEC 14, 1964, 21789-91.

STOTLAND, EZRA
*"EXPLORATORY INVESTIGATION OF EMPATHY."
[ADVANCES IN EXPERIMENTAL WORK IN SOCIAL PSYCHOLOGY], 1969, 50:1419-29.

STOTLAND, E., ET AL.
[EMPATHY AND BIRTH ORDER].
(LINCOLN: UNIV OF NEBRASKA PRESS, 1971.)

STRAUS, MURRAY A.
*"LEVELING, CIVILITY, AND VIOLENCE IN THE FAMILY."
STRAUS, P., ET AL. 
"FROM UNRECOGNIZED ACCIDENT TO DELIBERATE INJURIES," 
[ANN PEDIATR], OCTOBER 2, 1972, 191: 658. 

STRAUS, P., ET AL. 
"CONTRIBUTION OF RADIOLOGY TO THE DETECTION OF CHILD ABUSE, ITS LIMITATIONS," 
[ANN RADIOL], 1968, 11: 159-69. 

STRAUS, P., ET AL. 
"A TOPICAL SUBJECT: THE BATTERED CHILD," 

STRESHINSKY, NAOMI, ET AL. 
"A STUDY OF SOCIAL WORK PRACTICE IN PROTECTIVE SERVICES, IT'S NOT WHAT YOU KNOW, IT'S WHERE YOU WORK," 
[CHILD WELFARE], OCTOBER, 1966, 1445-71. 

STRIKER, M. 
"TRAUMA OF THE COLUMELLA," 
[REV STOMATOL CHIR MAXILLOFAC], SEPTEMBER 1972, 73: 485-94. 

STRINGER, ELIZABETH A. 
"HOMEMAKER SERVICE IN NEGLECT AND ABUSE: A TOOL FOR CASE EVALUATION," 

STUCHLIK, S. 
"PATHOLOGIC PERSONALITY OF AGGRESSIVE PARENTS," 
[CESK PEDIATRIE], MAY 1971, 26: 247-91. 

STUDIT, ELLIOT. 
"WORKER-CLIENT RELATIONSHIPS IN SOCIAL WORK," 
[SOCIAL WORK], JANUARY, 1959. 

SULLIVAN, EUGENE, ET AL. 
"SYMPOSIUM: BATTERED CHILD SYNDROME," 

SULLIVAN, M., ET AL. 
"THE BOWEN CENTER PROJECT," 
[CHICAGO: JUVENILE PROTECTIVE ASSOCIATION, 1974,] MIMEO IN PROCESS. 

SULLIVAN, MICHAEL F. 
"CHILD NEGLECT: THE ENVIRONMENTAL ASPECTS," 

SUSSMAN, SIDNEY J. 
"THE BATTERED CHILD SYNDROME," 

SUSSMAN, SIDNEY J. 
"SKIN MANIFESTATIONS OF THE BATTERED CHILD SYNDROME," 

SYMPOSIUM ON CHILD ABUSE 
AMERICAN ACADEMY OF PEDIATRICS, SYMPOSIUM ON CHILD ABUSE, 

SWANSON, D., ET AL. 
"ALCOHOL ABUSE IN A POPULATION OF INDIAN CHILDREN," 
[DISEASES IN THE NERVOUS SYSTEM], 1972, 71: 4-8. 

SWANSON, LYNN D. 
"ROLE OF THE POLICE IN THE PROTECTION OF CHILDREN FROM NEGLECT AND ABUSE," 
[FEDERAL PROBATION], MARCH, 1961. 

SWISCHUK, LEONARD E. 
"THE BATTERED CHILD SYNDROME: RADIOLOGIC ASPECTS," 


THOMSON, ELLEN M., ET AL., [CHILD ABUSE--A COMMUNITY CHALLENGE], (BUFFALO: HENRY STEWART, 1971.)


TOLAND, MARJorie, "ABUSE OF CHILDREN--WHOSE RESPONSIBILITY?" [CONNECTICUT MEDICINE], JUNE, 1964, 28:438-42.

TORMES, YVONNE M., [CHILD VICTIM OF INCEST], (DENVER: AMA, 1968.)


