The Motherhood Inventory (MI) is a 40-item questionnaire developed to study attitudes toward motherhood and the motherhood myth. It includes items related to the control of reproduction, abortion, adoption, single motherhood, male-female relationships, and idealized and punitive attitudes toward mothers. The MI was investigated using 301 subjects drawn largely from undergraduate and graduate students at an Eastern Catholic University and their parents. Comparisons with scores on the Spence-Helmreich Attitudes toward Women Scale (AWS) revealed that the sample was more liberal than the original AWS sample. Men held significantly more traditional attitudes toward motherhood than women. Younger subjects also agreed more with the myth of motherhood. Catholics more than non-Catholics rejected abortion and supported the primacy of the woman's role as mother. Education produced the most pronounced effect on attitudes toward motherhood, with college graduates holding more liberal attitudes. (HLM)
The Motherhood Inventory: A Questionnaire for Studying Attitudes toward Motherhood

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Presented at the meetings of the American Psychological Association,
Toronto, August 1978
Traditional attitudes toward motherhood reflect many contradictions. The Motherhood Inventory (MI), a 40 item questionnaire, has been developed to study attitudes toward motherhood and the motherhood myth. The MI includes items relating to the control of reproduction, abortion, adoption, single motherhood, male-female relationships, and idealized and punitive attitudes toward mothers. The 301 subjects in this study were drawn largely from undergraduate and graduate students at an Eastern Catholic University and their parents. Comparisons with scores on the Spence-Helmreich Attitudes toward Women Scale (AWS) revealed that the sample was more liberal than the original AWS sample. Men were found to hold significantly more traditional attitudes toward motherhood than women. Younger subjects also agreed more with the myth of motherhood. Catholics more than non-Catholics rejected abortion and supported the primacy of the woman's role as mother. Education produced the most pronounced effect on attitudes toward motherhood with more liberal attitudes held by those who were college graduates. The sample is being extended to further develop the MI scale.
Although recent research has focused on attitudes toward women in their more liberated roles (Blanchard, Becker, & Bristow, 1976; Spence & Helmsreich, 1972), there has yet to be a major study of attitudes toward motherhood, that state intimately associated with women. It would seem that on the path toward liberation, the traditional concepts of women as mothers may be the last to be relinquished. The fact that attitudes toward motherhood, that most sacrosanct and idealized of women's roles, may not have kept pace with attitude changes toward women's other roles reflects the conflicting ideas which have been part of the myth of motherhood.

Society is now beginning to promote the rights of women to receive equal pay for their work, but this right somehow does not apply to the housewife and mother. Her "right" is to have children and to stay at home to raise them (Russo, 1976); she is responsible for how they turn out (Abramowitz, 1977; Hare-Mustin, 1978). Although women may work, the common view is that their jobs should be subservient to their principle child-bearing/rearing function. It is not surprising that the vast majority of American working women (70%) are in fields that conflict least with this essential role, viz. teaching, nursing, social services, and secretarial work (Tangri, 1972). The privilege of having children continues to be viewed traditionally as completely fulfilling despite a few realistic appraisals of the hard work and problems involved in mothering (Bernard, 1974; Minturn & Lambert, 1964; Rollin, 1970).

A review of recent literature on motherhood reveals the wealth of contradictory attitudes toward that state. For example, Blumenthal (1975), in arguing that the duties and burdens of motherhood have been stressed over its pleasures, claims that having a child gives a girl (sic) emotional security, that men are attracted to women because of their maternal capacity, that "sex was never meant to be enjoyed independently of the price humans were expected to pay for it" (p. 107). Rich (1976) points out that the idea of the mother is associated first with power, and only secondarily with warmth, that motherhood is so idealized that all mothers are more or less guilty of having failed their children, that a woman's love for her children comes before her love for her mate. Lott (1973) observes that our culture holds childbearing and childrearing in low esteem. In Litz's (1968) view, the sense of fulfillment for a wife comes only with the creation of a new life. McBride (1973) challenges the myth of motherhood, pointing out that motherhood represents man's projection of an ideal, a set of behaviors and hopes that no flesh and blood woman could ever meet.

Only a powerful myth could encompass as many conflicting ideals as the myth of motherhood does. The issue of the good mother versus the bad mother undoubtedly influences policy and practices related to procreation, breast-feeding, abortion, adoption, child care, and the employment of women outside the home. One obvious disparity is that society's ideali-
zation of motherhood has not been extended to unwed mothers and mothers who abort or give their children up for adoption. The woman who chooses an abortion is considered a bad mother because she rejects her child. But the mother who gives a child for adoption may also be considered rejecting. In adoption, the natural mother is often looked upon as promiscuous; subsequent attitudes toward the adopted child may be powerfully influenced by the suspicion that the child comes from "bad seed" (Toussaint, 1962). It appears that it is not motherhood that is idealized but only motherhood under patriarchy, that is, within the socially acceptable confines of marriage (Rich, 1976).

How widely is the myth of motherhood held? What are its various aspects? Recent research on the psychology of women has examined attitudes toward women and their roles (Spence & Helmreich, 1972), but has not examined in detail attitudes toward motherhood itself. The present study reports the initial development of the Motherhood Inventory (MI) and the relation of liberal and traditional attitudes toward women to attitudes toward motherhood.

Method

Subjects

The 301 subjects included 177 females and 124 males, undergraduate and graduate students at an Eastern Catholic University and their parents. Ages ranged from 17 to 69 with a mean of 29 (SD = 12.28). Religious preferences indicated 66% Catholic, 14% Protestant, 9% Jewish, 7% no religion, and 3% other. Forty percent of the subjects were married. Thirty-one percent had children. Of those with children, the mean number was 3.7 children which probably reflects the high proportion of Catholics in the sample. Age and sex were not significantly associated but age and religion were with the younger group more likely to be Catholic (r = .30). The Catholic group tended to have less education (r = .42) which could be a function of their being younger, since age and education were highly associated (r = .68). Married subjects tended to be older (r = .76), to have more education (r = .45), and to be Catholic (r = .27).

Instruments

A short (25-item) version of the Spence-Helmreich Attitudes toward Women Scale (AWS) was used to assess the degree to which the subjects held traditional or liberal views toward women (Spence, Helmreich, & Stapp, 1973). This short form has been found to correlate at .95 or above with the full (55-item) version (Spence & Helmreich, 1972) for groups of male and female students and groups of their parents. The short form consists of 25 statements that describe attitudes toward the role of women in society. Subjects respond in a four point Likert style with "agree strongly," "agree mildly," "disagree mildly," and "disagree strongly." Each item is given a score from 0 to 3, with 0 representing—the most traditional and 3 the most contemporary, pro-feminist response. Scores are summed for a total score.
The Motherhood Inventory (MI) developed by the authors consists of 40 items to which the subjects respond as above. The initial item pool was generated from sentence completions to motherhood stems and reports of research on sex roles and mothering. The final items were based on responses by 12 judges and balanced for positive and negative direction. Topics included in the MI are decisions about having children, birth control, pregnancy, delivery, breast feeding, abortion, adoption, single motherhood, sexuality, promiscuity, child rearing responsibility, and personal fulfillment. The Background Information Questionnaire included questions on age, sex, residence, religion, marital status, number of children, respondent's birth order, academic interests, and professional status.

Procedure

The subjects were given the Attitudes toward Women Scale followed by the Motherhood Inventory, and then the Background Information Questionnaire. The materials were presented as one package using the instructions for the AWS with the MI items numbered sequentially beginning with item 26.

Results

Relation of MI to AWS

The scores on the AWS ranged from 18 to 75 with a mean of 54.99 (SD = 13.20). This mean is higher than the 44.80 for males and 50.26 for females at the University of Texas and the 39.22 and 41.86 for their fathers and mothers, respectively (Spence, Helmreich, & Stapp, 1973). Significant differences on the AWS were found for different groups with females more liberal than males, older subjects more liberal than younger, college graduates more liberal than those with less than a college degree, non-Catholics more liberal and Catholics and married more liberal than unmarried. (Table 1.)

Responses to 32 of the 40 items on the MI correlated significantly with the AWS score (p < .001). The highest correlations (r > .50) indicated that the AWS pro-feminist score was negatively related to MI items on the idealization of motherhood such as:

A woman who doesn’t want children is unnatural.

A woman who is true to her basic maternal instincts would not give a child up for adoption.

The true mission of women is the welfare of men and children.

If women want to be respected, they should try to be better mothers.

The reward for a mother is knowing she has done her duty.

Men must decide how far they will let women’s liberation go.

Attitudes toward Motherhood

Women’s control over reproduction. Responses to many of the items on birth control on the Motherhood Inventory were quite liberal; 86% felt that birth control information and services should be made available to all women. Almost all subjects (92%) indicated that women should have the right to withhold or initiate sexual activity within marriage.
majority (60%) did not agree that people should be guided by the teachings of religion in matters of sexual behavior. Half the subjects felt a woman had the right to have a child whether she was married or not.

Attitudes toward abortion tended to split the group. Only 13% felt that any woman who would have an abortion must be unfit to be a good mother, but half the group felt a woman should bear an unwanted child rather than have an abortion. Fifty-seven percent felt it was natural for a woman to want an abortion if there were a fetal deformity. The same proportion recognized that legal abortion was safer than childbirth; 43% did not. In response to the statement that it should be the woman's right to decide about abortion without the man's permission, 39% agreed. This is at odds with the fact that 63% agreed with the more general principle, that a woman has the right to make the decision herself about having more children.

Adoption. Subjects felt that it was more acceptable to give up an unwanted child for adoption (61%) than to have an abortion (49%). Furthermore, 64% thought that giving a child for adoption in no way indicated a failure to be true to one's basic maternal instincts. About half seemed to accept single motherhood since they did not agree that an unwed mother who gives her child for adoption rather than raising it alone demonstrates true caring for her child. As for attitudes toward adopted children, 31% felt adopted children came from poor unwed girls, 21% thought they were born out of wedlock, and 15% believed they were given for adoption because something was wrong with them.

