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AN INVESTIGATION INTO THE EFFECTS
AND TREATMENT OF PARENTAL
CHILD ABUSE

AN INVESTIGATION INTO THE EFFECTS
AND TREATMENT OF PARENTAL
CHILD ABUSE

BY

IRMA GENE GARRETT

A thesis submitted in partial fulfillment
of the requirements for the degree of

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Chapter 1

INTRODUCTION

For years and years, children have been exploited, worked to death, slain, and tortured by their parents or guardians. Not only has this occurred in far away places in the United States, but also right here in Dallas County.

Child abuse is becoming more and more common, and it is usually only after a child is abused to the point where medical attention is needed, that someone concerned will report it to local officials.

Through some of my observations, it seems that society feels that only the abused child should receive medical attention or therapy, and that the abuser should be left alone or merely locked up in prison (the latter usually does not take place).

Abused children are usually very young and under school age, and as a result of being abused by their parents, some will suffer permanent damage. The nature and extent of child abuse will vary, a father might abuse his daughter sexually, or a mother might severely beat her infant because it will not stop crying.

The author feels that it should be pointed out that most of the children abused and the abusers in Dallas County remain among the unknown. Why? Because those who are personally aware of the problem taking place are either too afraid to report it or simply do not care.

STATEMENT OF THE PROBLEM

There is a widespread problem of parental child abuse and too little attention given to the problem to correct it. There is also a problem with the authorities in that there seems to be a thin line in determining what is child abuse and what is not.

PURPOSE OF THE STUDY

The purpose of this study is to take a look at the diagnoses and treatment of the abused and the abuser as administered by local and county agencies, as well as nationwide. Also to see what improvements, if any, can be made.

PROCEDURES

The major portion of the data collected and to be collected will come from:

1. Related historical literature.
2. Personnel of the Dallas County Juvenile Home.
3. Two cases this writer was personally involved in while working as a Parole Officer.

The basic methods of research will include a combination of the historical and true experimental methods.

LIMITATIONS OF THE STUDY

This study will be limited to cases in the Dallas area and will not include a high number of cases due to the personal nature involved. The study will also be limited in that some agencies will only provide general informat-

ion. Therefore, a great majority of the material presented will come from related literature.

STATEMENT OF HYPOTHESIS

It is the writer's belief through observations and findings that:

1. The physical and sexual abuse of children is usually not inflicted by mentally ill or pathological parents, but is rather the outgrowth of our cultural heritage.¹
2. Some abused children do not feel that they are being victimized.
3. The abused and abusers are of all races; rich and poor; educated as well as uneducated.
4. Finally, that some abused children are physically handicapped, but most are not.

DEFINITION OF TERMS

The terms listed below are used frequently in this investigation, and are defined for the benefit of the reader.

1. Abuse -- use wrongly or make bad use of.
2. Abused -- the receiver of physical or mental violence.
3. Abuser -- the person inflicting physical and mental violence or severe treatment.

¹David Walters, Physical and Sexual Abuse of Children, (Indiana University Press, 1975), p. 4.

OUTLINE OF REMAINDER OF THIS THESIS

Chapter II of this thesis will deal with related literature, Chapter III, an analysis of the findings, and Chapter IV will include the summary and recommendations. The appendix and bibliography will follow Chapter IV.

Chapter II

RELATED LITERATURE

Maltreatment or abuse of children has been justified for many centuries by the belief that severe physical punishment was necessary either to maintain discipline, to transmit educational ideas, to please certain gods, or to expel evil spirits. Whipping children has always been the prerogative of parents.

Throughout history there are accounts of the customary extremes in the chastisement of children that parents had every right to treat their children as they saw fit.

Child abuse is pandemic in the United States. Few children grow to adulthood and escape the parental hand raised in anger. More often than not, an object such as a hair brush, switch, belt, or ironing cord is used to inflict pain on the child. In some instances, children suffer a whip, fan belt, clothesline, steam, fire, cigarette burn, or a blow touch. Some spend long hours tied to a bed, in basements, or locked out of the house. Relatively few die, but those who do are very young. Few parents who abuse their children are reported to the authorities, and most of those who are reported deny the abuse. Few are prosecuted and few are treated by professionals.²

²David Walters, Physical and Sexual Abuse of Children, (Indiana University Press, 1975), p. 3.