TRUBE-BECKER, E., "THE PHYSICIAN'S PROFESSIONAL DISCRETION AND CHILD ABUSE," [MED KLIN], SEPTEMBER 8, 1967; 621:1398-408.

TRUBE-BECKER, E., "RICKETS AS CAUSE OF DEATH IN INFANT AND CHILDREN?" [MEZJZINSHE KLINIK], MARCH 21, 1969; 641527-29.

TRUNNELL, T. L., "THE ABSENT FATHER'S CHILDREN'S EMOTIONAL DISTURBANCES." [ARCH. GEN. PSYCHIATRY], AUGUST 1966.

TULIN, STEVEN R., ET AL., "MOTHER-CHILD INTERACTION IN THE FIRST YEAR OF LIFE." [CHILD DEVELOPMENT], 1972, 43: 31-41.


TURNER, ERIC, "BATTERED BABY SYNDROME." [BRITISH MEDICAL J], FEB, 1, 1964, 5378: 30B.

TURNER, FRANCIS J., (ED), [DIFFERENTIAL DIAGNOSIS AND TREATMENT IN SOCIAL WORK]. (NEW YORK; THE FREE PRESS, 1966.)

U.S. BUREAU OF FAMILY SERVICES, [SERVICES UNDER AFDC FOR CHILDREN WHO NEED PROTECTION], (WASHINGTON, D.C.; BUREAU OF FAMILY SERVICES, 1965.)


U.S. DEPT. OF H.E.W., OFFICE OF CHILD DEVELOPMENT [CHILDREN TODAY], (WASHINGTON, D.C.; U.S. GOV'T PRTG OFFICE, VOL. 4, #5, MAY-JUNE 1975.)


U.S. DEPT. OF H.E.W., SRS-CHILDREN'S BUREAU RESEARCH RELATING TO EMOTIONALLY DISTURBED CHILDREN (WASHINGTON, D.C.; U.S. GOV'T PRTG OFFICE, 1968.)

U.S. NATIONAL INSTITUTE OF MENTAL HEALTH, OFFICE OF PROGRAM PLANNING AND EVALUATION, "STUDIES OF URBAN LIFE AND MENTAL HEALTH." [MENTAL HEALTH OF URBAN AMERICA], (WASHINGTON, D.C.; U.S. GOV'T PRTG OFFICE, 1969, PP 7-29.)

VAN STOLK, H., [THE BATTERED CHILD IN CANADA], (TORONTO, ONTARIO; MCMCLELAND AND STEWART, 1972.)

VARON, EDITH,
"COMMUNICATION: CLIENT, COMMUNITY AND AGENCY," [SOCIAL WORK], APRIL, 1964, 151-57

VESIN, C., ET AL,

VESIN, C., ET AL,

"VIOLENT PARENTS."
[CLANEC], NOV., 1971, 2557-18.

VOLK, P,

VORE, D.
"PRENATAL NUTRITION AND POSTNATAL INTELLECTUAL DEVELOPMENT." [MERRILL-PALMER QUARTERLY], 1973, 19: 253-68.

WAKE, SANDRA BYFORD, ET AL,

WALDO, MAX,
[PROTECTIVE SERVICES, AND EMOTIONAL NEGLECT], [DENVER: AHA, 1961.]

WARREN, E.R,

[WASHINGTON POST],
"THE CHILD BEATERS." [WASHINGTON POST-PARADESECTION], JUNE 25, 1972, 123.

WASSERMAN, HARRY
"EARLY CAREERS OF PROFESSIONAL SOCIAL WORKERS IN A PUBLIC WELFARE AGENCY," [SOCIAL WORK], JULY 1970, 151 93-101,

WASSERMAN, SIDNEY

WATSON, O.L., ET AL,
[SELF-DIRECTED BEHAVIOR: SELF-MODIFICATION FOR PERSONAL ADJUSTMENT], [MONTEREY, CALIF: BROOKS/COLE, 1972.]

WEBER, A,
"CHILD ABUSE," [PRAXIS], FEBRUARY 13, 1968, 571 188-90.

