Child Abuse and Neglect*

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Preface

The following article by Dr. Brent Q. Hafen was written at the request of the editorial board. Although the content may not be unique to the LDS professional, it is considered valuable for effective counseling. More particularly, the area is often a neglected one. In our culture, where the family is a primary unit and where so much emphasis is placed on unity, solidarity and strength of the family, influences which are divisive and destructive—not only immediately but over generations—need to be thoroughly understood. The failure to comprehend and deal skillfully with negative influences such as child abuse and its attendant problems, may more than cancel out the positive efforts of a counselor in trying to strengthen families. Educational programs aimed at helping new parents, parents with problems, or any parents trying to improve their role would benefit from this thoughtful and scholarly presentation.

Child abuse is the deliberate use of excessive physical force or deliberate act of omission by a parent or other custodian responsible for a child’s care. The most severe form of child abuse is seen in the battered child syndrome. The syndrome lies at one extreme of a spectrum of insufficient care and protection. The term battered child syndrome is used to characterize a clinical condition in young children who have received significant physical abuse, generally from a parent or foster parent. Different, and less lethal, forms of child abuse include those in which injuries are repeated but not serious; instances of “failure to thrive” due to insufficient love or nutrition; cases of sexual abuse,

emotional and social deprivation; and, finally, that most difficult of situations where there is an absence of love, of nurturing affection on the part of the parents, but at a level which is not sufficient to result in demonstrable physical or marked emotional retardation.

In 1974, Congress passed the Child Abuse Prevention and Treatment Act, Public Law 93-237, which defines child abuse and neglect as “the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child’s welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened thereby.”

As the above definition indicates, child abuse and neglect can take many forms. In general, abuse refers to acts of commission such as beating or excessive chastisement; neglect, to acts of omission such as failure to provide adequate food or emotional care.

Incidence

It has been estimated that at least 700 children are killed by their parents or parent surrogates in the United States each year. In the United States, approximately 10,000 children are severely battered; between 50,000 and 75,000 are sexually abused; and 200,000-500,000 are emotionally, physically, or morally neglected each year. It has been suggested that for every case of child abuse that is reported, there are four that go unreported. Of the more than 10,000 cases of battered child syndrome reported each year in this country, fifty percent involve children less than five years of age; seventy-five percent involve children less than ten years of age; one-third require hospital treatment; and up to three percent are dead on arrival at the hospital.

Gil and Noble, however, assert that only a fraction of all child abuse cases are reported. If all cases were known, they feel that the incidence would reach 2.5 to 4.1 million cases per year. Some investigators list abuse as the most common cause of death in the preschool age group.

The problem of child maltreatment has often been compared to an iceberg: reported cases account for the visible tip, but estimates suggest a problem of staggering proportions yet to be revealed.

Characteristics of Abuse and Neglect

Recognizing a child’s need for protection is obviously more important than determining the form of maltreatment involved. In confronting a possible
case of child maltreatment, the operational problem is not how to classify it, but whether or not to report it. Unfortunately, many of those who might report are not acquainted with the characteristics of abuse and neglect, and are therefore not alert to signs of possible maltreatment.

The following lists include both general characteristics of maltreated children and their parents, and some indicators of specific forms of maltreatment. The categories are not necessarily mutually exclusive; any of the forms of maltreatment can occur separately or together. Moreover, the characteristics listed are not proof of maltreatment, since any one or several can reflect situations other than abuse or neglect. But awareness of these characteristics helps in understanding the nature of abuse and neglect and, in practical terms, can help in identifying children in need of protection.