Punitive aspects of motherhood. Almost half the subjects, 45%, agreed that women who wanted babies should be expected to pay for them in extra work and sacrifice. A similar proportion, 42%, felt that women who had abortions or gave their children up for adoption would always bear a heavy burden of guilt. A third of the subjects felt that if an unmarried woman got pregnant, it was her own fault. However, only 4% felt a single woman who became pregnant should marry a man she didn't love for the sake of the child. Twenty-one percent felt that being pregnant made a woman's body unattractive. Seventeen percent felt that if a woman died from an illegal abortion it was her own fault for wanting an abortion.

Caring for men. Most of the responses relating to men tended to be contemporary. Only 21% felt that women's true mission was the welfare of men and children. Half the subjects thought that it was the love and altruism of mothers that had made men's achievements possible. Conversely, a smaller percentage, 26%, thought that by taking responsibility for supporting women men had made it easy for them. There were 18% who agreed that men must decide how far they will let women's liberation go.

Women's identity and motherhood. In general, there was a rejection of the idea that a woman's identity depended on her mothering functions. Approximately three quarters of the subjects disagreed that: the mother-child relationship is the essential human relationship, if women want to be respected they should try to be better mothers, and the true mission of women is the welfare of men and children, as mentioned above. Sixty-two percent disagreed that the reward for a mother was knowing she had done her duty.
The myth of motherhood. Attitudes toward the role of motherhood did not support the myth. Subjects overwhelmingly disagreed (88%) that the woman who did not want children was selfish or unnatural. Only 22% agreed with the idea that having a baby was totally fulfilling or that no child was unwanted for a normal woman. Half the subjects felt it was understandable that a mother might not like all her children, and 38% felt that most mothers were happiest once their children were in school. The realities of mothering were also reflected in the fact that three quarters of the group felt that motherhood was the hardest job there is. In terms of the physical aspects of motherhood, two-thirds of the sample felt that breast feeding was not acceptable in public. Clearly breast feeding is a more widely held taboo than negative attitudes toward a pregnant woman's body which were held by 21%.

A majority (59%) agreed that most working mothers could raise their children as well as mothers who did not work. There was overwhelming rejection (87%) of the idea that a woman who does not have children should fulfill her maternal nature through teaching, nursing, social work, or similar occupations.

A third of the subjects said they would not want to grow up to be like their mothers.

Differences in Attitudes by Age, Sex, Religion, Education, and Marital Status

The significance of such factors as age, sex, religion, education, and marital status was tested by use of chi square tests with the Yates correction. Reported differences are significant at \( p < 0.001 \) (1 df). No significant differences were found in responses for subjects with and without children, or on the basis of the respondent's birth order in his or her family of origin.

Age and the motherhood myth. The younger group (age 17 - 23) was much more accepting of the motherhood myth than the older group (age 24 - 69). They were more likely to idealize the love and altruism of mothers, less likely to support a woman's right to an abortion, and more likely to see the reward for a mother as having done her duty. The older group seemed more realistic and tended to recognize that a mother might not like all her children. The older group was less likely to agree that motherhood was the hardest job there is. (See Table 2.)

Female/male attitudes. Men's responses were much more conservative than women's as represented by the fact that 35% of the men felt men must decide how far to let women's liberation go but only 5% of the women agreed. Men were more likely to feel that a woman who did not want children was unnatural and that women should be better mothers if they wanted to be respected. Men were less willing than women to allow women to control their reproduction. While a majority of the women felt that a working mother could raise her children as well as a mother who did not work, less than half the men agreed. (See Table 3.)

Religion and reproduction. Significant differences between Catholics and non-Catholics were primarily in the area of a woman's right to control her reproduction. Only a quarter of the Catholics felt a woman had the
right to decide about an abortion without the man's permission compared with two-thirds of the non-Catholics. Slightly more Catholics (30%) felt it was better to abort than bear an unwanted child. Half the Catholics agreed it was natural to want to abort in the case of a fetal deformity compared with three-quarters of the non-Catholics. More than half the Catholics thought childbirth was safer than legal abortion while only a few of the non-Catholics did.

Almost half the Catholics felt people should be guided by religion in sexual matters and invoked duty and guilt in relation to motherhood compared with less than a quarter of the non-Catholics. However, 43% of the Catholics felt every woman whether married or not had a right to have a child. Seventy percent of the non-Catholics supported that right. (See Table 4.)

Education and attitudes toward motherhood. Subjects currently in college or with less than a college degree were significantly more accepting of the motherhood myth than those who had graduated from college or had some post-college education. They were more likely to see motherhood as being totally fulfilling as well as the hardest job there is. They were less likely to find it understandable that a mother might not like all her children. In contrast, college graduates were more liberal about the woman's right to control her own reproduction than those without a college degree. More educated subjects were more likely to find breast feeding acceptable and were less punitive toward women who had abortions. Only a quarter of the college graduates felt religion should guide sexual matters compared with half of those with less education. (See Table 5.)

Marital status. The few significant differences that were found between married or formerly married subjects and those never married indicated that married subjects were more liberal. Two thirds of the married group felt it was understandable that a mother might not like all her children compared with a third of the unmarried group. More than half the married group thought a woman should have the right to decide on an abortion without the man's permission but only one third of the unmarried did. Fifty-eight percent of the unmarried group felt it was the love and altruism of mothers that made men's achievements possible compared with a third of the never married group.

Discussion

Responses to the MI were found to be generally liberal and indicated only slight support for the motherhood myth. Three fourths of the MI items correlated significantly with scores on the AWS.

The present study concurs with other studies using the AWS in that women were generally found to be more liberal in their attitudes than were men. More conservative attitudes among male students were also found not only at the University of Texas (Spence & Helprich, 1972) but at the University of Washington (Lunneborg, 1974) and among students at the University of Calgary in Canada (Loo & Logan, 1974).
Most of the issues that divided men and women on the MI were concerned with power and decision-making; that is, the right to decide on an abortion, to have more children, and to work while raising children. The stereotype of the full-time housewife as a completely fulfilling role was more likely to be rejected by women than by men. A difference that did not reach the .001 level of significance, but is related, is that more males than females tended to agree with the statement that the mother-child relationship is the essential human relationship.

The expectation that younger subjects would hold more liberal attitudes toward motherhood was not supported. Older subjects were significantly more liberal, possibly because the experience of marriage and/or motherhood tempers to some extent the idealistic views which support the myth. The fact that most of the younger subjects were Catholic could also contribute to the conservatism of this age group. The younger group differed significantly from the older group in that they viewed motherhood in terms of a demanding but ultimately rewarding duty to be embraced altruistically in order to promote men's achievements.

The differences between Catholics and non-Catholics lay primarily in the area of sexuality and reproduction. Other studies have consistently shown Catholics to be more traditional on these issues than members of other religious groups (Bogen, 1974; Eagly & Andersen, 1974; Hedger & Hodgson, 1974; Bogen, 1974; Richardson & Fox, 1975; Haskell, 1977). Catholic responses indicated a strong rejection of abortion and a firm acceptance of the role of women as primarily that of mother.

The greatest number of significant differences in attitudes occurred as a function of differences in levels of education. Generally, those with less education supported the "myth of motherhood" and were conservative on issues of sex and reproduction. This finding is congruent with other research that has found education to have the most pronounced effect on sex-role attitudes overall (Mason & Bumpass, 1974). Few differences were found based on marital status. Married or formerly married subjects were more liberal than those who had never been married.

The research reported here represents the initial development of a scale to study attitudes toward motherhood, the Motherhood Inventory. The findings reported indicate that there are significant differences in the way different groups respond to various aspects of motherhood. A broader sample is currently being obtained which will provide the basis for further development of the MI as an instrument for assessing attitudes toward motherhood.
References


Spence, J. T., & Helmreich, R. The Attitudes toward Women Scale: An objective instrument to measure attitudes toward the rights and roles of women in contemporary society. *JSAS Catalog of Selected Documents in Psychology*, 1972, 2, 66.


Table 1

Mean Scores on the Attitudes toward Women Scale

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>116</td>
<td>47.52</td>
<td>12.69</td>
<td>9.17*</td>
</tr>
<tr>
<td>Females</td>
<td>163</td>
<td>60.42</td>
<td>10.74</td>
<td></td>
</tr>
<tr>
<td>Younger (17-23)</td>
<td>144</td>
<td>51.50</td>
<td>11.95</td>
<td>4.66*</td>
</tr>
<tr>
<td>Older (24-69)</td>
<td>131</td>
<td>58.67</td>
<td>13.54</td>
<td></td>
</tr>
<tr>
<td>Undergraduate or less</td>
<td>166</td>
<td>49.87</td>
<td>12.36</td>
<td>8.81*</td>
</tr>
<tr>
<td>College degree or post-college</td>
<td>115</td>
<td>62.37</td>
<td>10.66</td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>189</td>
<td>51.86</td>
<td>12.69</td>
<td>6.19*</td>
</tr>
<tr>
<td>Non-Catholic</td>
<td>88</td>
<td>61.77</td>
<td>11.76</td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>173</td>
<td>53.11</td>
<td>11.76</td>
<td>3.27*</td>
</tr>
<tr>
<td>Married or formerly married</td>
<td>105</td>
<td>58.36</td>
<td>14.83</td>
<td></td>
</tr>
</tbody>
</table>

a Numbers vary due to some partial responses.

