

CHILDREN WHO WITNESS THEIR MOTHERS BEING BEATEN:

THE NEED FOR CHILD PROTECTIVE SERVICES
INTERVENTION AND POLICIES

by

ALEXANDRA KAHNDA LAIRD

B.A., Humanities, Seattle University
(1980)

SUBMITTED TO THE DEPARTMENT OF
URBAN STUDIES AND PLANNING
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

MASTER IN CITY PLANNING

at the

MASSACHUSETTS INSTITUTE OF TECHNOLOGY
June, 1989

© Alexandra K. Laird, 1989. All rights reserved.

The author hereby grants to M.I.T. permission to reproduce and to distribute copies of this thesis document in whole or in part.

Signature of Author _____
Department of Urban Studies and Planning
May, 1989

Certified by _____
Professor Mel King
Thesis Supervisor

Accepted by _____
Donald Schon, Chairman
Departmental Graduate Committee



Rotch



Room 14-0551
77 Massachusetts Avenue
Cambridge, MA 02139
Ph: 617.253.2800
Email: docs@mit.edu
<http://libraries.mit.edu/docs>

DISCLAIMER OF QUALITY

Due to the condition of the original material, there are unavoidable flaws in this reproduction. We have made every effort possible to provide you with the best copy available. If you are dissatisfied with this product and find it unusable, please contact Document Services as soon as possible.

Thank you.

Some pages in the original document contain pictures, graphics, or text that is illegible.

CHILDREN WHO WITNESS THEIR MOTHERS BEING BEATEN:

THE NEED FOR CHILD PROTECTIVE SERVICES
POLICIES AND INTERVENTION

by

ALEXANDRA KAHNDA LAIRD

Submitted to the Department of Urban Studies and Planning
on May 22, 1989 in partial fulfillment of the
requirements for the Degree of Master in City Planning in
Urban Studies and Planning

ABSTRACT

In this thesis I will examine the plight of child witnesses and document the harm children suffer as a result of growing up in violent homes. There are two other critical issues related to child witnesses. The first issue concerns why Child Protective Services does not systematically identify and treat child witnesses in its current caseload. I will explore how the child abuse framework, social work training, and cultural norms contribute to Child Protective Services ignoring the plight of child witnesses. The second issue of this thesis is to recommend policies for Child Protective Services in responding to child witnesses.

Thesis Supervisor: Professor Mel King

Title: Adjunct Professor and Director of the Community Fellows
Program, Department of Urban Studies and Planning.

ACKNOWLEDGEMENTS

Many people have contributed to the success of my two years at this school and in my writing of this thesis. I am grateful to my family and friends (both near and far) who have provided me with life's essentials during my stay in Cambridge: humor, love, critical feedback, and icecream.

I am also grateful to my advisor and tennis partner, Mel King. His tireless commitment to the empowerment of people and their causes has truly been inspirational for me (as well as his ability to volley in tennis).

Finally, without Bob, I know I would not be writing this acknowledgement. "Thanks" does not capture the love and gratitude I have for him and his unremitting support of me during our many years together. I am glad this chapter is finished so that we can begin the next one ...

TABLE OF CONTENTS

	PAGE
I. Introduction	5
II. Child Witnesses are Child Abuse Victims	13
III. Battering: What Women Lose and What Men Gain	25
IV. The Child Abuse and Battered Women's Framework: Divergent Approaches to Family Violence	35
V. How Social Workers Fail to Address Child Witnesses	48
VI. Bridging the Gap: Policy Recommendations and Conclusions	63
Appendices.....	78
Bibliography.....	86

Introduction

The woman and her two daughters, ages six and four years old, were imprisoned by her husband in a bedroom from the early evening into the early morning hours of the next day. During the eleven-hour ordeal, the daughters watched their father repeatedly kick, punch, and drag their mother by the hair when she tried to escape. At one point during the assault, the father was punching the mother about her head and back while she lay curled up on the floor.

In an effort to protect her mother, the six-year old daughter threw herself on top of her mother and pleaded to her father to "stop hitting mommy." But, the father became further enraged because of his daughter's pleading and blamed his wife for their daughter's intervention. He punched his wife in the face, one last time, breaking her nose. The woman passed out.