If a child is maltreated or abused in America, it would logically follow that the child should receive the necessary medical and psychological treatment, and the adult abuser would be processed through either the criminal justice or the mental health delivery system. Commonly, persons not familiar with child abuse assume that the children desire to be removed permanently from the presence of the parents or adults abusing them, and that "no one in his right mind" would ever harm a child.³ Consequently, it also follows that the abusive adult should receive some attention from society.

Contrary to public opinion, most children who are abused do not feel victimized. They frequently feel worse about bringing adverse attention to the parents who have abused them than they do about being abused. According to medical personnel, most abused children try to fabricate excuses for their adult abusers' behavior. And, most adults who abuse their children are openly hostile over what they feel is unwarranted interference with their parental right to correct their children.

The status of children in present day America has its roots in history and specially in the Bible. We have tried to pattern our lives after its teachings. The status of children is further reinforced by fairy tales, nursery rhymes, and other cultural influences that clarify the child's position and lack of power in interpersonal relationships. From these factors, a cultural base for the occurrence of child abuse rises.⁴

³Walters, p. 3.

⁴Walters, p. 10.

Neglect and abuse take their toll psychological, and children who are mistreated when they are young often grow up to mistreat their own children. We too often assume that parents, like robins and rabbits will automatically do the right things for their offspring.

No community meets the needs of even a fraction of our unwanted and handicapped children. Billions of dollars are being squandered on schools, institutions, agencies, and programs destined to fail.

Unwanted children have been disposed of in many ways. One of the more common methods was called exposure. Today, it is called abandonment. Killing unwanted children may not be the favorite topic at parties or at the breakfast table. But it happens, and no one knows how many unwanted children die each year.⁵

It is possible for the United States Department of Agriculture to count the nation's cows. The Department of Commerce knows how much we spend on beans, barley, booze, and bananas. But it is far more difficult to determine how many children are neglected or abused in the state of Texas each year. Some educated guesses are made, but only guesses.

It has been estimated that at least seven hundred American children are killed each year by their parents. About ten thousand are severely battered every year; fifty thousand to seventy-five thousand are sexually abused; one hundred thousand are emotionally neglected; and another one hundred thousand are physically, morally, and educationally neglected.⁶

⁵Howard James, The Little Victims, (David McKay Company, Inc., New York, 1973), p. 25.

⁶Vincent Fontana, Somewhere A Child Is Crying, (MacMillan Publishing Co., Inc., United States, 1973), p. 91.

It is very difficult for the most remorseful and guilt-ridden of maltreating parents to seek help and even then they do not follow up on treatments. Our sympathies lie with the children, but it is not only the children who cry. Parents cry too, for the pain they cause and the pain they feel themselves.

Agencies are set up to help parents who abuse their children, and treatment, though not a miracle cure, is available. However, unfortunately our institutions may fall down on the job, and the seekers of help may fail in their search. The parent who has to wait for months before a psychiatrist can give her an appointment, the parent whose caseworker never seems to have the time to come and visit her, is standing in line for help, but getting no where.

Then there are the many people who do not seek help. Deep inside, the majority of these people are probably hoping that help of some kind will seek them out, which it is likely to do only after they have severely maltreated their children.

The forces that impel parents to torture, neglect, or abuse their children are exceedingly complex; they include psychological stress, long-established patterns of maladaptive behavior, and social pressures that are often intolerable. The care and management of an infant or a child is a complex, often frustrating, matter. Many people with varying degrees of emotional disorders, inadequate skills, or distaste for marriage and parenthood find themselves trying to cope with a role that is a constant irritant to them. At one time or another they explode and vent their rage by assaulting their children.

Child maltreatment in families or by individuals who are already in contact with social agencies and, possibly, the law, are in a position to be

spotted and swiftly reported. While some studies show that the majority of reported cases are found in socio-economically deprived cases, the same studies show that cases are far from infrequent in the comfortable home.

The constant demands of the infant for its mother's attention prevent the mother from following her previous pattern of activities. Her social isolation becomes almost complete. She is alone with her child, and her contacts with others, including her husband, become brief or disappointingly superficial.