* p < .001, 2-tail
Table 2

Items Showing Significant Differences in Agreement by Age*

<table>
<thead>
<tr>
<th>Myth of Motherhood</th>
<th>Younger (Age 17-23)</th>
<th>Older (Age 24-69)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The love and altruism of mothers makes men's achievements possible.</td>
<td>81%</td>
<td>61%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decision Concerning Abortion</th>
<th>Younger (Age 17-23)</th>
<th>Older (Age 24-69)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A woman should have the right to abort without the man's permission.</td>
<td>28%</td>
<td>62%</td>
</tr>
<tr>
<td>It makes sense to abort rather than to bear an unwanted child.</td>
<td>36%</td>
<td>62%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Punitive Aspects of the Myth</th>
<th>Younger (Age 17-23)</th>
<th>Older (Age 24-69)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The reward for a mother is knowing she has done her duty.</td>
<td>48%</td>
<td>66%</td>
</tr>
<tr>
<td>It is understandable that a mother may not like all her children.</td>
<td>28%</td>
<td>66%</td>
</tr>
</tbody>
</table>

*Significant Differences: \( p < .001 \) (Chi square, 1 df)
Table 3

Items Showing Significant Differences in Agreement by Sex*

THE MYTH OF MOTHERHOOD

Having a baby fulfills a woman totally.

A woman who doesn't want children is unnatural.

A truly maternal woman would not give up a child for adoption.

Women who want respect should be better mothers.

Working mothers can raise children as well as non-working mothers.

Men must decide how far women's liberation should go.

CONTROL OF REPRODUCTION

Women have the right to decide about having more children.

DECISIONS CONCERNING ABORTION

A woman should have the right to abort without the man's permission.

*Significant Differences: \( p < .001 \) (Chi square, 1 df)

Male \[
\begin{array}{c}
\text{Male} \\
32\% \quad 14\%
\end{array}
\]

Female \[
\begin{array}{c}
\text{Female} \\
20\% \quad 6\%
\end{array}
\]

control of reproduction

Women have the right to decide about 

having more children.

Decisions Concerning Abortion

A woman should have the right to abort without the man's permission.

Significant Differences: \( p < .001 \) (Chi square, 1 df)

Male \[
\begin{array}{c}
\text{Male} \\
50\% \quad 75\%
\end{array}
\]

Female \[
\begin{array}{c}
\text{Female} \\
22\% \quad 50\%
\end{array}
\]
Table 4

Items Showing Significant Differences in Agreement by Religion*

**CONTROL OF REPRODUCTION**

Women have the right to decide about having more children.

Every woman, married or not, has the right to have a child.

People should be guided by the church in matters of sex.

**DECISIONS CONCERNING ABORTION**

A woman should have the right to abort without the man's permission.

It makes sense to abort rather than to bear an unwanted child.

Childbirth is safer than legal abortion.

It is natural to want an abortion in the case of fetal deformity.

**PUNITIVE ASPECTS OF THE MYTH**

The reward for a mother is knowing she has done her duty.

It is understandable that a mother may not like all her children.

Women who abort or give up children for adoption will bear the burden of guilt.

*Significant Differences: \( p < .001 \) (Chi square, 1 df)

Catholic [ ] Non-Catholic [ ]
Table 4

Items Showing Significant Differences in Agreement by Education *

<table>
<thead>
<tr>
<th>THE WORTH OF MOTHERHOOD</th>
<th>Less than college degree</th>
<th>College and post graduate degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motherhood is the hardest job there is.</td>
<td>59%</td>
<td>82%</td>
</tr>
<tr>
<td>Having a baby fulfills a woman totally.</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>No child is unwanted for a normal woman.</td>
<td>11%</td>
<td>28%</td>
</tr>
<tr>
<td>The love and altruism of mothers makes men's achievements possible.</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>Women's true mission is the welfare of men and children.</td>
<td>29%</td>
<td>49%</td>
</tr>
<tr>
<td>Breastfeeding in public should be acceptable.</td>
<td>26%</td>
<td>49%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTROL OF REPRODUCTION</th>
<th>Less than college degree</th>
<th>College and post graduate degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women have the right to decide about having more children.</td>
<td>56%</td>
<td>77%</td>
</tr>
<tr>
<td>Every woman, married or not, has the right to have a child.</td>
<td>43%</td>
<td>66%</td>
</tr>
<tr>
<td>People should be guided by the church in matters of sex.</td>
<td>27%</td>
<td>49%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DECISIONS CONCERNING ABORTION</th>
<th>Less than college degree</th>
<th>College and post graduate degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A woman should have the right to abort without the man's permission.</td>
<td>28%</td>
<td>54%</td>
</tr>
<tr>
<td>It makes sense to abort rather than to bear an unwanted child.</td>
<td>34%</td>
<td>70%</td>
</tr>
<tr>
<td>Childbirth is safer than legal abortion.</td>
<td>21%</td>
<td>58%</td>
</tr>
</tbody>
</table>

(continued)
PUNITIVE ASPECTS OF THE MYTH

The reward for a mother is knowing she has done her duty.

It is understandable that a mother may not like all her children.

Women who abort or give up children for adoption will bear the burden of guilt.

If a woman dies from an illegal abortion, it is her own fault.