**General.** Abused or neglected children are likely to share at least several of the following characteristics:

- They appear to be different from other children in physical or emotional makeup, or their parents inappropriately describe them as being "different" or "bad."
- They seem unduly afraid of their parents.
- They may often bear welts, bruises, untreated sores, or other skin injuries.
- They show evidence of overall poor care.
- Their injuries seem to be inadequately treated.
- They are given inappropriate food, drink, or medication.
- They exhibit behavioral extremes: for example, crying often, or crying very little and showing no real expectation of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive and destructive, or extremely passive and withdrawn.
- Some are wary of physical contact, especially when it is initiated by an adult; they become apprehensive when an adult approaches another child, particularly one who is crying. Others are inappropriately hungry for affection, yet may have difficulty relating to children and adults. Based on their past experiences, these children cannot risk getting too close to others.
- They may exhibit a sudden change in behavior; for example, displaying regressive behavior—pants-wetting, thumb-sucking, frequent whining; becoming disruptive; or becoming uncommonly shy and passive.
- They take over the role of the parent, being protective or otherwise attempting to take care of the parent's needs.
- They have learning problems that cannot be
If diagnosed. If a child’s academic, IQ, and medical tests indicate no abnormalities but still the child cannot meet normal expectations, the answer may well be problems in the home—one of which might be abuse or neglect. Particular attention should be given to the child whose attention wanders and who easily becomes self-absorbed.

- They are habitually truant or late to school.
- Frequent or prolonged absences sometimes result when a parent keeps an injured child at home until the evidence of abuse disappears. In other cases, truancy indicates lack of parental concern or ability to regulate the child’s schedule.
- In some cases, they frequently arrive at school too early and remain in after classes rather than going home.
- They are always tired and often sleep in class.
- They are inappropriately dressed for the weather.

**Physical Abuse.** More specifically, physically abused children will probably fit some of the following descriptions.

- They bear signs of injury—bruises, welts, contusions, cuts, burns, fractures, lacerations, strap marks, swellings, lost teeth. The list of possibilities is long and unpleasant. While internal injuries are seldom detectable without a hospital workup, anyone in close contact with children should be alert to multiple injuries, a history of repeated injury, new injuries added to old, and untreated injuries—especially in the very young child.
- The older child may attribute the injury to an improbable cause, lying for fear of parental retaliation. The younger child, on the other hand, may be unaware that severe beating is unacceptable and may admit to having been abused.
- They are behavior problems. Especially among adolescents, chronic and unexplainable misbehavior should be investigated as possible evidence of abuse. Some children come to expect abusive behavior as the only kind of attention they can receive, and so act in a way that invites abuse. Others have been known to break the law deliberately so as to come under the jurisdiction of the courts to obtain protection from their parents.
- Their parents generally provide such necessities for the child as adequate food and clean clothes; but they anger quickly, have unrealistic expectations of the child, use inappropriate discipline, and are overly critical and rejecting of the child.

The characteristics of a child that is most likely to be abused are as follows:

- Child under three years of age.
- Premature birth.
- A newborn with a poor life expectancy.
- Child of an unplanned or unwanted pregnancy.
- Newborn with major defects.
- Mentally retarded child.
- Child seen as “different” by the parents.

**Sexual Abuse.** Sexual abuse, a form of physical abuse, ranges from exposure and fondling to intercourse, incest, and rape. Approximately 75 percent of the offenders, usually males, are known to the child or the child’s family. Some 90 percent of the victims are girls, from infants through adolescents.

Since the sexually abused child lacks the tell-tale symptoms of battering, sexual abuse is difficult to identify and even harder to prove. Short of the child telling someone, the best indicators are a sudden change in behavior and signs of emotional disturbance.

**Physical Neglect.** Dr. Abraham Levine notes that, to some extent, neglect “defies exact definition, but it may be regarded as the failure to provide the essentials for normal life, such as food, clothing, shelter, care and supervision, and protection from assault.” Physically neglected children tend to exhibit at least several of the characteristics below:

- They are often hungry. They may go without breakfast, and have neither food nor money for lunch. Some take the lunch money or food of other children and hoard whatever they obtain.
- They show signs of malnutrition—paleness, low weight relative to height, lack of body tone, fatigue, inability to participate in physical activities, and lack of normal strength and endurance.
- They are usually irritable.
- They show evidence of inadequate home management. They are unclean and unkempt; their clothes are torn and dirty; and they are often unbathed. As mentioned earlier, they may lack proper clothing for weather conditions, and their school attendance may be irregular. In addition, these children may frequently be ill and may exhibit a generally repressed personality, inattention, and withdrawal.
- They are in obvious need of medical attention for such correctable conditions as poor eyesight, dental care, and immunizations.
- They lack parental supervision at home. The child for example, may frequently return from school to an empty house. While the need for adult supervision is, of course, relative to both the situation and the maturity of the child, it is generally held that a child...
younger than 12 should be supervised by an adult or at least have immediate access to a concerned adult when necessary.

