

# The Abused Child in the Family and in the Community

Rev. Ian Paxton reports on some aspects of the Second International Congress on Child Abuse held at Imperial College London in September 1978.



This paper is presented in two parts because much of the reporting at the Congress had to do with either an overview or the specific practice experience of 'care givers'.

In three days some 295 papers were presented and, therefore, specific comments arise out of listening to approximately 1/10th of the total.

## PART ONE

### CONTRIBUTING FACTORS TO CHILD ABUSE . . .

The act of child abuse results from the culmination of a series of social psychological stress factors that impinge upon a family and its members. An abused child is victimised by an individual under stress in the setting where the family is part of a social system under stress.

### BRIEF NOTES ABOUT THREE LOCATIONS OF STRESS . . .

1. **At the level of Society.** Dr David Gill spoke at length of the way in which child abuse is an inevitable consequence of the prevailing dehumanising macro-social dynamics. He went on to claim that the dynamics found in our present day society within all the formal settings of people's existence obstruct the unfolding of human potential. The resultant feelings of frustration, conflict, alienation and powerlessness are, therefore,

discharged through interpersonal violence at points of least resistance; for example — in the home, towards children, and towards women, and sometimes towards men.

For Gill, the only solution towards child abuse lay at the point where people will seek radical transformation of social values, institutional structures and their dynamics. The method Gill suggested was to re-create genuinely communal institutions in opposition to the present dominant violent social dynamics. Whilst this sounds idealistic, Gill suggested that this could begin to happen as individuals took this task personally and attempted to create a new order at one's own life level. "Within this context, child abuse is in fact a political issue, not a technical issue full of professional wisdom."

2. **At the level of the 'family'.** Yampolsky and Audley, of California, suggested that conflicts within the family are now being engendered by the dislocation of family authority and responsibility. Add these to what Sociologists have been talking about for many years, that is, the changes in traditional role assignments of 'child caretaker', 'breadwinner', and 'housekeeper', and we have now a larger number



of stress variables that lead to abusive behaviour towards children who become scapegoats and caught in the crossfire of the family's structural upheavals.

3. **At the level of the individual abuser.**

We have for a long time used psychological terminology to conceptualise the stress factors that lead an individual to abuse a child.

We have become somewhat skilful and increased the wide range of terminology to describe the clusters of personality traits and behaviours that identify the predominant group of child abusers.

I have no doubt that all agree with the significance of these three locations of stress. However, in practice, we seem unable to knit them all together and we want to opt for one, to the exclusion of the others. Perhaps our familiarity with such simplistic statements hinders our ability to recognise that the significance of such a framework is that it provides us with the conceptual tools that may lead to the development of programmes of prevention, identification and treatment. The alternative, if we don't work within such a framework, is that we will retain our individual insights and

discoveries, and the whole field of providing services, not only to the abused child, but to the adult who is abusing the child, will remain unco-ordinated and isolated.

## PART TWO

### THE DIAGNOSIS AND TYPES OF ABUSE

Many speakers reported on their findings which had to do with the identification of specific indicators which can be used by the general medical and welfare practitioner.

#### 1. PHYSICAL ABUSE

It is well established that major physical injuries constitute a violation of the child's rights and few, if any, of the Medical Profession will deny that it is

possible to diagnose such situations and such violence. Perhaps the major problem at that point, where major physical injury has been diagnosed, lies with the Medical Profession itself, where it is caught between the facts and their own values — but that's another subject.

However, those involved in providing services to children are mostly provided with an initial situation where there are minor injuries and the question is, how to resolve the conflict between the right of the parent to discipline, and the right of the child to grow in a healthful and safe environment.

• *Plenary Session at London Conference.*





Erwin Redlener, of Florida, suggested seven alerting signals, which could provide the treatment team with a basis for action and they are as follows:

1. **Physical punishment of an infant less than one year of age.**
2. **Striking a small child with any object or fist.**
3. **Striking a child during periods of extreme parental anger.**
4. **Expressions of inappropriate fear, or significant compliance in a child less than five years.**
5. **The presence of visible signs of injury from non-accidental causes.**
6. **Non-organic delays in physical, or developmental growth.**
7. **Obvious deficiencies of general care provisions.**

## 2. **EMOTIONAL ABUSE**

A number of Papers attempted to define what one person called "The elusive crime of emotional abuse". James Garbarino, of Boystown, defined Emotional Abuse as the 'wilful destruction', or 'impairment', of a child's social competence, that is the child's situational competence, communication skills, response mechanisms, moderate goal

setting abilities, and a sense of development of the ego (self esteem).

Garbarino identified four kinds of parental behaviour towards infants that could be regarded as "emotional abuse":

1. **When parents punish the positive child's responses.**
2. **When parents discourage the attempts of the child to establish a bond between itself and its mother — e.g. Hospital studies.**
3. **Where parents punish expressions of self-esteem — in this situation the child is forced to monitor the responses of others before feeling free enough to be itself.**
4. **When parents punish inter-personal skills.**

This could include discouragement of the establishment of relationships outside the home or the parent could add confusion to the child's world by giving double messages, about the possibility of that child establishing other relationships, e.g. "You look O.K. for a change".

### **Studies**

There were a number of reports of studies being carried on in an attempt to identify the 'indicators' that might

help the "care givers" in picking up early signs of emotional abuse.

### **Social Workers**

At this point, some criticism was levelled at Social Workers who were said to be mostly trying to decide—

- a) if good care possible;
- b) if there was capacity to maintain, or form, bonds within
- c) what case should take priority within their caseload.

### **Papers**

Of the papers that were presented, many centred on families, others on child care institutions, such as children's homes, hospitals, and others looked at alternative child care facilities, such as day care, foster care programmes, and adoption, women's refuges, parents self-help groups and the problems and need of professional workers.

### **Clear**

Out of this Congress it became clear that NO ONE PROFESSION has all the answers in the field of Child Abuse. What is required, is the cooperation and the working together of a number of professions with the freedom to act independent of the political whims of senior public servants, or the government ministers of the day.



**INTERNATIONAL YEAR OF THE CHILD 1979  
NATIONAL CONFERENCE  
16th - 19th MARCH  
CANBERRA**

**“THE CHILD, THE FAMILY AND THE COMMUNITY”**

It is hoped that the conference will provide a national focus for raising the issues related to children which are most pressing and significant in Australia.

**OVERSEAS SPEAKERS:**

**Gisela Konopka** was Professor of Social Work and Director of the Centre for Youth Development and Research of the University of Minnesota. Her publications on child guidance, the group work method of assisting people and the problems facing the young adolescent are well known.

**Professor Ragnar Berfenstam** has achieved world acclaim for the work he has undertaken in the field of prevention of child accidents.

Themes of the conference will include:

- The Rights of the child
- Children with particular needs
- Child development
- New approaches to Programs.

By a process of plenary sessions, forums, workshops and seminars, participants will be able to follow special interest streams, such as education, child development etc. Participants will also be able to choose to provide a general objective of involvement in topics across a breadth of child caring issues.

There are places for 350 participants and if you are interested contact the:

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P.O. Box 1,  
Woden. Canberra. 2606