ABSTRACT

The review of research on child abuse and neglect presents brief abstracts of studies collected by the Clearinghouse of the National Center on Child Abuse and Neglect. Material is organized into five subject areas (sample subtopics in parentheses): definition of abuse and neglect; incidence (national and selected geographic estimates); psychosocial ecology (individual capacities, situational factors, and social institutional factors); prevention and treatment (primary and secondary prevention); and effects/sequelae. The annotated lists within each heading include authors' name, methodology statement, and a brief review of findings. A 30-page bibliography concludes the document. (CL)
1978 ANNUAL REVIEW OF CHILD ABUSE AND NEGLECT RESEARCH

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This publication was prepared by Mary Porter Martin and Susan L. Klaus, Social Research Group, George Washington University for Hemet and Company under Contract Number HEW-105-76-1136, for the National Center on Child Abuse and Neglect, U.S. Children's Bureau, Administration for Children, Youth and Families, U.S. Department of Health, Education, and Welfare. It is disseminated in the interest of information exchange. No office of the U.S. Government assumes any liability for its content or the use thereof.
PREFACE

Since the early 1960s the concerted efforts of researchers, clinicians, and practitioners from a variety of professional disciplines have served to bring to the consciousness and the conscience of our society a problem of tragic proportions—the abuse and neglect of our nation's children. With the passage of the Child Abuse Prevention and Treatment Act of 1974, the Federal government, through the National Center on Child Abuse and Neglect (NCCAN), has worked to heighten this public awareness and to support efforts directed toward the identification, prevention, and treatment of child abuse and neglect.

As part of its mandate, the National Center is directed to compile and publish a summary of recently conducted research in the field of child abuse and neglect. This 1978 Annual Review of Child Abuse and Neglect Research presents a broad overview of the status of research using as its data base the abstracts of completed and ongoing research studies contained in the computerized data base of the NCCAN Information Clearinghouse. This Clearinghouse was established by the National Center to collect, process, and disseminate information on child abuse and neglect.

Such an overview, using the abstracts as the sole data source, has the advantage of including a large body of material in a format where different methodologies are easily apparent and where pertinent topics are clearly distinguished. It also helps identify gaps or overlaps in research. We hope it will be a useful resource document for anyone wishing to select a particular area of research for further examination. Unfortunately, information demanded by the abstract format does not permit an in-depth analysis of the material.

This report was written by Mary Porter Martin and Susan L. Klaus with assistance from Ruthann Bates. Dr. Maure Hurt, Jr., directed the work for the Social Research Group, The George Washington University. Dr. Douglas E. Berenger directed the work on behalf of Hermes and Company. The assistance of Joseph Wechsler, Government Project Officer and Chief of the NCCAN Clearinghouse, is gratefully acknowledged.

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INTRODUCTION

Information Clearinghouse

The NCCAN Information Clearinghouse systematically scans the world's literature in order to identify results of research on child abuse and neglect. These research findings appear in journal articles, books, technical reports, dissertations, etc., which the Clearinghouse collects and processes for entry into the Center's computerized database. The present report is one of several methods used by the Clearinghouse to disseminate information. The abstracts and descriptions of projects that are used in this report were also published by the National Center in three editions of Child Abuse and Neglect Research Projects and Publications.

Procedures for Selection of Research Studies for Inclusion in the Review

All abstracts included in the NCCAN Clearinghouse data base as of November 1977 were reviewed to select for further examination those which met the criteria for a research study. For the purposes of this review, research is defined as a systematic examination, investigation, or inquiry which proceeds under a well-defined procedure or methodology, uses a known system of measurement, and documents findings based on empirical data.

A second review of those abstracts which were designated research studies was then carried out to categorize the material into five substantive areas: definition, incidence, psychosocial ecology, prevention and treatment, and sequelae. This organizational framework is based on the 1977 Annual Analysis of Child Abuse and Neglect Research.

With the exception of the section on psychosocial ecology, any modifications reflect the availability of material in the abstracts. The section on psychosocial ecology has been refined and enlarged as the result of a symposium on this subject.

After the initial review and sorting was done, it became clear that the definition of research used here excluded legal research, since legal research does not follow the procedures of social science research but has its own methods, mainly case description. A review of legal abstracts was done, those abstracts that dealt with one or more of the five substantive areas and that were not state-specific but applicable to child abuse and neglect proceedings nationally, were selected and included in the review.

The same procedure was used in reviewing ongoing research studies in the NCCAN Clearinghouse data base and selecting studies for inclusion in this review. Those research studies which were underway as of January, 1978 are included. While some of these studies may now be complete, no formally published documentation of research results had been included in the Clearinghouse data base. Information concerning ongoing research projects reported here was obtained from responses to a NCCAN survey questionnaire, and in large measure focuses on research purposes and methodology rather than findings, since many of the studies were in the data collection phase when the questionnaire was completed.

The sole source of data for review of completed and ongoing research studies is the abstracts of the NCCAN Clearinghouse. All studies are cited according to the "CP" or "CR" identification number assigned each study when it is entered into the NCCAN computerized data base. Full citations are given in the bibliography beginning on page 64.

II DEFINITION

One of the central issues in the field of child abuse and neglect is that of defining the problem. The ambiguities that surround the definition of this particular social problem touch every aspect of the field. For example, the way in which one defines abuse and neglect affects what is reported and how many reports are made, which in turn affects the effort to assess an incidence rate. Using a broad definition, abuse and neglect include all acts that interfere with the optimal development of children. This definition leaves open the issue of what is the optimal development of a child and what acts interfere with this development. At the other extreme, abuse and neglect include only those acts that result in observable injuries; a definition that excludes an uncomfortably large number of children who do not exhibit observable injuries, yet are abused and neglected. Prevention and treatment programs are also influenced by the inclusion or exclusion of certain behaviors within the definition of abuse and neglect. Finally, in many cases comparability across research findings is not possible because of the use of different definitions in studies.

The following discussion will review the available research on the definition of child abuse and neglect. In addition, this section will discuss some of the legal issues and opinions related to the problem of defining abuse and neglect. Full citations for all references can be found in the bibliography beginning on page 64.

Summary of Research Studies Related to the Definition of Child Abuse and Neglect

Only one completed research study deals with the issue of defining child abuse and neglect. Boehm (CD-00103, CD-01415) surveyed 1400 members of representative community leadership groups by questionnaire in order to assess the extent of consensus for protective intervention in various types of abusive and neglectful situations. There was strong consensus for protective action in situations involving physical hazard to the child, but a large majority opposed protective action in cases of emotional neglect. No significant relationship was found between occupation and the perceived need for protective intervention. Thus, indicating that social work respondents were substantially in agreement with the attitudes expressed by other community groups and did not assign greater latitude or responsibility to the protective agency than did the members of other occupations.

In an ongoing study, Gelles (CD-00060) is examining the labeling and classification processes employed by individuals dealing with suspected cases of child abuse in an attempt to determine a common definition of abuse. The opinions of physicians, social workers, and elementary school counselors were ascertained through questionnaires and in-depth interviews.

Summary of Legal Issues and Opinions Related to the Definition of Child Abuse and Neglect

Twenty-five studies report on legal issues that are involved in the development of a legal definition of child abuse and neglect. An appropriate legal definition of child abuse and neglect is necessary to avoid confusion in reporting and to allow for effective but appropriately limited intervention.

The majority of these studies deal with the problem of competing interests of the child, family, and state in those instances in which legal action is taken by the state. A second group deals with the specifics of court procedures, while a third analyzes the effect of a broad versus a narrow statutory definition of child abuse and neglect.

Competing interests of child, family, and state

Legal opinions continue to reflect differences on how best to resolve competing interests of the child, family, and state in cases of child abuse and neglect. Courts have traditionally held that the natural or biological parents have an inherent and superor right to the custody and control of their child (CD-00075). At the same time they have recognized that Parens patriae may be exercised with the understanding that the state is the ultimate keeper of the child's welfare (CD-01698). Current law emphasizes family privacy and presumed parental fitness although the rights of parents are not absolute (CD-01473). Traditionally children have the right to be cared for by their parents; or, in the absence of such care, the state would benevolently provide for them (CD-01066).

At present, the prima facie assumption that either the parents of the state necessarily represents the interests of the child is questioned.
A Bill of Rights for Children has been proposed which declares that children are people and that they are entitled to assert individual interests in their own right, to have a fair consideration given to their claims, and to have their best interests judged in terms of pragmatic consequences. On balance, the protection of individual rights has not been applied as evenly to children as to parents.

An important legal decision pertaining to the issue of children's rights versus parents' rights was made in the case of Wyman v James, when the Supreme Court ruled on the legality of the state's right to visit welfare mothers, as a security for the rights of children involved. For the first time, an issue of contradiction between the child's rights and the mother's rights was presented.

Court procedures. Discussions of court procedures focus on the need for procedural safeguards for parents and children in the legal process. The issues include need for due process protection, the child's right to counsel, the parent's right to counsel if indigent, confrontation and cross-examination of witnesses, criminal liability of parents of delinquent children, and various evidentiary problems.

Statutory definition of abuse and neglect. Many states have enacted legislation which defines abuse and neglect broadly and permits extensive judicial intervention. Experience has shown that many of these statutes have fallen short of a good operational definition. The major flaw in most statutes is a vagueness that permits intervention in the parent-child relationship on the basis of subjective norms rather than on specified, objective standards delineated by the legislature.

It is felt by some that a limited definition of child abuse and neglect encourages the use of protective services and other nonjudicial approaches to the problem. There has been support from various involved professional groups for the proposition that parents charged with neglect and abuse are entitled to remedial and supportive services designed to ameliorate the conditions constituting neglect and abuse rather than the quasi-punitive response of removing the child. The challenge remains to develop a definition that allows for intervention in those instances where children need protection, particularly when parents refuse assistance, but that protects individuals from arbitrary or inappropriate intervention by the state.
Attempts to measure the rate at which new cases of abuse and neglect occur in the United States during a specified time period (incidence), or the number of cases of abuse and neglect in existence at a particular point in time (prevalence), have been unsuccessful for a number of reasons. The sources of information have been biased in ways only partially understood and the resultant figures are not yet statistically controllable. Definitional differences across states and even within studies have made statistical projections to larger populations inaccurate. Increased public and professional awareness of the problem, along with increased enforcement of reporting mandates, have made trend analysis unreliable, and the very private nature of the actions under study and their similarity to accidental injury or to conditions found in an impoverished environment have made detection very difficult.

This section will review those research studies that report on the incidence of child abuse and neglect, or that report the results of efforts to ascertain the sources of discrepancies in estimates of abuse and neglect. To date, most studies have measured incidence rates, though prevalence may well be the better measure of neglect (Polansky et al., 1975). For this reason, only incidence rates are under consideration here. Full citations for all references can be found in the bibliography beginning on page 64.

Estimates of the National Incidence of Abuse

Various methods have been used to assess the national incidence rate of abuse. For example, DeFrancis (CD-01511) studied cases reported in newspapers in 1962. Gil (CD-01187) conducted a national survey as well as a survey of every incident reported through legal channels. Nagi (CD-00704) surveyed agencies related to abuse and neglect for his estimate figures. A comparison of national estimates of the extent of abuse, 1962-1975, shown in Table 1, reveals that these estimates vary as widely in actual numbers as they do in methodology.

Estimates of the National Incidence of Neglect

Perhaps the one statement on neglect for which there is universal agreement is that it occurs with more frequency than abuse. Although a variety of ratios is presented in the literature, a 4:1 or 5:1 ratio of neglect to abuse seems likely.

The actual numbers of neglected children are even more difficult to derive than those of abused children, because so few reporting systems separate abuse from neglect. The category of abuse, which includes neglect, is generally recorded.

Table 2, which follows, presents a comparison of national estimates of the extent of neglect, 1962-1975.

There are two other potential sources of information on the extent of neglect in the United States: juvenile court statistics (CD-01399, CD-01848, CD-01849) and statistics on neglected children living in institutions that receive federal funds (CD-01946). Data in these studies are not national estimates, since they refer only to those neglected children who come into the court system or who are institutionalized. Further, the juvenile court figures include dependency as well as neglect cases; however, they do provide some information on the relative increase in reported neglect cases.

Estimates of Abuse and Neglect in Selected Geographical Areas

There have been numerous studies of the extent of abuse or neglect in specific geographical areas. These cover compilations of data on the incidence of the problem in states, regions, counties, cities, and foreign nations.

The literature includes many studies on the extent of abuse and neglect in states, including Alaska (CD-01089, CD-01114, CD-01433), Arizona (CD-01452), California (CD-01447),
TABLE I
COMPARISON OF NATIONAL ESTIMATES
OF THE EXTENT OF ABUSE. 1962-1975

<table>
<thead>
<tr>
<th>Measurement Criteria</th>
<th>Estimate of Incidence</th>
<th>Origin of Data</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse, not further specified</td>
<td>662</td>
<td>Newspaper accounts, 1962 data</td>
<td>DeFrancis (1965) (CD-01511)</td>
</tr>
<tr>
<td>Abuse, not further specified</td>
<td>302</td>
<td>71 hospitals, 1962 data</td>
<td>Kempe et al. (1962) (Reported in CD-00560)</td>
</tr>
<tr>
<td>Abuse, not further specified</td>
<td>447</td>
<td>77 district attorneys, 1962 data</td>
<td>Kempe et al. (1962) (Reported in CD-00560)</td>
</tr>
<tr>
<td>Abuse that resulted in some degree of injury</td>
<td>2,500,000-4,070,000</td>
<td>National survey, 1965 data</td>
<td>Gul (1970) (Reported in CD-01187)</td>
</tr>
<tr>
<td>Abuse that resulted in some degree of injury</td>
<td>200,000-500,000</td>
<td>Reanalysis of Gul’s 1965 data</td>
<td>Light (1973) (CD-00613)</td>
</tr>
<tr>
<td>Serious injury by nonaccidental means</td>
<td>10,000-15,000</td>
<td>1966 data, no source given</td>
<td>Helfer and Pollack (1968) (CD-00463)</td>
</tr>
<tr>
<td>Abuse that resulted in some degree of injury</td>
<td>6,617</td>
<td>Central registries, nationwide, 1968 data</td>
<td>Gul (1970) (Reported in CD-01187)</td>
</tr>
<tr>
<td>Reported abuse</td>
<td>60,000</td>
<td>Additive estimate, based on cases reported in Denver and New York City, 1972 data</td>
<td>Kempe and Helfer (1972) (CD-00559)</td>
</tr>
<tr>
<td>Reported abuse</td>
<td>41,104</td>
<td>Official reporting systems from 10 largest states, 1973 data</td>
<td>Cohen and Sussman (1975) (CD-01136)</td>
</tr>
<tr>
<td>Abuse, not reported</td>
<td>98,000</td>
<td>Difference between projections from rate of reports in Florida and rate from agency survey, 1972-1973 data</td>
<td>Nagi (1975) (CD-00704)</td>
</tr>
<tr>
<td>Parent-to-child violence</td>
<td>1,400,000-1,900,000</td>
<td>Household survey, 1975 data</td>
<td>Gelles (1977)*</td>
</tr>
</tbody>
</table>

*Not available from the NCCAN Clearinghouse when this table was prepared
TABLE 2

COMPARISON OF NATIONAL ESTIMATES OF THE EXTENT OF NEGLECT, 1962-1975

<table>
<thead>
<tr>
<th>Measurement Criteria</th>
<th>Estimate of Incidence</th>
<th>Origin of Data</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported neglect</td>
<td>432,000</td>
<td>Agency survey, 1972, 1973 data</td>
<td>Nagi (1975) (CD-00704)</td>
</tr>
<tr>
<td>Neglect, not reported</td>
<td>234,000</td>
<td>Difference between projections from rate of reports in Florida and rate from agency survey, 1972-1973 data</td>
<td>Nagi (1975) (CD-00704)</td>
</tr>
<tr>
<td>666,000 (total)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect and other maltreatment incidents excluding abuse</td>
<td>465,000</td>
<td>Reanalysis of Gil's 1965 data</td>
<td>Light (1973) (CD-00613)</td>
</tr>
</tbody>
</table>

Hawaii (CD-00446, CD-00447, CD-00448), Illinois (CD-00506, CD-01274), Iowa (CD-01670), Kansas (CD-01605), Kentucky (CD-00563), Massachusetts (CD-00726), New York (CD-01261, CD-01612), North Carolina (CD-01263), Pennsylvania (CD-01281), Texas (CD-01583), and Wisconsin (CD-01293). These reports usually include information on the rate of increase or decrease in the reported cases, some descriptive information on the child abusing population, or some information on how cases were managed. These studies are, however, dissimilar in a number of ways. For example, their scope varies; the statistics for Iowa include only child abuse cases while those for Kansas include both abuse and neglect cases. The methods of measuring incidence also are not uniform. Alaska estimated its statistics in units of physical abuse children per 100,000 children under the age of 16, while Pennsylvania merely counted all the cases reported to the state. Sources of information are different; a New York study (CD-01612) relied on reports from the state's child abuse register, but the Massachusetts study used agency reports, a survey of physicians and hospitals, and projections based on nonreplying physicians. The years covered by these studies also varied, ranging from a one-year estimate for 1970 in Massachusetts and for 1975 in Iowa, to a multi-year study, 1972 to 1975, in Kansas.

Three studies examined child abuse reporting practices in more than one state. A comprehensive study of suspected child abuse cases reported in the southern states over a five-year period (CD-00526) was conducted to (1) determine major demographic characteristics of abused children, families, and perpetrators, (2) analyze these characteristics in terms of case dispositions, (3) determine the extent of reporting and utility of state legislation and programs, and (4) find relevant associations between selected variables. Another study of child abuse reporting practices in the Southeast (CD-01219). A third study focused on the effectiveness of reporting laws, rate of reports, and persons involved in reporting systems for child abuse cases in New York, California, Colorado, and West Virginia (CD-01480).

A few documents have published results of studies of the extent of abuse and neglect in particular cities and counties. In Denver (CD-01153), the Department of Welfare analyzed 1972 data on 143 battered children served by the Child Protection Program and compared these to 1971 figures; this study also estimated that 2,400 to 2,600 children come to the attention of the program each year. An epidemiologic study of sexual abuse in children was performed by reviewing Minneapolis Police Department case records from 1964 to 1971 (CD-01674), about 300 cases, were seen each year, and 85% of these involved indecent exposure or indecent liberties. A five-year review of data on Hennepin and Ramsey Counties, Minnesota, stated that 1,285 cases of
Physical and sexual abuse were reported since 1971, 396 of which were reported in 1975 alone (CD-01926). A study in Douglas County, Nebraska, found that 2,570 cases of child abuse and neglect had been reported to the county's child protective service agency between August 1967 and December 1973, with 634 of these reported in 1973 (CD-00049). Like the studies done on the incidence of abuse and neglect in various states, these county and city analyses also differ as to measurement criteria: methods of measuring incidence, sources of statistics, and time spans covered.

