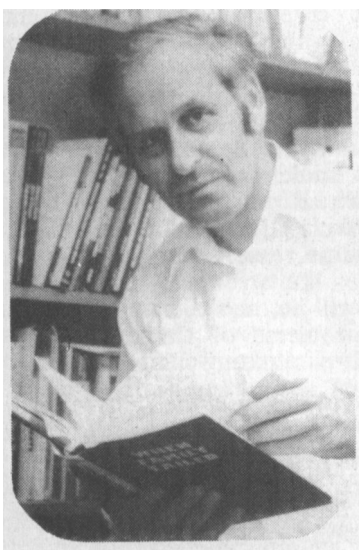


# SOME FACTS AND FANCIES ABOUT CHILD ABUSE



**Professor Peter Boss**  
Professor of Social Work  
Monash University.

*The main purpose of this paper is to provide an overview of the phenomenon of child abuse. It is intended to present some of the main facts and findings insofar as they have emerged in clinical and empirical work as well as some of the speculations which are enmeshed in such work. Additionally it is the intention to place the topic into a wider socio-cultural context which must inevitably involve some comment on political and economic factors. Perhaps it should be added that having embarked on such a global approach this paper cannot do more than act as an introduction to the topic of child abuse. This however may serve as a means by which interest is aroused in it and concern shared over a phenomenon which is an embarrassment to any civilised society. This concern has been rekindled over the past decade. The use of the word "rekindled" is deliberate since the literature of the United Kingdom and the U.S.A. has, to my knowledge, not really ceased to cover this topic since the great debates and activities surrounding the formation of societies for the protection of children in both countries toward the close of the last century. More recently however, clinicians, particularly in America, pointed the way to a revival of concern in the causation of non-accidental injuries to young children and equally important, have generated an interest in prevention and generally management of the problem.*

It has been the persistent work in particular of C. H. Kempe and his team which since the early 'sixties has continuously brought the subject of child abuse to our attention and has resulted in considerable research efforts and debate and at last, large scale plans for action by public authorities in a number of countries including Australia.

It is also thanks to Kempe<sup>2</sup> that was can apply a definition which indicates the area we are dealing with; child abuse is a situation . . .

"In which a child is suffering from serious physical injury inflicted upon him by other than accidental means; is suffering harm by reason of neglect, malnutrition, or sexual abuse; is going without necessary and basic physical care; or is growing up under conditions which threaten his physical and emotional survival"

This definition covers particular aspects or derivatives of abuse, such as "child or baby battering", "child neglect" or "child cruelty" and serves as a substitute for another widely used term: "child maltreatment". It begs certain questions about criteria or indices which are to be applied to matters such as the standards to be applied in judging a child to be harmed by neglect, or the conditions that govern physical and

emotional survival and brings into discussion the economic and cultural settings in which children grow up; a point to which I wish to return presently. There may also be some controversy over the age groups that constitute a "child".

There is a tendency to focus interest and research on the baby or toddler, less so on the older child. Most of the researches concentrate on those early age groups and the reports from hospitals in particular usually refer to the younger age groups.

However the older age groups are also involved and there is a literature now which covers ages up to eighteen. If the maximum age at which a neglected child may appear before a Childrens Court in Australia is any guide, such age will be 17 or 18, varying between States.<sup>3</sup>

It is as well to remember that the older child too is affected, though to be sure the very young are the most vulnerable and defenceless.

## **What do we already know — and don't know?**

It is sadly true that the amount and in-depth knowledge we have of child abuse in our kind of society is very sparse. Considering the small resources devoted to fact-finding it can hardly be otherwise. I quote what Polansky had to say in his Report to the Joint Commission on

Mental Health for Children (U.S.A. 1968):

"Our ignorance regarding the problems of child abuse and child neglect is . . . not quite total, but it is severe enough to be inexcusable. We do not know what the incidence nor prevalence of these conditions are. We do not know how to go about case-finding and/or identification of these conditions. We have little knowledge of how to discriminate levels of severity, and are poor at prognosticating future courses with or without available treatments, in many instances.