In some instances the first child is seen by the father as an intruder who has disturbed the marriage, someone who competes with the father for the mother's love. Minor matters become major emergencies, and the father's attitude towards the child becomes one of angry, impatience, and hard demands.⁷

Physical, nutritional, or emotional abuse is one of the most common maladies of the young child, and yet it is one which general practitioners, pediatricians, and other specialists have been unable and unwilling to diagnose. The medical profession has exhibited almost a complete lack of interest in this problem until recent years.⁸

The family physician or pediatrician has a clear responsibility both to the child and his family. He must see this responsibility as an involvement with the total family unit and not find himself caught up in the complex situation of alienating the parents in his attempts to help the child.

The family physician with the assistance of his psychiatric and social service colleagues must make the diagnosis, protect the child, counsel the

⁷Peter DeCourcy and Judith DeCourcy, Child Abuse in the Community, (Alfred Publishing Co., Inc., United States, 1973)., p. 6.

⁸Ray Helfer, The Battered Child, (The University of Chicago Press, Chicago, 1974), p. 25.

parents, report his findings, and follow up, both medically and socially, to assure that the proper disposition has not only been made, but carried out.

Once an injury has occurred, the physician's first and immediate responsibility is to the child. When the parents bring their abused or neglected child to the physician, early diagnosis and treatment is essential. Treatment not only consists of medical and surgical care, but also of provisions for the protection of the child. In almost every case the first step is to admit the child to the hospital.

Once the child has been admitted to the hospital and his medical evaluation is under way, the physician must turn his attention to the parents. It is here that experience becomes essential. This should not be the responsibility of an inexperienced house officer. A technique can be developed which enables the physician to handle this most difficult aspect of the problem reasonably well. Three points seem to be most important: first, the physician must make every effort not to render judgment or become angry; second, he must realize the parents usually want help; and third, he must always keep the parents completely informed about what is going on.⁹

It is most difficult for any individual dealing with parents who abuse children not to demonstrate some form of hostility or anger. After the parents are convinced that the physician is truly interested in them and their problem, and has been honest with them in reporting all findings to date, it is then necessary for the physician to explain that he, as a practicing doctor in the state must by law make a report. It is at this point that many physicians find their relationship with parents strained.

⁹David Walters, Physical and Sexual Abuse of Children, (Indiana University Press, Bloomington, 1975), p. 74.

There are several common practical problems encountered in most abuse cases, physical or sexual. Among them are: how to contact the abuser after receiving the complaint; the abusers' resistance, denial, and hostility; and seduction of the therapist. It is not uncommon for inexperienced workers and therapists to become so anxious and defensive in the initial contact(s) with their clients that no meaningful relationships are established and no services are offered.¹⁰

Generally, the laws of each state define abuse, mandate the reporting procedures, and designate agencies to receive abuse complaints. In the usual chain of events in a public agency, the complaints are received by an intake worker and through channels it is given to a general service worker or specialized protective service worker.

It is important to keep in mind several factors when dealing with child abuse cases. Society has a legal right to protect children, and this right is invested in the professional, who, at first contact with the situation, becomes the legal representative of the state. The professional fulfills the sometimes contradictory functions of offering treatment while at the same time serving as an arm of the criminal justice system. Sometimes professionals must decide whether to refer a case to court.

The best indicator of future behavior, where it concerns the abuser, is past behavior. Without some sort of intervention the physical abuser will continue to harm a child.¹¹ If effective intervention (treatment) is offered, abuse can and will cease. Treatment involves working with the adult and child toward the primary goal of non-abusive behavior. This cannot be accomplished

¹⁰Walters, p. 81.

¹¹Walters, p. 82.

by dictating lengthy reports consulting, or referring. These measures, while frequently both necessary and desirable from an agency point of view, do nothing to diagnose, treat, or resolve the situation.

The primary effort must be directed in a treatment relationship. A therapeutic and treatment-oriented relationship is necessary if abusers are to be helped. A therapeutic relationship involves goals, the primary one being non-abuse; a give-and-take between the professional and the patient; and consistency.¹² In contrast, in many state and county public agencies, professionals are encouraged not to invest any feeling in abusers. There must be a professional assessment of the type of abuse and the parent-child interaction that results in abusive behavior.