There are five studies of the extent of abuse, or, of abuse and neglect in foreign countries, and one of child abuse and neglect in U.S. Army families stationed in Europe (CD-01335). Comparisons of the rate of abuse and neglect in Army families with the reported rate in Denver and New York revealed a significantly higher rate in the Army population.

Three of the foreign studies concern child abuse and neglect in England. One examined the cases of 24 infants admitted to a British hospital during a three-year period and projected that one child in 1,000 would be hospitalized due to battering in infancy (CD-00831). Another study analyzed the cases referred to England's National Society for the Prevention of Cruelty to Children, and this study estimated that there may be about 11,000 cases of non-accidental injuries to children in England every year by extrapolating from the 1970 and 1971 statistics of the Emergency Department of Preston Royal Infirmary (CD-00167). This study also estimated that 500 to 600 children of this annual total will die.

Two studies are concerned with Canadian statistics on child abuse and neglect. One examined cases involving battered and emotionally deprived children in Nova Scotia (CD-01144), but was based on records of only 59 cases in the five years between 1966 and 1970. The other Canadian study analyzed murder statistics between 1964 and 1968, finding that the victims were under 16 years of age in 11% of the cases (CD-00853).

Ongoing Research Studies Examining Incidence

The following table summarizes information on four ongoing research studies investigating various aspects of the problems related to determining the incidence of abuse and neglect. Two of these studies are concerned with means of identifying abuse and two attempt to measure incidence in specific populations:

<table>
<thead>
<tr>
<th>Reference</th>
<th>Research Purpose</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ford, R.J.</td>
<td>Establish a general policy as guideline for photographing victims of child abuse; educate hospital personnel in following guideline</td>
<td>Survey of biophotographers in 64 children's hospitals. Legal interpretations being studied. Recontact of biophotographers 2 years later</td>
</tr>
<tr>
<td>Smistek, B.S.</td>
<td>Investigate incidence, typology, and community management of adolescent abuse and neglect</td>
<td>Various techniques from case supervision to collection of aggregate data and provision for innovative service components. Sample 250 children</td>
</tr>
<tr>
<td>Louie, L.S.</td>
<td>Review femur fractures in infants and their relationship to mechanisms of injury</td>
<td>40 children who suffered femur fractures to be reviewed. Explanations given by parents compared with type of fracture</td>
</tr>
<tr>
<td>Fults, I</td>
<td>Descriptive analysis of data from child abuse deaths in one state and on Indian reservations</td>
<td>Retrospective survey. Data collected from onsite investigations, postmortem exams and autopsies, and ancillary exams.</td>
</tr>
</tbody>
</table>

TABLE 3
ANOTATED LIST OF ONGOING RESEARCH STUDIES INCIDENCE
Sources of Discrepancies in Estimates of Abuse and Neglect

The wide discrepancy in estimates of abuse and neglect may be attributed to a number of reasons, most of which stem from the types of data sources used for estimating incidence rates: (1) mandated reports, either to a central register or child protective agency, and (2) household surveys. Each has certain inherent characteristics which account in part for the problems encountered in assessing the true extent of abuse and neglect.

One of the most obvious reasons for the wide discrepancy in estimates is that incidence data collected through mandatory reporting are inaccurate. In general, it is thought that rates based on a reporting system underestimate the accurate number of cases of abuse and neglect while at the same time failing to distinguish abuse from neglect and substantiating from unsubstantiated cases. Furthermore, it is a known fact that a system of data collection is affected by: (1) accuracy of detection, (2) public and professional awareness, (3) degree of enforcement, (4) certain reporting biases, (5) lack of comparability in statutes, and (6) availability of resources.

Accuracy of detection: Certain children simply are not brought to the attention of authorities, either because they do not receive any medical attention, because their parents use a different hospital each time, or because they are not diagnosed as abused when they are seen by a doctor of hospital personnel. Four research studies examine some aspect of the problem of diagnosing child abuse or neglect. A study of 45 randomly selected children seen in the casualty departments of two London hospitals found that in none of the nine cases subsequently diagnosed as abused or neglected had the diagnosis been seriously considered (CD-01851). A follow-up study of 33 children hospitalized with bone fractures reported that, at the time of the injury, 10 families (five involving abuse, two not involving abuse, and three questionable) had not been questioned regarding the possibility of child abuse, and two nonabusive families had erroneously been accused of abuse (CD-00291). Indicators of suspicion that the injury was intentional include unreliable or inconsistent history (CD-01453), delay in reporting by parents with inadequate explanations, and failure to appear for follow-up examinations (CD-00515).

Public and professional awareness: The number of child abuse cases reported each year is clearly affected by the extent of public and professional awareness and how well this awareness is translated into actual reporting.

Several research studies examine the relationships of professional awareness to the reported rate of abuse and neglect. One examined immunity for reporters as an effective stimulus for reporting and for gaining full cooperation by child abuse reporters (CD-00337).

Other studies focus on the physicians' knowledge of and attitudes toward child abuse and neglect and their role in reporting it. One study of over 1,200 cases reported by hospitals found that private physicians had reported only 11, and attributed this to inadequate education in medical school and insufficient in-service training (CD-00537). Similar deficiencies in education or training were reported in other studies (CD-00438, CD-00925, CD-02052), and wide variations in familiarity with abuse and neglect also have been reported (CD-01459, CD-00922).

Six studies focus on the school's role in reporting child abuse and neglect. Four note the failure of the system to fulfill its responsibility by organizing standard procedures and ensuring that personnel are aware of the problem and the procedures available to them (CD-00277, CD-00635, CD-01544, CD-01945). One study simply surveyed 33 schools in a metropolitan area and noted that school personnel did not report numerous cases of abuse and neglect (CD-01294). This was borne out by an analysis of complainants and complaints in a public protective service setting which reported that the greatest number of acceptable complaints came from schools (CD-01855).

Studies of public awareness concentrate on surveying public knowledge of and attitudes toward the problem of child abuse and where to report it or on measuring, by statistical reports, calls to a hotline. One survey sought information from a sample of residents of Newark, New Jersey, an area reporting the highest incidence of child abuse in the state (CD-01292) and found that nearly 70% of the respondents had heard about the problem of child abuse. Another studied nonwhites in Tacoma-Pierce County, Washington, and found that a majority were aware of child abuse agencies (CD-01471). A third discovered that residents of Pueblo County, Colorado, were aware of child abuse as a problem, but their knowledge of helpful agencies in the community was confused (CD-01371). The impact of a coordinated information campaign in Florida (CD-01842) and of the Care-Line, a 24-hour-per-day, 7-day-per-week statewide child abuse prevention and information service in Connecticut (CD-01489, CD-01490) has been studied. The tremendous increase in calls to these systems from year to year suggests that the public is increasingly aware of the problem and where to report it.
Comparability of statutes

State reporting laws vary as to the definitions of abuse and neglect, penal sanctions, who must report, and reporting procedures. Such variations result in limited comparability among states' data on child abuse and neglect reports. Several studies from the field of legal research have compared the provisions of mandatory reporting statutes and state central registries (CD-00149, also reported in CD-00141, CD-00275, CD-00343, CD-00666, CD-00777, also reported in CD-00778, CD-01479, CD-01540). However, these surveys reveal that standardization of provisions is occurring as jurisdictions broaden their definitions of abuse and neglect, expand the classes of persons required to report, expand the provisions for confidentiality of records, and authorize the operation of central registries.
IV. PSYCHOSOCIAL ECOLOGY

The following section reviews the research on the psychosocial ecology of child abuse and neglect. A companion report describes the psychosocial ecological approach, and presents a framework for identifying and analyzing all aspects related to individuals and their environment which seem relevant to the problem of child abuse and neglect. This psychosocial orientation of the framework shows a concern for actors related to individuals and families, as well as for the cultural and social environment in which they exist, while its ecological approach emphasizes the importance of the interrelationships of these factors and the ways in which they affect each other.

The major sets of factors that are thought to contribute to or mitigate against the occurrence of child abuse and neglect include (1) individual capacities, (2) situational factors, (3) attitudes and values, and (4) social institutional factors. These factors affect family dynamics both negatively, by creating stresses for the family, and positively, by providing supports that can enhance family functioning. It is some particular combination of these factors at particular times that is thought to be associated with child abuse and neglect.

Each of these factors is reviewed separately in the following section. Each study that reported findings related to one of these factors is included once in the review. In many instances, a study reported findings on both individual capacities and situational factors. In some cases, attitudes and values were also reported. The decision to review a study in a particular section was based on the majority of findings it presented.

Individual Capacities

Individual capacities are perhaps the most critical determinants of behavior. These characteristics define one's individuality. They determine the ways in which an individual adjusts to his environment and affect the ways in which he deals with himself and others.

In this review, individual capacities related to child abuse and neglect are divided into three major groups: personality characteristics, personal attributes, and life experiences.

Personality characteristics include temperament, motivation, ego strength, capacity for self-discipline, and capacity to give and receive affection. They are shaped by the potential established by heredity, by the developmental process of growth and motivation, and by the residue of memories and experiences which are the lessons of life. Certain characteristics represent enduring aspects of personality which persist throughout a person's life, but personality characteristics also develop and evolve as a person interacts with his physical and social environment.

Personal attributes include both physical capacities—such as general health, handicaps caused by genetic errors or by disease, and motor coordination and dexterity—and cognitive capacities, including innate intellectual ability, ability to use language, perceptual skills, and abstract thinking and problem-solving abilities. Some of these attributes are permanent conditions. For example, congenital blindness or deafness resulting from a childhood disease are more or less constant factors which affect other areas of an individual's growth and development. Normal capacities develop and change over time, some through the natural maturation process and others through learning and life experiences.

Life experiences importantly affect personality formation and the expression of personality through behavior, while at the same time personality characteristics and personal attributes play a significant part in determining some of the experience which one meets in life. Life experiences involving parent-child interaction in particular have a profound influence on an adult's own parenting ability. If abuse and neglect were experienced as a child, it is possible that under stress, these familiar and accessible responses which have become integrated into one's personality structure may emerge.

The following pages present an annotated listing of 57 completed and eight ongoing research studies of individual capacities related to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons: (1) the purpose of the study was to investigate the relationship of a particular individual's capacity to child abuse and neglect, or (2), regardless of study focus, a substantial proportion of findings dealt with individual capacities. These studies are listed alphabetically by author and full citations are given in the bibliography which begins on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on individual capacities can be found under the heading "Review of Studies." Study findings are noted where available. If no findings are indicated in the abstract, the individual capacities dealt with in the study are reported.

Methodology

The sample size in 32 of the completed studies was between 20 and 60 subjects. Six studies had subject populations over 200; study populations were abused or neglected children or their parents in almost every study. The exceptions were five studies which focused on mother-infant pairs and six studies which used as their subjects white welfare mothers, disadvantaged children with low Vitamin-A levels, unmarried mothers, poor rural families, women seen at a planned parenthood program, and the general population as a whole. Psychological testing predominated as a method of data collection. Review of case records was also frequently used. Eight studies interviewed subjects, three studies included home or hospital observations of parent-child interaction, and one used videotape.

Review of studies

Most of the completed studies focus on the personality disorders of parents rather than children. Intelligence, mental illness or psychosis, alcoholism, apathy, and low self-concept frequently characterized abusive and neglectful parents.

Study findings related to children described personal attributes, which made the abusing or neglectful parent perceive the child as different. Congenital defects and other handicapping conditions, prematurity, and infant and other early childhood illnesses were most frequently mentioned.

Findings related to life experiences fell into two major categories: (1) the conditions surrounding the birth experience and mother-infant bonding, and (2) parental life experiences and background.

Ongoing research studies

Two of the eight studies consider the relationships of child abuse and substance abuse. The majority of studies are attempting to identify characteristics of parents or children that may lead to poor interaction patterns and abuse or neglect. One study considers the role that failure to thrive may play in the susceptibility to later abuse or neglect.

*Abbreviations for standardized psychological tests were used whenever possible; a key to these abbreviations can be found on page 63.
<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Birrell, R.G., Birrell, J.H.W. (CD-00093)</td>
<td>42 Maltreated children Admitted to hospital. 31-month case follow-up</td>
<td>Mental illness or subnormality of parents, alcoholism, disturbed parental background, and congenital abnormalities in child reported.</td>
</tr>
<tr>
<td>2 Bishop, F.I. (CD-00094)</td>
<td>70 cases of child mistreatment Hospital population</td>
<td>At-risk factors in child abuse cases included premature babies, congenital malformations, conception during depressive illness in mother.</td>
</tr>
<tr>
<td>3 Boisvert, M.J. (CD-00104)</td>
<td>20 cases of child abuse</td>
<td>Developed typology of abusive parents including psychotic parents; parents with irresponsible, immature, impulsive, passive aggressive, sadistic, and cold compulsive personalities.</td>
</tr>
<tr>
<td>4 Borgman, R.D. (CD-00109)</td>
<td>34 rural low income mothers referred to welfare agency for chronic child neglect Contrast group of 16 mothers referred for evaluation of fitness for employment Standardized test (WAIS)</td>
<td>Neglectful mothers—large number moderately retarded, lack of intellectual capacity at root of mothering inadequacy.</td>
</tr>
<tr>
<td>5 Brant, R.S.T., Tisz, V.B. (CD-01425)</td>
<td>52 cases of possible sexual misuse from cases in pediatric emergency room</td>
<td>Sexual abuse usually a manifestation of family pathology.</td>
</tr>
<tr>
<td>6 Brazelton, T.B., Tronick, F., Adamson, L., Als, H., Wise, S. (CD-01426)</td>
<td>12 mother-infant pairs during first 5 months of infant life Videotape</td>
<td>By 3 weeks of age, newborns demonstrated expectancy for interaction with caregiver. Attentional cycling may be diagnostic of optimal mother-infant interactions and seems not to be present in more disturbed interactions.</td>
</tr>
<tr>
<td>7 Browning, D.H., Boatman, B. (CD-01435)</td>
<td>14 cases of incest Referred to psychiatric clinic</td>
<td>Chronic depression in mother, alcoholism in father, handicapped or retarded children.</td>
</tr>
<tr>
<td>8 Children's Hospital Medical Center (CD-01467)</td>
<td>Cases of abnormal ingestion, failure to thrive, and child abuse and neglect Tape recorded interviews</td>
<td>Problem areas that distinguished cases from controls included problems in mother-child relationship, problems in mother's life history, and child health problems.</td>
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TABLE 4 (Continued)

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. De Chateau, P, Wiberg, B (CD-01509)</td>
<td>Primiparous mothers and their infants at 36 hours post partum and at 3 months post partum</td>
<td>Significant differences in study group who were allowed 15-20 minutes of suckling and skin-to-skin contact during 1st hour after delivery. Differences greater for boys than girls. Study mothers spent more time looking en face at infants and infants cried less and smiled more.</td>
</tr>
<tr>
<td>11. Delsordo, J D (CD-00264)</td>
<td>80 cases of physical abuse</td>
<td>Patients classified by causes of abuse including parental mental illness, alcoholism, parental frustration, irresponsibility and anomic, and brain damage in the child.</td>
</tr>
<tr>
<td>12. Dorman, S. (CD-01518)</td>
<td>69 child abuse cases randomly selected from 135 reported to Children's Hospital National Medical Center</td>
<td>Several personality traits account for parental behavior: narcissism, immaturity, poor ego development, poor self concept. Physically or psychologically deviant children singled out for abuse.</td>
</tr>
<tr>
<td>13. Elmer, E (CD-00294)</td>
<td>Comparison of abusive and nonabusive mothers Hospital population</td>
<td>Abusive mothers rated medical stress more severely. Abused babies less healthy with higher rate of prematurity.</td>
</tr>
<tr>
<td>14. Fanaroff, A A, Kennell, J H, Klaus, M H. (CD-00304)</td>
<td>146 infants confined to intensive care nursery for longer than 14 neonatal days Divided into two groups: Mothers who visited more than 3 times in 2 weeks (Group 1), mothers who visited fewer than 3 times in 2 weeks (Group 2). Follow-up for 6-23 months after discharge</td>
<td>No difference in abusing and neglecting mothers on measures of dependency frustration, nurturance, interpersonal self esteem. Abusing and neglecting scored higher on TAT need aggression, lower on family adjustment and interpersonal self esteem.</td>
</tr>
<tr>
<td>15. Floyd, L M (CD-01566)</td>
<td>12 abusing and 12 neglecting mothers 32 control mothers (Comparison on 8 personality measures (TAT))</td>
<td>Hypothesis supported that early and prolonged neonatal hospitalization interferes with the development of natural maternal-infant bonding and sets the scene for greater distortions at later date.</td>
</tr>
<tr>
<td>17. Friedrich, W N, Bonskin, J A (CD-01584)</td>
<td>357 children Reported to county welfare as physically abused Analysis of case reports</td>
<td></td>
</tr>
</tbody>
</table>
### ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES (Continued)