*Significant Differences: p < .001 (Chi square, 1 df)
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>18. Galdston, R. (CD-00350)</td>
<td>60 abused children (mostly 6-18 months old) Hospital population</td>
<td>Role reversal in parents, history of unpleasant childhood experiences observed.</td>
</tr>
<tr>
<td>19. Giovannoni, J.M.; Billingsley, A. (CD-00378)</td>
<td>186 neglectful mothers Low income; black, white, or Spanish-speaking Interviews</td>
<td>Past social and familial situation of mother did not differentiate neglectful from adequate mothers. Neglectful mothers showed lower degrees of nurturance toward children and lower preference for younger, more dependent children. Past social and familial situation of mother did not differentiate neglectful from adequate mothers. Neglectful mothers showed lower degrees of nurturance toward children and lower preference for younger, more dependent children.</td>
</tr>
<tr>
<td>20. Goldson, E.; Cadol, R.V.; Fitch, M.J.; Umlauf, H.J., Jr. (CD-01606)</td>
<td>114 children from neighborhood health program with diagnoses of nonaccidental trauma, failure to thrive, or both; 6 weeks to 8 years of age Mothers in perinatal period</td>
<td>Factors isolated in study to determine potential child abuse factors included mental dullness, too many pregnancies too close together, late attendance for antenatal care or default.</td>
</tr>
<tr>
<td>23. Gregg, G.S.; Elmer, E. (CD-00406)</td>
<td>113 accidentally injured or abused children (30 abused) Observations of children and families</td>
<td>Test scores indicated psychotic tendencies among abusive mothers and significantly lower self-control. Neglectful mothers: neurotic tendencies, deficiencies in all areas of socialization, lower self-esteem.</td>
</tr>
<tr>
<td>24. Griswold, B.B.; Billingsley, A. (CD-00407)</td>
<td>40 white, welfare mothers Psychological testing (MMPI, CPI, WAIS, Barron's Ego Strength Scale) Interviews</td>
<td>Strong correlations found between malnutrition indicators and quality of mothering.</td>
</tr>
<tr>
<td>25. Hepner, R.; Maiden, N.C. (CD-00471)</td>
<td>38 urban disadvantaged children with low serum Vitamin-A Pair-matched for age, race, neighborhood, sex, school, with children with normal Vitamin-A CLLS</td>
<td>Abused child scored lower on intelligence and developmental tests; abusing parents scored higher on practical intelligence than verbal intelligence; abusing mothers</td>
</tr>
<tr>
<td>26. Hyman, C.A. (CD-00500, CD-01661)</td>
<td>Abusive families Matched control group of normal parents Psychological, intelligence, and developmental testing</td>
<td>Abused child scored lower on intelligence and developmental tests; abusing parents scored higher on practical intelligence than verbal intelligence; abusing mothers</td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
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<tr>
<td>26. (Continued)</td>
<td>(Stanford-Binet, Bayley Scales, Bene-</td>
<td>scored lower on capacity for character</td>
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<tr>
<td></td>
<td>Anthony Family Relations Test, WAIS,</td>
<td>integration and maturity of personality;</td>
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<tr>
<td></td>
<td>Cattell’s 16 PF)</td>
<td>abusing fathers showed defective personality</td>
</tr>
<tr>
<td>27. Justice, B.;</td>
<td>35 abusing parents</td>
<td>integration and were more introverting.</td>
</tr>
<tr>
<td>Duncan, D.F.</td>
<td>35 matched nonabusing parents having difficulties with their children</td>
<td>Abusers report moderate life crisis in the year prior to abusive event; competed with other parent and children for the role of being cared for.</td>
</tr>
<tr>
<td>(CD-01688)</td>
<td>Social Readjustment Rating Scale</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>28. Kennell, J.;</td>
<td>Primiparous mothers given prolonged contact with baby</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>Jerauld, R.;</td>
<td>Control group had contact with baby consistent with normal hospital routine</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>Wolfe, H.;</td>
<td>Structured interviews, physical examination of babies, time-lapse films of feedings</td>
<td>High number of parents with IQ under 75, undiagnosed mental illness, psychic trauma from their own childhood; dependent, immature, and narcissistic personalities.</td>
</tr>
<tr>
<td>Chester, D.;</td>
<td></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>Kreger, N.C.</td>
<td></td>
<td>Mothers: product of an unhappy traumatic childhood; personality disorders and psychiatric disorders observed.</td>
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<tr>
<td>(CD-01710)</td>
<td></td>
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<tr>
<td>29. Klaus, M.H.;</td>
<td>Mothers and newborn infants</td>
<td></td>
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<tr>
<td>Kennell, J.S.</td>
<td>Observations made up to one month after discharge</td>
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<tr>
<td>(CD-00569)</td>
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<tr>
<td>30. Klein, M.;</td>
<td>51 cases of abused children seen at a hospital.</td>
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<tr>
<td>Stern, L.</td>
<td>(CD-00570)</td>
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<tr>
<td>31. Komisaruk, R.</td>
<td>65 cases of child abuse referred to county court</td>
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<tr>
<td>(CD-00579)</td>
<td>Parent interviews</td>
<td></td>
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<tr>
<td>32. Langshaw, W.C.</td>
<td>29 children identified as abused</td>
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<tr>
<td>(CD-00589)</td>
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<tr>
<td>33. Lukianowicz, N.</td>
<td>20 women who had attempted infanticide</td>
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<tr>
<td>(CD-00632)</td>
<td>Case study</td>
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<tr>
<td>Reference</td>
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<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>39. O'Hearn, T.P., 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.; Alifi, 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 63 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>
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<td>Reference</td>
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<tr>
<td><strong>42. Paulson, M.J.; Schwemer, G.T.; Bendel, R.B.</strong>&lt;br&gt;(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 focus: 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><strong>43. Phillips, P.S.; Pickrell, E.; Morse, T.S.</strong>&lt;br&gt;(CD-01882)</td>
<td>25 intentionally burned children admitted to hospital</td>
<td></td>
</tr>
<tr>
<td><strong>44. Polansky, N.A.; Borgman, R.D.; DeSaix, C.</strong>&lt;br&gt;(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>
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<tr>
<td><strong>45. Polansky, N.A.; Borgman, R.D.; DeSaix, C.; Smith, B.J.</strong>&lt;br&gt;(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>
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<tr>
<td><strong>46. Polansky, N.A.; Pollane, L.</strong>&lt;br&gt;(CD-01891)</td>
<td>63 Appalachian families at or below poverty level&lt;br&gt;93 AFDC families&lt;br&gt;CLLS&lt;br&gt;Personality tests</td>
<td></td>
</tr>
<tr>
<td><strong>47. Seaberg, J.R.</strong>&lt;br&gt;(CD-00896)</td>
<td>Data from nationwide study of child abuse subjected to expanded analysis</td>
<td></td>
</tr>
<tr>
<td><strong>48. Simons, B.; Downs, E.J.; Hurker, M.M.; Archer, M.</strong>&lt;br&gt;(CD-00931)</td>
<td>313 case reports involving medical care review of cases reported to child abuse registry</td>
<td></td>
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<tr>
<td><strong>49. Smith, S.M.; Hanson, R.; Noble, S.</strong>&lt;br&gt;(CD-00949)</td>
<td>214 abusive parents</td>
<td></td>
</tr>
<tr>
<td><strong>50. Smith, S.M.; Honigsberger, L.; Smith, C.A.</strong>&lt;br&gt;(CD-00950)</td>
<td>35 abusive parents&lt;br&gt;EEG/psychological tests</td>
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<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
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<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>
<td>Potentially abusive mothers: lower self-concept, more deeply affected by disappointments in life, generally more anomie.</td>
</tr>
<tr>
<td>52. Stern, L. (CD-00971)</td>
<td>51 abused children Hospital records</td>
<td>Much higher incidence of serious neonatal illness, congenital defects, low birthweight reported.</td>
</tr>
<tr>
<td>53. ten Bensel, 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>
<td>Abusing mothers: higher incidence of gestational illness associated with postponement of first visitation with infant.</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>
<td>Exaggerated dominant-submissive or aggressive-passive relationships between spouses. Children displayed physical abnormalities or ego defects frustrating to the abuser.</td>
</tr>
<tr>
<td>55. Williams, J.F.H. (CD-01340)</td>
<td>68 cases being considered for parole on incest convictions, generally 30-50-year-old men</td>
<td>Nearly 25% had low or subnormal intelligence.</td>
</tr>
<tr>
<td>56. Wilson, H.C. (CD-01341)</td>
<td>52 neglectful families Sociological study</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>
</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>
<td>Abusing parents scored differently on many of tests, appeared more psychopathic, scored lower on intelligence.</td>
</tr>
<tr>
<td>Reference</td>
<td>Research Purpose</td>
<td>Methodology</td>
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<tr>
<td>1. Altemeier, W.A., III;</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>
<td>Screening pregnant women by questionnaire to classify as high, moderate, or low risk pre-, peri-, and post-natal evaluations.</td>
</tr>
<tr>
<td>Q'Connori S. (CR-00003)</td>
<td></td>
<td>Data gathered from interviews and questionnaires. 5,000 adults divided into 1) child abuse and neglect parents, 2) substance abuse parents, and 3) general population (normal control). Data gathered from interviews and questionnaires. 5,000 adults divided into 1) child abuse and neglect parents, 2) substance abuse parents, and 3) general population (normal control).</td>
</tr>
<tr>
<td>2. Chapa, D.; Luebberg, G.</td>
<td>Investigate relationships between child abuse and neglect and drug abuse.</td>
<td>Heart rate, skin conductance, and blood pressure measured in parent couples watching videotapes of normal or premature infants. Broussard's Perception of the Average Baby Scale, &quot;Bother Inventory, Cary Infant Temperament Scale. 32 couples 20-35 years old.</td>
</tr>
<tr>
<td>(CR-00027)</td>
<td></td>
<td>Experienced, social work interviewers to conduct 60-minute interviews with 100 abusive parents.</td>
</tr>
<tr>
<td>3. Frodi, A.; Lamb, M.</td>
<td>Identify characteristics of infants and children, such as excessive crying, facial features, and child temperament, that may trigger impulsive, aggressive outbursts or part of parents or parent substitutes.</td>
<td>Comparative analysis of infants and mothers who receive experiences in 1st week after birth and matched group who do not. Second study comparing mothers separated from infants for 1st 24 hours and group who were not. Third study looks at infants with congenital anomalies and compares group receiving intervention with one that is not.</td>
</tr>
<tr>
<td>(CR-00056)</td>
<td></td>
<td>Study population of 1) infants hospitalized because of prematurity, and 2) infants hospitalized due to congenital anomalies whose parents volunteer. Data collected by observation, questionnaire, and psychological evaluation.</td>
</tr>
<tr>
<td>4. Kadushin, A.; Berkowitz, L.</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>
<td>Study population of 1) infants hospitalized because of prematurity, and 2) infants hospitalized due to congenital anomalies whose parents volunteer. Data collected by observation, questionnaire, and psychological evaluation.</td>
</tr>
<tr>
<td>(CR-00090)</td>
<td></td>
<td>Experienced, social work interviewers to conduct 60-minute interviews with 100 abusive parents.</td>
</tr>
<tr>
<td>5. Kennell, J.H. (CR-00092)</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 situation in which newborn infant is malformed.</td>
<td>Comparative analysis of infants and mothers who receive experiences in 1st week after birth and matched group who do not. Second study comparing mothers separated from infants for 1st 24 hours and group who were not. Third study looks at infants with congenital anomalies and compares group receiving intervention with one that is not.</td>
</tr>
<tr>
<td>6. Kent, J. (CR-00094)</td>
<td>Investigate developmental outcome of high-risk infants who undergo prolonged hospitalization at birth; develop profile of risk factors.</td>
<td>Study population of 1) infants hospitalized because of prematurity, and 2) infants hospitalized due to congenital anomalies whose parents volunteer. Data collected by observation, questionnaire, and psychological evaluation.</td>
</tr>
<tr>
<td>7. Mayer, J.; Black, R.</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 operate among alcohol and drug addicts.</td>
<td>Structured interview of 100 alcoholics and 100 opiate addicts with children under age 18. MMPI, Survey on Bringing up the Children, the Schedule of Recent Experience.</td>
</tr>
<tr>
<td>Reference</td>
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<td>Methodology</td>
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<tr>
<td>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>
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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. Situational factors 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, 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, cleanliness, sufficient and nutritious food, access to health care, geographic location, and available transportation. Economic status includes such things as employment status, 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 method of data collection, where known. In addition, all pertinent information provided by the abstract on situational factors can be found under the heading "Review of Studies." Study findings are noted when available; if no findings are noted in the abstract, the situational factor dealt with in the study is 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 method of data collection methods vary enormously. While the majority of studies had populations ranging from 20 to 100 subjects, one study had only 12 subjects, while another examined questionnaires on 1,401 welfare clients.