WEDE, P., ET AL,
[BEORN TO FAIL], [LONDON: ARROW BOOKS, LTD., 1973.]

WEICH, M.J.

HEINBERGER, PAUL E., ET AL,
"THE DISPOSITION OF CHILD NEGLECT CASES REFERRED BY CASE WORKERS TO A JUVENILE COURT," [CHILD WELFARE], OCT., 1966, 1457-71.
WEINER, IRVING B.
*FATHER-DAUGHTER INCEST: A CLINICAL REPORT.*
[PSYCHIATRIC QUARTERLY], 1962, 36:607.

WEINER, IRVING B.
*ON INCEST: A SURVEY.*
[EXCERPTA CRIMINOLOGICA], MARCH-APRIL 1964.

WEINSTEIN, E.A.
*THE SELF-IMAGE OF THE FOSTER CHILD.*
(N.Y., RUSSELL SAGE FOUNDATION, 1968.)

WEIR, J.G.
*THE PREGNANT NARCOTIC ADDICT: A PSYCHIATRIST'S IMPRESSION.*

WELCH, EXIE.
*SUSTAINING THE CHILD IN HIS IMPAIRED HOME.*
[CHILD WELFARE], JULY, 1953, 33.

WERTHAM, FREDERIC
*BATTERED CHILDREN AND BAFFLED ADULTS.*
[BULLETIN OF NEW YORK ACADEMY OF MEDICINE], AUGUST, 1972, 48(7):886-98.

WEST, S.
*ACUTE PERIOSTEAL SWELLINGS IN SEVERAL YOUNG INFANTS OF THE SAME FAMILY, PROBABLY RICKETY IN NATURE.*
[BRITISH MEDICAL J], 1886, 1:856-57.

WESTON, J.T.
*THE PATHOLOGY OF CHILD ABUSE.*
IN: HELFER, R.E AND KEMPE, C.H. (ED), [THE BATTERED CHILD].
(CHICAGO: UNIV OF CHICAGO PRESS, 1968.)

WESTON, W.J.
*METAPHYSICAL FRACTURES IN INFANCY.*

WHALEY, D.L., ET AL.
[ELEMENTARY PRINCIPLES OF BEHAVIOR].
(N.Y., APPLETON-CENTURY-CROFTS, 1971.)

WHITE, D. J., JR.
*PROTECTING THE ABUSED CHILD IN GEORGIA: IDENTIFYING AND REPORTING.*
[CJ MED ASSOC GA], MARCH 1971, 60: 86-88.

WHITE, L. A.
*A DEFINITION AND PROHIBITION OF INCEST.*
[AMERICAN ANTHROPOLOGIST], JULY-SEPT 1948, 51: 416.

WHITE HOUSE CONFERENCE ON YOUTH, 1970.
*CHILDREN IN TROUBLE: ALTERNATIVES TO DELINQUENCY, ABUSE, AND NEGLECT.*
(IN: WHITE HOUSE CONFERENCE ON YOUTH, 1970,

WHITING, BEATRICE B., (ED)
[SIX CULTURES: STUDIES OF CHILD REARING].
(N.Y. & LONDON: JOHN WILEY AND SONS, 1963.)

WHITING, J. W. M., ET AL.
[CHILD TRAINING AND PERSONALITY].
(NEW HAVEN, CONNECTICUT: YALE UNIVERSITY PRESS, 1953.)

WHITTEN, CHARLES.
*TLC AND THE HUNGRY CHILD.*
WHITTEN, CHARLES R., ET AL.
*"EVIDENCE THAT GROWTH FAILURE FROM MATERNAL DEPRIVATION IS SECONDARY TO UNDEREATING."

WICKES, IAN G., ET AL.
*"BATTERED OR PIGMENTED."
[BRITISH MEDICAL J], MAY 13, 1972, 21484.

WIGHT, BYRON W.
*"THE CONTROL OF CHILD-ENVIRONMENT INTERACTIONS: A CONCEPTUAL APPROACH TO ACCIDENT OCCURRENCE."
[PEDIATRICS], NOV., 1969, 44(SUPPL):799-805.