© Their parents are either unable or unwilling to provide appropriate care. Some neglecting parents are mentally deficient; most lack knowledge of parenting skills and tend to be discouraged, depressed, and frustrated with their role as parents.

**Emotional Abuse or Neglect.** Emotional abuse or neglect is far more difficult to identify than its physical counterparts. Such maltreatment includes the "parent's lack of love and proper direction, inability to accept a child with his potentialities as well as his limitations, ... (and) failure to encourage the child's normal development by assurance of love and acceptance." The parents of an emotionally abused or neglected child may be overly harsh and critical, demanding excessive academic, athletic, or social performance. Conversely, they may withhold physical and verbal contact, care little about the child's successes and failures, and fail to provide necessary guidance and praise. Though emotional maltreatment may occur alone, it is almost always present in cases of physical abuse or neglect. The emotional damage to children who are physically abused or whose basic physical needs are unattended is often more serious than the bodily damage.

"The parents of an emotionally abused or neglected child may be overly harsh and critical, demanding excessive academic, athletic or social performance."

The indicators of emotional maltreatment are often intangible, but sooner or later the consequences become evident. The child may react either by becoming "hyperaggressive, disrupting and demanding ... shouting his cry for help," or by becoming "withdrawn ... whispering his cry for help." In a class of psychologically healthy children, the emotionally abused child often stands out unmistakably. Emotional maltreatment has a decidedly adverse effect on a child's learning ability, achievement level, and general development. The strongest indicators are unaccountable learning difficulties and changed or unusual behavior patterns.

**CHARACTERISTICS OF ABUSIVE/NEGLIGENCE PERSONS**

In a report of 390 cases of child abuse in Hennepin County, Minnesota the perpetrators were documented as follows:

- Mother 126
- Father 96
- Mother and father 8
- Stepparent 45
- Siblings or other relatives 10
- Nonrelatives 24
- Mother's boyfriend or father's girlfriend 48
- Unknown 33

Of the 390 cases investigated, 41 involved the battered child syndrome; 55 involved severe physical abuse—one-time beatings that resulted in lacerations or fractures; 287 involved more moderate physical abuse. Fourteen of the children died.

Most of us assume that only a mentally ill or criminal person could inflict injury or deprivation upon a child. Most think that such a person is a social misfit or drunk from the lower classes who strikes out in anger or for revenge. Frankly, there is no definite type of parent who batters his child. Abusive parents come from all social classes, races, creeds, religions, education levels, and socioeconomic groups. Abusers are not confined to persons with psychopathic personalities. Among abusers only 5 percent suffer from delusional schizophrenia or depressive illness. The child who is under the care of this 5 percent is often a part of the delusional system, much to his disadvantage and peril. Abusers in this group tend to inflict rather bizarre injuries upon their children. Another 5 percent appear to be aggressive psychopaths who deliberately and wilfully abuse. The majority of these are men who beat others—wives, children, animals, men—indiscriminately. They hardly speak at all but communicate by bashing others.

The remaining 90 percent of abusive parents cannot be grouped into any one personality type or psychiatric class. They do, however, resemble each other in certain characteristics relating to their own childhood experiences.