Finally we do not know how to 'treat' either of these social conditions in the sense of bringing about enduring change in the parents involved, with much consistency and with any efficiency. Other than that, we are scientifically in an excellent position."<sup>4</sup>

The picture is in point of fact a little less bleak but the complexity of the multiplicity and interaction of the variables involved in the predisposing and precipitating conditions is such that we shall probably never unravel the skein even though we may be able, in time, to trace a few of the main threads. The Report of the Community Welfare Advisory Committee into Child Abuse in South Australia<sup>5</sup> attempts a listing of these factors, breaking them up into causative factors related to community attitudes, causative factors related to the family, causative factors related to the abusers, causative factors related to the abused child, socio-economic precipitating factors, social precipitating factors, personality characteristics as precipitating factors and personal health factors. All-in-all they mention fortysix variables under these headings. Few of them have so far been empirically established, others are, strictly speaking, not researchable as they focus on past generational child rearing practices of which we have anecdotal as distinct from empirically derived knowledge. This is in no way meant to denigrate or deride the efforts of

that committee, rather I am using it to illustrate the difficulties involved in the search for information. According to Gelles,<sup>6</sup> Much of the current research concentrates on a psychopathological model, which explains child abuse as a function of a psychological pathology. Parent abusers are classed as psychopaths, or are held to have specific psychological characteristics, e.g., severe emotional problems or defective character structures. The abusing parent is impulsive, immature, depressed, has poor emotional control, is quick to react with poorly controlled aggression. Some writers describe the child abuser as inadequate, self-centred, hypersensitive, having pervasive anger, dependent, egocentric, narcissistic, demanding and insecure . . . in sum, a perspective which places mental abnormality high in the scale of causation of child abuse. So far as the cause of such abnormality is concerned, there is a tendency to relate it to the parent's own child rearing experience; the parent too was raised in the style of punishment and abuse and recreates this in bringing up his own children. Thus the linear model consists of:

**Early childhood experience →  
produces psychopathic states →  
produces child abuse**

This model receives reinforcement from the earlier researches.<sup>7</sup> However psychopathology theories as dominant explanations of child abuse are weakening, firstly because, as Gelles<sup>8</sup> points out:

"Some authors contradict themselves by first stating that the abusing parent is a psychopath and then stating that the child abuser is no different from the rest of society."

And the inability to pinpoint the personality traits that characterise the pathology, as well as the general lack of methodological sophistication of many of the studies. Secondly, there is the gathering strength of the non-psychological theories which place causation more in the socio-cultural milieu, with greater emphasis on economic and material factors.

Certainly we must pay regard to the socio-cultural setting in which families operate. The way children are treated and the way that we believe parents ought to behave toward them as part of child-rearing practice is a matter of culture.

Richard Light<sup>9</sup> in an important article reminds us of Aristotle who held that a son, like a slave, was a father's property and hence there can be no injustice to one's own property. Roman Law in its turn gave the Roman father the legal right to sell, abandon, kill or offer in sacrifice all of his children. Abraham's attempted sacrifice of Isaac, which today would surely have brought the child before an Australian Children's court as being in need of care or protection, seemed acceptable practice in those days, but nearer our times Colonial America gave a father a statutory right to put his child to death, and if necessary, to call upon the assistance of the colony officers to do so, and in the C19., Britain's social history is full of examples of the most cruel practices of parents against their children which were not fully legislated against until 1889. Today, in Australia, we tolerate "reasonable" physical punishment of children, and we allow male circumcision of babies for ritual purposes although we would class female circumcision for the same reasons as gross physical abuse. We are not consistent, nor ever will be, and therein lies one of the problems of finding ways of totally eliminating child abuse.

David Gil<sup>10</sup> was the first writer to attempt an investigation of child abuse on a nation-wide basis in the U.S.A., approximately 1,500 people were interviewed. He concentrated attention on the respondents' attitudes to the problem, the incidence of child abuse and the socio-economic settings of child abuse.