Abuse can best be understood in terms of the family triad; in its simplest form it consists of adult male, adult female, and child. A parent may deny having knowledge of the other's abuse, but as the relationship with the therapist develops, it is not uncommon later for the unknowing parent to admit knowledge or at least a sense of awareness. Professionals should be aware of the triad in abuse cases for it bears on treatment strategy in a number of ways:

1. All three members are involved and each one needs professional intervention in treating the abuse.
2. Abusers cannot be treated by "osmosis" or through another member of the triad.
3. Secondary effort may involve environmental, financial, vocational, marriage, or other counseling.

¹²Walters, p. 96

4. Separate triads exist in multi-children families.

Many abusive parents feel that they are supposed to love their children at all times, to react appropriately, and never to admit anger. Then when they abuse they become guilt-ridden and angry with themselves. This, in turn, is directed against the child and results in a never ending circle of abuse. Abusive parents have to be helped to accept that all parents are "down" at certain times and that all parents become angry at times. Further, they must be helped to accept that at times they have a right to be angry.

Some abusive parents will state that they do not know when they are vulnerable or likely to become irritated with their children. A rather simple technique is to have them keep a diary about how they feel each hour from arising until bedtime. Sometimes it is also helpful to have them note how they feel when the children leave home for school, during the children's naps, in the evening, etc. For those who are employed, it sometimes seems quite helpful to have them write down their reactions during the period when they are at work, as well as how they feel at home.

To identify which behavior will cause anger in the adult is sometimes difficult. Some parents will say their children are bad at all times, or that the children are fussy or whiney, but it is necessary to pin down specific behavior or a sequence of behavior.

People change because other people care about them as persons without necessarily approving of their behavior. In lay terms, people change because of positive feelings toward another whether those feelings are based on a need for acceptance, friendship, or love.

This point has many implications in the treatment of abusive parents. Child abuse is not comparable to most criminal offenses, for most of it is not willful torture or harm for the sake of causing harm. Instead, it is a

pattern of child rearing that for the most part is a learned behavior, integrated into other behavior and attitudinal patterns.¹³

We may continue our treadmill of arrests, jail terms, and fines for alcoholics, but we are doing nothing about resolving alcoholism. By the same token, we may arrest, publicize, humiliate, and punish child abusers through legal processes, but we do nothing to resolve their problems.

This is not to say that children do not need legal protection. In 8 to 15 percent of all physical abuse cases, society, through its courts, can and should move swiftly and expeditiously to terminate parental rights and place the children elsewhere permanently. Usually, the judge places the child in foster care; no services are offered the parents; the parent retains an attorney, which act has the desired effect of frightening most agency administrators and personnel; the attorney asks for the return of the children after assurances by the parent; the judge relents; the children are returned to the home; and the cycle of abuse begins again.¹⁴

The law alone cannot cope with the child abuser, nor can social sciences alone. It requires a close working relationship between the two, with legal protection of the child foremost, but with treatment also offered to the abuser. This rarely occurs.

¹³Walters, p. 49.

¹⁴Walters, p. 53.

Chapter III

DOCUMENTARY ANALYSIS

A Typology of Physical Abusers

The majority of abusers fall into the classification of the socially and parentally incompetent abuser. These abusers are judged socially and parentally incompetent on the basis of a disciplinary practice or a series of practices that have been defined as "abusive" in modern society. Most of them are simply utilizing the very same techniques to control children that were used with them. The following cases will illustrate their patterns:

A father hit his 7 year old son with a 2 X 4 and fractured the boy's clavicle. The father was reported as an abuser. The victim's grandfather said he literally used to take his son "to the woodshed, just as my father did me." Here, three generations have used wood to discipline children.

A mother known to the writer was paroled after serving a prison term for manslaughter. She had a severe drinking problem and nine children. The children were taken from her by county officials because she would get drunk and severely beat them. The mother stated her mother would beat her the same way when she was drunk.

Another type of abuser fall into the classification of the frustrated and displaced abuser. Every human being experiences stress and frustration and has aggressive tendencies, but most of us handle these problems in socially

acceptable ways. A few do not and become emotionally crippled, alcoholic, or dependent on other drugs. Even fewer abuse their children. This abuser usually yells at the wife, screams at the child, and kicks the dog or cat.