**Lack of “Parenting.”** The majority of abusive parents were severely deprived individuals who received little love or nurturing from their own parents when they were children. According to Kempe, abusive parents, as a rule, have, from their earliest
childhood, been exploited by their parents, had to conform to rigorous standards of behavior, and almost invariably had to provide a great deal of support and service for their parents. In short, they lacked the usual "ordinary" childhood which is made up of a great deal of early dependency followed by gradual emancipation. Individuals who have missed such parenting experiences in early childhood become distrustful of their own good qualities, come to feel that they are inferior and "no good" and deserve to be punished while continuing to hope that at some time a loving relationship will come their way. They often have chances for such a relationship through their teachers or their early friendships, but they tend to miss out on these, and the yearning is not fulfilled. They often marry at a young age in the hope of gaining such love and support from their spouses. If they are fortunate and marry someone who is warm, giving, and "mothering" all is well and they are emotionally reconstituted even though it is relatively late in their lives. Unfortunately, in most cases they tend to marry someone similarly deprived and continue to be two very needy individuals who cling to each other like non-swimmers whose struggling together often results in both of them drowning.

"Parenting," commonly called "mothering," is the sensitive, individualized, and generous approach to children by a tender mother or father. It is a quality of giving to a defenseless small infant, virtually without limits, to fulfill whatever the child needs in the way of individual attention, food, and comfort. Mothering is required by all children for normal growth, and there needs to be a mothering person for every child whether it be the biological father or mother, foster parent, or other adult.

Further, this demand for satisfying behavioral response from the infant to parental need is highly premature and expressed very early in the infant's life. As an inevitable corollary, there is parental disregard of the infant's own needs, wishes, and age-appropriate abilities or inabilities to respond properly. It is as though the infant was looked to as a need-satisfying parental object to fill the residual, unsatisfied, infantile needs of the parent.

When the child inevitably fails to measure up as a love object—he is battered. The child should be able to count on being comforted, nurtured, cared for, and its cries interpreted as expressing some basic needs. To an abusive parent, prolonged crying is interpreted as being accusatory rather than a sign that the parents need to attempt to satisfy some need of the child. The parents feel the child is saying, "if you were a good mother or father, I wouldn't be crying like this." Often, these parents desire to be very good parents and to have a very loving relationship with the child. But the supposed rejection on the part of the child results in increased parental anger and frustration when they feel, once more, that someone they love has failed them.

**Also victims of abuse.** Abusive parents were usually battered as children by their own parents. They learn to view themselves, and eventually their own children, as slow, bad, defiant, and hard to discipline. They learn to expect an unusually high level of performance from their children, based upon their conviction that certain things are right, necessary, and must be carried out. They firmly believe physical punishment to be a necessary and correct form of Mothering is a behavior children learn in the home from modeling after their parents. The presence of love alone does not insure mothering, and the mechanical performance of child care—diapering, bathing, feeding—is not to be considered mothering. These things must be performed with giving and genuine concern.

If parenting is not given in the home by the adults, the children grow up lacking the ability to teach this to their own children. An estimated 20 percent of all young mothers have serious problems in mothering. One in five doesn't know how to turn on mothering at all. If a child receives too little or no mothering he may
be damaged for life.

Basic in the abuser's attitude toward infants is the conviction, largely unconscious, that children exist in order to satisfy parental needs. Infants who do not satisfy these needs should be physically punished in order to make them behave properly. Discipline is used to implement their high standards.  

The potential batterer tends to consider 2-6 weeks of age old enough for discipline for such causes as crying too much or making too many demands. (Unabusive parents tend to regard the child as ready for discipline at about one year of age, and then only for safety's sake.) When the child fails to fulfill the parent's expectations to behave in certain ways, far too premature for the level of the child's development, the parent imposes distorted punishments. One father expected his six month old baby to be toilet trained and placed him on a radiator to dry his pants if he wet. A man who had seriously burned the palms of the hands of his two little boys as a lesson-teaching punishment for playing with matches, said "That's the right and best way to deal with things. My mother burned my hands when I played with matches." So we see a pattern of parents repeating toward their own children the aggressive, violent behavior that was expressed toward them. They don't learn to differentiate between appropriate discipline, such as an occasional spanking, and abuse, beating or pouring scalding water on their baby's genitals.  

No lifeline. Abusive parents tend to be depressed, isolated, and lack a lifeline to a giving parent, friend, or professional person who can help in crises.  

The absence of safety valves—an understanding husband or neighbor or the very capability of the mother to withdraw from the child at the moment of great rage—places the helpless child at great peril.  