Six out of every ten of his respondents thought that anybody could at some time injure a child in his care though far fewer related this to themselves. However there were 15.9% who admitted that at one time or another they could hardly refrain from injuring a child in their care; Gil comments that this 15.9% is



... and how many are there?

likely to represent a low estimate . . . the true proportion of adults in the U.S.A. population who come close to injuring a child physically is likely to be higher. But what is equally disturbing about Gil's findings is the intrusion of environmental, socio-economic and other non-psychological factors which appear in the child abuse paradigm. There was an over-representation of non-whites, reflecting a ghetto-type living by non-whites in urban situations. This linked with a higher incidence of socio-economic deprivation, fatherless families and large families. For the whole of the sample a family size of four or more children in which abuse occurred was nearly twice as high as for the U.S. population as a whole. Educational and occupational status of parents was fairly low and unemployment was disproportionately high, about three times the then national rate. Income was lower than nationwide equivalents, four out of every ten families were on

public assistance. There was high geographical mobility, nearly half of the families had been living in their current homes for a year or less. On these factors, families with a low economic background were over-represented (not surprisingly especially among the non-white families). This part of the picture must be added to the psychological one. Perhaps it is useful to remind ourselves that Gil was researching parents who had physically abused their children, though a third of the abusive parents were also regarded as neglectful.

One of the problems we are struggling with is to estimate the overall size of the phenomenon. We may take Gil's study first. He suggests that, on the basis of 3% of his sample reporting that they . . .

"Personally knew families involved in incidents of child abuse resulting in physical injury in the twelve months preceding the interview". There is an upper board

of between 2.5 and just over 4 million cases of child abuse; this is a population where there were, in 1973, about 67 million persons under the age of eighteen. Richard Light<sup>11</sup> who reworked Gil's figures concluded that . . .

"One child in every hundred in America is physically abused, sexually molested or severely neglected."

One must be cautious in transposing such proportions to Australia since conditions are not the same, but if we are tempted to do so then we have a child population under 18 years of age of approximately 4.6 million and on this estimate the incidence of child abuse is 46,000 cases a year. But there are no reliable incidence figures for Australia, indeed there are hardly any figures. The South Australian study<sup>12</sup> cites some figures relating to particular aspects of abuse based on surveys of hospitals and child services but the figures gained do not enable one to make any estimates as to incidence in proportion to the child population. Even so, during the 15 months span of the surveys, the number of children detected as actually abused reached 273 and those said to be "at risk", 910. In Victoria, Dr John Birrell<sup>13</sup> reports that the Royal Children's Hospital diagnosed 257 cases and had five deaths from maltreatment (SIC) over 24 months of 1974-75, and estimates a figure of 12,500 children under five who are possible at risk of neglect, and makes further conjectures drawn from figures of families in poverty, statistics of the State School Relief Fund and the rising number of cases reaching the Social Welfare Department pursuant to section 16 of the Children's Welfare Act, as . . . "not provided with proper food, clothing or medical care".

Whilst the task and problems or calculating incidence and prevalence rates remains to be done in Australia, we are receiving evidence from a number of sources that the abuse situation is too large to be tolerated. In any case, large incidence or small, there are many who would argue that . . . "one abused child is one too many".

... and what is being done about it?

The perplexities occasioned by not knowing the extent of the problem can be cited as a reason for not doing anything, at least not on any scale. Why set up any large-scale project of detection, identification, diagnosis, treatment, if you don't know how many cases there will be. Again to cite the work of Richard Light;<sup>14</sup> he discusses the policy of x-ray diagnostic screening in ascertaining actual abuse. If that were to become standard procedure and if one child in a hundred is really abused, even if this case were detected by x-ray, ninety-nine would be needlessly exposed to x-ray diagnosis. Other than that, forms of error can creep in, one (a false negative) lies in examining a child who is in fact abused but where abuse is not detected and another (a false positive) concluding that a child has been abused when he or she really has not been, and he goes on to show statistically that for a given figure of the children diagnosed as having been abused only 15.4% were really abused. Approximately 85% of the parents accused of abusing their children would have been falsely accused. On strictly statistical probability, the value of detection of this kind may not be worth while — but what is the value of a child's life?

In point of fact such prevention/treatment programmes as there are, are usually on a small scale and deal with either an already detected or diagnosed situation or a highly-probable-at-risk situation.<sup>15</sup> Typically they involve a small group of parents, with at least one young child in the family and consists of counselling work for the parents, community day-care for the child, or even temporary care away from their own home, home-making, home-help and home-advisory service and of course any physical medical treatment service that may be required. There are however more ambitious projects which are beginning to be reported, such as the community programme in Massachusetts<sup>16</sup> which has set up machinery to identify and intervene in situations where children are designated as "vulnerable". The

programme operates through a co-ordinated system of inter-agency and hospital communication setting up a community cross-indexing "Register of Vulnerable Children" and a system of quality control. Such an effort must be seen as a start only, since detection and identification are stages in a process which should read: *detection — identification — support-care-protection-prevention — rehabilitation — non-recurrence of abuse.*