There is also a group known as the situational abuser. In many instances, an otherwise non-abusive individual becomes an abusive parent because of a particular situation. The following cases are examples of the situational abuser:

Mrs. M. beat her two children with a belt in the yard in the presence of neighbors. She was referred to a local agency, where it was learned that this 23 year old mother had three children in diapers (which she washed by hand) and was married to a former Marine sergeant who expected elaborate dinners and well-scrubbed and polished floors. He did not help her, and she had not been out of the house except to go to the hospital and the doctor for nearly three years. She rarely slept more than three or four hours a night because of the demands on her.

Mr. J., an enlisted man in the Navy, was assigned to a carrier duty and was frequently at sea for prolonged periods. His return home was greeted less than enthusiastically by his teen-age son and daughter, as he imposed limits on their coming and going, which their mother did not. He and his 15 year old son had an argument after the boy had stayed out past midnight without permission on three consecutive nights. The son sustained a fractured jaw, and the father was reported for abuse.

It is very hard to determine or define the neglectful abuser unless a child's life is in danger. The following case will help to illustrate the category of the neglectful abuser:

Mrs. A. lived with her two sons in a shack with no plumbing. She was dependent for her support on a series of boyfriends and a small county welfare grant. Chickens, dogs, and cats inhabited the house along with the three members of the family. Defecation and urination in the yard and small garden were common place.

Although it is rare, some parents are unaware that they are abusing their children. These parents are known as accidental abusers. The following is an example:

Mr. and Mrs. T. were professional swimmers and divers. They prided themselves on teaching very young children to swim, and they taught their three year old to dive from great heights. During one practice, the child hit the bottom of the pool and was killed. Mr. T. was imprisoned.

Most professionals working with abusers agree that the mentally ill abuser is statistically in the minority.¹⁵ Abuse by the mentally ill should be considered a symptom of the illness rather than an end in itself. The following cases are examples:

Mr. B. had been committed to the hospital three times. Each time the committment had been preceded by bizarre, destructive behavior. A neighbor who heard screams found Mr. B. burning his son with a blow torch. When the police were called, he threatened to kill the child and himself if they tried to return him to the hospital. When the police arrived he committed suicide with a shotgun.

Mrs. F. and her six month old daughter were found by a relative who had not seen them for several days. Mrs. F. was completely withdrawn and in a catatonic stupor. The child obviously had not been fed for more than twenty-four hours and required hospitalization.

¹⁵Walters, p. 74.

The parents who by their own admission abuse their children are never discussed. These parents are the self-identified abusers. The following cases are examples:

Mr. U. is a 28 year old foreign graduate student working on an advanced degree. He states, "things are different in America, and we punish our children as we wish back home." He feared reporting of his practice of tying his children to a chair for hours as punishment.

A mother known to this writer was paroled from the state prison after serving a short sentence. Her children had been placed in a foster home and she expressed a desire for regaining custody, but hesitated to make any effort to do so. When confronted by this writer as to why, she stated she might burn her daughter with a cigarette as she did in the past to make her behave.

Chapter IV

PRESENTATION AND ANALYSIS OF DATA

The primary purpose of this study was to examine in light of current knowledge, one of the most important problems in American society, parental child abuse.

The investigator used historical research to a great extent as a means of gathering information about the research problem, along with observations made by herself. Research by many different authors was utilized to formulate this study.

The following hypotheses were examined: (1) The physical and sexual abuse of children is usually not inflicted by mentally ill or pathological parents, but is rather the outgrowth of our cultural heritage, (2) some abused children do not feel that they are being victimized, (3) the abused and abusers are of all races, rich and poor, educated as well as uneducated, and (4) some abused children are physically handicapped, but most are not. (See Table 1, page 21).

Each of the hypotheses was accepted as true according to the information obtained from the historical research and observations conducted by the investigator.

The following details the results of the research: There is a definite need to identify the parental abuser as early as possible. According to an author previously cited, David Walters, the abusive parent needs to be identified as early as possible in order to meet his needs. Walters also pointed out

the fact that authorities are doing little, if anything, to treat abusers within our current structure. (See Table 2, page 22).