Imaturity and lack of self-control. Abusive parents tend to be sensitive to stress and lack self-control in venting their frustrations in constructive manners (or they fail to perceive that abusive punishing is destructive.) They seek fulfillment of their own needs in immature ways. For example, a retaliatory parent uses the child as a scapegoat to "get even" with his spouse or own parent. This is especially true where the child is unwanted. The power-seeking parent only feels potent when the child is hurt or ill. The batter-by-proxy parent induces a spouse, older sibling, neighbor, or gang of children to inflict the injury.  

Alcoholism is also closely related to child abuse. The inebriated parent is doubly lacking in self-control.  

IDENTIFYING THE POTENTIAL CHILD ABUSER  

Look for these characteristics:
- Little self-control, inability to cope with stress.
- Have experienced physical battering as children themselves.
- Have unusual expectations for their infants (similar to the excessive demands placed upon them as children).
- Live in high level of stress, tension and frustration—perhaps crowded and deprived circumstances.
- Were continually criticized as children.
- Could never please parents.
- Lack of basic mothering—fostering the feeling of being cared about from the beginning of one's life.
- Look to the child to provide the protection and loving response they were deprived of themselves as they grew up. When the child is incapable of "taking care" of the parent, the result is often an attack leashed upon the child.
- In the presence of an abusive parent and his child, you will often note that the child makes motions to comfort his parent when he or she is distressed. Yet, at the same time, the parent will ignore the obvious
needs of the child.
• Lack of trust within the marriage.
• Lack of meaningful communication.
• Relationships with family and friends are distant and superficial. Lead isolated and lonely existences because unable to create or sustain personal adult relationships.
• One parent usually the active batterer while the other almost always contributes to the abusive behavior by openly condoning it or by passively (consciously or unconsciously) going along with it.
• Between 25 and 35.
• Immaturity, characterized by a deep fear of their ability to cope with adult responsibility and a childlike demand for immediate gratification.
• They see a given child in a very special, unrealistic way. They tend to see the baby as demanding, unattractive, willful, spoiled, and not living up to their standards. Often, other children in the family are seen quite normally.

**CHILD ABUSE PROTECTION MODEL**

Usually a combination of three components sets off an abusive incident:

<table>
<thead>
<tr>
<th>Parent with potential for abuse</th>
<th>Child in special circumstances</th>
<th>Crisis</th>
<th>Abuse</th>
</tr>
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</table>

Abuse potential within a parent stems from their rearing, ability to use help from others, method of viewing the child, subject to distorted nurturing experiences, dependence on drugs, dependence on alcohol, etc.

A special child may be unexpected, unwanted, chronically ill or handicapped, hyperactive, disruptive—or just special because he is a convenient object. Usually a crisis event precipitates the abusive behavior. It can be a slight annoyance—broken television, dented fender, child who won’t stop crying—or a major event such as loss of a job. The parent, child and environment interact.

The aim of prevention is to alter the model. Crisis is a fairly stable factor within the model, for when one crisis is solved the risk of abuse is not removed. Stress is a regular part of life and new crises can precipitate new incidents. Treatment must therefore be aimed at the child or parent. For protection, the child may need to be removed from the home. However, most desirable is to teach the parent adequate coping skills and make the home safe for the child. The child belongs at home (safely!)

Delsordo has devised five categories of classification of abusing parents and recommended action to be taken with their children:

**Classification**

1. Mentally ill
2. Overflow abuse
3. Battered child
4. Disciplinary abuse
5. Misplaced abuse

**Recommended Action**

1. Termination of rights
2. Termination of rights
3. Termination of rights
4. Agency intervenes with service
5. Agency intervenes with service

1. Abusers found to be mentally ill are unfit parents who need hospitalization and psychiatric treatment. Termination of parental rights may be indicated in these cases.

2. Parents exhibiting overflow abuse are unable to cope with "... their own frustrations, irresponsibility, and lack of belief in themselves and anything else." They compensate by abusing anyone or anything, especially a child, who become a burden for them. They lack the mental and physical energy necessary to establish a healthy family environment. Termination of parental rights is suggested.