### LONG-TERM, SHORT-TERM STRATEGIES

There would be few who would countenance child abuse as something desirable, there are few who having perpetrated it, unless in such a state of mind that they cannot know what they are doing, are not themselves anguished, desolated and self-hating, especially in the severe physical abuse situations. And yet, Australian society like many other Western-type, industrial, urban societies provides a conducive environment for child abuse in its many manifestations. The mother's role in society is usually perceived as inferior compared with that of the economic provider who has more status; erroneous expectations are created through the media of the roles of wife and mother — it doesn't necessarily turn out like the ads. on telly have it, or the soap operas even, and the weekly magazines; and there is no training for parenthood, and help with child-rearing has to be asked for and is not afforded willingly. Furthermore, people really have a fairly narrow range of alternative life-styles available to them and adult roles which they can perform — frustration commonly results which coupled with stress can find a ready release in child abuse. A culture too can justify physical punishment or "hard living" in the interests of character formation and inculcation of good habits. It adds up to a cultural environment where the very vulnerability of children serves as a temptation for the release of tension, frustration and stress. In the working classes this may manifest it-

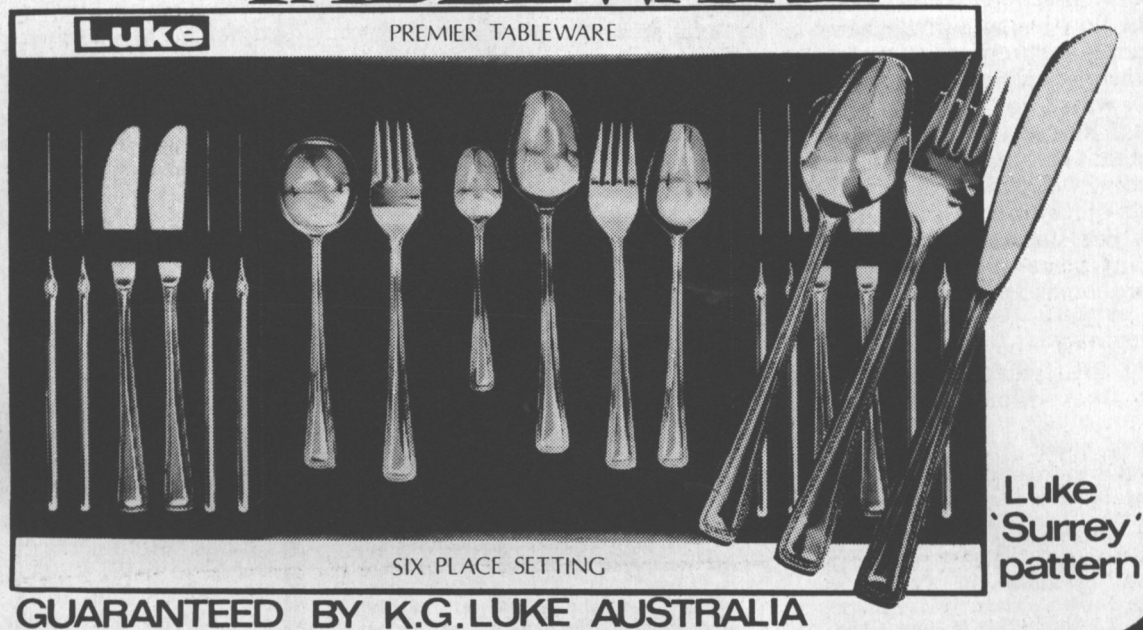
self more in physical punishment — and there is evidence that this is their preferred means; in the middle classes it may manifest itself more in mental or emotional violence. The bruises are not so readily visible, more difficult to detect, though the effect may be as long-lasting.

If we address ourselves to this situation, we have to be about the business of attitude change in order to induce behavioural change with beneficial effects for the child. That is a tall order but not impossible.