Studies populations were 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 the importance of general factors but do not identify specific factors under study.
<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
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</thead>
</table>
| 1. Baldwin, J.A.;  
Oliver, J.E.  
(CD-01376) | 60 severely abused children under 5 years of age  
Retrospective and prospective study | Identifying characteristics were large family size, low social class, instability. |
| 2. Bell, M.  
(CD-01377) | 103 cases | Analysis of violent behavior; 3% of victims were children; in cases of violence victims were low. |
| 3. Bittascheide, J.L.;  
Young, J.P.;  
Morris, P.  
(CD-00383) | 30 incest families, 10 neglect families  
Retrospective study of case reports | Incest and neglect families: high-religious nonsocialization rate, overcrowded conditions. Neglect families: lack of cleanliness, inadequate diet, inadequate living. |
| 4. Bretl, D.J.  
(CD-00119) | 23 cases of child abuse, preschool-age children  
Central group of 56 children representing socioeconomic and racial cross sections  
Interviews with mothers  
Medical and social services records | Material evaluated to determine family social characteristics and behavior problems. |
| 5. British Medical  
Journal  
(CD-01429) | 28 psychiatric patients who had had some experience with incest  
Unselected female psychiatric patients who were victims of paternal incest | Most of the cases reported occurred in large working-class families, living in crowded quarters in industrial towns or under conditions of extreme isolation in rural life. |
| 6. Brodman, B.E.  
(CD-00113) | Parents of 600 abused children | 90% of abused children's parents stated they wanted the pregnancy. |
| 7. Bullard, Carey, E.J.;  
Miller, C.I.  
(CD-01438) | 48 children, age 6 years, hospitalized for child battering  
Comparison group of 50 children hospitalized for other reasons  
Collected demographic and medical data | No differences found in number of mothers married, presence of siblings, extent of premarital or extramarital hospitalization. |
| 8. Chavez, G.T.  
(CD-01463) | 50 university undergraduates | Attempt to identify students who were subjected to maltreatment through an instrument based on dysfunctional rearing characteristics. |
(CD-01335) | 43 middle class families  
Survey questionnaire to child protective workers | Statistical data analyzed on: occupation and finances, living arrangement, recreation, marriage expectations, and personal relationships. |
| 10. Disbrow, M.A.  
(CD-01507) | 17 families in which either parents appeared for child abuse or children taken into custod  
Comparison group of 19 families randomly selected from same neighborhoods  
Questionnaire and subject interview | Abusive parents more socially isolated and isolated as patients. |
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<tr>
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<tbody>
<tr>
<td>11. Durham, N.I. (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 socioeconomic 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.</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>Families often social isolates, with few church ties or contacts with social organizations; often new community. Marital 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>15. Holter, J.C.; Friedman, S.B. (CD-00489)</td>
<td>19 cases of child abuse from 18 families</td>
<td>Severe poverty, illegitimacy of abused child, unwanted pregnancy, marital conflict, lack of medical care, hostile or nonexistent relationship with neighbors or relatives associated with abuse. 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>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></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></td>
</tr>
<tr>
<td>18. Kent, J.T. (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>
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<tr>
<td>Kushnick, T.; Pietrucha, D.M.; Kushnick, J.B. (CD-00586)</td>
<td>39 abandoned children seen in metropolitan hospital, 6 neglected, 1 abused</td>
<td>Limited information available on family background indicated larger proportion of poverty, crime, and other disrupting factors among parents.</td>
</tr>
<tr>
<td>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>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 overcrowding and social isolation.</td>
</tr>
<tr>
<td>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>Mulford, R.M.; Cohen, M.I. (CD-01806)</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>National Society for Prevention of Cruelty to Children (CD-01816)</td>
<td>1401 heads of 959 families Questionnaire distributed to caseworkers with state Society for Prevention of Cruelty to Children Client Psychosocial Characteristics Form</td>
<td>Neglecting parents characterized by low motivation, low social participation, and high residential mobility.</td>
</tr>
<tr>
<td>Oakland, L.; Kane, R.L. (CD-00744)</td>
<td>25 families referred for treatment because of specific abusive incident Retrospective case study</td>
<td>Findings suggest a multicausal model, including marital discord, social isolation, unwanted pregnancy, economic stress.</td>
</tr>
<tr>
<td>Oliver, J.E.; Cox, J.; Taylor, A.; Baldwin, J.A. (CD-01273)</td>
<td>33 Navajo children between 2 months and 3 years admitted to hospital because of neglect Age-matched with 49 controls Review of records</td>
<td>Neglectful mothers: more unmarried with smaller families.</td>
</tr>
<tr>
<td>O'Neill, J.A., Jr.; MacEach, W.F.; Briffin, P.P.; Sawyers, J.L. (CD-00743)</td>
<td>100 cases of child abuse 3 weeks to 11 years old</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. Low socioeconomic status, broken homes, illegitimacy were associated factors.</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>29. Paulson, M.J.; 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</td>
<td>No significant characteristics noted when parents studied individually; marital discord reported as family characteristic.</td>
</tr>
<tr>
<td>32. Segal, R.S. (CD-00899)</td>
<td>29 cases in which father or father substitute charged with killing his child</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>32 couples who neglect their children Comparison group of 31 couples who abuse their children</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>76 children with nonaccidental injury seen in an emergency department of hospital</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>78 cases of abused children</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>50 children, average age 14 months, hospitalized for &quot;unexplained&quot; injuries who showed signs of abuse</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>134 abused infants and children under 5, and their parents</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>39. Waterway, J. (CD-02023)</td>
<td>22 alcoholic incest offenders (father-daughter) seen at a psychiatric clinic</td>
<td>More than 50% of families had multiple problems including financial instability and histories of family disruptions.</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>
</table>
| 40. Wight, B.W. (CD-01337) | 77 children under age 1 referred for X-rays  
1 year longitudinal study | Abused children: low socioeconomic status, from broken homes. Study focus was to identify and detail recurring behavior in abusive families. |
| 41. Young, L. (CD-02051) | 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 | 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. |
| 42. Young, M. (CD-01345, CD-01346) | 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) | Abused children: low socioeconomic status, from broken homes. Study focus was to identify and detail recurring behavior in abusive families. |
### 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.; Horowitz, 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>5. Money, J.; Werbalas, J. (CR-00115)</td>
<td>Develop a phenomenological account of behavior in families with children suffering from psychosocial dwarfism to determine etiological factors related to child abuse.</td>
<td>Case history analysis, patient and family observation, interviews with persons connected with the patients.</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 others who may be involved in child care; and finally, 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</td>
<td>Unrealistic expectations of development associated with physical punitive measures.</td>
</tr>
<tr>
<td></td>
<td>Home visits over 3 years</td>
<td>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, middle-class working adults, and high school teachers</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></td>
<td>Questionnaire rating punishment incidents</td>
<td>Abusive parents: excessive in maternal over-involvement, demands for obedience, and use of physical punishment.</td>
</tr>
<tr>
<td>4. Smith, S.M.; Hanson, R. (CD-01959)</td>
<td>134 abused children under 5 years old and their parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control group of 53 children admitted as accidental emergencies and their parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital and home observation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychiatric, psychological, and sociological interviews</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questionnaires</td>
<td></td>
</tr>
<tr>
<td>5. Straus, M.A.; Gelles, R.J.; Steinmetz, S.K. (CD-01317)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 9
**ANNOTATED 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.; Deinard, 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 in situations 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.; Steinmetz, S.K. (CR-00145)</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>
<thead>
<tr>
<th>Reference</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2. Billingsley, A.; Giovannoni, J.M.; Purvine, M. (CD-00979, CD-01407)</td>
<td>Descriptive analyses of project's resource allocation</td>
<td>1. Cases that did not warrant legal action and lack of coordination between legal and welfare authorities were problems in protective services system.</td>
</tr>
<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. Butt, 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>Questionnaire directed to personnel in 6 hospitals and personnel in County Departments of Public Health and Social Service</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>Case records</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>Survey of 1,000 physicians, lawyers, social workers, nurses, teachers, police, journalists, clergy</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>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
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</tr>
<tr>
<td>6. DeCourcy, P.; DeCourcy, J. (CD-01521)</td>
<td>13 cases of child abuse 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 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 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 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. Harriman, R.L. (CD-01633)</td>
<td>State school system 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 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>
</tbody>
</table>
**TABLE 10 (Continued)**

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

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
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</tr>
</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.</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>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>17. Silver, L.B.; Dublin, C.C.; Lourie, R.S. (CD-01949)</td>
<td>Hospital and agency records of 34 cases of abuse</td>
<td>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.</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>Numerous procedural defects in both medical and legal institutions designated to deal with suspected child abuse.</td>
</tr>
</tbody>
</table>
### TABLE I (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>20. Vare, E. (CD-02012)</td>
<td>13 former clients of private agency, 30 nonclients from same neighborhoods. Relevant agency and nonagency professionals. Interviews.</td>
<td>Former clients and nonclients knew little or nothing of inner functioning of social agencies or their place in social structure.</td>
</tr>
<tr>
<td>21. Webler, D.N. (CD-02030)</td>
<td>Analysis of state specialized child protective service program.</td>
<td>Study focused on referral movement, referral sources, reasons for referral and reasons for injection of referral, caseload movement, public assistance status, number and types of social services provided, and reasons for closing cases.</td>
</tr>
<tr>
<td>Reference</td>
<td>Research Purpose</td>
<td>Methodology</td>
</tr>
<tr>
<td>-----------</td>
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</tr>
<tr>
<td>1. Bolstein, M. (CR-00010)</td>
<td>Correlate characteristics of child abuse victims and parents with case classifications.</td>
<td>1500 cases reported to police department of large western U.S. city.</td>
</tr>
<tr>
<td>2. Curty, D. (CR-00032)</td>
<td>Assess levels of awareness of abuse and neglect and child rearing practices among black community. Identity services provided and describe of need in various agencies dealing with abuse and neglect.</td>
<td>Horne head roles of adult males and female members of black community in 14 cities. Interviews with representatives of social service agencies, schools, hospitals, and police departments in 2 cities to identify services.</td>
</tr>
<tr>
<td>3. Dingus, J.B. (CR-00038)</td>
<td>Evaluate and improve components of state case identification. Design and test methodologies for protective service needs and resources assessment. Design models for services identified as needed for prevention and treatment.</td>
<td>Survey research utilization interviews, questionnaires, and case studies. Experimental research design used.</td>
</tr>
<tr>
<td>4. Gutierrez, J. (CR-00038)</td>
<td>Investigate function of formal and informal support systems in mediating stress which influences abuse and neglect. Determine whether isolation from social support systems is a necessary condition for abuse and neglect.</td>
<td>Analysis of data from 91 cases traced to determine high risk neighborhoods. These provide context for assessment of family structures and supports by an interview technique of the Social Support System interview and Holme-Rose Social Readjustment Scale.</td>
</tr>
<tr>
<td>5. Jones, C.D. (CR-00038)</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>Tonal analysis on data collected from state and local boards of education, PTA's, and other educational organizations. Research on teacher education and preparation in area of abuse.</td>
</tr>
</tbody>
</table>
## TABLE 11 (Continued)

### ANNOTATED LIST OF ONGOING RESEARCH STUDIES: SOCIAL INSTITUTIONAL FACTORS

<table>
<thead>
<tr>
<th>Reference</th>
<th>Research Purpose</th>
<th>Methodology</th>
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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.

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.

**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 intervention, 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 11 projects. Larger research efforts assess the impact of a number of demonstration projects.