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Goldston, R</td>
<td>60 abused children (mostly 6-18 months old)</td>
<td>Role reversal in parents, history of unpleasant childhood experiences observed</td>
</tr>
<tr>
<td>(CD-00350)</td>
<td>Hospital population</td>
<td></td>
</tr>
<tr>
<td>19 Giovannoni, J M</td>
<td>186 neglected mothers</td>
<td>Past social and familial situation of mother did not differentiate neglected from</td>
</tr>
<tr>
<td>Billingsley, A</td>
<td>Low income, black, white, or Spanish-speaking interviews</td>
<td>adequate mothers. Neglected mothers showed lower degrees of nurturance toward</td>
</tr>
<tr>
<td>(CD-00378)</td>
<td></td>
<td>children and lower preference for younger, more dependent</td>
</tr>
<tr>
<td>20 Goldson, R</td>
<td>114 children from neighborhood health program with diagnoses of nonaccidental</td>
<td>Factors isolated in study to determine potential child abuse factors included</td>
</tr>
<tr>
<td>Cadot, R.V</td>
<td>trauma, failure to thrive, or both 6 weeks to 8 years of age</td>
<td>mental dullness, too many pregnancies, too close together, late attendance for</td>
</tr>
<tr>
<td>Fuchs, M.J</td>
<td></td>
<td>antenatal care or default</td>
</tr>
<tr>
<td>Umlauf, H.J. Jr</td>
<td>Mothers in perinatal period</td>
<td>Child abuse a dysfunction of parenting in which parent misperceives child due to</td>
</tr>
<tr>
<td>(CD-01506)</td>
<td></td>
<td>his own frustrating childhood experiences. Parents relied on child for gratification</td>
</tr>
<tr>
<td>21 Gordon, R R</td>
<td>60 abusing mothers</td>
<td>of dependency needs, had impaired impulse control, poor self-concept, disturbances</td>
</tr>
<tr>
<td>(CD-01609)</td>
<td>Control group of 30 neglectful mothers</td>
<td>in identity formation</td>
</tr>
<tr>
<td>22 Green, A H</td>
<td>30 mothers of pediatric outpatients</td>
<td>Abused children developmental retardation, irritability as infants</td>
</tr>
<tr>
<td>(CD-00396)</td>
<td>Structured interviews and review of agency records</td>
<td>Test scores indicated psychotic tendencies among abusive mothers and significantly</td>
</tr>
<tr>
<td>CD-01192;</td>
<td></td>
<td>lower self-control. Neglected mothers neurotic tendencies, deficiencies in all</td>
</tr>
<tr>
<td>CD-01614</td>
<td></td>
<td>areas of socialization, lower self-esteem</td>
</tr>
<tr>
<td>23 Gregg, G S</td>
<td>113 accidentally injured or abused children (30 abused)</td>
<td>Strong correlations found between malnutrition indicators and quality of mothering</td>
</tr>
<tr>
<td>Elmer, E</td>
<td>Observations of children and families</td>
<td>Abused child scored lower on intelligence and developmental tests, abusing parents</td>
</tr>
<tr>
<td>(CD-00406)</td>
<td></td>
<td>scored higher on practical intelligence than verbal intelligence, abusing mothers</td>
</tr>
<tr>
<td>24 Griswold, B B</td>
<td>40 white, welfare mothers</td>
<td></td>
</tr>
<tr>
<td>Billingsley, A</td>
<td>Psychological testing (MMPI, CPI WAIS, Batorn's Ego Strength Scale)</td>
<td></td>
</tr>
<tr>
<td>(CD-00407)</td>
<td>Interviews</td>
<td></td>
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<tr>
<td>25 Hepner, R</td>
<td>38 urban disadvantaged children with low serum Vitamin-A</td>
<td></td>
</tr>
<tr>
<td>Maiden, N C</td>
<td>Pair-matched for age, race, neighborhood, sex, school, with children with</td>
<td></td>
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<tr>
<td>(CD-00471)</td>
<td>normal Vitamin-A</td>
<td></td>
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<td></td>
<td>CLS</td>
<td></td>
</tr>
<tr>
<td>26 Hyman, C A</td>
<td>Abusive families</td>
<td></td>
</tr>
<tr>
<td>(CD-00500)</td>
<td>Matched control group of normal parents</td>
<td></td>
</tr>
<tr>
<td>(CD-01661)</td>
<td>Psychological, intelligence, and developmental testing</td>
<td></td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
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</tr>
<tr>
<td>26. (Continued)</td>
<td>(Stanford-Binet, Bayley Scales, Benedict Family Relations Test, WAIS, Cattell's 16 PF)</td>
<td>scored lower on capacity for character integration and maturity of personality. Abusing fathers showed defective personality integration and were more introverted.</td>
</tr>
<tr>
<td>27 Justice, B, Duncan, D F (CD-01688)</td>
<td>35 abusing parents 35 matched nonabusing parents having difficulties with their children Social Readjustment Rating Scale</td>
<td>Abusers report moderate life crises in the year prior to abusive event, competed with other parent and children for the role of being cared for.</td>
</tr>
<tr>
<td>28 Kennell, J, Jerauld, R, Wolfe, H, Chester, D, Kreger, N, C (CD-01710)</td>
<td>Primiparous mothers given prolonged contact with baby Control group had contact with baby consistent with normal hospital routine Structured interviews, physical examination of babies, time-lapse films of feedings</td>
<td>Measurable differences lasting for as long as 1 year were noted supporting theory of special attachment period shortly after birth.</td>
</tr>
<tr>
<td>29 Klaus, M H, Kennell, J S (CD-00569)</td>
<td>Mothers and newborn infants Observations made up to one month after discharge</td>
<td>Mothers denied physical contact with their infants until 20 days after delivery showed less coddling and less eye contact with the infants than a group of mothers allowed contact after 5 days.</td>
</tr>
<tr>
<td>30 Klein, W, Stern, L (CD-00570)</td>
<td>51 cases of abused children seen at a hospital</td>
<td>12% were low birthweight infants compared with expected rate of 7.8% in general population. Associated with abuse was a high degree of isolation and separation of infants from parents during neonatal period and high incidence of major neonatal problems, including psychomotor retardation.</td>
</tr>
<tr>
<td>31 Komisaruk, R (CD-00579)</td>
<td>65 cases of child abuse referred to county court Parent interviews</td>
<td>High number of parents with IQ under 75, undiagnosed mental illness, psychic trauma in their own childhood, dependent, immature, and narcissistic personalities.</td>
</tr>
<tr>
<td>32 Langshaw, W C (CD-00589)</td>
<td>29 children identified as abused</td>
<td>In 14 cases, history of mental illness or psychiatric treatment in adult immaturity, low frustration threshold, ambivalence or rejection of child, depression, rigid, compulsive, and passive dependent personalities, absence of remorse common findings. 5 children had physical or intellectual handicaps.</td>
</tr>
<tr>
<td>33 Lukinowicz, N (CD-00632)</td>
<td>20 women who had attempted infanticide Case study</td>
<td>Mothers product of an unhappy traumatic childhood, personality disorders and psychiatric disorders observed.</td>
</tr>
</tbody>
</table>
### TABLE 4 (Continued)

**ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. Lynch, M.A (CD-01234, CD-01747)</td>
<td>25 abused children Compared with 35 nonabused siblings Parent interviews, review of medical records</td>
<td>Factors identified with abused group Childhood illness in the first year of life, illness in mother in child's first year of life</td>
</tr>
<tr>
<td>35. Lynch, M.A, Roberts, J (CD-01749)</td>
<td>50 children referred to hospital because of actual or threatened abuse Comparison group of 50 nonabused children born at same hospital Hospital records</td>
<td>Abused children evidence of emotional disturbance, admission to special baby care unit, and suggested inability of mother to care for the child</td>
</tr>
<tr>
<td>36. Melnick, B., Hurley, J R (CD-00675)</td>
<td>10 abusive mothers 10 controls matched for age, social class, and education Psychological tests (TAT, California Test of Personality, Family Concept Inventory)</td>
<td>Abusive mothers scored higher on TAT pathogenicity and dependency, frustration, lower on TAT need to give nurturance, self-esteem, manifest rejection Characterized by inability to empathize with children, severely frustrated dependency needs, probable history of emotional deprivation</td>
</tr>
<tr>
<td>37. Myers, S A (CD-00792)</td>
<td>83 preadolescent victims of felonious homicide, 35 killed by mothers</td>
<td>Felicidal mothers overtly psychotic, Immaturity, masculinity, and Oedipal conflicts observed</td>
</tr>
<tr>
<td>38. Newberger, L H, Reed, R B, Daniel, J H, Hyde, J N, Jr., Kotelchuck, M (CD-01262)</td>
<td>303 children admitted to inpatient services 257 children who visited emergency clinic of urban academic pediatric hospital Hospital interview with mothers of children</td>
<td>Data support hypothesis that differential profiles of hypothesized stresses and personal and social strengths determine the occurrence of pediatric social illnesses. Child abuse associated with more extreme disparities of stress and strength</td>
</tr>
<tr>
<td>39. O'Hearn, T F, Jr (CD-00741)</td>
<td>23 abusive fathers Control group of 23 nonabusive fathers, matched for age, income, age of children, and number of children under 5 years old</td>
<td>Abusive fathers were significantly less powerful, less assertive, and had significantly lower ego strength</td>
</tr>
<tr>
<td>41. Paulson, M J, Afifi, A A., Thomason, M L, Chaleff, A (CD-00780)</td>
<td>33 mothers and 27 fathers referred to Child Trauma Intervention Program because of abuse or neglect in family Comparison group of 53 mothers and 37 fathers selected at random from child psychiatric outpatient clinic MMPI</td>
<td>Findings indicate that test scores from this instrument are useful in discovery of high-risk families and distinguishing different types of maltreating parents.</td>
</tr>
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</table>
TABLE 4 (Continued)

ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>42. Paulson, M.J., Schwemer, G.T., Bendel, R.B. (CD-01874)</td>
<td>53 abusive parents&lt;br&gt;113 controls&lt;br&gt;Psychological tests (MMPI, Magargee Over-controlled Hostility Scale)</td>
<td>Study focuses to differentiate abusive parents from controls using a variety of test instruments. Parents may have been abused themselves as children and are often lonely, immature, or bored. Inadequate mothers caught up in apathy-futility cycle, displaying powerlessness, helplessness, alienation, and depression generation after generation. Inadequate mental organization (measured by IQ, ego strength, and maturity) transmitted to children. Findings suggest inadequate maternal care the result of pervasive characterological disturbance. CLLS score correlated significantly with intelligence and with features of parents' personalities independently measured. Effects from perpetrator being past victim of abuse and perpetrator being psychologically sick not observed. 50% had psychological difficulties, of that 50%, 20% were alcoholics or drug addicts. Survey found high proportion of cases where family exhibited mental problems or where victim was a low birthweight infant. Mothers: abnormal personality, neurotic, subnormal intelligence. Fathers abnormal personality. All parents found psychopathic and of low intelligence.</td>
</tr>
<tr>
<td>43. Phillips, P.S., Pickrell, E., Morse, T.S. (CD-01882)</td>
<td>25 intentionally burned children admitted to hospital</td>
<td></td>
</tr>
<tr>
<td>44. Polansky, N.A., Borgman, R.D., DeSau, C. (CD-01285)</td>
<td>65 mother-child pairs&lt;br&gt;Rural, Appalachia&lt;br&gt;Measures of IQ, ego strength, and maturity</td>
<td></td>
</tr>
<tr>
<td>45. Polansky, N.A., Borgman, R.D., DeSau, C., Smith, B.J (CD-00814)</td>
<td>67 mother-child pairs&lt;br&gt;Rural, southern, Appalachia&lt;br&gt;Enrolled in Head-Start day care center program&lt;br&gt;Interviews and test battery (CLLS, WAIS, TAT, Rorschach)</td>
<td></td>
</tr>
<tr>
<td>46. Polansky, N.A., Pollane, L. (CD-01891)</td>
<td>63 Appalachian families at or below poverty level&lt;br&gt;93 AFDC families&lt;br&gt;CLLS Personality tests</td>
<td></td>
</tr>
<tr>
<td>47. Seaberg, J.R (CD-00896)</td>
<td>Data from nationwide study of child abuse subjected to expanded analysis</td>
<td></td>
</tr>
<tr>
<td>48. Simons, B., Downs, E.J., Hursker, M.M., Archer, M (CD-00931)</td>
<td>313 case reports involving medical care&lt;br&gt;Review of cases reported to child abuse registry</td>
<td></td>
</tr>
<tr>
<td>49. Smith, S.M., Hanson, R., Noble, S (CD-00949)</td>
<td>214 abusive parents</td>
<td></td>
</tr>
<tr>
<td>50. Smith, S.M., Honigsberger, L., Smith, C.A (CD-00950)</td>
<td>35 abusive parents&lt;br&gt;EEG, psychological tests</td>
<td></td>
</tr>
<tr>
<td>Reference</td>
<td>Review of Studies</td>
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</tr>
<tr>
<td>52. Stern, L. (CD-00971)</td>
<td>Much higher incidence of serious neonatal illness, congenital defects, low birthweight reported.</td>
<td></td>
</tr>
<tr>
<td>53. ten Berisel, R W., Paxson, C L., Jr (CD-01993).</td>
<td>Abusing mothers, higher incidence of gestational illness associated with postponement of first visitation with infant</td>
<td></td>
</tr>
<tr>
<td>54. Terr, L C (CD-01002).</td>
<td>Exaggerated dominant-submissive or aggressive-passive relationships between spouses. Children displayed physical abnormalities or ego defects frustrating to the abuser.</td>
<td></td>
</tr>
<tr>
<td>55. Williams, J.E.H. (CD-01340).</td>
<td>Nearly 25% had low or subnormal intelligence.</td>
<td></td>
</tr>
<tr>
<td>56. Wilson, H C (CD-01341)</td>
<td>Frequently found a personality characteristic, resembling emotional retardation which may have been regressive response to economic and psychological strain. Immaturity not always related to neglect.</td>
<td></td>
</tr>
</tbody>
</table>

### TABLE 4 (Continued)

**ANNOTATED LIST OF STUDIES: INDIVIDUAL CAPACITIES**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>51. Sokol, R. (CD-01964).</td>
<td>Random sample of 360 females, 18 years and older seen at hospitals and planned parenthood agencies Questionnaire</td>
</tr>
<tr>
<td>52. Stern, L. (CD-00971)</td>
<td>51 abused children. Hospital records</td>
</tr>
<tr>
<td>53. ten Berisel, R W., Paxson, C L., Jr (CD-01993).</td>
<td>10 severely physically abused children 10 controls matched for birthweight Treated in special care nursery at birth 3-year follow-up</td>
</tr>
<tr>
<td>54. Terr, L C (CD-01002).</td>
<td>10 abusive families with children from 3 months to 9 years old Interviews, observations</td>
</tr>
<tr>
<td>55. Williams, J.E.H. (CD-01340).</td>
<td>68 cases being considered for parole on incest convictions, generally 30-50-year-old men</td>
</tr>
<tr>
<td>56. Wilson, H C (CD-01341)</td>
<td>52 neglectful families Sociological study</td>
</tr>
<tr>
<td>57. Wright, L (CD-00491, CD-01071).</td>
<td>13 convicted abusive parents 13 nonabusive or neglectful parents matched for age, sex, race, number of children, marital and educational status, income Psychological tests (Peabody Picture Vocabulary Test, Rorschach, MMPI, Rosenzweig Picture, Frustration Study).</td>
</tr>
<tr>
<td>Reference</td>
<td>Research Purpose</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>1</td>
<td>Determine if there is a characteristic pathological pattern in mother that correlates with disturbances in child care behavior and with abuse or neglect</td>
</tr>
<tr>
<td>2</td>
<td>Investigate relationships between child abuse and neglect and drug abuse</td>
</tr>
<tr>
<td>3</td>
<td>Identify characteristics of infants and children, such as excessive crying, facial features, and child temperament that may trigger impulsive, aggressive outbursts on part of parents or parent substitutes</td>
</tr>
<tr>
<td>4</td>
<td>Develop understanding of behavior leading to abuse by focusing on parent's perception of child's behavior associated with an abuse event</td>
</tr>
<tr>
<td>5</td>
<td>To 1) determine if infant's contribution to perceived reciprocal interaction necessary to mother-infant attachment, 2) determine if mother-infant contact after birth increases maternal attachment thus insuring better health for the child, 3) investigate a situation in which newborn infant is malformed</td>
</tr>
<tr>
<td>6</td>
<td>Investigate developmental outcome of high-risk infants who undergo prolonged hospitalization at birth, develop profile of risk factors</td>
</tr>
<tr>
<td>7</td>
<td>To 1) examine distribution frequency and types of child abuse and neglect within sample of alcohol and drug abusers, 2) investigate child abusers and substance abusers for common factors, 3) examine relationship between stages in cycles of drug and alcohol abuse, adequacy of child care, presence or absence of abuse and neglect, 4) determine extent to which social and situational factors associated with abuse and neglect operative among alcohol and drug addicts</td>
</tr>
</tbody>
</table>
TABLE 5 (Continued)

ANNOTATED LIST OF ONGOING RESEARCH STUDIES: INDIVIDUAL CAPACITIES

<table>
<thead>
<tr>
<th>Reference</th>
<th>Research Purpose</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Tufts, E. (CR-00150)</td>
<td>Assess role of failure to thrive as indicator of potential susceptibility to later abuse and neglect.</td>
<td>Infants less than 6 months who are 2 standard deviations below normal height and weight under study. Comparison with matched control group. All subjects from clinic population.</td>
</tr>
</tbody>
</table>
Situational Factors

Situational factors are defined as the complex of factors unique to an individual and to families at a given time that arise from the immediate familial living space, and social and economic environment. They can be positive factors strengthening the family and improving the quality of family life, or negative ones, making life more difficult. Situations affecting families may be chronic or acute. A sudden crisis, although of temporary duration, may have as profound an effect on family functioning as a long-standing problem.

In this review, the situational factors related to child abuse and neglect are divided into three major groups: the family situation, living conditions, and economic status.

The family situation includes the status of the marriage, its structure, and the quality of the marital relationship; the number, age, and spacing of children; family interaction; the presence or absence of "significant others"; and the degree of social isolation. Living conditions are defined by factors such as housing, clothing, sufficient and nutritious food, access to health care, geographic location, and available transportation. Economic status includes such things as employment status of one or both parents, income level, and job satisfaction.

The following pages present an annotated listing of 42 completed and six ongoing research studies of situational factors related to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons (1) the purpose of the study was to investigate the relationship of a particular situational factor to child abuse and neglect, or (2) regardless of study focus, a substantial proportion of findings dealt with situational factors. These studies are listed alphabetically by author, and full citations are given in the bibliography which begins on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on situational factors can be found under the heading "Review of Studies." Study findings are noted, where available, if no findings are indicated in the abstract, the situational factors dealt with in the study are reported.

Methodology. In reviewing the methodologies used in the completed studies, the problem of the noncomparability of research is immediately evident. Sample size, characteristics of study populations, and data collection methods vary enormously. While the majority of sample populations ranged from 20 to 100 subjects, one study had only 12 subjects, while another examined questionnaires on 1,401 welfare clients. Study populations also varied widely, e.g., middle-class families, Navajo children, and alcoholic incest offenders were all study subjects. The most commonly used technique of data collection was review of case records, eight studies used questionnaires or interviews.

Review of studies. While it is important to keep in mind that the abstract format limits the amount of information available for review, it is interesting to note that three situational factors did tend to recur in the review of the completed studies: low income, social isolation, and marital discord. The review which follows shows the broad range of situational factors that has been investigated by researchers.