3. The parent of battered children regard the child as a competitor or a special burden and feel that he must be made to suffer or even be destroyed. These parents frequently project their own desirable traits on to the child. They are typically dependent personalities. Delsordo believes that since they can seldom be rehabilitated, their parental rights should be terminated.

4. Parents who practice disciplinary abuse rely on stringent physical punishment to correct the child's real or imagined transgressions. These faults are often beyond the child's control and the punishment may be extreme—much more severe than the ordinary spanking—and may result in damage to internal organs or brain damage in infants. Delsordo feels that most of these parents can be treated successfully through intervention. Duncan believes that essentially the same type of abuse can occur in school districts which permit corporal punishment.

5. Misplaced abuse is the result of displaced aggression. For example, a woman who is beaten by her husband may abuse her child rather than show aggression toward the husband. Delsordo believes that these parents can be helped through counseling and effective social work.

Prevention is far better than inadequate cure, and
the attention now focused almost exclusively on the management and disposition of families in which abuse has already taken place should be funneled, at least in part, toward predicting and preventing child abuse from occurring in the first place.

Society has worked out a way to take failure in marriage; it is called divorce. We should be prepared to accept failures in totally unregulated, random parenthood by permitting, without social stigma, either voluntary or involuntary termination, of parental rights for children from those parents who cannot, for one reason or another, give them the minimal physical and emotional support they desire. Termination of parental rights should become a highly acceptable method of managing parenting failure when adequate diagnostic evaluation suggests that no other method of treatment will succeed.18

TREATMENT

The kind of help abusive parents have responded to involves relationships that are more intense and more personal than the usual professional therapeutic relationships. Some call it “reparenting” or nurturing. What it means in practice is fulfilling parents’ needs in the following areas:19

- Parents need help to feel good about themselves, to make up for the devastating belittling they’ve experienced in their own lives.
- Parents need to be comforted when they are hurt, supported when they feel weak and liked for their likable qualities—even when these are hard to find.
- Parents need someone they can trust and lean on, and someone who will put up with their crankiness and complaining. They also need someone who will not be tricked into accepting their low sense of self-worth.
- Parents need someone who will not be exhausted with them when they find no pleasure in life and defeat all attempts to help them seek it.
- Parents need someone who will be there in times of crisis and who can help them with their practical needs, by leading them to resources that they can use or by giving more direct help.
- Parents need someone who understands how hard it is for them to have dependents when they have never been allowed to be dependent themselves.
- Parents need someone who will not criticize them, even when they ask for it, and who will not tell them what to do or how to manage their lives. They also need someone who does not need to use them in any way.
- Parents need someone who will help them understand their children without making them feel either imposed upon by having to understand what they cannot, or stupid for not having understood in the first place.
- Parents need someone who can give to them without making them feel of lesser value because of their needs. Parents need to feel valuable, and eventually they need to be able to help themselves and to have some role in helping others.

Working with abusive parents is as demanding as a job as the list of parent’s needs implies. It requires workers who are themselves exceptionally sensitive to other human beings, who can accept hostility and rejection without being devastated by it and without feeling the need to retaliate. It requires workers who will not be critical of the parent’s behavior and who can feel at ease with parents’ criticisms. It also requires workers who can share themselves without sharing their problems and who can befriend while maintaining awareness of their helping role. Workers must also be able to think first about the parents’ needs and not their own, and they should have a sense of self-worth and achievement that will sustain them through work that is demanding and brings few immediate rewards.20

Even when workers feel strong within themselves, and have reasonably fulfilling lives of their own apart from their work, the nurturing of abusive parents can be quite exhausting. The parent’s needs are extensive—at times like bottomless pits. Workers calling on their own emotional resources are constantly aware of themselves, their own upbringing and the way they are raising their own children if they have any. This awareness can be wearing. But the most draining part of caring for these parents is knowing that a child may be seriously injured or neglected, or even die, if the worker misjudges the parents’ capacity to care for the child.21