Australian birthrate is falling and may be approaching Zero-Population-Growth. If that does happen, children will then become precious and scarce resources meriting protection. In such circumstances, attitudes may be the more easily influenced. One of the likely and really quite immediate effects of the slow-down of the birth rate could well be an improvement in quality of schooling. After decades of schools, themselves poorly invested in, struggling to keep up with ever-increasing numbers who somehow had to be processed, they will find there are enough resources for the lesser numbers. The use of schools called in to help in the search for child abuse remedies was at one time so much pie-in-the-sky, now and really quite suddenly, a real possibility.

Similarly of course the recently expanded health and welfare services can expect to deal with lesser numbers although there are still far too few services of every description. But even so, initiatives such as child care programmes on the lines of Project Care<sup>17</sup> and locally in Victoria additionally on the lines foreshadowed in the Consultative Council — Pre-School Child Development in Victoria<sup>18</sup> are examples of initiatives not angled specifically toward child abuse situations but offering support there too, unobtrusively and undramatically. Projects like these, aimed at the whole community must be counted as the long-term strategies. There are others too, e.g. publicity and outreach programmes, and educational programmes in parenthood and child care.

# Luke Silverplate & Stainless TABLEWARE



Provided on a large scale, freely available and easily accessible, they would play an important part.

The other needs — economic, may not belong to the categories of long-term strategies. Poverty features strongly in abuse situations, so do single-parent families and so do large families.

According to the Henderson Report<sup>19</sup> the extent of poverty in Australia increases with family size: 8.9% of families with four children are very poor, i.e. at or below the poverty line, and 18.6% with five children or more. That compares with 7.3% of all very poor families.

Fatherless families are even worse off at 37.5% and motherless families at 15.9%. The strategies here cannot wait for long-term solutions and they could be dealt with quite swiftly if the understanding and determination were

there at the political level of action.

The shorter term strategies will need to be schemes that are geared to gathering data, cross-referencing and identifying them, setting up detection systems and providing programmes, most of them locally based, along the lines of a child welfare emergency service programme in Tennessee, USA<sup>20</sup>. This is run by the Department of Public Welfare and provides for a seven-days-per-week emergency intake, emergency care-taker and homemaker services, and foster care. To this we could add others such as the child care services which as mentioned before have already begun to be developed, as well as telephone "hot-lines", voluntary aides, etc. If such could be developed as part of a comprehensive child welfare programme which links with general supportive services for families, health care including preventive health, substitute or alternative care

for children, a revised system of what are now known as Childrens Courts, and proper social and recreational facilities for children, we could feel easier about doing something about child abuse.

Something of this order is in the recommendations of the South Australian Report, which incidentally includes a Regional Panel System and compulsory reporting.<sup>21</sup>

In Victoria too, a group of people have worked over the past eighteen months, under the auspices of the Health Department, reviewing various aspects of child abuse and their report should shortly be available.

Child abuse is an area which seems ready-made for the multi-professional approach — physicians, psychologists, nurses, social workers, educators can and

do come together as one team to confront the problems — what is more, according to what is known about this, it works.

Furthermore, things are moving fast in Australia on this front — it is to be fervently hoped that government economic pressure won't arrest the flow just at a time when a lot of people are prepared to spend a lot of their valuable time in their various ways to confront the problems. Refuse them the means now and that enthusiasm will not be sustained, it will weaken and disappear and the transport of concern that has just started moving again after many years of inactivity will once more come to a halt.