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**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 intervention, 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 11 projects. Larger research efforts assess the impact of a number of demonstration projects.
## Table 12

### Annotated List of Studies: Secondary Prevention

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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. 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.; Alf, A. A.; Chaleff, A.; Liu, V. V.; Thomson, 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>
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### TABLE 12 (Continued)

**ANNOTATED LIST OF STUDIES: SECONDARY PREVENTION**

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<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
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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 | 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. |
## TABLE 13

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

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<tr>
<th>Reference</th>
<th>Research Purpose</th>
<th>Methodology</th>
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<tr>
<td>Reference</td>
<td>Type of Treatment</td>
<td>Methodology</td>
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</table>
| 1. Armstrong, K. L.; Cohn, A. H.; Collignon, F. C. (CD-01369) | Extended family center (EFC) | Evaluation components:  
- assessment of service impact  
- assessment of program goal realization  
- assessment of program costs  
- description of program operation | Evaluation findings included improvement in certain aspects of family functioning, such as self-image, awareness of child development, and ability to express anger; little difference in terms of recurrence between EFC and other treatment programs; difficulty on the part of families adjusting to termination of services because of dependence on center support; avoidance of stigmatizing clients. Gradual termination of treatment recommended. |
| 2. Bates, T.; Elmer, E.; Delaney, J. (CD-01388) | Health-based, multidisciplinary program | Analysis of 9 multidisciplinary health-based programs selected for geographic, demographic, and methodologic diversity  
On-site visits, questionnaires | Found few regularly functioning, health-based, multidisciplinary treatment programs. No program knew how many other programs existed or where they were located. Most programs modeled after Helfer/Kempe description of multidisciplinary teams. |
| 3. Beazley, P.; Martin, H. P.; Kempe, R.J. (CD-01395) | Psychotherapy, play therapy once or twice a week for 50 minutes | 12 physically abused children aged 3.8-8 years  
Cognitive, speech-language, neurologic testing | Children who remained in therapy for a year displayed increased ability to trust adults, delay gratification, and verbalize feelings, as well as increased self-esteem and increased capacity for pleasure. |
- documentation of program goals  
- collection of descriptive information about personnel  
- analysis of processes in chapter functioning  
- measurement of program impact | Findings for first 2 years of Parents Anonymous project are reported. |
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<th>Reference</th>
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<th>Review of Studies</th>
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<tr>
<td>Berkeley Planning Associates (CD-01400)</td>
<td>Joint OCD-SRS National Demonstration in Child Abuse and Neglect Multidisciplinary</td>
<td>Evaluation components: project goals, costs, case management, adult client characteristics, child client characteristics, community system characteristics</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. Factors contributing to comparative cost efficiency: larger total expenditures, larger total staff, increased hours per staff, smaller proportion of expenditures for project activities, wider variety of services provided. Key problems related to case management: poor records, inconsistent supervision, lack of training, inadequate client participation. Less than half of all adult clients had reduced potential for abuse or neglect at termination of therapy. Findings regarding children were also observed. Program objectives were met at a substantial reduction in cost.</td>
</tr>
<tr>
<td>Daniel, J. H.; Hyde, J. N., Jr. (CD-01147)</td>
<td>Two intervention models: Parent Education Programs - therapeutic teaching sessions for mothers for 12-14 weeks Family Advocacy Program - provide services to families while developing new modes of intervention for working with families</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>
<td>Both programs showed promise after 2 years of experience.</td>
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TABLE 14 (Continued)

ANNOTATED LIST OF STUDIES: TREATMENT

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<th>Reference</th>
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<th>Methodology</th>
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<tr>
<td>8. Ephross, P. H.; Weissman, L. A. (CD-00189, CD-01550, CD-01551, 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 time to 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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<tr>
<td>Reference</td>
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<tr>
<td>3. 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.</td>
</tr>
<tr>
<td>4. Justice, R.; Justice, B. (CD-01691)</td>
<td>Transactional Analysis therapy</td>
<td>10 child-abusing couples</td>
<td>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.</td>
</tr>
<tr>
<td>5. Juvenile Protective Association (CD-00541)</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>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>6. 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>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>
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<tbody>
<tr>
<td>17. Money, J.; Annecko, C. (CD-01793)</td>
<td>Removal from home</td>
<td>16 patients with syndrome of dwarfism characterized by reversible hyposomatotropinism occurring with abuse and neglect. Measurement of IQ before and after relocation of domicile.</td>
<td>4 patients showed complete remission of symptoms of impaired growth and behavior and had IQ increases of 29 to 55. 8 had increases of 2 to 14; 1 showed no change. 3 who showed persistent symptoms, such as bedwetting, temper tantrums, hyperkinesis, and atypical food and fluid intake had decreases from 1 to 12. The longer the period of removal from home, the larger the increase in IQ.</td>
</tr>
<tr>
<td>18. Money, J.; Wolff, G. (CD-01795)</td>
<td>Removal from home</td>
<td>12 children with retarded stature growth associated with reversible somatotropic deficiency (history of abnormal psychosocial behavior and motor retardation). Measurement of IQ before or on admission to hospital and after some period of removal from home.</td>
<td>All improved after leaving the environment of growth retardation, and elevations of IQ by as much as 30-50 points observed. The more advanced the age of child before leaving the home, or while remaining in it, the later the onset of puberty. 1 case reported in detail.</td>
</tr>
<tr>
<td>9. Newberger, E. H.; Hagenbuch, J. J.; Ebeling, N. B.; Colligan, E. P.; Shehan, 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. Re-injury rate reduced from 10% to 2%.</td>
</tr>
<tr>
<td>10. Newberger, E. H.; McAnulty, E. H. (CD-00730)</td>
<td>Coordination and provision of hospital- and community-based treatment for physical and social problems of vulnerable children in multi-problem families</td>
<td>Review of 75 cases: 23 cases of abuse - 25 cases parent-child behavior problems - 9 cases multiple accidents - 8 cases failure to thrive</td>
<td>43% of cases referred by community-based agencies. 47% of cases referred for social or psychological therapy; improvement seen in 51% of these cases. 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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<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>
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<tr>
<td>23. Sherman, E. A.; Phillips, M. H.; Haring, 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>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. 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>
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</table>
| 24. Reich, J. W. (CD-01906) | Lay therapist as parent aide | 8 abusing parents Control groups of: 7 abusing parents having regular social worker contacts only 144 nonabusing parents Questionnaires pre- and post-treatment | }
<table>
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<tbody>
<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 diphenylhydantoin 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 scales 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.; Lourie, 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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### TABLE 14 (Continued)

#### ANNOTATED LIST OF STUDIES: TREATMENT

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<th>Type of Treatment</th>
<th>Methodology</th>
<th>Review of Studies</th>
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</thead>
<tbody>
<tr>
<td>29.</td>
<td>Stephenson, P. S. (CD-01316)</td>
<td>½-day enrichment program for very young high-risk</td>
<td>Multiproblem families with children 18-30 months of age</td>
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<td>children focusing on:</td>
<td>Control group</td>
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<td>1) cognitive and effective stimulation</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.</td>
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<td>2) working to reduce any observable psychopathology</td>
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<td>Weekly home visits engaging both parents and siblings</td>
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<td>in therapeutic process</td>
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<tr>
<td>30.</td>
<td>Tracy, J.; Ballard, C.; Clark, E. (CD-01022)</td>
<td>Behavior modification, intervention of lay family</td>
<td>41 families</td>
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<td>health worker drawn from the community</td>
<td>- 11 with abused children</td>
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<td>Integration of case work, education, and group work</td>
<td>- 30 at high risk</td>
</tr>
<tr>
<td>31.</td>
<td>Young, L. R. (CD-01706)</td>
<td>125 neglectful, disorganized families</td>
<td>125 neglectful, disorganized families</td>
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<td>- 77% receiving public assistance</td>
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<td>- 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>Evaluates 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.</td>
<td></td>
</tr>
<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>Descriptive analysis. Data collected from worker's initial assessment, weekly progress charts, conferences, observations, and follow-up studies on terminated care. Sample population: 31 males, 21-34; 51 females, 19-37; 80 children, 3 months to 4.5 years.</td>
<td></td>
</tr>
<tr>
<td>7. MacMurray, V. D.; Brummitt, J. R.; Cunningham, P. H. (CR-00105)</td>
<td>Evaluate intervention process, outcome effectiveness, and feasibility and practicability of services provided by volunteer lay therapists or family aides working with abusing parents.</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>
<td></td>
</tr>
<tr>
<td>8. Miller, P. J. (CR-00113)</td>
<td>Formative evaluation of 8 innovative demonstration projects in treatment, prevention, and identification of child abuse and neglect.</td>
<td>Site visits on quarterly basis to determine qualitative data. Quantitative data collected about clientele, costs, and services.</td>
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<td>Reference</td>
<td>Research Purpose</td>
<td>Methodology</td>
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<tr>
<td>11. Rodeheffer, M. A.; Mirandy, J. A.; Cone, S. (CR-00131)</td>
<td>Study development, personalities, and behavior of physically abused children. Assess effects of therapeutic playschool environment.</td>
<td>Developmental level of 20 children abused at age 2.5-4 years assessed. Subsequent development of sample in therapeutic playschool compared with matched sample in regular day care or in their own homes. Standardized measures of cognitive speech and language, and motor functioning. Further documentation through behavioral observations of teachers and children in classroom.</td>
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</table>
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 2,000 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 effect 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 and neglecting 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.