While being treated at the hospital, the woman reported that her children were in a state of shock; they were uncommunicative, and appeared dazed. Later, they both became excessively clingy, were very fearful of their father, and did not want to be left alone.

The incident described above is a "real" case from my experiences as a legal advocate for family violence victims in Seattle. This case represents one example typical of many where children are witnesses to the battering of their mothers. The young girls, or "child witnesses," were never hit, yet most people would not argue that they were not traumatized by witnessing such a brutal assault.

The plight of child witnesses is at the core of this thesis. In this thesis I will examine the plight of child witnesses and document the harm children suffer as a result of growing up in violent homes. There are two other critical issues related to child witnesses. The first issue concerns why Child Protective Services (CPS) does not systematically identify and treat child witnesses in its current caseload and, the second issue of this thesis is to recommend policies for CPS in responding to child witnesses.

Why single out Child Protective Services? CPS is a governmental child advocacy agency mandated to investigate reports of child abuse and neglect

from schools, family members, neighbors, hospital or other community sources. Yet, most CPS agencies do not have policies or procedures addressing the needs of child witnesses. This clearly should be a concern of CPS agencies.

In Massachusetts, the Department of Social Services (DSS) is the agency responsible for overseeing child protective services. DSS serves as a case example for illustrative purposes throughout this thesis to give context to my research and discussion of CPS practices. DSS is a representative example of many CPS agencies across the country because of its lack of policies concerning child witnesses. DSS, like other CPS agencies, fails to systematically recognize the plight of battered women and children who are exposed to violence. CPS's failure to address the needs of battered women tacitly permits continued violence in the presence of children and increases the possibility of abuse to these children.

The Role of CPS and Child Witnesses

A logical question to ask regarding CPS practices is: why haven't agencies addressed the problem of child witnesses? One reason CPS has not addressed the problem of child witnesses is because the issue has historically been framed as a "battered women's" issue. CPS does not concern itself with the plight of battered women since its focus is on children. Most child protective agencies do not see the crucial relevance of how the dynamics of child and woman battering are related to one another; rather, CPS draws a distinction between victims of child abuse and victims of woman abuse. The former group of victims fall under the purview of CPS, and the latter are the concern of battered women's shelters.

As a result of the distinction, CPS neglects the needs of child witnesses. As DiPanfilis and Brooks, the authors of "Child Maltreatment and Woman Abuse: A Guide for Child Protective Services Intervention" observe:

... Woman abuse is not a factor which is usually considered, screened for, understood, or dealt with by CPS. At the same time, protective services often look to the mother to aid in protecting child from abuser without taking into account the support she may need for dealing with her own abuse. ¹

Secondly, the term "battered women" further reinforces the idea that the problems facing battered women are contained neatly within the boundaries of women's lives, isolated from affecting other family members. Yet, intuitively we know the effects of violence are not restricted to only the victims. In the case of husbands beating wives, the effects of violence can be seen at different levels:

- o For children, their emotional and psychological well-being is negatively affected. Violent adult behavior exposes children to many dangerous/harmful messages.
- o The use of violence gives batterers unjust power and control over the lives of their victims.
- o Violence disempowers victims and instills fear and isolation.
- o Battering reflects society's condoning the use of male violence against women.

Thirdly, CPS focuses narrowly on the child, often minimizing other forms of family violence occurring in the child's home. In the case of battered women, CPS employs two common responses. One response is to ignore the battering of the child's mother as irrelevant. The second response is to threaten to take the child from his/her non-abusive (but battered) mother on the grounds that she cannot protect her child. Both of these responses are erroneous and fail to ensure the child's safety or well-being. I would like

¹. Diane DePanfilis & Gail Brooks, "Child Maltreatment and Woman Abuse: A Guide for Child Protective Services Intervention," (DRAFT), Prepared for National Woman Abuse Prevention Project, p. 1.

to expand upon these responses to include assessing the woman's victimization and to challenge victim blaming attitudes.

The Effects of Children Witnessing Violence

Why should CPS be concerned about battered women who have children? This is a logical question given that CPS is concerned primarily with the well-being of children, not adults. In response to the question, there is substantial evidence that children who watch their mothers being beaten suffer similar emotional and psychological harm as children who are the direct targets of physical abuse.