Ongoing research studies. Family interaction, poverty, and socioeconomic status are specific factors under consideration in six studies. Several studies describe their purpose in general terms but do not identify specific factors under study.
### TABLE 6
ANOTATED LIST OF STUDIES: SITUATIONAL FACTORS

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Baldwin, J.A., Oliver, J.E. (CD-01376)</td>
<td>60 severely abused children under 5 years of age Retrospective and prospective study</td>
<td>Identifying characteristics were large family size, low social class, instability.</td>
</tr>
<tr>
<td>2. Ball, M. (CD-01377)</td>
<td>109 cases</td>
<td>Analysis of violent behavior, 33% of victims were children, income of violence victims was low.</td>
</tr>
<tr>
<td>4. Brett, D.I. (CD-00119)</td>
<td>23 cases of child abuse, preschool-age children Control group of 56 children representing socioeconomic and racial cross section Interviews with mothers Medical and social services records</td>
<td>Material evaluated to determine family social characteristics and behavior problems.</td>
</tr>
<tr>
<td>5. British Medical Journal (CD-01429)</td>
<td>28 psychiatric patients who had had some experience with incest Unselected female psychiatric patients who were victims of paternal incest</td>
<td>Most of the cases reported occurred in large working-class families, living in cramped quarters in industrial towns or under conditions of extreme isolation in rural areas.</td>
</tr>
<tr>
<td>7. Bullerdick Corey, E.J., Miller, C.L., Widak, F.W. (CD-0438)</td>
<td>48 children, to age 6 years, hospitalized for child battering Comparison group of 50 children hospitalized for other reasons Collected demographic and medical data</td>
<td>No differences found in number of mothers married, presence of siblings, the extent of prematurity or extended postnatal hospitalization.</td>
</tr>
<tr>
<td>8. Chavez, G.T. (CD-01463)</td>
<td>50 university undergraduates</td>
<td>Attempt to identify students who were subjected to maltreatment through an instrument based on dysfunctional rearing characteristics.</td>
</tr>
<tr>
<td>9. Cohen, M.I. (CD-01135)</td>
<td>43 middle class families Survey questionnaire to child protective workers</td>
<td>Statistical data analyzed on occupation and finances, living arrangement, recreation, marriage expectations, and present relationships.</td>
</tr>
<tr>
<td>10. Disbrow, M.A. (CD-01530)</td>
<td>17 families in which either parents apprehended for child abuse or children taken into custody Comparison group of 19 families randomly selected from same neighborhoods Questionnaires and subject interviews</td>
<td>Abusive parents more socially isolated and isolated as parents.</td>
</tr>
</tbody>
</table>
TABLE 6 (Continued)

ANNOTATED LIST OF STUDIES: SITUATIONAL FACTORS

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Durham, M E (CD-01535)</td>
<td>60 cases of child abuse Factor analysis</td>
<td>Findings showed there were enough causal relationships among variables to describe the factors and relate various factors to family cohesion, deviance, preceding behavior of the child, life stresses and tension, means of abuse. Child abuse concentrated in lower socio-economic strata, abused children frequently experienced unstable home backgrounds.</td>
</tr>
<tr>
<td>12. Ferguson, D M, Fleming, J, O'Neill, D P. (CD-01165)</td>
<td>All cases of alleged or suspected child abuse that came to attention of Child Welfare Division in New Zealand in one year National survey, data collected on standardized recording forms</td>
<td>Finding was that environmental pressures lead to child abuse by susceptible individuals. Families displayed a high incidence of stressful situations at time of child's accident.</td>
</tr>
<tr>
<td>13. Holman, R R, Kanwar, S (CD-00485, CD-01208)</td>
<td>28 abused children Retrospective study of physical histories and early lives</td>
<td>Families often social isolates, with few church ties or contacts with social organizations, often new community, Mental discord present in majority, unwanted pregnancy played important part in depression of mothers in 4 families. Abusing parents more doubt concerning paternity, more sought termination of pregnancy, more marital and financial problems. Abuse occurred more often when mother pregnant or within 7 months of last delivery or miscarriage.</td>
</tr>
<tr>
<td>14. Holter, J C, Friedman, S B (CD-00488)</td>
<td>7 of 69 cases seen in emergency ward for accidents suspected of injury due to maltreatment 7 of 87 cases of suspected abuse in similar survey 6 months later Survey and evaluation by home visit</td>
<td>Abusive parents more doubt concerning paternity, more sought termination of pregnancy, more marital and financial problems. Abuse occurred more often when mother pregnant or within 7 months of last delivery or miscarriage.</td>
</tr>
<tr>
<td>15. Holter, J C, Friedman, S B (CD-00489)</td>
<td>19 cases of child abuse from 18 families</td>
<td>Families often social isolates, with few church ties or contacts with social organizations, often new community. Mental discord present in majority, unwanted pregnancy played important part in depression of mothers in 4 families. Abusing parents more doubt concerning paternity, more sought termination of pregnancy, more marital and financial problems. Abuse occurred more often when mother pregnant or within 7 months of last delivery or miscarriage.</td>
</tr>
<tr>
<td>16. Hyman, C A (CD-01660)</td>
<td>15 cases of suspected nonaccidental injury, children under 2 years old Comparison group of 15 cases of known accidental injury, children under 2 years old Questionnaire completed by health visitors</td>
<td>Abusive parents more doubt concerning paternity, more sought termination of pregnancy, more marital and financial problems. Abuse occurred more often when mother pregnant or within 7 months of last delivery or miscarriage.</td>
</tr>
<tr>
<td>17. Kaplan, D, Reich, R (CD-01697)</td>
<td>112 child homicides under age 15 Postmortem reports, police inquiry reports, public assistance and child welfare agency case records</td>
<td>Abusive parents new to neighborhood, without phone or transportation, few friends, more complications during pregnancy or birth. Both groups poor in financial resources.</td>
</tr>
<tr>
<td>18. Kott, J J (CD-00562)</td>
<td>500 children and their families referred for direct abuse Comparison group of 185 families referred for reasons other than abuse such as alcoholism, mental illness, inadequate parenting</td>
<td>Abusive parents new to neighborhood, without phone or transportation, few friends, more complications during pregnancy or birth. Both groups poor in financial resources.</td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
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<tr>
<td>20. Lloyd-Still, J.D., Martin, B. (CD-01738)</td>
<td>64 cases of abuse and neglect seen at a rural clinic, most under 3 years of age</td>
<td>Majority of cases related to a combination of marital difficulties, inadequate parenting, and economic crises.</td>
</tr>
<tr>
<td>21. Lukianowicz, N (CD-00630)</td>
<td>26 cases of paternal incest and 29 cases of various other incestuous relations found among psychiatric and child guidance patients</td>
<td>Incest interpreted as a subcultural phenomenon precipitated by over-crowding and social isolation.</td>
</tr>
<tr>
<td>22. Molnar, G., Cameron, P. (CD-01790)</td>
<td>18 incest cases, girls 14-17 years old</td>
<td>In all cases marital and sexual relationships of parents dysfunctional.</td>
</tr>
<tr>
<td>23. Moore, J.G. (CD-01796)</td>
<td>23 cases of violence between parents</td>
<td>Found a group of children subjected to emotional battering as a result of persistent marital conflicts and ensuing cycles of parental separation and reunification.</td>
</tr>
<tr>
<td>26. Oakland, L., Kane, R.L. (CD-00744)</td>
<td>25 families referred for treatment because of specific abusive incident Retrospective case study</td>
<td>Neglectful mothers more unmarried with smaller families.</td>
</tr>
<tr>
<td>27. Oliver, J.E., Cox, J.; Taylor, A.; Baldwin, J.A. (CD-01273)</td>
<td>1401 heads of 951 families</td>
<td>Most of male parents or guardians were unskilled laborers and had unstable work records. More than half the families had 4 or more children.</td>
</tr>
<tr>
<td>28. O'Neill, J.A., Meacham, W.F., Griffen, P.; Sawyer, J.L. (CD-00743)</td>
<td>100 cases of child abuse; 3 weeks to 11 years old</td>
<td>Low socioeconomic status, broken homes, illegitimacy were associated factors.</td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
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</tr>
<tr>
<td>29. Paulson, M I, Blake, P.R. (CD-00781)</td>
<td>96 cases of child maltreatment seen at metropolitan hospital</td>
<td>More documented evidence of abuse in lower economic levels.</td>
</tr>
<tr>
<td>30. Pemberton, D.A, Benady, D.R. (CD-01877)</td>
<td>8 boys and 4 girls, Consiously rejected children, Age-matched control group</td>
<td>No significant characteristics noted when parents studied individually, marital discord reported as family characteristic.</td>
</tr>
<tr>
<td>31. Scott, P D (CD-00894)</td>
<td>29 cases in which father or father substitute charged with killing his child, Comparison group of nonfatally abused babies</td>
<td>Significant differences in marital status, biological paternity, number of working mothers</td>
</tr>
<tr>
<td>32. Segal, R S (CD-00899)</td>
<td>32 couples who neglect their children, Comparison group of 31 couples who abuse their children</td>
<td>Family interaction a major determinant of differences between groups of parents.</td>
</tr>
<tr>
<td>33. Sills, J A, Thomas, L J, Rosenbloom, J. (CD-01947)</td>
<td>76 children with non-accidental injury seen in an emergency department of hospital, Review by multidisciplinary team</td>
<td>Among features which emerged in association with child abuse were illegitimacy, younger age pregnancy for mothers, and environmental stress factors.</td>
</tr>
<tr>
<td>34. Skinner, A E, Castle, R L (CD-00938)</td>
<td>78 cases of abused children.</td>
<td>Both natural parents living in majority of families, 30 fathers and 74 mothers unemployed, financial problem present in 29 families and problems of accommodation encountered in 35%</td>
</tr>
<tr>
<td>35. Smith, S M (CD-00945)</td>
<td>50 children, average age 14 months, hospitalized for &quot;unexplained&quot; injuries who showed signs of abuse</td>
<td>Evidence did not indicate that abuse is restricted to lower social classes or that abused children were unwanted</td>
</tr>
<tr>
<td>36. Smith, S M (CD-01957)</td>
<td>134 abused infants and children under 5, and their parents, Comparison with matched group of parents whose children admitted as emergency cases</td>
<td>Lack of family cohesiveness and premarital conception were significant precursors to abuse</td>
</tr>
<tr>
<td>37. Tormes, Y M (CD-01018)</td>
<td>20 cases of father-daughter incest, Comparison group of 20 cases of nonincestuous sexual abuse.</td>
<td>Incestuous families less time spent in city, larger families, more young children, fewer relatives, lower levels of employment, more illegitimacy.</td>
</tr>
<tr>
<td>38. Virkkonen, M (CD-02015)</td>
<td>22 alcoholic incest offenders (father-daughter) seen at a psychiatric clinic, Comparison group of 23 nonalcoholic incest offenders seen at a psychiatric clinic</td>
<td>Alcoholic families, sexual rejection by spouse, large families, poor living conditions.</td>
</tr>
<tr>
<td>39. Waterway, J. (CD-02023)</td>
<td>42 victims of sexual abuse or incest referred to Protective Services Unit Questionnaire and interviews</td>
<td>More than 50% of families had multiple problems including financial instability and histories of family disruptions.</td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
</tr>
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</tr>
<tr>
<td>40. Wight, B.W. (CD-01337)</td>
<td>77 children under age 1 referred for X-rays 1 year longitudinal study</td>
<td>Abused children, low socioeconomic status, from broken homes.</td>
</tr>
<tr>
<td>41. Young, L. (CD-02051)</td>
<td>120 families selected from case files of 2 public child welfare agencies and 1 private agency handling only abuse and neglect in a large eastern metropolitan area 180 families from 2 rural areas, 2 medium sized cities, and 1 large urban area in midwest, and 1 medium sized city and 1 rural county on Pacific coast</td>
<td>Study focus was to identify and detail recurring behavior in abusive families.</td>
</tr>
<tr>
<td>42. Young, M (CD-01345, CD-01346)</td>
<td>Groups of recognized abusive families drawn from public nurse caseloads Comparison group of caseload families with no history of abuse Questionnaire to public health nurses Psychological testing of parents (Rotter’s I-E Scale and FIRO-B)</td>
<td>Abusive parents significantly more socially isolated, fewer friends outside family, fewer persons to turn to in times of stress, less communication between spouses, greater feelings of powerlessness.</td>
</tr>
</tbody>
</table>
## TABLE 7
### ANNOTATED LIST OF ONGOING RESEARCH STUDIES: SITUATIONAL FACTORS

<table>
<thead>
<tr>
<th>Reference</th>
<th>Research Purpose</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bentley, R J (CR-00008)</td>
<td>Identify stressful conditions and institutions which, impacting on the black community, may lead to child abuse. Isolate dominant familial characteristics involved with child abuse. Describe potential correlations which may illuminate child abuse variables.</td>
<td>Data obtained from court records, police files, and Dept. of Human Resources. Study population: 450 families (150 known abusers, 150 in agency files for other reasons, 150 normal families).</td>
</tr>
<tr>
<td>3. Geismar, J., Hornwitz, B., Wolock, I. (CR-00059)</td>
<td>Clarify factors which, interacting with poverty, may make families more likely to abuse or neglect their children.</td>
<td>380 abusing families compared with 144 nonabusing families.</td>
</tr>
<tr>
<td>4. Lewis, M. (CR-00102)</td>
<td>Investigate effects of birth order, sex, and socioeconomic status upon mother-infant interaction, and upon psychological development of infant up to 2 years.</td>
<td>Observation at home for 2 hours when infant is 3 months old. At 1 and 2 years, infants and mothers videotaped in laboratory. 200 infants and families from 2 economic groups.</td>
</tr>
<tr>
<td>6. Starr, R H., Jr (CR-00142)</td>
<td>Determine causal and correlative factors in child abuse and neglect.</td>
<td>210 families (90 abusing or neglectful, 30 mothers entering methadone treatment program, 90 matched controls). Children less than 5 years old.</td>
</tr>
</tbody>
</table>
Attitudes and Values

Attitudes, values, and beliefs play an important role in shaping the behavior of parents, children, and families. Each individual is constantly, shaping and reshaping his own personal view of life, selecting, developing, and interpreting those attitudes and values that are salient for him. Of course the sophistication and consciousness of this process varies widely from person to person.

This internal process is largely a response to the individual's exposure to the attitudes and values of significant others in his life, such as the members of his family and his immediate peer or reference group. In addition, each person is affected by his perception of the attitudes and values of society at large primarily as expressed through the media and through the social and political institutions that touch everyone. Any one individual, therefore, is affected by attitudes, values, and beliefs emanating from a variety of sources.

Thus the context of attitudes and values within which individuals and families exist is multidimensional. Each level influences and is influenced by every other level. For example, a family develops a set of attitudes reflecting a blending of values of individual family members. In turn the family's values may or may not be congruent with those of its immediate reference group. Further, if this group represents a particular minority or special subculture, its values may not be reflective of broader societal values. Dissonance or conflict between attitudes and values at any level may create stress for individuals and families.

In this review, the attitudes, values, and beliefs that are relevant to child abuse and neglect are divided into two major groups: attitudes toward children and attitudes toward the family.

Attitudes toward children include the value placed on children in general, based on a view of the child's position, role, and status within his group. Attitudes toward unique categories of children, beliefs about determinants of child behavior and personality characteristics, attitudes about the age at which a child is considered competent to learn and reason, before which attempts to modify his behavior would not be fruitful, and attitudes about age-appropriate behavior.

Expectations about family life, family relationships, and the role and status of each family member constitute the set of beliefs and attitudes toward the family that are relevant to child abuse and neglect. Specifically, these attitudes include beliefs about the parent-child relationship, attitudes about the different roles that family members should assume, the value of these roles as perceived by other family members and by society, attitudes about how family members relate to one another, such as the way in which feelings may be expressed or the appropriateness of corporal punishment in changing a child's behavior.

The following pages present an annotated listing of five completed and two ongoing research studies which consider the relationship of attitudes and values to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons: (1) the purpose of the study was to investigate the relationship of a particular attitude or value to child abuse and neglect, or (2) regardless of study focus, the majority of findings dealt with attitudes and values.

These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on attitudes and values can be found under the heading "Review of Studies." Study findings are noted where available. If no findings are noted in the abstract, those attitudes and values dealt with in the study are reported.

Methodology. The samples in four of the completed studies reported here were drawn from nonabusive populations including representatives of various professional groups, middle-class families, mothers of five-year-olds, and couples who married young. Home observation was used to collect data in two studies while three studies used a questionnaire with a professional group involved in child abuse and neglect.

Review of studies. Most of the completed research deals with children's behavior and appropriate means of modifying it. Four of the studies sought information on attitudes toward punishment. Three studies reported findings on the parental expectations of children's behavior. There was little research on expectations of family life, family relationships, and roles of family members.
Ongoing research studies. Unrealistic or rigid expectations on the part of the mother are the subject of one study, while the other sought information on child abuse in the context of physical violence in general.

### TABLE 8
**ANNOTATED LIST OF STUDIES: ATTITUDES AND VALUES**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. De Lissovoy, V (CD-01520)</td>
<td>48 couples married while still in high school Home visits over 3 years</td>
<td>Unrealistic expectations of development associated with physical punitive measures. Study focus: differences among groups regarding attitudes toward punishment and behavior of parents.</td>
</tr>
<tr>
<td>2. Dolder, S.J L (CD-01532)</td>
<td>120 pediatricians, social workers, policemen, teachers, middle-class working adults, and high school teachers Questionnaire rating punishment incidents</td>
<td>Study focus: relationship of child's level of aggressive behavior, degree to which mothers permitted such behavior, and severity with which they punished it.</td>
</tr>
<tr>
<td>3. Sears, R R, Maccoby, E.E, Levin, H (CD-00897)</td>
<td>9 mothers of 5-year-olds</td>
<td></td>
</tr>
<tr>
<td>4. Smith, S.M, Hanson, R. (CD-01959)</td>
<td>134 abused children under 5 years old and their parents Control group of 53 children admitted as accidental emergencies and their parents Hospital and home observation Psychiatric, psychological, and sociological interviews Questionnaires</td>
<td>Abusive parents excessive in maternal over-involvement, demands for obedience, and use of physical punishment.</td>
</tr>
</tbody>
</table>
TABLE 9
ANOTATED LIST OF ONGOING RESEARCH STUDIES ATTITUDES AND VALUES

<table>
<thead>
<tr>
<th>Reference</th>
<th>Research Purpose</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Egeland, B., Deward, A. (CR-00046)</td>
<td>Identify high-risk situations for abuse and neglect by studying characteristics of newborns, interaction of mothers and infant in 1st year Investigate hypothesis that interactions where mother's expectations are unrealistic and rigid, interaction patterns will place child in high-risk situation</td>
<td>Prospective longitudinal study. Child-rearing attitudes and expectations of 225 mothers obtained prenatally and 3 months after birth. Interactions observed at 3, 6, and 9 months, and infant attachment to mother studied at 12 months</td>
</tr>
<tr>
<td>2. Straus, M. A., Gelles, R. J., Steenmetz, S. K. (CR-00149)</td>
<td>To study child abuse within context of all uses of physical violence in family. Test subjective meaning of acts of violence to those involved. Test theories about etiology of intrafamily violence</td>
<td>National sample of 2,143 families interviewed for data on frequency and modality of violence</td>
</tr>
</tbody>
</table>

Social Institutional Factors

Social institutions exist for different purposes and on different levels. At the most universal and general level are basic institutions that express the purposes and embody the values of a society and shape the lives of all its members. These institutions are significant for all families and form the underpinnings without which no society would function.

At another level are social service and social control institutions that exist to serve the needs of families. Such institutions are numerous and can render various forms of help, relief, and care to parents, children, and families. They range from educational and health institutions that are used at one time or another by all families to those institutions that directly intervene to protect or change the behavior of individuals and families with specific social problems.

In this review, social institutional factors are divided into two major groups: basic social institutions and social service/social control institutions.

Basic social institutions are responsible for the general welfare of individuals and communities. They assign and carry out society's tasks, express and help shape its civic and social values, and provide cultural and recreational opportunities for its members. Basic social institutions include political structures, economic structures, and integrative structures, such as community organizations, schools, and media.

Social service and social control institutions are assigned to provide those general human services that may be needed at one time or another by all members of the community, and to deal with specific problems in our society. Included here would be institutions such as health and day care facilities, as well as those dealing with child welfare, drug and alcohol abuse, mental health, unemployment, and poverty.