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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

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
</thead>
<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, F. 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>
</tr>
<tr>
<td>4. Bolton, F. G., Jr.; Reich, J. W.; Gutierrez, S. E. (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.</td>
</tr>
<tr>
<td>5. British Medical Journal (CD-‐00124)</td>
<td>78 cases of abuse</td>
<td>Where the first child in a family was abused, 13:1 chance that a subsequent child would be abused.</td>
</tr>
<tr>
<td>6. Christiansen, 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>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>7. Ebbin, A. J.; Gollub, M. H.; Stein, A. M.; Wilson, M. G. (CD-‐00282)</td>
<td>50 parentally abused children representing 1% of admissions to Children's Division of County-‐University Medical Center. Most children less than 2 years old.</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>
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</table>
TABLE 16 (Continued)

ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

<table>
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<tr>
<th>Reference</th>
<th>Methodology</th>
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<tbody>
<tr>
<td>8. Elmer, E.; Gregg, G. S. (CD-00293, CD-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 permanent injuries, 2 were rehospitalized for treatment, 7 had serious physical defects, 4 were seriously 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.</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>
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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>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>15. Green, A. H.</td>
<td>59 abused children from low-income ghetto areas</td>
<td>Likelihood of reabusing after first incident is 30%. Death rate among repeatedly abused children is 20% for an overall death rate of 10%.</td>
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<tr>
<td>(CD-01615)</td>
<td>Control groups of 29 nonabused neglected children and 30 normal children</td>
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<td>Interviews with mother or maternal guardian</td>
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<tr>
<td>16. Harris, M. J.</td>
<td>Accidents under 2 years of age of whom 25% were abused</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>
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<tr>
<td>(CD-00438)</td>
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<tr>
<td>17. Iowa Child</td>
<td>74 abused children treated at hospitals for injuries</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>Abuse Study</td>
<td>Review of present social situations</td>
<td>33 children (11%) died and 85 (28%) suffered permanent brain injury.</td>
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<td>(CD-01131)</td>
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<td>18. Jacobson, S.</td>
<td>347 depressed hospitalized women Comparison groups of 198 normal women not</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>Fasman, J.</td>
<td>receiving psychiatric care, 114 primarily neurotic outpatient females</td>
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<tr>
<td>DiMascio, A.</td>
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<tr>
<td>(CD-00517)</td>
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<tr>
<td>19. Johnson, B.</td>
<td>101 abused children Study undertaken 2-3 years after the abusive incident</td>
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<tr>
<td>Morse, H. A.</td>
<td>Survey</td>
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<tr>
<td>(CD-00525)</td>
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<tr>
<td>20. Kempe, C. H.</td>
<td>302 cases of abused children reported from hospitals</td>
<td></td>
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<tr>
<td>Silverman, F. N.</td>
<td>Survey</td>
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<td>Steele, B. F.</td>
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<tr>
<td>Droegemueller, W.</td>
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<tr>
<td>Silver, H. K.</td>
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<tr>
<td>(CD-00560)</td>
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<tr>
<td>21. Kent, J. T.</td>
<td>Abused children placed out of natural home divided into 3 groups: nonaccidental trauma, gross neglect, nonabuse group receiving protective services because of high risk for abuse Evaluation at intake and after placement</td>
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<td>(CD-01712)</td>
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### 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>
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<tbody>
<tr>
<td>22. Koski, M. A.; Ingram, E. M. (CD-01718)</td>
<td><strong>46 children, aged 2-30 months, with nonaccidental trauma</strong>&lt;br&gt;38 children with failure to thrive Group of normal controls Bayley Scales, Mental Development Index, Psychomotor Development Index</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>23. Laver, B.; Tan Broeck, E.; Grossman, M. (CD-00593)</td>
<td><strong>130 abused children under 10 admitted to a hospital</strong>&lt;br&gt;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><strong>Children with cerebral palsy and mentally deficient children (United Kingdom)</strong></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><strong>58 abused children</strong>&lt;br&gt;5 year follow-up study Findings reported at a mean 4.5 years after abuse</td>
<td>5% 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 elicits 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><strong>42 physically abused children</strong>&lt;br&gt;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><strong>110 abused children</strong></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><strong>64 child victims of sexual assault, 2-12 years of age</strong>&lt;br&gt;Home visits and psychiatric interviews</td>
<td>Improper handling or repressed sexual attack may cause serious psychological problems for victim as an adult.</td>
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</table>
### TABLE 16 (Continued)
### ANNOTATED LIST OF STUDIES: EFFECTS/SEQUELAE OF ABUSE

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<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&lt;br&gt;20 foster children without history of physical abuse&lt;br&gt;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 'someness, 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&lt;br&gt;10 adolescents who had threatened or attempted homicide&lt;br&gt;10 hospitalized controls&lt;br&gt;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.; Dublin, C. C.; Lourie, R. S. (CD-00926)</td>
<td>34 cases of child abuse reported at a hospital&lt;br&gt;Review of hospital records supplemented by police and social service agency records&lt;br&gt;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&lt;br&gt;Control group of 53 children hospitalized for conditions not involving trauma</td>
<td>Half had serious injuries, 21 (15%) died, 66 (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.; Ambjel, P.; Bandhan, R. (CD-01084)</td>
<td>60 child abuse cases&lt;br&gt;Review of cases</td>
<td>2 children (3%) died; one-third placed in other homes; abuse occurred in 17% of those returned home.</td>
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<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Review of Studies</td>
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<tr>
<td>2. Jenkins, R. L.; Boyer, A. (CD-00521)</td>
<td>1500 child guidance clinic cases</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>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>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 neglected boys. Comparison group of 17 boys from caring families. 1 hour of classroom observation by a social worker and psychologist. Interviews using projective measures and direct questioning.</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>
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</table>
**TABLE 17 (Continued).**

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

<table>
<thead>
<tr>
<th>Reference</th>
<th>Methodology</th>
<th>Review of Studies</th>
</tr>
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<tbody>
<tr>
<td>7. Sandgrund, A.; Gaines, R. W.; Green, A. H. (CD-00875, CD-01194)</td>
<td>60 abused children 30 neglected children Control group of 30 normal children All from families receiving public assistance, all from inner-city All between the ages of 3 and 5 WISC for children, Wechsler Preschool and Primary Scale of Intelligence, 13 scales</td>
<td>Abused and neglected found considerably impaired in ego pathologic normality and cognitive intactness. Abused and neglected had significantly lower IQs; no significant difference between abused and neglected children.</td>
</tr>
<tr>
<td>8. Glaser, H. H.; Heagarty, M. C.; Bullard, D. M.; Pirchik, 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 Review of hospital case records Follow-up on an average 3.5 years later</td>
<td>More than half showed evidence either of continued growth failure, emotional disorder, mental retardation, or some combination of these. A number showed variety of detrimental social and psychological conditions, one of the most common being parental neglect. Approximately normal distribution of IQ scores; however 6 children were retarded.</td>
</tr>
<tr>
<td>9. Hutton, I. W.; Oates, R. K. (CD-01656)</td>
<td>21 children diagnosed as having nonorganic failure to thrive Behavior questionnaire completed by teachers WISC Review at an average of 6 years 4 months after initial presentation at hospital</td>
<td>One-half had abnormal personalities; two-thirds had delayed reading age; one-third had verbal scores significantly lower than performance scores. 3 had suffered abuse and 2 of these had died.</td>
</tr>
<tr>
<td>Reference</td>
<td>Research Purpose</td>
<td>Methodology</td>
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<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>
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</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
FIRO-B – Fundamental Interpersonal Relations Orientation
MMPI – Minnesota Multiphasic Personality Inventory
Rotter's I-E Scale – Röter's Scale of Internality-Externality
TAT – Thematic Apperception Test
WAIS – Wechsler Adult Intelligence Scale
WISC – Wechsler Intelligence Scale for Children
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dard for Balancing the Rights of Parents, Children, and
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CD-00109
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Intelligence and Maternal Inadequacy.
Borgman, R. D.

CD-00112
Does Due Process Require Clear and Convincing Proof
Before Life's Liberties May be Lost?
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CD-00119
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CD-00154
Options for Improving the Care of Neglected and Dependent Children. Program Analysis Applied to Local Government.
Burt, M. R.; Blair, L. H.

CD-00155
Forcing Protection on Children and Their Parents: The Impact of Wyman vs. James.
Burt, R. A.

CD-00189
Chabon, R. S.; Barnes, G. B.; Hertzberg, L. J.

CD-00210
Cohen, M. I.; Mulford, R. M.; Philbrick, E.

CD-00218

CD-00251
De Francis, V.

CD-00252
De Francis, V.

CD-00264
Pennsylvania Society to Protect Children From Cruelty, Philadelphia. Protective Service for Abused Children.
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Johnson, C. L.

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Johnson, C. L.

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Justice, R.; Justice, B.

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Child Abuse and Neglect: Effects on Bayley Scale Scores.
Kostelnik, M. A.; Ingram, E. M.

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Lloyd-Still, J. D.; Martin, D.

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Oxford Univ. (England) Park Hospital for Children.
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Lynch, M. A.; Ounsted, C.

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Park Hospital for Children, Headington (England). Human Development Research Unit.
Predicting Child Abuse: Signs of Bonding Failure in the Maternity Hospital.
Lynch, M. A.; Roberts, J.

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Park Hospital for Children, Oxford (England). Family Unit in a Children’s Psychiatric Hospital.
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Johns Hopkins Univ., Baltimore, Md. Dept. of Psychiatry and Behavioral Sciences;
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Johns Hopkins Univ., Baltimore, Md. Dept. of Psychiatry and Behavioral Sciences;
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Mulford, R. M.; Cohen, M. I.

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Okell, C.

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University of Southern California, Los Angeles, School of Social Work.
An Analysis of Complaints and Complaints in a Public Agency Protective Services Setting.
Olsen, L. G.

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Colorado Commission on Children and Youth, Denver, Colo.
Child Abuse: Child Neglect in the Metropolitan Denver Area.
Pacheco, C.

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Consciously Rejected Children.
Pemberton, D. A.; Benady.

CD-01878
Philadelphia General Hospital, Pa. Philadelphia. Sex Offender and Rape Victim Center.
Children Who Are Victims of Sexual Assault and the Psychology of Offenders.
Peters, J. J.


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Georgia Univ., Athens. School of Social Work.
Measuring Adequacy of Child Caring: Further Developments.
Polansky, N. A.; Pollane, L.

CD-01899
Queensboro Society for the Prevention of Cruelty to Children, Jamaica, N.Y.
Child Abuse: The Feasibility of Establishing a Coordinated System for Maltreatment Services in Queens County.

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Arizona State Univ., Tempe. Dept. of Psychology.
Experimental Assessment of a Treatment Project.
Reich, J. W.

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The Relation of Severe Malnutrition in Infancy to the Intelligence of School Children With Differing Life Histories.
Richardson, S. A.

CD-01919
City Univ. of New York. N.Y. Mt. Sinai School of Medicine.
Rosenblatt, S.; Schaeffer, D.; Rosenthal, J. S.

CD-01926
Runyan, D. K.; ten Bensel, R. W.
Smith, S. M.; Hanson, R.

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Dartmouth College, Hanover, N.H.
Some Factors Associated With Child Abuse Potential.
Sokol, R.
American Sociological Association 71st Annual Meeting,

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Child Abuse Following Early Postpartum Separation. (Letter)
Bensel, R. W.; Paxson, C. L., Jr.