Children who witness family violence in their homes are child abuse victims. Numerous studies and research on family violence substantiate this premise. A thorough discussion of these studies will occur later in this thesis. Essentially, the findings from these studies conclude that children who witness violence in the home suffer similar risks for emotional, behavioral, and social problems as children who are physically abused.² For example, one study indicates that children who witness violence often experience feelings of trauma, shock, fear, and guilt. Several studies demonstrate a link between childhood family violence and character disorders³; other studies report that childhood exposure to violence results in a later tendency to abuse one's spouse,⁴ to use violence on siblings,⁵

². D. Wolfe, P. Jaffe, S. Wilson, & L. Zak, "Children of Battered Women: The Relation of Child Behavior, Family Violence, and Maternal Stress," Journal of Consulting Clinical Psychology, Vol. 53, No. 5, 1984, pp. 657-665.

³. Ibid.

⁴. J. Fagan, D. Stewart, & K. Hansen "Violent Men or Violent Husbands," in The Darkside of Families, ed. David Finkelhor et al. (Beverly Hills, Calif.: Sage Publications), 1983.

⁵. M. Straus, "Ordinary Violence, Child Abuse and Wife Beating: What Do They Have in Common?" in The Darkside of Families, op. cit.

and to use physical violence against one's own children.⁶

Studies also indicate that child witnesses are underidentified and at a high risk of physical and sexual abuse:

- o A study found that in 50% of child sexual abuse cases, the mother was also being abused by her husband.⁷

- o Schechter reports that in 70% of the households in which women are abused, the batterer also commits child abuse.⁸

- o Straus indicates that when the mother is battered, child abuse is thirty times more likely to be found in these homes.⁹

The identification of battered women by caseworkers is a valuable tool for assessing the level of violence in families, improving their case planning, and possibly preventing child abuse.

Definition of Family Violence Terms

The term "family violence" is often used to cover a broad range of violent activities that occur among family members. The unique dynamic of family violence as pointed out by David Finkelhor is, "family violence is abuse of power." ¹⁰ He goes on to explain that women and children are at greatest risk of abuse since:

Abuse tends to gravitate toward the relationships of greatest power differential...
Abuse is carried out by abusers to compensate for a perceived lack or loss of power...
or it can be a way of trying to regain

⁶. E. Bennie, & A. Sclare, "The Battered Child Syndrome," American Journal of Psychiatry, 125 (7): 975-979, 1969.

⁷. Herman, Judith & Lisa Hirschman, "Families at Risk for Father-Daughter Incest," American Journal of Psychiatry, July 1981: 967-970.

⁸. S. Schechter, Women and Male Violence: The Visions and the Struggles of the Battered Women's Movement, (Boston: South End Press), 1982.

⁹. Murray A. Straus, Richard J. Gelles, & Suzanne Steinmetz, Behind Closed Doors, Violence in the American Family, (New York: Doubleday/Anchor), 1980.

¹⁰. David Finkelhor, "Common Features of Family Abuse," in The Darkside of Families, op. cit. p.18

control by using coercion or exploitation
as the resource for having one's will carried out. ¹¹

Family violence may include specific assaultive or harmful acts such as child abuse (both physical, emotional, and sexual) and neglect; elder abuse where the adult child physically, emotionally or financially abuses his/her parent; sibling abuse; gay or lesbian partner battering; and woman abuse.

"Domestic violence" is used interchangeably with family violence, but it is more often associated with violence within intimate relationships, specifically, the battering of women. Due to the limited scope of this thesis, I will only cover violence within heterosexual couples. The terms that will be used, again interchangeably, in this thesis for the battering of women are: "battered woman," "woman abuse," or "domestic violence." A "batterer" is the perpetrator of physical, verbal, emotional, or sexual assaults against his wife/girlfriend or child/ren. A "witness" of domestic violence refers to the child/ren in the home who are not themselves the target of violence, but are present when the assault occurs to their mother.

Finally, this thesis will proceed on the premise that in cases of violence within couples, the majority of perpetrators are men and the victims are women. This premise is based on National Crime Survey data which found that men committed 95% of all assaults on spouses or ex-spouses during 1973-1977.¹² Therefore, this thesis will not address issues of abuse against men.