WILL, DAVID.
*"BABY BATTERING AND ITS PREVENTION."
[NURSES CHRONICLE AND NURSING NOTES], JULY, 1971, 1242-244.

WILKerson, A.E.
*"THE RIGHTS OF CHILDREN: EMERGENT CONCEPTS IN LAW AND SOCIETY."

WILLY, R., ET AL.
*"CHILD ABUSE, PSYCHOSOCIAL SITUATIONS AND CASE HISTORIES."

WILLIAMS, A.E.
*"BARNABO OF STEPNEY: THE FATHER OF NOBODY'S CHILDREN."
(London: Allen & Unwin, Ltd., 1966.)

WILLIAMS, FREDERICKA D.
*"THE AFDC WORKER'S ROLE IN PROTECTIVE SERVICES."

WILSON, MARIETT.
*"DEVIANCE AND CHILD NEGLECT."
(London: George Allen and Unwin, Ltd., 1962.)

WILSON, HARRIETT.
*"PROBLEM FAMILIES AND THE CONCEPT OF IMMATURITY."
[CASE CONFERENCE], OCTOBER, 1959, 6.

WILSON, J.B., JR.
*"THE BATTERED CHILD ACT--A SUMMARY AND ANALYSIS."

WILSON, REGINALD A.
*"LEGAL ACTION AND THE 'BATTERED CHILD'."
[PEDIATRICS], 1963, 11003.

WILSON, THELMA G.
*VENTURA VENTURES INTO CHILD PROTECTIVE SERVICES.
(Denver: AHA, 1966.)

WINICK, MYRON.
*"MALNUTRITION AND BRAIN DEVELOPMENT."

WINNING, CYRIL H.
*"COPE WITH CHILD ABUSE: ONE STATE'S EXPERIENCE."
[PUBLIC WELFARE], JULY, 1968, 1189-92.

WINNIECOTT, D.W.
*"THE DEPRESSIVE POSITION IN NORMAL EMOTIONAL DEVELOPMENT."
[British J of Medical Psychology], 1955, 28: 89-100.

WINTER, WILLIAM D., ET AL.
*"TALKING TIME AS AN INDEX OF INTRAFAMILIAL SIMILARITY IN NORMAL AND ABNORMAL FAMILIES."
[CJ OF ABNORMAL PSYCHOLOGY], 1969, 74(5): 574-75.

618

616


(WISCONSIN STATE J., "Wisconsin State Journal, Section 6," Madison, Wis., May 24, 1964.)


YARROW, M.R., ET AL., [CHILD REARING: AN INQUIRY INTO RESEARCH AND METHODS], (SAN FRANCISCO: JOSSEY-BASS, 1968.)


YOUNG, LEONTINE, "THE PREVENTIVE NATURE OF PROTECTIVE SERVICES," IN [PROCEEDINGS OF INSTITUTE ON PROTECTIVE AND RELATED COMMUNITY SERVICES], (RICHMOND: RICHMOND SCHOOL OF SOCIAL WORK, 1968.)

YOUNG, LEONTINE, [WEDNESDAY'S CHILDREN: A STUDY OF CHILD NEGLECT AND ABUSE], (N.Y.: McGRAW-HILL, 1964.)


ZLOTNIK, GIDEON
"CHILD ABUSE, A MATERIAL FROM COURT PSYCHIATRIC PRACTICE,"
[UUGESKR LÆGER], MARCH 26, 1971, 1331 567-72.

ZUCKER, HERBERT,
"RESISTANCE," FROM: [PROBLEMS OF PSYCHOTHERAPY],
(N.Y., THE FREE PRESS, 1967.)

ZUCKERMAN, KENNETH, ET AL.
"CHILD NEGLECT AND ABUSE, A STUDY OF CASES EVALUATED AT COLUMBUS CHILDREN'S
HOSPITAL IN 1968-69,"

ZWERDLING, ELLA.
"THE ABC'S OF CASEWORK WITH CHILDREN: A SOCIAL WORK TEACHER'S NOTEBOOK,"
[CHILD WELFARE LEAGUE OF AMERICA], 1974.