Peter Boss  
Professor of Social Work  
Monash University  
May 1976

1. See for instance: American Humane Association, Children's Division, *In the Interest of Children: A Century of Progress* Denver, Colo., 1966. L. Housden, *Prevention of Cruelty to Children*, Jonathan Cape, 1955. A. Morton and A. Allen, *This is Your Child*, Routledge and Kegan Paul, 1961. Anthony Platt, *The Child Savers — The Invention of Delinquency*, University of Chicago Press, 1969.
2. C. Henry Kempe et al, "The Battered-Child Syndrome", *Journal of the American Medical Association* 181, July 1962, pp. 17-24.
3. Lynne Foreman, *Children or Families?* Australian Social Welfare Commission, 1975, pp. 40-41.
4. Quoted in D. Gil, *Violence Against Children — Physical Child Abuse in the United States*, Harvard U.P., Cambridge, Mass., 1970, p. 43.
5. *Report of the Community Welfare Advisory Committee Enquiry into Non-Accidental Physical Injury to Children in South Australia*, 1976, pp. 20-25.
6. R.J. Gelles, "Child Abuse as Psychopathology: A Sociological Critique and Reformulation", *American Journal of Orthopsychiatry* 43(4), July 1973, pp. 611-621. This is an important critique which should be read by anyone with a serious research, academic, or professionally relevant practice interest in child abuse.
7. See e.g. Angela E. Skinner and R.L. Castle, *78 Battered Children — A Retrospective Study*, NSPCC, 1969, p. 3, quoting evidence from published work.
8. Gelles, op.cit. of 19 traits listed by the authors studies, there was agreement by two or more authors on only four traits. Each remaining trait was mentioned by only a single author. Gelles makes particular reference to seven separate studies by different authors.
9. R.J. Light, "Abused and Neglected Children in America: A Study of Alternative Policies", *Harvard Educational Review*, Vol. 43, No. 4, Nov. 1973, pp. 556-598.
10. D. Gil, op.cit.
11. R.J. Light, op.cit., pp. 563-567.
12. Community Welfare Advisory Committee, S.A. op.cit. pp. 219.
13. J. Birrell, "Saving the Bashed Baby", *The Age*, 4.2.1976.
14. R.J. Light, op.cit. pp. 567-571.
15. See e.g.: Carolyn Jones, "Predictive and Preventive Studies" in *First Australian National Conference: The Battered Child*, Perth, 1975, Proceedings pp. 19-25; this refers to the work of a NSPCC unit in London. Dr. Kempe's treatment work includes inter alia "crisis nurseries" which are places where any mother, any time of day or night, seven days a week, can bring a child on her own authority . . . the child can stay there one hour, one week, one year; It also uses mother surrogates, "men and women whom we got to use through the Foster Grandparent Program . . . we have 25 foster grandmothers in our ward who do nothing but rock one child each . . . They were not only holding one baby on one arm but they were holding this battering mother virtually on the other. They began to make house calls . . ." see C. Henry Kempe, "A Practical Approach to the Protection of the Abused Child and Rehabilitation of the Abusing Parent", *Pediatrics*, Vol. 51, No. 4, Part II, April 1973, pp 3-12. Another report, which however appears to use counselling only, i.e. the team does not appear to move outside the clinic office to give help, can be found in: Sally A. Holmes, Carol Barnhard, Lucile Cantoni, and Eva Reymers: "Working with the Parent in Child Abuse Cases", *Social Casework*, Jan. 1975, pp 3-12.
16. Herbert D. Lorens and Jules Rako, "A Community Approach to the Prevention of Child Abuse", *Child Welfare*, Vol. LIV. No. 2, February 1975, pp. 83-87.
17. *Project Care, Children, Parents and Community*, Australian Government, Social Welfare Commission, 1974.
18. Consultative Council — *Pre-School Child Development in Victoria*, Melbourne, 1973.
19. Commission of Inquiry into Poverty — *Poverty in Australia*, (Henderson Report), AGPS, 1975, Ch. 12.
20. M.R. Burt and R. Balyeat, "A New System for Improving the Care of Neglected and Abused Children", *Child Welfare (USA)*, Vol. LIII, 3rd March, 1974.
21. Report of the Community Welfare Advisory Committee, op.cit. pp. 29-32.



## CHILD ABUSE: INTERVENTION AND TREATMENT

*The Editors:*

**Nancy B. Ebeling, ACSW**, District Executive of the Boston Office of Children's Protective Services, Massachusetts Society for the Prevention of Cruelty to Children.  
**Deborah A. Hill, MSW**, President of Children's Advocates, Inc.

*Child Abuse* is sponsored by Children's Advocates, Inc., a group of 23 hospitals and agencies in the Boston area. The major role of Children's Advocates is to educate the public and to facilitate and coordinate the development of services for abused and neglected children and their families. Children's Advocates serves as a forum for professionals working in the protective services field to foster effective communication and to encourage inter-agency cooperation.

This important work presents current and enlightened views on a socio-medical problem than can be found in every stratum of our society. It is an interdisciplinary effort to create more awareness of the neglected and abused child and his or her family. Social workers, doctors, psychiatrists, nurses, probation officers, project directors, parents, and attorneys discuss the multiplicity of child abuse problems. They look at prevention, etiology, intervention and treatment of child abuse and neglect, emotional reactions to child abuse, legal issues, the dynamics of separation and placement and more.

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