CD-02012
Brandeis Univ., Waltham, Mass.
Varon, E.

CD-02015
Helsinki Univ., (Finland), Dept. of Forensic Psychiatry.
Incest Offenders and Alcoholism.
Virkkunen, M.

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Western Michigan Univ., Kalamazoo.
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Program Information Bureau.
Webber, D. N.
California State Dept. of Social Welfare, Sacramento.
ONGOING RESEARCH STUDIES

CR-00002
Family Service Center, Honolulu, Hawaii.
2319 Rose St.
Honolulu, HI 96819
Start: May-Jun 78

CR-00003
Honolulu, 96819

CR-00004
Hana Liko Home Visitor Project.
Alger, M.; Ushara, B.
Start: May-Jul 78

CR-00005
Office of Child Development (DHEW), Washington, D.C.

CR-00006
21st Ave. South and Garland St.
Nashville, TN 37232
Causal Factors in Neglect and Battering: A Prospective Study.
Altenehier, W. A., III; O'Connor, S.
Start: Jun-Jul 78

CR-00007
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00008
National Council for Black Child Development, Inc.,
Washington, D.C.
1411 K St. N.W. Suite 500
Washington, D.C. 20005
Study of Black Child Abuse and Neglect. A Preliminary Investigation.
Borra, L. J.
Start: Jun 75-continuing

CR-00009
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00010
Texas Migrant Council, Laredo.
P.O. Box 7417
Laredo, TX 78040
Migrant Child Abuse and Neglect Prevention Project,
Berna, M.; Moreno, H.
Start: Jul-Aug 78

CR-00011
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00016
New York Medical Coll., N.Y. Center for Comprehensive Health Practice.
5 E. 102nd St.
New York, NY 10029
Family Care Program
Broman, R.; Zarin-Ackerman, J.
Start: Feb 75-Feb 78

CR-00017
New York Medical Coll., N.Y.; National Inst. of Drug Abuse (DHEW), Rockville, Md.

CR-00021
University Park, PA 16801
Social Interaction Patterns Relating to Child Abuse and Neglect.
Burgess, R. L.
Start: Jun-Jul 78

CR-00022
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00023
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00026
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00027
San Antonio Child Abuse and Neglect Research Project.
Chapa, D.; Lugburt, C.
Start: Jun-Jul 78

CR-00028
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00029
National Urban League, New York, N.Y.
500 East 62 St.
New York, NY 10021
Project Thrive: Enhancing the Black Family and Protecting the Children.
Curry, D.
Start: Jun-Jul 78

CR-00030
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00032
Texas State Dept. of Public Welfare, Austin.
3000 S. Interregional-Hwy.
Austin, TX 78702
Child Abuse and Neglect: Resources Demonstration (CARE) Project.
Dinges, J. B.
Start: Jul-Jul 78

CR-00033
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.
CR-000041
White (E. H.) and Co.; San Francisco, Calif.
347 Clement St.
San Francisco, CA 94122
Doty, E. F.; Houston, T. R.
Dec 74-Jun 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-000046
Minnesota Univ., Minneapolis. School of Psychology
Training Program.
N-548 Elliott Hall
Minneapolis, MN 55455
A Prospective Study of the Antecedents of Child Abuse.
Egelund, B.; Dentard, A.
May 75-Jul 78
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-000053
Children’s Hospital of Buffalo, N.Y. Dept. of Medical Photography.
219 Bryant St
Buffalo, NY 14222
Photography of Suspected Child Abuse and Maltreatment.
Ford, R. J.; Smail, B. S.
Oct 74-continuing
Children’s Hospital of Buffalo, N.Y.

CR-000054
Child Development Project, Ann Arbor, Mich.
201 E. Catherine St.
Ann Arbor, MI 48104
An Infant Mental Health Program.
Faelberg, S.
Sep 72-May 78
National Inst. of Mental Health (DHEW), Rockville, Md.; Michigan State Dept. of Mental Health, Ann Arbor, Mich.; The Grant Foundation, New York, N.Y.

CR-000056
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.
Frodé, A.; Lamb, M.
Sep 76-continuing

CR-000057
329 Longwood Ave
Boston, MA 02115
Parents’ Center Project for the Study and Prevention of Child Abuse.
Galdston, R.; Bean, S. L.
Sep 74-continuing

CR-000058
Boys Town Center for the Study of Youth Development, Omaha, Neb.
1141 W. Center Rd.
Omaha, NE 68144
The Human Ecology of Child Maltreatment.
Garbarino, J.
Sep 76-Jun 78

CR-000059
New Brunswick, NJ 08901
Factors Related to Levels of Child Care Among Families Receiving Public Assistance in New Jersey.
Gehl, L.; Horowitz, B.; Wollock, I.
Jun 75-continuing
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-000060
Rhode Island Univ., Kingston. Dept. of Sociology.
Kingston, RI 02881
The Social Construction of Child Abuse.
Gelles, R. J.
Apr 74-continuing
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-000068
Dartmouth Coll., Hanover, N.H., Dept. of Maternal and Child Health.
Hanover, NH 03755
Children At Risk Program.
Gundy, J. H.; Krell, H.
Jan 75-continuing
CR-00069
Kau'ikehlanani Children's Hospital, Honolulu, Hawaii.
226 Kuakini St.
Honolulu, HI 96817
Hawaii Child Abuse Demonstration Project-Hawaii Family
Stress Center.
Humphrey, S. I.
Jun 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 15232
Parental Stress Center.
Harrell, M.
Feb 74-79
National Center on Child Abuse and Neglect (DHEW),
Washington, D.C.; Governor's Justice Commission, Pitts-
burgh, Pa.

CR-00072
Michigan State Univ., East Lansing. Dept. of Human
Development.
B240 Life Sciences Building
East Lansing, MI 48824
Service Project to Determine the Reliability and Validity of
the Child-rearing Questionnaire.
Kolker, 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.
1860 Lincoln St.
Denver, CO 80203
The Educational System's Role in Child Abuse and Neglect.
Jones, C. D.; Fox, P.
Jan 75-Jun 78
National Center on Child Abuse and Neglect (DHEW),
Washington, D.C.

CR-00090
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.
Kendall, J. H.
Jul 74-continuing
Maternal and Child Health Service (DHEW), Rockville, Md.

CR-00094
Children's Hospital, Los Angeles, Calif. Div. of Psychia-
try.
P.O. Box 54700 Terminal Annex
Los Angeles, CA 90054
Behavior, Parenting, and Outcome of High-Risk Infants.
Kendall, J.
Oct 74-continuing
Bureau of Community Health Services (DHEW), Washing-
ton, D.C.

CR-00097
Child Abuse and Neglect Demonstration Organization
(CAN-DO); Belton, Tex.
P.O. Box 729
Belton, TX 76513
Central Texas Council of Governments Child Abuse and
Neglect Demonstration Organization.
Kendall, 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 Placement
Abuse and Neglected Children.
Lederman, P. H.; Hastorf, A.
Sept 75-Aug 79
Stanford Univ., Calif.

CR-00102
Educational Testing Service, Princeton, N.J.
Rosedale Rd.
Princeton, NJ 08540
The Effect of Birth Order on Mother-Child Relationship.
Lewis, M.
Jul 75-continuing
National Inst. of Child Health and Human Development
(DHEW), Bethesda, Md.
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 75-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.
75-continuing.

CR-00108
JFK Child Development Center, Denver, Colo.
4200 E. 9th
Denver, CO 80220
Follow-up Studies of Abused Children,
Martin, H. P.
71-continuing
Bureau of Community Health Services (DHEW), Bethesda, Md.

CR-00109
Washington Center for Addiction, Boston, Mass.
41 Morton St.
Boston, MA 02130
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.
2401 N. Guadalupe St.
Austin, TX 78705
A Family Resource Center on Child Abuse and Neglect.
Demeo, J. E.
Oct 75-continuing
National Center on Child Abuse and Neglect (DHEW), Washington, D.C.

CR-00115
Johns Hopkins Medical Institutions, Baltimore, Md. Psychoendocrine Research Unit.
601 N. Broadway
Baltimore, MD 21205
Reversible Hypopituitarism (Psychosocial Dwarfism): Behavioral Data in Cases and Their Families,
Miller, J.; Werlwas, 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,
Pascoe, D. J.; Glasser, 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 Trau-
ma 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 Devel-
opment.
1 S. Montgomery St.
Trenton, NJ 08625
Parent Interview Study of Child Abuse and Neglect Cases.
Pelton, L. 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 Playschool for Abused Children.
Rodgeffer, M. A.; Mirandy, J. A.; Cone, S.
Dec 74-Dec 78
National Center for the Prevention and Treatment of Child
Abuse and Neglect, Denver, Colo.; Commonwealth Fund,
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, E. S.; Bauman, K. E.; Siegel, E.;
Ingram, D. D.
Jun 75-May 78
National Inst. of Child Health and Human Development
(DHEW), Bethesda, Md.

CR-00143
British Columbia Univ., Vancouver, Div. of Child Psy-
chiatry.
Vancouver, B.C. V6T 1W5, Canada
Project Toddler: Early Intervention With High-Risk Chil-
dren and Their Families.
Stephenson, S. P.
Apr 72-78
Department of National Health and Welfare, Ottawa (On-
tario).

CR-00144
Texas State Dept. of Public Welfare, Austin, Special Pro-
jects Bureau.
John H. Reagan Bldg.
Austin, TX 78701
Project Care: Child Advocacy Resources Expansion.
Stern, J.; Marley, M.
Jul 75-78
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, E.
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, E.
Jun 75-Jun 80

CR-00155
New Mexico Univ., Albuquerque. Office of the Medical
Investigation.
Albuquerque, NM 87131
Routine Mortality Case Finding, Statewide.
Weston, J. T.
Jul 73-continuing
New Mexico, Univ., Albuquerque. School of Medicine.