Individuals and families may and do avail themselves of such services voluntarily. But in some cases society decides to intervene directly to change individual and family behavior which is deemed deviant and to protect family members who are seen to be at risk, especially children. In these cases social service institutions become institutions of social control. In addition, society has established specific instruments of social control—law enforcement and legal institutions—which also have a role to play in ameliorating or eliminating inappropriate behavior of individuals and families.
The following pages present an annotated listing of 21 completed and 11 ongoing research studies focusing on social institutional factors related to child abuse and neglect. These studies were selected for inclusion in this section for one of the following reasons: (1) the purpose of the study was to investigate the relationship of a particular social or institutional factor to child abuse and neglect, or (2) regardless of study focus, a substantial proportion of findings dealt with social or institutional factors.

These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on social and institutional factors can be found under the heading “Review of Studies.” Study findings are noted where available. If no findings are indicated in the abstract, those social or institutional factors dealt with in the study are reported.

**Methodology** The intent of completed research related to social institutional factors was to analyze the effectiveness of a particular system. Thus, the samples studied ranged from a single child protective program to an entire state system or even child protective services in all 50 states.

Methods of data collection included analysis of program records, interviews with staff, and in one study, interviews with clients.

**Review of studies** Only two studies deal with basic social institutions. Both studies focus on the policies, procedures, and regulations of educational systems as they relate to child abuse and neglect.

All other studies focus on child protective service systems needed and available services, and the effectiveness and efficiency of system operations.

**Ongoing research studies** General social service and social support systems are under study in 10 projects as well as case dispositions in a police department, role of the educational system, the juvenile court system, and a military community system’s management of abuse and neglect.
### TABLE 10
ANO NATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Burns, A., Feldman, M., Kaufman, A., Stransky, P. (CD-01440)</td>
<td>3 studies' – participant observation study of a protective service system – questionnaire to protective service social workers in 9 public agencies – comparison of abusive and neglectful families with normal families</td>
<td>2. Organization and functioning of a department is more important than size of case loads and education of individual workers, forces within a community can lead to trends in intervention rather than to intervention based on the individual client's problem.</td>
</tr>
<tr>
<td>4. Burt, M.R., Blair, L.H. (CD-00154)</td>
<td>Child abuse and neglect reporting methods and procedures in one county</td>
<td>3. Protective services should be conceptualized as comprehensive community services to children in their own homes, since these families are apt to be in need of a multiplicity of services.</td>
</tr>
<tr>
<td>5. Dawe, K.E. (CD-01507)</td>
<td>Child abuse and neglect reporting methods and procedures in one county</td>
<td>Criteria for identifying an abuse or suspected abuse case varied for each individual. Most hospitals did not have a policy for delineating guidelines in suspected cases. Little cooperation between various agencies. Knowledge of abuse and neglect as health and social problem inadequate and inaccurate.</td>
</tr>
<tr>
<td></td>
<td>Questionnaire directed to personnel in 6 hospitals and personnel in County Departments of Public Health and Social Service</td>
<td>Program shortcomings included unnecessary abrupt removal of children from families; routine filing of neglect and dependency petitions, failure to prevent neglect, abuse, or dependency, duplication of effort by several agencies, lack of 24-hour emergency services.</td>
</tr>
<tr>
<td></td>
<td>1,200 cases of county child welfare agency</td>
<td>Problem areas uncovered in the retrospective study included inadequate intake records, lack of awareness of the problem, insufficient diagnoses and follow through, lack of coordination in record keeping. Recommendations from the study included a central registry, standardized reporting procedures, augmentation of child welfare agencies, establishment of child advocacy office.</td>
</tr>
<tr>
<td></td>
<td>Case records</td>
<td></td>
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<tr>
<td></td>
<td>Retrospective study of medical, social, or court records</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Survey of 1,000 physicians, lawyers, social workers, nurses, teachers, police, journalists, clergy</td>
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### TABLE 10 (Continued)

**ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. DeCourcy, P.; DeCourcy, J. (CD-01521)</td>
<td>13 cases of child abuse &lt;br&gt;Case study</td>
<td>No effective remedial action taken in any of 13 cases because of inadequacies of courts and social agencies.</td>
</tr>
<tr>
<td>7. De Francis, V. (CD-00252, also reported in CD-01516)</td>
<td>9000 cases of sex crimes against children &lt;br&gt;Review of case records</td>
<td>Findings of project designed to study effectiveness of a child protective service program extended to child victims of sexual crimes reveal little intervention on behalf of children vulnerable to sexual abuse: 50% of affected households had prior contact with welfare authorities.</td>
</tr>
<tr>
<td>8. De Francis, V (CD-00251)</td>
<td>Child protective services in 50 states &lt;br&gt;Survey</td>
<td>Program was grossly underdeveloped: no state or community had a program adequate in size to meet needs of all reported cases of abuse and neglect.</td>
</tr>
<tr>
<td>9. DeGraaf, B.J (CD-01522)</td>
<td>275 cases in 11 demonstration projects</td>
<td>Findings reported on case management in child abuse and neglect cases from intake and diagnosis through termination and follow-up.</td>
</tr>
<tr>
<td>10. Education Commission of the States (CD-01545)</td>
<td>390 educational groups and institutions &lt;br&gt;Phone and mail survey</td>
<td>Most state boards of education, state departments of education, institutions did not have policies, procedures, or regulations relating to child abuse and neglect.</td>
</tr>
<tr>
<td>11. Hamman, R.L. (CD-01633)</td>
<td>State school system &lt;br&gt;Written inquiries</td>
<td>Few school districts had written child abuse policies, administrative procedures, or in-service training.</td>
</tr>
<tr>
<td>12. Johnson, C.L. (CD-01681, CD-01683)</td>
<td>2 county protective service units &lt;br&gt;Collection of data on various agency functions</td>
<td>Both systems impeded as a result of state of their relationship with collateral systems, especially hospitals which fell short in channeling child abuse and neglect cases. In both systems, the record-keeping system was an impediment.</td>
</tr>
<tr>
<td>13. Maden, M.F. (CD-01752)</td>
<td>Reported child abuse victims</td>
<td>Findings show that cases investigated by social service agencies compared with law enforcement agencies are less likely to result in removal of victims from home, more likely to receive social services, more likely to invoke community action for perpetrator. Joint investigation more likely to result in removal of child and referral of family for services.</td>
</tr>
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### TABLE 10 (Continued)

**ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
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</thead>
<tbody>
<tr>
<td>14. New Jersey State Div., of Youth and Family Services (CD-01256)</td>
<td>Analysis of state child abuse and neglect treatment services</td>
<td>An estimated 80% of population of abused and neglected children received no assistance from state Division of Youth and Family Services. The most serious deficiency in treatment system is the lack of programs to help develop and improve parenting behavior and skills. Severe problems of a high professional turnover rate, significant deficiency in number of properly trained social workers, overworked city and state appointed attorneys, insufficient training for juvenile court judges and law enforcement personnel. Insufficient professional exchange of information, too few prevention programs, no printed material for Spanish-speakers, reporting system does not encourage reporting, duplication of effort in identification and treatment.</td>
</tr>
<tr>
<td>15. Pacheco, C. (CD-01862)</td>
<td>Analysis of 15 child abuse and neglect programs in a metropolitan area</td>
<td>Analysis duplication of services, omission of some services, in general an unplanned, uncoordinated system of care. Study of leaders, directors, and workers, duplication of services not a problem but coordination heeded in prevention and rehabilitation. Only intervention effective in preventing further episodes of abuse or neglect was removal of child by court.</td>
</tr>
<tr>
<td>16. Queensboro Society for Prevention of Cruelty to Children, Inc. (CD-01899)</td>
<td>Analysis of county prevention, protection, and treatment services In-depth study of 3 randomly selected cases Structured interviews of 21 leaders in field and 166 directors and front-line workers</td>
<td>Analysis duplication of services, omission of some services, in general an unplanned, uncoordinated system of care. Study of leaders, directors, and workers, duplication of services not a problem but coordination heeded in prevention and rehabilitation. Only intervention effective in preventing further episodes of abuse or neglect was removal of child by court.</td>
</tr>
<tr>
<td>17. Silver, L.B., Dublin, C.C., Loune, R.S. (CD-01949)</td>
<td>Hospital and agency records of 34 cases of abuse Retrospective analysis</td>
<td>Analysis duplication of services, omission of some services, in general an unplanned, uncoordinated system of care. Study of leaders, directors, and workers, duplication of services not a problem but coordination heeded in prevention and rehabilitation. Only intervention effective in preventing further episodes of abuse or neglect was removal of child by court.</td>
</tr>
<tr>
<td>18. Tennessee State Dept of Public Welfare (CD-01319)</td>
<td>Analysis of needed and available services for neglected, dependent, and abused children and families County-by-county survey Case records and interviews of professionals</td>
<td>Protective service clients receiving more sufficient services than nonprotective service clients. Areas covered most insufficiently were the hotline, self-help organization, 24-hour emergency service, day care, homemaker, and parent education. Urban areas most deficient in services, while reverse is true in nonurban areas. Statewide, nonurban areas demonstrate the greatest need for services. Numerous procedural defects in both medical and legal institutions designated to deal with suspected child abuse.</td>
</tr>
<tr>
<td>19. Terr, L.C., Watson, A.S. (CD-01003)</td>
<td>Analysis of medical and legal records in 10 cases of suspected child abuse</td>
<td>Protective service clients receiving more sufficient services than nonprotective service clients. Areas covered most insufficiently were the hotline, self-help organization, 24-hour emergency service, day care, homemaker, and parent education. Urban areas most deficient in services, while reverse is true in nonurban areas. Statewide, nonurban areas demonstrate the greatest need for services. Numerous procedural defects in both medical and legal institutions designated to deal with suspected child abuse.</td>
</tr>
</tbody>
</table>
### TABLE 10 (Continued)

**ANNOTATED LIST OF STUDIES: SOCIAL INSTITUTIONAL FACTORS**

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<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Varon, E. (CD-02012)</td>
<td>13 former clients of private agency, 50 nonclients from same neighborhoods, interviewers, relevant agency and non-agency professionals</td>
<td>Former clients and non-clients knew little or nothing of inner functioning of social agencies or their place in social structure.</td>
</tr>
<tr>
<td>21. Webber, D.N. (CD-02030)</td>
<td>Analysis of state specialized child protective service program</td>
<td>Study focus: referral movement, referral sources, reasons for referral and reasons for rejection of referral, caseload movement, public assistance status, numbers and types of social services provided, and reasons for closing cases.</td>
</tr>
</tbody>
</table>
# Table II

## Annotated List of Ongoing Research Studies: Social Institutional Factors

<table>
<thead>
<tr>
<th>Reference</th>
<th>Research Purpose</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bohnstedt, M.</td>
<td>Correlate characteristics of child abuse victims and parents with case dispositions.</td>
<td>1500 cases reported to police department of large western U.S. city.</td>
</tr>
<tr>
<td>(CR-00010)</td>
<td></td>
<td>Home interviews of adult male and female members of black community in 14 cities. Interviews with representatives of social service agencies, schools, hospitals, and criminal justice departments in 2 cities to identify services.</td>
</tr>
<tr>
<td>2. Curry, D.</td>
<td>Ascertain levels of awareness of abuse and neglect and child rearing practices among black community. Identify services provided and areas of need in various agencies dealing with abuse and neglect.</td>
<td>Survey research utilizing interviews, questionnaires, and case readings. Experimental research design used.</td>
</tr>
<tr>
<td>(CR-00032)</td>
<td></td>
<td>Analysis of data from 93 census tracts to determine high- or low-risk neighborhoods. These provide contexts for assessment of family stresses and supports by an interview technique, the Family Support System Interview, and Holmes-Rahe Social Readjustment Scale.</td>
</tr>
<tr>
<td>(CR-00039)</td>
<td></td>
<td>Models contrasting components of professionally ideal system with those of metropolitan community’s custodially oriented system. Developed principal method participant observation.</td>
</tr>
<tr>
<td>4. Garbarino, J.</td>
<td>Investigate function of formal and informal support systems in mediating stresses which instigate abuse and neglect. Determine whether isolation from social support systems is a necessary condition for abuse and neglect</td>
<td>Data collected via observation of juvenile court hearings and interviews with attorneys, judges, and social workers. Attitude surveys administered to direct line social workers and attorneys. Survey of children under state detention care.</td>
</tr>
<tr>
<td>(CR-00058)</td>
<td></td>
<td>Models contrasting components of professionally ideal system with those of metropolitan community’s custodially oriented system. Developed principal method participant observation.</td>
</tr>
<tr>
<td>5. Jones, C. D.,</td>
<td>Develop and recommend alternatives regarding role of educational system in identification, treatment, and prevention of child abuse and neglect. Increase awareness in these systems and among state, decision makers. Encourage participation among service delivery systems.</td>
<td>Data collected via observation of juvenile court hearings and interviews with attorneys, judges, and social workers. Attitude surveys administered to direct line social workers and attorneys. Survey of children under state detention care.</td>
</tr>
<tr>
<td>Fox, P.</td>
<td></td>
<td>Models contrasting components of professionally ideal system with those of metropolitan community’s custodially oriented system. Developed principal method participant observation.</td>
</tr>
<tr>
<td>(CR-00088)</td>
<td></td>
<td>Models contrasting components of professionally ideal system with those of metropolitan community’s custodially oriented system. Developed principal method participant observation.</td>
</tr>
<tr>
<td>6. Maney, A. C.,</td>
<td>Develop and report understanding of those professional and bureaucratic and political processes which affect deinstitutionalization of child care systems.</td>
<td>Data collected via observation of juvenile court hearings and interviews with attorneys, judges, and social workers. Attitude surveys administered to direct line social workers and attorneys. Survey of children under state detention care.</td>
</tr>
<tr>
<td>Gaughan, M.</td>
<td></td>
<td>Models contrasting components of professionally ideal system with those of metropolitan community’s custodially oriented system. Developed principal method participant observation.</td>
</tr>
<tr>
<td>(CR-00107)</td>
<td></td>
<td>Models contrasting components of professionally ideal system with those of metropolitan community’s custodially oriented system. Developed principal method participant observation.</td>
</tr>
<tr>
<td>7. McCathren, R. R.</td>
<td>Investigate decision-making for and disposition of child abuse and neglect by social service and juvenile court systems. Design and draft administrative and legislative reforms to improve system.</td>
<td>Data collected via observation of juvenile court hearings and interviews with attorneys, judges, and social workers. Attitude surveys administered to direct line social workers and attorneys. Survey of children under state detention care.</td>
</tr>
<tr>
<td>Reference</td>
<td>Research Purpose</td>
<td>Methodology</td>
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</tr>
<tr>
<td>8. Nagi, S. Z.</td>
<td>Gain nationally representative analytical picture of reorganization of services and control mechanisms concerned with child abuse and neglect. Identify limitations and strengths in structure and performance of these programs. Prepare recommendations for improving identification and control.</td>
<td>Intensive interviews with professionals in agencies and programs serving a probability sample of U.S. population.</td>
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<tr>
<td>(CR-00117)</td>
<td></td>
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</tr>
<tr>
<td>9. Pelton, L. H.</td>
<td>Ascertain subjective realities of natural parents involved in child abuse and neglect cases, and their views of child welfare agency, caseworkers, and services.</td>
<td>Unstructured interviews. 50-100 parents. Interviewees screened from random sample of Non-Work Incentive cases.</td>
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<tr>
<td>(CR-00122)</td>
<td></td>
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<tr>
<td>Marks, M.</td>
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<tr>
<td>(CR-00144)</td>
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</table>
V. PREVENTION AND TREATMENT

In the preceding section of this review, those research studies which identified factors that may contribute to or mitigate against abusive or neglectful behavior were considered. This section will review research on the prevention and treatment of child abuse and neglect. As the causes of abuse and neglect are many and complex, so are methods of prevention and treatment. Theoretically, for every cause there exists an effective means of alleviating the situation that caused the deviance, thus, the proposed theories of prevention and treatment are the logical outcome of the identification of these causative factors.

Prevention and treatment programs can be categorized as primary prevention, secondary prevention or intervention, and treatment. Since these categories represent a continuum of prevention and treatment efforts, and since some programs may well incorporate elements of each of these categories, it is often difficult to assign programs to one or the other of these categories. For purposes of this review, primary prevention will be defined as preventing abuse before it occurs and will include those efforts that are available to the population in general, such as education for parenthood programs, community hotlines, and family support services. Secondary prevention includes those efforts directed at high-risk populations which might abuse or neglect their children unless given help. Treatment includes those services targeted toward the known abuser or neglecter in an effort to ameliorate whatever was the cause of this behavior and to prevent its recurrence.

Of the substantive areas being considered in this review, none has produced a larger body of information than treatment. Public attention has been focused on the problem of child abuse and neglect by dramatic news accounts, and an increase in federal monies, particularly from the National Center on Child Abuse and Neglect, has given rise to numerous strategies for treating both abusers and the abused.

Initial efforts which sought punishment of the perpetrator gave way to treatment programs of traditional clinical treatment methods and social work practices. The child was considered a victim and received protective services (possibly was removed), medical care, and little else. Treatment success was measured in terms of recidivism rates.

Later programs recognized abuse and neglect as patterns of interaction involving both parent and child. These programs focused on the family unit. At the same time, it was generally accepted that no one treatment method was sufficient and that most abusive situations demanded a range of services, both to relieve the immediate crisis, and to provide long-range help.

At present, numerous treatment models and strategies are being used throughout the country, including therapeutic intervention, the extended family center, foster care, behavior modification, family advocacy, and other support services.

**Primary Prevention**

None of the completed research studies currently contained in the NCCAN Clearinghouse data base has addressed issues of primary prevention as a primary research focus.

One ongoing study (CR-00132) is testing the hypothesis that health personnel might contribute to primary prevention by providing increased support for maternal attachment and maternal care. In this study pregnant women are interviewed in their ninth month and after delivery are assigned to one of two groups. One group receives routine hospital care, while the other receives early or extended contact with the infant in the hospital and frequent visits by paraprofessionals trained to facilitate attachment and bonding.

**Secondary Prevention**

Tables 12 and 13 present an annotated listing of four completed and six ongoing studies which focus on secondary prevention efforts. Of the completed research, one study examined secondary prevention structures in various
European countries, the other three reported on screening methods used to detect parents with potential problems in child rearing or to analyze known abusers to develop screening methods.

These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The methodology of each study is described in as much detail as possible, including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. In addition, all relevant information provided by the abstract on prevention can be found under the heading "Review of Studies."

Methodology Sample size of the completed studies ranged from 33 abusive parents to 500 mothers to the clientele of prevention programs throughout Europe. Two studies developed a predictive questionnaire while a third used a standardized test instrument.

Review of studies Two studies reported that severe punishment in childhood was predictive of later abuse, other predictive items included problems of self-esteem, conflict with authority, and concern with isolation.