The types of abusers and cases as described in the documentary analysis advocates the fact that no two abusers are alike and early as well as thorough treatment is needed.

The cases previously cited also lend credence to the theory that parents who abuse their children possess certain characteristics that parents who do not abuse their children do not possess. One of the most extensive studies along these lines was conducted by B. Steele and C. Pollock, two of the most respected authorities on the subject of parents who abuse infants and small children. Their studies revealed that most abusive parents had been raised in the same style which they recreated in the pattern of rearing their own child. Several had experienced severe abuse in the form of physical beatings from either mother or father.

The information obtained also substantiated the theory that following through on the treatment of abusive parents and their children will help prevent abuse in the future.

The information obtained also show that parents who abuse their children are not organized, nor do they represent a significant portion of the caseload of most agencies charged with the investigation and treatment of abuse.

Another source of information also show that after a child is physically abused by his parents, he is merely taken from their care and no treatment is available to that parent.

It has also been established that sending a parent to prison without treatment, will not stop his abusive behavior, and in some instances add to it.

The information obtained through this study reveals the fact that there is a contrast between the alleged and confessed methods of injury to an abused

child. (See Table 3, page 23).

Finally, the abuser is often faced not only with family pressures, but also with neighborhood, economics, social, and religious pressures that reinforce abusive patterns.

TABLE 1
Age, Race, and Sex of Thirty-Six Victims of Physical Abuse

Age	White		Non-White		Totals
	Male	Female	Male	Female	
Months					
0-3	2	0	3	1	6
3-6	1	1	1	1	4
6-12	0	0	2	3	5
Years					
1-2	2	0	2	3	7
2-3	1	0	1	4	6
3-4	1	0	2	3	6
4-5	0	0	0	0	0
5+	0	0	1	1	2
Totals	7	1	12	16	36

Table 1 compiled from records of the office of the Medical Examiner in the city of Philadelphia, Pennsylvania.

TABLE 2
RESULTS OF CHILD-ABUSE INVESTIGATIONS

<u>TYPE OF RESULT</u>	<u>1969 % OF TOTAL</u>	<u>1970 % OF TOTAL</u>
Abuse Confirmed -----	44.3	42.0
Social Investigation -----	33.4	33.4
Court Decision -----	10.8	8.6
Abuse Ruled Out -----	21.1	28.1
Social Investigation -----	20.1	25.6
Court Decision -----	1.0	2.5
Abuse Uncertain -----	34.6	29.9
Social Investigation -----	25.0	23.1
Court Decision -----	9.7	6.8

The above table prepared from information supplied from the New York State Department of Social Service, reveals the large number of cases where no steps or action is taken in the treatment of abusers or suspected abusers.

TABLE 3

CONTRAST BETWEEN THE ALLEGED AND CONFESSED METHODS OF INJURY

Alleged Method of Injury (Number)		Confessed Method of Injury (Number)	
Fell from furniture -----	10	Struck with fists -----	15
Fell downstairs -----	7	Struck with hands -----	12
Found dead -----	4	Struck with weapon -----	10
Beat child -----	4	Burned on gas burner -----	1
Banged head in attempted with- drawal -----	2	Burned on radiator -----	1
Fell down -----	1	Burned by immersion in hot water -----	1
Drowned in bath tub -----	1	Unknown -----	1

Table 3 compiled from records of the office of the Medical Examiner in the city of Philadelphia, Pennsylvania.

SUMMARY

Even though the child stirs the most tender emotions in mankind, cruelty to children has always prevailed. Maltreatment of children has been justified for many centuries by the belief that severe physical punishment was necessary either to maintain discipline, to please certain gods, or to expel evil spirits.

Our treatment of those who abuse infants has been directed toward improving the basic pattern of child rearing. Treating an individual patient who neglects, batters, or kills a child is totally insufficient if it is not coupled with a simultaneous effort to ensure adequate rehabilitation of the social environmental factors responsible for the production of the battering parent and the battered child.

Most children who are abused are not enrolled in school, the vast majority are too young to enter school, and many are infants. He is the child who is pushed around, thrown down stairs, dropped out of windows, burned with cigarette butts, fried on stove tops, scalded in boiling water, battered to death, or found in a river. He is ignored, to get into whatever trouble he may, hungry to the point of starvation, crawling with vermin, begging in the street, sexually abused, or the pawn of addict parents.