REPORTING ABUSE

Every citizen has the moral and legal obligation to report immediately (to the Family Services Division, Social Welfare Office, or Police Department) suspected cases of child neglect or abuse. Failure to do so is punishable as a misdemeanor in most states. If you report a case of child abuse, your name is held confidential. You will be asked a few simple questions about what you have observed. Personnel from the Division of Family Services or a similar agency will visit the child and his parent. Hopefully, the situation can be resolved while the children are in their own home by counseling and guidance with parents and/or children, where appropriate. If the situation is extreme and the parents are unable to make appropriate changes, legal action will be instigated. Every
effort is made to keep the child in his own home, but
the best interests and protection of the child are the
first considerations.\textsuperscript{23}

Reporting by professionals increases when they
have ready access to a team which provides them
with consultation and support and which has provided
them with an initial orientation to the importance of
reporting.\textsuperscript{23}

CONCLUSION

The consensus seems to be that abused/ neglect children are severely damaged in terms of their ability to function adaptively and that if intervention does not occur at a very young age, the damage may well be permanent.\textsuperscript{6}

BIBLIOGRAPHY

1. Henry C. Kempe, "Child Abuse (The Battered

Child Syndrome)," A Position Paper for Hearings of

the Subcommittee on Children and Youth of the

Committee on Labor and Public Welfare, United


2. Fredrick Green, "Child Abuse and Neglect." Pediatric


3. Mary Lystad, "Violence at Home: A Review of

the Literature." American Journal of Orthopedic


4. Thomas P. Lowry and Anthea Lowry, "Abortion

as Preventive for Abused Children." Psychiatric


16-21.

6. From: Child Abuse and Neglect: The Problem

and its Management, Nutritional Center on Child

Abuse and Neglect. DHEW Publication No. (OHD)

75-30073. pp. 4-9.

7. Shirley B. Lansky and Jean H. Wehr, "Prenatal

and Postnatal Factors in Child Abuse." Continuing

Education for Physicians, July 1975, p. 46.

8. As reported by Vincent J. Fontana, Somewhere

a Child is Crying, New York: MacMillan Publishing


9. Abraham Levine, "Child Neglect: Reaching the

Parent." The Social and Rehabilitation Record, 1, No.


10. Henrietta Gordon as quoted by Robert M.

Mulford, "Emotional Neglect of Children: A Challenge
to Protective Services," Denver: The American

Humane Association, Children's Division, n.d., p. 5.

11. Vincent DeFrancis as quoted by Herb

Stoennen, "Plain Talk About Child Abuse," Denver:
The American Humane Society, Children's Division,


12. ______________. "How Physicians Can

Help Prevent Child Abuse." Patient Care, February 5,

1973, pp. 131-152.

13. Henry C. Kempe, "Child Abuse (The Battered

Child Syndrome)," A Position Paper for Hearings of

the Subcommittee on Children and Youth of the

Committee on Labor and Public Welfare, United

States Senate, March 31, 1973.

14. Ibid.

15. Edward Edelson, "It's the Parent Who Needs


16. Henry C. Kempe and Ray E. Helfer, eds.,

Helping the Battered Child and His Family,

Philadelphia and Toronto: J.B. Lippincott Company,

1972.

17. Child Abuse and Neglect, A Report on the

Status of the Researcher, Maure Hunt, George

Washington University, DHEW Publication No.

(OHD) 74-20, p. 8.

18. Henry C. Kempe, "Child Abuse (The Battered

Child Syndrome)," A Position Paper for Hearings of

the Subcommittee on Children and Youth of the

Committee on Labor and Public Welfare, United

States Senate, March 31, 1973.

19. Stanley D. Kane, "Battered Child: The

Syndrome of Family Interaction," American Journal

of Psychiatry, 131:8, August 1974, pp. 882-886.

20. Ibid.

21. Ibid.

22. Brent Q. Hafen, et. al., Prescriptions for Health,


23. Child Abuse and Neglect Programs: Practice

and Theory, National Institute of Mental Health,

DHEW Publication No. (ADM) 76-344, pp. 151-156.