Ongoing research studies Five of the six studies focus on secondary prevention and are developing predictive variables or screening profiles of high-risk families. The remaining study is evaluating the feasibility of using the extended family in solving the problem of child maltreatment.

Treatment

Tables 14 and 15 present an annotated listing of 31 completed and 12 ongoing research studies which focus on a wide variety of treatment interventions ranging from a comprehensive, multidisciplinary approach to the use of drug therapy. These studies are listed alphabetically by author and full citations are given in the bibliography beginning on page 64. The mode of intervention used in each study is described in as much detail as possible under the heading "Type of Treatment." The methodology of each study is described in as much detail as possible including sample size and characteristics, control or comparison group if mentioned, and means of data collection, where known. Abbreviations for standardized psychological tests were used wherever possible, a key to these abbreviations can be found on page 64. In addition, all information provided by the abstracts on the outcome of treatment interventions can be found under the heading "Review of Studies."

Type of treatment A wide range of treatment approaches is represented in the completed studies, most of which directed their efforts to changing parental behavior and/or attitudes. Three studies mentioned specific therapeutic activities targeted toward the child. Several studies dealt with the family unit offering both therapeutic and/or supportive services. One study evaluated the use of drug therapy.

Methodology The completed studies used a variety of methods to try and assess effectiveness of treatment interventions, including questionnaires, intelligence and psychological testing, and comparison of program records.

Review of studies Three studies reported on systematic evaluations of total program operation, including cost-effectiveness, realization of program goals, and administrative effectiveness, as well as treatment impact. The others concentrated on assessing effectiveness of treatment. In general, results are reported in terms of improvement in family functioning, self-image of parents and children, and children's IQ level. Only two studies reported recidivism rates as a measure of program impact.

Ongoing research studies The effectiveness of various treatment modalities, such as psychiatric treatment for infants, volunteer lay therapists, and therapeutic playschool, is under study in 13 projects. Larger research efforts assess the impact of a number of demonstration projects.
<table>
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<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Council of Europe (CD-01496)</td>
<td>Examination of secondary prevention structures in, Austria, Belgium, Denmark, Germany, France, Netherlands, Norway, Sweden, Great Britain</td>
<td>Individual preventive action methods described include family guidance and assistance agencies, child guidance centers, economic and housing assistance, and children’s homes and youth camps; group efforts include social work in asylums for the homeless and youth clubs.</td>
</tr>
<tr>
<td>2. Helfer, R. E., Schneider, C. (CD-00464, CD-00887, CD-01938)</td>
<td>500 mothers from various socio-economic levels Questionnaire screening for unusual rearing practices</td>
<td>100 thought to fall in high-risk category with low parenting skills. These mothers had higher than reasonable expectations for the child and more self-righteous attitude toward punishment; felt more unloved, criticized, and isolated; and had prevailing feeling of hopelessness, despair, and depression. Most heavily weighted item in prediction of abuse was response indicating violent punishment of the mother by her parents. Single best predictive cluster had to do with problems of self-esteem. At present questionnaire must be considered as a research tool or screening instrument, the number of false negatives or false positives to be expected has not yet been determined. Future uses of questionnaire may include gathering diagnostic data, identification of families at risk, and perhaps determining degree of success of treatment.</td>
</tr>
<tr>
<td>3. Paulson, M. J., Affif, A. A.; Chaleff, A., Liu, V. Y.; Thomason, M. L. (CD-01278)</td>
<td>15 males and 18 females as primary abusive parent Discriminant function analyses of MMPI Clinical interviews, medical history</td>
<td>Male abusers were more hedonistic, self-centered, suspicious, and in conflict with both parental and societal demands more often than normal males. Female abusers manifested counterculture behaviors bringing them into conflict with authority. They were also suspicious, distrustful, concerned over motives of their peer group, and fearful of hurting themselves and others.</td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
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<tr>
<td>Schneider, C.; Helfer, R. E.; Pollack, C. (CD-00818)</td>
<td>Companion group of 30 nonabusers matched on parent age, education, socioeconomic status, number of children, with a child of same age as the child who had been abused</td>
<td>Abusing parents reported significantly more severe physical punishment in their childhood, more anxiety about dealing with their children's problems, more concern about being alone and isolated, more concern with criticism, and higher expectations for performance of their children. 5 different personality types were found, 2 nonabusing and 3 abusing. Scores misidentified 2 false negatives and 6 false positives.</td>
</tr>
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### TABLE 13

**ANNOTATED LIST OF ONGOING RESEARCH STUDIES: SECONDARY PREVENTION**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Research Purpose</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Alger, M.,</strong>&lt;br&gt;Uohara, B.&lt;br&gt;(CR-00002)</td>
<td>Identify newborns and parents at high risk of abuse. Demonstrate feasibility of early intervention technique.</td>
<td>Screening mothers for psychosocial stress factors. Interviews conducted for mothers identified by first screen. Pre- and post-testing of mother-infant interaction will be conducted. Sample: 30 children and 30 family units.</td>
</tr>
<tr>
<td><strong>4. Gundy, J.H.,</strong>&lt;br&gt;Krell, H.&lt;br&gt;(CR-00068)</td>
<td>Develop and validate risk identification for use in newborn and prenatal nursing clinics. Evaluate support group.</td>
<td>Members of support group will complete questionnaires before and after 6-month period. Scales for risk identification will be validated.</td>
</tr>
<tr>
<td>**5. Helfer, R.E.&lt;br&gt;(CR-00072)</td>
<td>Assess reliability and validity of Michigan Screening Profile of Parenting. Develop and refine new scoring techniques and instrumentation.</td>
<td>Concurrent validation, measured by comparing other measures. Reliability studies performed utilizing a test/retest method. Data gathered by participating field study groups.</td>
</tr>
<tr>
<td>Reference</td>
<td>Type of Treatment</td>
<td>Methodology</td>
</tr>
<tr>
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</tr>
<tr>
<td>1. Armstrong, K. L., Cohn, A. H.; Collignon, F. C. (CD-01369)</td>
<td>Extended family center (EFC)</td>
<td>Evaluation components: - assessment of service impact; - assessment of program goal realization; - assessment of program costs; - description of program operation.</td>
</tr>
<tr>
<td>2. Bates, T., Elmer, E., Delaney, J. (CD-01388)</td>
<td>Health-based, multidisciplinary program</td>
<td>Analysis of 9 multidisciplinary health-based programs selected for geographic, demographic, and methodologic diversity. On-site visits, questionnaires.</td>
</tr>
<tr>
<td>3. Beezley, P., Martin, H. P., Kempe, R. J. (CD-01395)</td>
<td>Psychotherapy, play therapy once or twice a week for 50 minutes</td>
<td>12 physically abused children aged 3-8 years. Cognitive, speech-language, neurologic testing.</td>
</tr>
<tr>
<td>4. Behavior Associates (CD-01396)</td>
<td>Self-help</td>
<td>Evaluation components: - documentation of program goals; - collection of descriptive information about personnel; - analysis of processes in chapter functioning; - measurement of program impact.</td>
</tr>
</tbody>
</table>
### TABLE 14 (Continued)

**ANNOTATED LIST OF STUDIES: TREATMENT**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Type of Treatment</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
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<tbody>
<tr>
<td>5. Berkeley Planning Associates (ED-01400)</td>
<td>Joint OCD-SRS National Demonstration in Child Abuse and Neglect Multidisciplinary</td>
<td>Evaluation components</td>
<td>Projects whose goals were most successfully realized had ongoing agency as sponsor which was already a primary service provider and was well coordinated and administered.</td>
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<tr>
<td></td>
<td></td>
<td>- project goals</td>
<td>Factors contributing to comparative cost efficiency:</td>
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<td></td>
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<td>- costs</td>
<td>- larger total expenditures</td>
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<td></td>
<td></td>
<td>- case management</td>
<td>- larger total staff</td>
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<td></td>
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<td>- adult client characteristics</td>
<td>- increased hours per staff</td>
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<td></td>
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<td>- child client characteristics</td>
<td>- smaller proportion of expenditures for project activities</td>
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<td>- community system characteristics</td>
<td>- wider variety of services provided</td>
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<td>Key problems related to case management.</td>
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<td>- poor records</td>
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<td>- inconsistent supervision</td>
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<td>- lack of training</td>
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<td></td>
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<td>- inadequate client participation</td>
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<tr>
<td>6. Burt, M. R. (CD-01442)</td>
<td>Comprehensive emergency services</td>
<td>Comparison of program records for 1969-70 with those for 1973-74</td>
<td>Less than half of all adult clients had reduced potential for abuse or neglect at termination of therapy. Findings regarding children were also observed.</td>
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<tr>
<td></td>
<td>- emergency intake</td>
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<td>Program objectives were met at a substantial reduction in cost.</td>
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<td></td>
<td>- emergency caretaker</td>
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<td>Both programs showed promise after 2 years of experience.</td>
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<td>- emergency homemaker</td>
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<tr>
<td></td>
<td>- emergency foster homes</td>
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<tr>
<td>7. Daniel, J H., Hyde, J N., Jr (CD-01147)</td>
<td>Two intervention models Parent Education Programs</td>
<td>Descriptive, case-control study of families whose children exhibit the effects of pediatric social illness such as child abuse, accidents, ingestions, failure to thrive</td>
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<td>- therapeutic teaching sessions for mothers for 12-14 weeks</td>
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<td>Family Advocacy Program</td>
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<td>- provide services to families while developing new modes of intervention for working with families</td>
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TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

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<tr>
<td>8. Ephross, P. H.; Weisstman, L. A. (CD-00189, CD-01550, CD-00551, CD-01552)</td>
<td>Hospital-based multidisciplinary approach with pediatrician, social worker, nurse, psychiatrist, and community aide</td>
<td>Evaluation by: - administrative assessment including staff interviews and review of case files - interviews with 3 families - questionnaires</td>
<td>While a large proportion of the parents had treatment-resistant sociopathic personalities, the project still enjoyed a high successful treatment rate. The project team approach demonstrated effectiveness in dealing with all types of parents, including the emotionally disturbed. Children who entered care due to own behavioral or emotional disorders received higher level of parental visits. 1 out of 3 children in the neglect or abuse category were visited by a parent. High parental visiting correlated well with discharge rates, particularly during earlier time periods of the study. Results obtained with 23 families and 42 children over 2 years are described in detail. A system of planned short-term therapy is described and evaluated. Findings: - separation averted in 142 cases - 2 children placed in foster homes had/timeto prepare for placement - generally improved pattern of family living - program vastly more economical than placement</td>
</tr>
<tr>
<td>12. Jones, B. M. (CD-00532)</td>
<td>Homemaker services in times of crisis</td>
<td>144 children in 29 families received services over a 1-year period</td>
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<thead>
<tr>
<th>Reference</th>
<th>Type of Treatment</th>
<th>Methodology</th>
<th>Review of Studies</th>
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</thead>
<tbody>
<tr>
<td>13. Jones, M. A., Neuman, R., Shyne, A. W. (CD-01684)</td>
<td>Intensive family casework services, emphasizing increased casework counseling</td>
<td>1-year evaluation of 9 demonstration programs serving 549 cases involving 992 children - 42% of cases included emotional neglect - 23% of cases included physical neglect - 6% of cases included abuse - Compared with children in regular public program</td>
<td>Intensive family services were effective in averting or shortening placement, and this was accomplished with benefit to the children and at lower cost. Average child in experimental programs spent 24 fewer days in foster care. Fewer of the experimental group children spent any time in foster care—52% vs. 60% of children in regular programs. 6 months after end of project, 92% of experimental children still in own homes compared with 77% of regular program children. 8 couples had children returned with no further reports of abuse. 1 couple dropped out of group and child not returned to them. 1 couple, still in group, given child on weekend basis. Details of services of homemaker programs, foster care, day care, preschool nursery care, and other traditional approaches are enumerated with cost estimates for each. Specific results obtained with each family are summarized, and some general conclusions regarding parents and children are drawn. 80% of families returned home with children. 12 children in 10 families need separation from family at admission or after short trial at home. No cases of proven reabuse. 2 children subsequently spent short periods in foster care. Many families requested assistance in times of crisis.</td>
</tr>
<tr>
<td>15. Juvenile Protective Association (CD030541)</td>
<td>Coordinated social, educational, and health services to families of neglected and abused children</td>
<td>35 families socially and economically impoverished</td>
<td></td>
</tr>
<tr>
<td>16. Lynch, M.A., Ounsted, C. (CD-01748, CD-01750)</td>
<td>Inpatient unit for families of abused children, group, individual, and marital psychotherapy for parents</td>
<td>50 families, with 87 children - 23 children actually abused - 3 probable abuse - 24 at risk Variety of socioeconomic backgrounds and urban and rural areas</td>
<td>60% of families returned home with children. 12 children in 10 families need separation from family at admission or after short trial at home. No cases of proven reabuse. 2 children subsequently spent short periods in foster care. Many families requested assistance in times of crisis.</td>
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<td>Reference</td>
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<tr>
<td>17. Money, J.;</td>
<td>Removal from home</td>
<td>16 patients with syndrome of dwarfism characterized by reversible hyposomatotropinism occurring with abuse and neglect</td>
<td>4 patients showed complete remission of symptoms of impaired growth and behavior and had IQ increases of 29 to 55.</td>
</tr>
<tr>
<td>Annecillo, C.</td>
<td></td>
<td>Measurement of IQ before and after relocation of domicile</td>
<td>8 had increases of 2 to 14; 1 showed no change.</td>
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<tr>
<td>(CD-01793)</td>
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<td>3 who showed persistent symptoms, such as bedwetting, temper tantrums, hyperactivity, and atypical food and fluid intake had decreases from 1 to 12.</td>
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<td>The longer the period of removal from home, the larger the increase in IQ.</td>
</tr>
<tr>
<td>18. Money, J.; Wolff, G.</td>
<td>Removal from home</td>
<td>12 children with retarded statural growth associated with reversible somatotropic deficiency history of abnormal psychosocial behavior and motor retardation</td>
<td>All improved after leaving the environment of growth retardation, and elevations of IQ by as much as 30-50 points observed.</td>
</tr>
<tr>
<td>(CD-01795)</td>
<td></td>
<td>Measurement of IQ before or on admission to hospital and after some period of removal from home</td>
<td>The more advanced the age of child before leaving the home, or while remaining in it, the later the onset of puberty.</td>
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<td>1 case reported in detail.</td>
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<tr>
<td>19. Newberger, E H.; Hagenbuch, J. F.; Ebeling, N. B.; Colligan, E. P.; Sheehan, J. S.; McVeigh, S. H. (CD-00727)</td>
<td>Hospital-based, multidisciplinary group for total management of child abuse cases</td>
<td>62 cases of abuse, 39 hospitalized</td>
<td>Average hospital stay was reduced from 29 to 19 days; average costs reduced from $3,000 to $2,500. Reinjury rate reduced from 10% to 2%.</td>
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<td>47% of cases referred for social or psychological therapy; improvement seen in 51% of these cases.</td>
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<td>Recent practical and theoretical advances in the management of such children are discussed.</td>
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TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

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<th>Reference</th>
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<tbody>
<tr>
<td>21. Paget, N. W. (CD-00759)</td>
<td>24-hour emergency babysitting service</td>
<td>32 cases Case review</td>
<td>Review of 32 cases occurring over 11 months indicated overall success of the program. Parent reactions were sometimes hostile but never violent. Overall cost of program was $2,000 a year.</td>
</tr>
<tr>
<td>22. Panel for Family Living (CD-01866)</td>
<td>Multidisciplinary approach Parent education</td>
<td>Evaluation components - treatment outcomes - assessment of Panel’s influence on community - assessment of efficacy of a behavioral approach in treating emotional neglect - evaluation of adequacy of the Common Language Assessment System as a model for diagnosing and treating emotional neglect</td>
<td>In own-home cases, both parents more frequently present and financial situation better. Of 98 clients interviewed, 66% had positive perception of helpfulness or effectiveness of service. Congruence between parent's and worker's perceptions of need for service and kind of service needed. Areas of greatest positive change were those in which child care and training were center of concern and service effort.</td>
</tr>
<tr>
<td>23. Sherman, E. A., Phillips, M. H., Hanig, B. L., Shyne, A. W. (CD-01284, CD-01307)</td>
<td>Services to children in their own homes</td>
<td>553 abused and neglected children Cases drawn from 1 voluntary and 3 public agencies Analysis of monthly service and outcome schedules kept by caseworkers, interviews Compared with placement families</td>
<td>Data were reasonably consistent in showing an increasing movement toward a more positive approach in the interactions of parents with the aides. Effect that this might have on parent-child interactions could not be ascertained.</td>
</tr>
<tr>
<td>24. Reich, J. W. (CD-01906)</td>
<td>Lay therapist as parent aide</td>
<td>8 abusing parents Control groups of 7 abusing parents having regular social worker contacts only 14 nonabusing parents Questionnaires pre- and post-treatment</td>
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<tr>
<td>Reference</td>
<td>Type of Treatment</td>
<td>Methodology</td>
<td>Review of Studies</td>
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<tr>
<td>25. Rosenblatt, S., Schaeffer, D.; Rosenthal, J. S. (CD-01919)</td>
<td>Drug therapy</td>
<td>11 women and 2 men suspected of physical abuse or complaining of difficulty in controlling extreme punitive impulses against their children. Treated with 200 mg of diphenhydantoin twice a day or an inert placebo for 8 weeks on a random, double-blind basis. Weekly tests to assess changes of attitude toward children, level of depression, hostility, anxiety, and other variables (Q sorts developed from NIMH Depression Study, MMPI, Taylor Manifest Anxiety Scales, and Parental Attitude Research Instrument).</td>
<td>Short-term mollification of anxiety, depression, and somatic symptoms effected in drug-treated group. Experimental and control groups showed improvements at end of 6 weeks; however no significant differences were discernible between the 2 groups due to uncontrollable confounding factors. No measurable changes attributable to drug action were found on behavioral parameters hypothetically relevant to child abusing parents.</td>
</tr>
<tr>
<td>26. Shames, M. (CD-00906)</td>
<td>Homemaker services</td>
<td>12 families which had been particularly resistant to case workers' efforts to improve household management and child care.</td>
<td>All 12 showed marked improvement in most areas and gains made held up after homemaker left. Resulted in realignment of family relationships. Homemaker's own skills less important than her intuitive ability to give mothers acceptance, respect, and understanding. Professional supervision of homemaker was important.</td>
</tr>
<tr>
<td>27. Silver, L. B., Dublin, C. C.; Laurie, R. S. (CD-00926)</td>
<td>Own home services vs foster care</td>
<td>Retrospective study of 34 cases of abuse</td>
<td>Children are better cared for in their own homes if agency intervention is, effective in preventing further abuse or improving the quality of home atmosphere.</td>
</tr>
<tr>
<td>28. Steele, B. F.; Pollock, C. B. (CD-00966)</td>
<td>Therapeutic treatment</td>
<td>60 families of abused children from all socioeconomic levels and with a variety of emotional disorders</td>
<td>Useful contact was established with all but a few families and significant improvement seen in over 75% of those treated. Found decrease in demands on and criticism of child, increased awareness of age-appropriate needs and behavior, and development of wide social relationships.</td>
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<td>Reference</td>
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<td>29. Stephenson, P. S. (CD-01316)</td>
<td>10-day enrichment program for very young high-risk children focusing on: 1) cognitive and effective stimulation 2) working to reduce any observable psychopathology Weekly home visits engaging both parents and siblings in therapeutic process</td>
<td>Multiproblem families with children 18-30 months of age Control group</td>
<td>Preliminary findings indicate that very disadvantaged, deprived, and alienated families who are abusing or neglecting their children can be successfully worked with on a voluntary basis, using preschool teachers as primary therapists for both children and their families. 84% of families showed improvement in areas of &quot;domestic concern,&quot; 9% rated the same or worse, 7% rated unknown. Preliminary findings showed deterioration checked in 90% of families in the first year of program. Children showed considerable progress. In second year, 55-60% of families showed progress in at least one area of family functioning. Importance of family planning as requirement for future family stability stressed.</td>
</tr>
<tr>
<td>30. Tracy, J., Ballard, C., Clark, E. (CD-01022)</td>
<td>Behavior modification, intervention of lay family health worker drawn from the community</td>
<td>41 families  - 11 with abused children  - 30 at high risk</td>
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<tr>
<td>31. Young, L. R. (CD-01706)</td>
<td>Integration of case work, education, and group work</td>
<td>125 neglectful, disorganized families  - 77% receiving public assistance  - 98.5% with annual income $4,000 or less</td>
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<tr>
<td>Reference</td>
<td>Research Purpose</td>
<td>Methodology</td>
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<tr>
<td>1. Doty, E. F., Houston, T. R. (CR-00041)</td>
<td>Formative evaluation of 12 demonstration centers established by the National Center on Child Abuse and Neglect.</td>
<td>Evaluation components include organizational bases and service modes, service volume, unit costs, identification of measures of impact upon coordination of services, abuse and neglect incidence, and recidivism. Naturalistic observations from home visits recorded in narrative form, playroom visits, developmental (Bayley) testing supply study data.</td>
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<tr>
<td>3. Galdston, R., Bean, S. L. (CR-00057)</td>
<td>Develop new techniques to improve services to young abused children and parents. Train personnel to pursue further studies into problems related to abuse. Study origins and fate of violence as force within the family.</td>
<td>Monitoring agency records, interviewing agency personnel, analyzing joint agency conferences. Control groups of serviced and nonserviced families.</td>
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<tr>
<td>6. Knox, J. C., Phillips, Y., Eyman, N. (CR-00097)</td>
<td>Formative evaluation of regional demonstration program.</td>
<td>50 abusing families to receive treatment by team and family aide, 50 abusing families in control group to receive treatment by team alone. Data will be examined to identify which independent and control variables account for decrease in probability of risk of abuse.</td>
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<tr>
<td>7. MacMurray, V. D., Brummitt, J. R., Cunningham, P. H. (CR-00105)</td>
<td>Evaluate intervention process, outcome effectiveness, and feasibility and practicality of services provided by volunteer lay therapists or family aides working with abusing parents.</td>
<td>Site visits on quarterly basis to determine qualitative data. Quantitative data collected about clientele, costs, and services.</td>
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VI. EFFECTS/SEQUELAE