Because the laws are not enforceable against parents, children are often killed with impunity, denied medical treatment and even allowed to die to "prove" their parents' faith, and are beaten, maimed and tortured.

Child abuse finds its roots in our heritage and is expressed through

its members. When society changes and it must be for the better, the problem of child abuse will decline and disappear.

Today, in many American homes, children will be abused. Some will die as a result of physical harm. Many will suffer minor harm, still some damage to others will be major. The real question before the society in which we live is not whether it will change its child rearing patterns and violence, but how long must children wait before the change takes place.

CONCLUSIONS

The findings of this investigation point to the following conclusions:

- (1) Only a minority of maltreated children are unwanted.
- (2) Agencies for the treatment of abusive parents and abused children are underfinanced, understaffed, overworked, and bogged down in red tape.
- (3) The physical and sexual abuse of children is usually not inflicted by mentally ill parents, but is rather an outgrowth of our cultural heritage.
- (4) Some abused children do not feel they are being victimized.
- (5) Some abused children are physically handicapped, but most are not.

RECOMMENDATIONS

On the basis of the collected data in this investigation, further research seems to be indicated in these areas:

- (1) That of providing abusive parents with immediate treatment in correcting their behavior toward their children.
- (2) The funds necessary to adequately finance the agencies and staff to aid in the treatment of abused children and abusive parents.
- (3) The dissemination of information such as techniques, programs, and therapy available for abusive parents.
- (4) That special attention by society be given to the problem of child abuse.
- (5) That once a child is removed from an abusive parent, he will not be returned to that abusive parent without that parent having received some positive type of treatment.

For it is most often the abusive parents who receive no attention from society or treatment of any type, who again and again abuse their children.

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APPENDIX

APPENDIX A

Listed below is the 1975 annual report of the Child Caring Units of the County of Dallas, Texas:

CHILDREN'S EMERGENCY SHELTER

The original Emergency Shelter for the abandoned, abused, neglected and dependent children consisted of a rented two-story brick house. The present facility was completed and opened in November, 1967, with a full staff round-the-clock.

The number of children received by the Shelter in 1975 ----- 1,329.

Staff:

Director: Mrs. Eva Wakeham
Recreation/Activity Coordinator
Supervisors
Child Care Workers

CHILD WELFARE UNIT

The Dallas County Welfare Unit is charged with being the primary agency providing protective services to all children in the agency and functions as the result of support by both state and county governments. This agency is in its eleventh year of service, with a staff of 287.

CHILD ABUSE PROGRAM

The fundamental purpose of the Child Abuse Program is to protect minors from "mental injury, sexual abuse, negligent treatment or maltreatment", by a parent or guardian. (Child Abuse and Treatment Act P. L. 93-247, January 31, 1974). The Child Abuse Program was formed in November, 1974, and is currently serving 477 children and their families.

FAMILY OUTREACH CENTER

These centers are located in the Richardson-Plano and Irving-Grand Prairie areas. They are volunteer units with the goals of prevention of child abuse and neglect through family supportive service. An average of forty cases are worked monthly by volunteers in each center.

CHILD ABUSE PREVENTION CAMPAIGN

The major goal of the Child Abuse Prevention Campaign is to increase public awareness as to the reality of child abuse and neglect and to inform the community of their responsibilities and the responsibilities and resources of the Department in providing services to children in crisis.

APPENDIX B

A limited list of agencies that are concerned with the problems of child abuse and neglect appears below:

NATIONAL

American Humane Association
P. O. Box 1266
Denver, Colorado 80201

This is an association of individuals and agencies working to prevent neglect, abuse, and exploitation of children.

Child Welfare League of America, Inc.
67 Irving Place
New York, New York 10003

This is a national, privately supported organization which devotes its efforts to the improvement of services to be deprived, neglected, and dependent children throughout the United States.

TEXAS

Texas State Department of Public Welfare
Division of Special Services
John H. Reagan Building
Austin, Texas 78701

DALLAS

Dallas County Welfare Department
4917 Harry Hines Blvd.
Dallas, Texas 75235

Child Welfare Unit
Records Building
Dallas, Texas 75202

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