"Nothing stirs so great a sense of urgency that we move to do something about neglect and abuse as when we review what is known about its consequences." The obvious and primary consequences to the victims of abuse or neglect are many. Children suffer temporary or permanent bodily injury, children starve or go without education and clothing; infants are born addicted to heroin, adolescent girls become pregnant from incestuous unions, and approximately 2000 children die each year, victims of child abuse or neglect. Other more subtle long-range effects include emotional, behavioral, and cognitive problems. There is some evidence that siblings of the abused or neglected individual suffer emotional and behavioral problems as well, even if they are not the targets of the abuse or neglect. There are some indications that abused children later become violent, behaving aggressively toward other members of society as juvenile delinquents, as murderers, or as abusive parents. Society feels the effect of abusive or neglectful behavior through the strain on the school system, the protective service system, the courts, and all such systems whose task it is to identify and treat those families. Finally, there are consequences for the parents themselves. Some may be prosecuted and go to jail. Others will find help through a good treatment program, but certainly few will be unaffected by the realization that they have harmed their child.

Any study that focused on the effects of abuse, neglect, or failure to thrive is included in this review. To date research efforts have focused almost entirely on the effects of abuse and neglect on the child. The effect of abusive or neglectful behavior on the perpetrator is not reviewed here because of the lack of any systematic examination of this issue. It is not known how often families move or how many parents suffer psychological problems requiring hospitalization or what the impact of the label "abuser" or "neglectful parent" has on an individual.

Tables 16 and 17 present an annotated listing of 42 completed and two ongoing research studies focusing on the effects/sequelae of child abuse and neglect. These studies are organized under four major headings—abuse, neglect, abuse and neglect, and failure to thrive—depending on the type of maltreatment. Reports of the effects of abuse constitute the largest category, accounting for 33 of the 42 studies. Four studies report effects of neglect, three report on the effects of abuse and neglect, and 2 on the effects of failure to thrive. The studies are listed alphabetically by author within each category and full citations are given in the bibliography beginning on page 64.

The methodology of each study is described in as much detail as possible, including sample size and characteristics; control or comparison group if mentioned; means of data collection, where known, and length of time between abuse and follow-up. A summary of study findings reported in the abstract is also presented in the table under the heading "Review of Studies."

Methodology. Most study samples were relatively small, the great majority being under 100. A few exceptions were notably large one study looked at 774 abused children and compared them with 900 juvenile offenders, another evaluated 347 depressed hospitalized women with a comparison group of 198 normal women, another reviewed 1,500 child guidance clinic cases.

The study samples can be generally characterized as abused children seen in a hospital or psychiatric clinic setting. A few studies did examine other populations such as violent patient inmates or juvenile offenders.

Review of case records and standardized tests were the major means of measurement though one study used home visits, another classroom observation, and a third a behavior questionnaire completed by teachers.

Length of time of follow-up was seldom reported in the abstract. Of the nine studies that did report this, six studied effects three to five years after the abusive incident, one eight years later, one six years later, and one six months later.

Summary of effects. The effects of abuse and/or neglect and failure to thrive reported here were generally delayed language development, mental retardation, and psychological and behavioral problems. Studies also reported on the likelihood of reabuse or of death. One study reported that abused children committed fewer aggressive crimes than their siblings and more escapist crimes, while another noted that abused children exhibited less overt and fantasy aggressive behavior and were more somber and docile.

It was noted that the effects of abuse and neglect are often confounded by the effects of lower class membership and by the lack of knowledge of whether the "effect" in fact was present prior to the abusive incident.

Ongoing research studies. One study is evaluating the effects of separation of children from parents, and the other is evaluating the effects of an abusive environment on children.
### TABLE 16
### ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

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<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
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<tbody>
<tr>
<td>1. Bach-y-Rita, G., Veno, A. (CD-01372)</td>
<td>62 violent patient-inmates. Analysis of life histories and clinical variables.</td>
<td>Some of the habitually violent patients who were identified as self-destructive were subjected to violence or deprivation during childhood. Suggestion of strong correlation between neurological impairment and early injury or deprivation.</td>
</tr>
<tr>
<td>2. Blager, P. B., Martin, H. P. (CD-01412)</td>
<td>23 abused children - 10 preschoolers subjected to abuse within preceding 6 months - 13 older children in psychotherapy seen several years after incident Speech and language assessments (Illinois Test of Psycholinguistic Ability)</td>
<td>Preschool group showed delayed speech and language development on all measured parameters. Older group more within normal limits but showed more scatter of abilities and disabilities than expected.</td>
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<tr>
<td>3. Bloom, L. A (CD-01413)</td>
<td>17 children abused in early childhood Control groups - 17 children suffering accidents and similar hospitalization at comparable age - 25 children with no history of accidents or abuse Assessment of communication skills</td>
<td>Abused children demonstrated significant expressive communication problems—high incidence of poor expressive language, poor conversational articulation, and stuttering</td>
</tr>
<tr>
<td>4. Bolton, F. G , Jr., Reich, J. W., Gutierrez, S. L. (CD-01418)</td>
<td>774 abused children Comparison group of 900 reported juvenile offenders Comparison of reported crimes</td>
<td>Abused children had low frequency of aggressive crimes by comparison with siblings—reported for escapist crimes far more often than siblings. Where the first child in a family was abused, 131 chance that a subsequent child would be abused</td>
</tr>
<tr>
<td>5. British Medical Journal (CD-00124)</td>
<td>78 cases of abuse</td>
<td>Abused children found more frequently in special education classes, and classes for emotionally disturbed and educable mentally retarded. Number of abused children in state mental institutions significant. Academic achievement of majority of abused children below grade level. Many had behaviors indicative of psychological problems.</td>
</tr>
<tr>
<td>6. Christansen, J. L (CD-01469, CD-01714)</td>
<td>138 abused school-age children referred to juvenile court Analysis of welfare case records and school records</td>
<td>Many of the children showed growth retardation or anemia. Three died, 25 had been injured previously, and in 8 cases siblings had also been injured.</td>
</tr>
<tr>
<td>7. Libbin, A. J., Collub, M. H., Stein, A. M., Wilson, M G (CD-00282)</td>
<td>50 parentally abused children representing 17% of admissions to Children's Division of County-University Medical Center Most children less than 2 years old</td>
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<td>Methodology</td>
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<tr>
<td>8. Elmer, E. (CD-00293, CQ-00296)</td>
<td>50 children hospitalized for multiple injuries - 17 under 3 months - 9 between 3 and 6 months</td>
<td>Of the 50 children under study, 7 died, 3 sustained new injuries, 2 were rehospitalized for treatment, 7 had serious physical defects, 4 were severely mentally retarded.</td>
</tr>
<tr>
<td>9. Elmer, E., Gregg, G. S. (CD-00295)</td>
<td>20 abused children with multiple bone injuries - 13 white - 7 black - Los SES Interviews and psychological testing</td>
<td>Of 11 children without medical abnormalities prior to abuse, 2 failed to thrive, 4 had IQ's below 80, 4 were emotionally disturbed, 3 displayed physical defects; more than half had speech problems. Of 9 children with previous abnormalities, 3 failed to thrive, 2 were obese, 6 were mentally retarded, 5 were emotionally disturbed, 4 displayed physical defects.</td>
</tr>
<tr>
<td>10. Elmer, E. (CD-01161)</td>
<td>Children hospitalized for injury 3 study groups: abused, nonabused, unclassified.</td>
<td>Abused children had highest number of most severe problems, mentally and physically</td>
</tr>
<tr>
<td>11. Elmer, E. (CD-01548, CD-01549)</td>
<td>17 lower class children abused as infants Comparison group of 17 children injured in accidents matched for age, race, sex, and socioeconomic status Comparison group of matched untraumatized group of nonabused children Clinical assessment 8 years after children were studied in infancy</td>
<td>Few group differences in health history and development, intellectual functioning, language, self-concept, impulsivity, and aggression. High incidence of problems in all groups. Effects of lower class membership on child development may be as powerful as abuse. Neglect revealed as significant factor related to intellectual retardation.</td>
</tr>
<tr>
<td>13. Fitti, R. M., Gitt, A. (CD-01167)</td>
<td>28 abused children, aged 2-6, who had undergone psychotherapy Review of records</td>
<td>Characteristic disturbed behavior patterns, such as distrust and fear of adults, variability of behavior, disturbed interpersonal relationships, poor self-image, communication difficulties, and hyperkinetic activity, present in abused children.</td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
</tr>
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<tr>
<td>14. Green, A. H.</td>
<td>70 school age schizophrenic children of whom 32.8% were abused</td>
<td>Significant association between physical abuse and self-mutilation among boys though not among girls.</td>
</tr>
<tr>
<td>(CD-00395)</td>
<td>Screening of case histories</td>
<td></td>
</tr>
<tr>
<td>15. Green, A. H.</td>
<td>59 abused children from low-income ghetto areas.</td>
<td>Significantly higher incidence of self-destructive behavior among abused children. Self-destructive activity often enhanced by ego deficits and impaired impulse control, and seemed to represent a learned pattern of behavior originating in early traumatic experiences with hostile primary objects.</td>
</tr>
<tr>
<td>(CD-01615)</td>
<td>Control groups of 29 nonabused neglected children and 30 normal children. Interviews with mother or maternal guardian.</td>
<td></td>
</tr>
<tr>
<td>16. Harris, M. J.</td>
<td>Accidents under 2 years of age of whom 25% were abused</td>
<td>Likelihood of reabattering after first incident is 30%. Death rate among repeatedly abused children is 20% for an overall death rate of 10%.</td>
</tr>
<tr>
<td>(CD-00438)</td>
<td>Study undertaken 2-3 years after the abusive incident</td>
<td></td>
</tr>
<tr>
<td>17. Iowa Child Abuse</td>
<td>74 abused children treated at hospitals for injuries.</td>
<td>6 children (8%) had died, 5 (7%) were in institutions, 6 (8%) were living with relatives, 9 (12%) had been adopted, and 12 (16%) were in foster care.</td>
</tr>
<tr>
<td>Study</td>
<td>Review of present social situations</td>
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<tr>
<td>(CD-01131)</td>
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</tr>
<tr>
<td>18. Jacobson, S.</td>
<td>347 depressed hospitalized women</td>
<td>Negative child-rearing experiences such as abuse and punishment associated with later depression. Relationship between degree of depriving child-rearing experience and severity of adult illness suggested.</td>
</tr>
<tr>
<td>Fatman, J.,</td>
<td>Comparison groups of 198 normal women not receiving psychiatric care, 114 primarily neurotic outpatient females.</td>
<td></td>
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<tr>
<td>DiMascio, A.</td>
<td></td>
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<tr>
<td>(CD-00517)</td>
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<tr>
<td>19. Johnson, B.</td>
<td>101 abused children</td>
<td>During period of service, 79 children removed from homes, two thirds seriously injured, 3 died of injuries, 1 died of gross neglect.</td>
</tr>
<tr>
<td>Morse, H. A.</td>
<td>Study undertaken 2-3 years after the abusive incident</td>
<td></td>
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<tr>
<td>(CD-00525)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Kempe, C. H.,</td>
<td>302 cases of abused children reported from hospitals</td>
<td>33 children (11%) died and 85 (28%) suffered permanent brain injury.</td>
</tr>
<tr>
<td>Silverman, F. N.,</td>
<td>Survey</td>
<td></td>
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<tr>
<td>Steele, B. F.,</td>
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<tr>
<td>Droegemueller, W.,</td>
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<tr>
<td>Silver, H. K.</td>
<td></td>
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<tr>
<td>(CD-00560)</td>
<td></td>
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</tr>
<tr>
<td>21. Kent, J. T.</td>
<td>Abused children placed out of natural home divided into 3 groups</td>
<td>Both abuse groups had higher incidence of problem behavior on intake. Both nonaccidental trauma and neglect children manifested greater developmental delays in language on follow-up than motor development and activities of daily living. Abusive environment tends to produce highly troubled children independent of low socioeconomic status.</td>
</tr>
<tr>
<td>(CD-01712)</td>
<td>Abusive group receiving protective services because of high risk for abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluation at intake and after placement</td>
<td></td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
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</tr>
<tr>
<td>22. Koeck, M. A., Ingram, E. M. (CD-01718)</td>
<td>46 children, aged 2-30 months, with nonaccidental trauma</td>
<td>Physical abuse detrimental to neural functioning but not to motor functioning. Neglect detrimental to both neural and motor functioning. Effects on boys different from those on girls.</td>
</tr>
<tr>
<td></td>
<td>38 children with failure to thrive Group of normal controls Bayley Scales, Mental Development Index Psychomotor Development Index</td>
<td></td>
</tr>
<tr>
<td>23. Laver, B., Ten Broeck, E., Grossman, M. (CD-00593)</td>
<td>130 abused children under 10 admitted to a hospital Control group of concurrent admissions Review of medical and social records</td>
<td>Many suffered from emotional, physical and medical neglect as well. 44% had been abused previously. 6 children (5%) died.</td>
</tr>
<tr>
<td>24. MacKeith, R. (CD-00639)</td>
<td>Children with cerebral palsy and mentally deficient children (United Kingdom)</td>
<td>Speculation on incomplete data suggests that nonaccidental injury and associated deprivation account for 90 new cases of cerebral palsy annually (6%), 150 (25%) new cases of severe mental handicap annually, and perhaps 3,000 new cases of children with disturbed personality. An alternative method yields 400 new children each year with chronic neurologic deficits.</td>
</tr>
<tr>
<td>25. Martin, H. P., Beezley, P., Conway, E. F., Kempe, C. H. (CD-01762, CD-01767)</td>
<td>58 abused children 5 year follow-up study Findings reported at a mean 4.5 years after abuse</td>
<td>53% had some neurologic abnormality of which 31% handicapped everyday function of child, 5% were microcephalic. 31% had height or weight below third percentile. Hypothesis that mental retardation or brain damage stemming from immaturity effects abuse from parents not supported. IQs of children with head trauma or residual neurologic deficit significantly lower. Environmental factors significantly related to IQ scores.</td>
</tr>
<tr>
<td>26. Martin, H. P (CD-01760)</td>
<td>42 physically abused children Follow-up study</td>
<td>33% demonstrated failure to thrive at time of admission. Mental retardation twice as frequent when failure to thrive accompanied physical abuse.</td>
</tr>
<tr>
<td>27. O'Neill, J. A., Jr. (CD-00742)</td>
<td>110 abused children</td>
<td>7% died. 10% suffered permanent disability. 80% showed signs of repeated injury. 66% had more than one fresh injury when first seen. Psychological scars, neglect, and malnutrition all associated with abuse.</td>
</tr>
<tr>
<td>28. Peters, J. J. (CD-01878)</td>
<td>64 child victims of sexual assault, 2-12 years of age Home visits and psychiatric interviews</td>
<td>Improper handling or repressed sexual attack may cause serious psychological problems for victim as an adult.</td>
</tr>
</tbody>
</table>
### TABLE 16 (Continued)

**ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE**

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<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Rolston, R. H. (CD-01298)</td>
<td>20 foster children who had suffered severe physical abuse or punishment, mean age 10.6 years 20 foster children without history of physical abuse TAT, behavioral rating scales</td>
<td>Abused children characterized by significantly overt and fantasy aggressive behavior, lower ratings on competitiveness, truancy, quarrelsomeness, destructiveness, and verbosity. Abused child significantly higher in scaling of somberness, docility, desire to placate, appetite, masturbation, and thumb-sucking.</td>
</tr>
<tr>
<td>30. Sendi, I. B., Blomgren, P. G. (CD-00900)</td>
<td>10 adolescents who had committed homicide 10 adolescents who had threatened or attempted homicide 10 hospitalized controls Evaluation of clinical, developmental, and environmental factors</td>
<td>Environmental factors such as parental brutality, seduction by parent or parental perversion, brutal rejection by father appeared important in reinforcing homicidal behavior.</td>
</tr>
<tr>
<td>31. Silver, L. B., Dubin, C. C., Louie, R. S. (CD-00926)</td>
<td>34 cases of child abuse reported at a hospital Review of hospital records supplemented by police and social service agency records Family histories sometimes dating back 20 years</td>
<td>In 4 cases (12%) abusive parent was shown to have been abused as a child; in 7 cases (20%), abused children had already come to the attention of juvenile court within 4 years of abuse.</td>
</tr>
<tr>
<td>32. Smith, S. M., Hanson, R (CD-00946)</td>
<td>134 abused children mean age 18.5 months Control group of 53 children hospitalized for conditions not involving trauma</td>
<td>Half had serious injuries; 21 (15%) died, 65 (48%) had been abused more than once, 20 (15%) had permanent neurological sequelae. 10 (8%) had serious congenital defects. Twenty-three (15%) had been previously admitted to hospital with failure to thrive and overlap with physical neglect considerable. Mortality and morbidity high among siblings.</td>
</tr>
<tr>
<td>33. Zuckerman, K., Ambuel, P., Bandman, R (CD-01084)</td>
<td>60 child abuse cases Review of cases</td>
<td>2 children (3%) died, one-third placed in other homes, abuse occurred in 17% of those returned home.</td>
</tr>
</tbody>
</table>
**TABLE 17**

**ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF NEGLECT**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
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<tr>
<td>2. Jenkins, R. L., Boyer, A. (CD-00521)</td>
<td>1500 child guidance clinic cases. Schoolboys in Jamaica 6-10 years old, some of whom had experienced an episode of severe malnutrition during first 2 years of life. IQ testing.</td>
<td>Mothers with characteristics of inadequate mothering most likely to have children with behavior problems. Correlations not as strong for inadequate fathering.</td>
</tr>
<tr>
<td>3. Richardson, S A. (CD-01909)</td>
<td>19 neglected boys. Comparison group of 17 boys from caring families. 1 hour of classroom observation by social worker and psychologist. Interviews using projective measures and direct questioning.</td>
<td>Severe malnutrition in infancy occurring in a context of an overall history of good physical growth and a favorable social background had negligible effect on intellectual functioning. In a context of poor overall history of physical growth and unfavorable social background, later impairment of intellectual functioning can occur.</td>
</tr>
<tr>
<td>4. Schermerhorn, W. (CD-00883)</td>
<td>19 suspected abuse children. Comparison group of 19 children representing accident cases. Follow-up study 5 years later.</td>
<td>Deprivation of nurturing care in young children makes them less capable of developing positive human relationships. Significant differences found in areas of affiliation, positive self-concept, negative adult perception, positive teacher and peer relationships and negative teacher and peer relationships.</td>
</tr>
<tr>
<td>5. Friedman, S. B., Morse, C. W. (CD-01582)</td>
<td>15 suspected abuse children. 7 gross neglect children aged 5-10 years seen in university emergency room. Comparison group of 19 children representing accident cases. Follow-up study 5 years later.</td>
<td>Accident children had lower incidence of subsequent injuries, siblings had fewer injuries, relationship with mother judged better, and fewer emotional and social problems in the families.</td>
</tr>
<tr>
<td>6. Morse, C. W., Sahler, O.J.Z., Friedman, S.B. (CD-00695)</td>
<td>25 children from 23 families hospitalized for illnesses judged to be sequelae of abuse or gross neglect. 3 years after hospitalization.</td>
<td>One-third of children had again been suspected of being victims of physical abuse or neglect. 70% of children judged outside normal range in intellectual, emotional, social, and motor development.</td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
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<tr>
<td>7.</td>
<td>Sandgrund, A.; Gaines, R. W.; Green, A. H. (CD-00875, CD-01194)</td>
<td>- 60 abused children&lt;br&gt;30 neglected children&lt;br&gt;Control group of 30 normal children&lt;br&gt;All from families receiving public assistance, all from inner-city&lt;br&gt;All between the ages of 3 and 5&lt;br&gt;WISC for children, Wechsler Preschool and Primary Scale of Intelligence, 13 scales</td>
</tr>
<tr>
<td>8.</td>
<td>Glaser, H. H.; Heagarty, M. C.; Bullard, D. M.; Pivich, E. C. (CD-00150, also reported in CD-00379)</td>
<td>- 41 children admitted to hospital for failure to thrive, average age 12.5 months&lt;br&gt;Review of hospital case records&lt;br&gt;Follow-up on an average 3.5 years later</td>
</tr>
<tr>
<td>9.</td>
<td>Hufton, I. W.; Oates, R. K. (CD-01656)</td>
<td>- 21 children diagnosed as having nonorganic failure to thrive&lt;br&gt;Behavior questionnaire completed by teachers&lt;br&gt;WISC&lt;br&gt;Review at an average of 6 years 4 months after initial presentation at hospital</td>
</tr>
</tbody>
</table>
TABLE 18
ANNOTATED LIST OF ONGOING RESEARCH STUDIES: EFFECTS/SEQUELAE

<table>
<thead>
<tr>
<th>Reference</th>
<th>Research Purpose</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Leiderman, P. H.; Hastorf, A. (CR-00101)</td>
<td>Evaluate effects of separation of children from parents. Primary attention given to age factors.</td>
<td>Compilation of cases followed by psychological assessment of children and families using experimental questionnaire-derived and naturalistic techniques. 120 males and 120 females from 1 to 10 years old included. Comparison groups used.</td>
</tr>
</tbody>
</table>
APPENDIX

Abbreviations of Standardized Tests

Cattell's 16 PF — 16 Personality Factor Questionnaire
CLLS — Polansky Childhood Level of Living Scale
CPI — California Psychological Inventory
FIR-O-B — Fundamental Interpersonal Relations Orientation
MMPI — Minnesota Multiphasic Personality Inventory
Rotter's I-E Scale — Rotter's Scale of Internality-Externality
TAT — Thematic Apperception Test
WAIS — Wechsler Adult Intelligence Scale
WISC — Wechsler Intelligence Scale for Children
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2319 Rose St.
Honolulu, HI 96819
Hana Like Home Visitor Project.
Alger, M.; Uohara, B.
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Office of Child Development (DHEW). Washington, D.C.

CR-00003
Vanderbilt Univ., Nashville, Tenn Dept. of Pediatrics
21st Ave. South and Garland St
Nashville, TN 37232
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Washington, D.C.
1411 K St. N.W. Suite 500
Washington, D.C. 20005
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National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00009
Texas Migrant Council, Laredo
P. O. Box 917
Laredo, TX 78040
Migrant Child Abuse and Neglect Prevention Project.
Bermua, M.; Moreno, H.
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National Center on Child Abuse and Neglect (DHEW). Washington, D.C.

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California State Dept. of Youth Authority, Sacramento
Research Div.
1829 16th St.
Sacramento, CA 95814
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Bohnstedt, M.
May 77-continuing.

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New York Medical Coll, N.Y. Center for Comprehensive Health Practice.
5 E. 102nd St.
New York, NY 10029
Family Care Program
Brotman, R.; Zarin, Ackerman, J.
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CR-00021
University Park, PA 16801
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118 Broadway Rm 227
San Antonio, TX 78205
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500 East 62 St.
New York, NY 10021
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3000 S. Interregional Hwy.
Austin, TX 78702
Child Abuse and Neglect Resources Demonstration (CARE) Project
Dinges, J. B.
Jan 75-Jun 78
National Center on Child Abuse and Neglect (DHEW). Washington, D.C.
CR-00041
347 Clement St.
San Francisco, CA 94118
Doty, E. F.; Houston, T. R.
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National Center on Child Abuse and Neglect (DHHS),
Washington, D.C.

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Minnesota Univ., Minneapolis School of Psychology Training Program
N 548 Elliott Hall
Minneapolis, MN 55455
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Washington, D.C.

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219 Bryant St.
Buffalo, NY 14222
Photography of Suspected Child Abuse and Maltreatment.
Ford, R. J.; Smistek, B. S.
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Children's Hospital of Buffalo, N.Y.

CR-00054
Child Development Project, Ann Arbor, Mich
201 E. Catherine St.
Ann Arbor, MI 48104
An Infant Mental Health Program.
Fraiberg, S.
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Michigan State Dept. of Mental Health, Ann Arbor, Mich.
The Grant Foundation, New York, N.Y.

CR-00056
Northern Iowa Univ., Cedar Falls Dept. of Psychology
Wisconsin Univ., Madison Dept. of Psychology
Cedar Falls, IA 50613
Possible Contributions of Children to Their Own Abuse.
Frodi, A.; Lamb, M.
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Children's Mission, Inc., Boston, Mass. Parents' and Children's Services
329 Longwood Ave
Boston, MA 02115
Parents' Center Project for the Study and Prevention of Child Abuse.
Galdston, R.; Bean, S. L.
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CR-00058
Boys Town Center for the Study of Youth Development.
Omaha, Neb
11414 W Center Rd
Omaha, NE 68144
The Human Ecology of Child Maltreatment.
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CR-00059
Rutgers, The State Univ., New Brunswick, N.J. Graduate School of Social Work
New Brunswick, NJ 08901
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Geismar, L.; Horowitz, B.; Wolock, I.
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Washington, D.C.

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Rhode Island Univ., Kingston Dept. of Sociology
Kingston, RI 02881
Children at Risk Program.
Gelb, J.; Allred, J.
Apt 74-continuing
National Center on Child Abuse and Neglect (DHHS),
Washington, D.C.

CR-00068
Dartmouth Coll., Hanover, N.H. Dept. of Maternal and Child Health.
Hanover, NH 03755
Children At Risk Program.
Gundy, J. H.; Krell, H.
Jun 76-continuing
| CR-00069 | Kauai Kaua Children's Hospital, Honolulu, Hawaii  
226 Kuakini St.  
Honolulu, HI 96817  
Hawaii Child Abuse Demonstration Project-Hawaii Family Stress Center.  
Hammar, S 1.  
Jan 75-Jun 78  
National Center on Child Abuse and Neglect (DHEW).  
Washington, D C |
|---|---|
| CR-00070 | Parental Stress Center, Pittsburgh, Pa  
918 S Negley Ave  
Pittsburgh, PA 15212  
Parental Stress Center.  
Harrell, M  
Feb 74-Jul 79  
National Center on Child Abuse and Neglect (DHEW).  
Washington D C |
| CR-00072 | Michigan State Univ., East Lansing Dept of Human Development  
B240 Life Sciences Building  
East Lansing, MI 48824  
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Helfer, R  
Jun 75-May 78  
National Center on Child Abuse and Neglect (DHEW).  
Washington, D C |
| CR-00088 | Education Commission of the States, Denver, Colo Dept of Elementary and Secondary Services  
1800 Lincoln St.  
Denver, CO 80203  
The Educational System's Role in Child Abuse and Neglect.  
Jones, C D , Fox, P  
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National Center on Child Abuse and Neglect (DHEW).  
Washington, D C |
| CR-00090 | University of Wisconsin, Madison Dept of Social Work  
425 Henry Mall  
Madison, WI 53700  
The Child's Contribution to Child Abuse.  
Kadushin, A. Berkowitz, L  
Jun 76-Jun 78  
National Inst of Mental Health (DHEW).  
Rockville, Md |
| CR-00092 | Rainbow Babies and Children's Hospital, Cleveland, Ohio  
2040 Adelbert Rd.  
Cleveland, OH 44106  
Mother to Infant Attachment.  
Kennell, J H.  
Jul 74-continuing  
Maternal and Child Health Service (DHEW).  
Rockville, Md |
| CR-00094 | Children's Hospital, Los Angeles, Calif Div of Psychiatry  
P O Box 54700 Terminal Annex  
Los Angeles, CA 90054  
Behavior, Parenting, and Outcome of High-Risk Infants.  
Kent, J  
Oct 74-continuing  
Maternal and Child Health Service (DHEW).  
Washington, D C |
| CR-00097 | Child Abuse and Neglect Demonstration Organization (CAN-DOL), Belton, Tex  
P O Box 729  
Belton, TX 76513  
Central Texas Council of Governments Child Abuse and Neglect Demonstration Organization.  
Knox J C , Phillips, Y, Eyman, N  
Dec 74-Jun 78  
National Center on Child Abuse and Neglect (DHEW).  
Washington, D C |
| CR-00101 | Stanford Univ., Calif Boys Town Center  
Stanford, CA 94305  
Psychological Sequelae of Foster Home and Parental Placement of Abused and Neglected Children.  
Lederman, P H, Hastorf, A  
Sept 75-Aug 79  
Stanford Univ., Calif |
| CR-00102 | Educational Testing Service, Princeton, N J  
Rowesdale Rd  
Princeton, NJ 08540  
The Effect of Birth Order on Mother-Child Relationship.  
Lewis, M  
Jul 75-continuing  
National Inst of Child Health and Human Development (DHEW).  
Bethesda, Md |
CR-00104
Center for Studies of Child and Family Mental Health, Rockville, Md. Mental Health Study Center, Rockville, Md.
5600 Fishers Ln
Rockville, MD 20853
Studies of the Abused and Neglected Adolescent.
Louie, I. S.
Sep 74-continuing
National Inst of Mental Health (DHEW), Rockville, Md

CR-00105
Calgary Univ. (Alberta) Div. of Community Health Science
1611 29 St N W
Calgary, Alberta, Canada T2N4J8
A Family Aide Project for Parents With a High Risk of Child Abuse.
MacMurray, V D; Brummitt, J R; Cunningham, P H
Aug 76-Aug 79
Department of National Health and Welfare, Ottawa (Ontario)

CR-00107
National Inst of Mental Health (DHEW), Adelphi, Md
Mental Health Study Center
2340 E. University Blvd
Adelphi, MD 20783
Participant Observation of the Reorganization of a System of Care for Abused and Neglected Children: A Study in Child Advocacy.
Maney, A C; Gaughan, M
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CR-00108
JFK Child Development Center, Denver, Colo
4200 F. 9th
Denver, CO 80220
Follow-up Studies of Abused Children.
Martin, H P
71-continuing
Bureau of Community Health Services (DHEW), Bethesda, Md

CR-00109
Washington Center for Addiction, Boston, Mass
41 Morton St
Boston, MA 02110
An Investigation of the Relationship Between Substance Abuse and Child Abuse and Neglect.
Mayer, J.; Black, R
Jun 75-continuing
National Center on Child Abuse and Neglect (DHEW), Washington, D.C

CR-00111
Texas Univ. Austin School of Law
2500 Red River
Austin, TX 78705
Regional Resource Center on Child Abuse and Neglect.
McCaughren, R R
Jul 75-Jul 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C

CR-00113
CPI Associates, Inc., Washington, D.C
2030 M St. N W
Washington, DC 20036
A Process Evaluation for Innovative Demonstration Projects.
Miller, P J
Aug 75-Mar 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C

CR-00115
Johns Hopkins Medical Institutions, Baltimore, Md
Psychosomotor Research Unit
601 N Broadway
Baltimore, MD 21205
Reversible Hypopituitarism, Psychosocial Dwarfism, Behavioral Data in Cases and Their Families.
Mayer, J.; Weigl, J
Sep 74-continuing
Public Health Service (DHEW), Washington, D.C

CR-00117
Ohio State Univ., Columbus, Mershon Center
1250 Chambers Rd
Columbus, OH 43212
Structure and Performance of Programs of Child Abuse and Neglect.
Nagi, S Z
Jul 74-continuing
Office of Child Development (DHEW), Washington, D.C

CR-00120
San Francisco General Hospital, Calif. Dept. of Pediatrics
1001 Potrero
San Francisco, CA 94110
Sexual Abuse of Children.
Paszego, D J; Glavser, M
Mar 77-Mar 78
San Francisco General Hospital, Calif. San Francisco City Dept. of Health, Calif. Queen's Bench Foundation, San Francisco, Calif.
CR-00121
California Univ., Los Angeles, Neuro-psychiatric Inst.
760 Westwood Plaza
Los Angeles, CA 90024
University of California at Los Angeles (UCLA) Child Trauma Intervention Project.
Paulson, M. J.
Jan 70-Jun 80
Health Resources Administration (DHEW), Bethesda, Md.

CR-00122
New Jersey State Div. of Youth and Family Services.
Trenton Bureau of Research, Planning, and Program Development
1 S. Montgomery St
Trenton, NJ 08625
Parent Interview Study of Child Abuse and Neglect Cases.
Pelton, J. H.
Sep 75-continuing
New Jersey State Div. of Youth and Family Services, Trenton.

CR-00131
National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colo.
1001 Jasmine St
Denver, CO 80220
Circle House Therapeutic Play School for Abused Children.
Rodeheffer, M. A., Miranda, J. A., Conde, S.
Dec 74-Dec 76
New York, N.Y.

CR-00132
North Carolina Univ., Chapel Hill, Dept. of Maternal and Child Health
Chapel Hill, NC 27514
Hospital and Home Support for Maternal Attachment.
Saunders, M., Schaefer, F. S., Bauman, K. E., Siegel, F., Ingram, D. D.
Jun 75-May 78
National Inst. of Child Health and Human Development (DHEW).
Bethesda, Md.

CR-00134
British Columbia Univ., Vancouver Div. of Child Psychiatry.
Vancouver, B.C. V6T 1W5, Canada
Project Toddler, Early Intervention With High-Risk Children and Their Families.
Stephenson, S. P.
Apr 72-78
Department of National Health and Welfare, Ottawa (Ontario).

CR-00144
Texas State Dept. of Public Welfare, Austin, Special Projects Bureau
John H Reagan Bldg
Austin, TX 78701
Project Care: Child Advocacy Resources Expansion.
Stern, J., Marley, M.
Jul 75-Jul 78
Office of Child Development (DHEW), Washington, D.C.

CR-00145
New Hampshire Univ., Durham, Dept. of Sociology
Durham, NH 03824
Physical Violence in American Families.
Straus, M. A., Gelles, R. J., Steinmetz, S. K.
Jul 75-Sep 78
National Inst. of Mental Health (DHEW), Bethesda, Md.

CR-00149
Oregon Univ., Portland, Rosenfeld Center for the Study and Treatment of Child Abuse
3181 SW Sam Jackson Park Rd
Portland, OR 97201
Fractured Femur Study.
Tufts, F.
Dec 75-continuing

CR-00150
Oregon Univ., Portland, Rosenfeld Center for the Study and Treatment of Child Abuse
3181 SW Sam Jackson Park Rd
Portland, OR 97201
Failure to Thrive.
Tufts, F.
Jun 75-Jun 80

CR-00155
New Mexico Univ., Albuquerque, Office of the Medical Investigator
Albuquerque, NM 87131
Routine Mortality Case Finding, Statewide.
Wexler, J. T.
Jul 75-continuing
New Mexico Univ., Albuquerque, School of Medicine