Methodology

My research relies upon personal interviews with a variety of experts in the fields of child abuse and battered women. These experts include social

¹¹. Ibid.

¹². Bureau of Justice Statistics, U.S. Dep't of Justice, Report to the Nation on Crime and Justice: The Data 21 (1983).

workers, therapists, doctors, and battered women advocates. They represent a diverse cross section of child and woman advocacy agencies. Through interviews, I will document current CPS practices in regard to child witnesses. With this information, I will identify the gaps or problems in the delivery of services to battered women and their children.

In addition, I will explore the literature pertaining to family violence paying particular attention to the issue of child witnesses to violence. Through my literature review, I will discuss the studies on the effects of children witnessing domestic violence.

Lastly, I will examine various CPS policy manuals to determine how many agencies have policies for dealing with children witnessing violence. I will research and study policy recommendations, guidelines, and manuals on this topic produced by state and private agencies in designing my policy proposals.

Organization of Thesis

In arguing for the recognition of the problem of child witnesses by CPS and other child advocacy agencies, I will, in Chapter Two, discuss the studies which document the negative impacts of children witnessing violence in the home. Chapter Three will discuss how battering impacts women and what they lose as a result of the abuse. Conversely, this chapter will also address what batterer's gain through the use of violence against women and children.

Chapter Four will focus on the reasons why CPS agencies have not addressed the needs of battered women and their children. The fourth chapter will also address the differences of CPS and battered women's advocates (BWA) in framing the problem of family violence. Chapter Five will identify how social work training and case practices uphold traditional concept of patriarchal families and how this conflicts with the needs of battered women

and their children. Through interviews with experts on family violence, I will document the gaps in services for child witnesses. Lastly, in Chapter Six, I will discuss how CPS can benefit by identifying child witnesses and battered women on its caseloads. I will propose policies for CPS agencies to address the problem of child witnesses and summarize my conclusions.

Chapter II: Child Witnesses are Child Abuse Victims

Imagine an environment where children suffer from poor self-esteem, fearfulness, impaired academic performance, and psychological and behavioral problems. Most of us would wonder where such an environment exists for children --perhaps in places where there are wars, strife, or poverty? For many children who live in the U.S., be they rich or poor, black or white, religious or non-religious, the environment where they are exposed to these risks and dangers are their homes.

The homes of many children are dangerous places because of the violence which is perpetrated by their fathers (or father-figures) against their mothers. These children are subjected to watching their mothers being beaten and humiliated. The negative effects of battering are not restricted to the child's mother; the children from violent homes are also harmed in a multitude of ways.

How many children are witnesses to the battering of their mothers? Statistics on domestic violence indicate there are three to four million battered women in the U.S. ¹ Yet, we do not know how many of these women have children. One study of battered women in England found that 75 percent of the women reported their last attack by their batterer was observed by at least one other person -- usually the children. ² Studies also indicate pregnant women are especially vulnerable to increased assaults by their batterer during their pregnancy which jeopardizes the health of the fetus

¹. Evan Stark, Anne Flitcraft, & William Frazier, "Medicine and Patriarchal Violence: The Social Construction of a Private Event," International Journal of Health Services, Vol. 9, No. 3, 1979.

². R.E. Dobash, & R.P. Dobash, Violence Against Wives: A Case Against the Patriarchy. (New York: Free Press), 1979.

and mother.³

It is easier to focus on physically abused children because they have concrete, observable injuries. But, it is important to remember that children who witness domestic violence are seriously harmed as well. This chapter will review the pertinent studies on childhood exposure to parental violence in an effort to document that child witnesses are at risk of suffering a multitude of problems related to living in violent homes such as: repeating the violence, exhibiting behavioral problems, involvement in delinquency, and impaired educational performance.

Repeating the Violence

One reason to intervene in the lives of child witnesses is because of the likelihood they will repeat the pattern of violence they witnessed as children. The studies of children who are exposed to parental violence substantiate the connection between childhood exposure to parental violence and later involvement with assaultive behavior. The experts' term for this concept is "intergenerational transmission of violence".

The transmission of violence is explained by the social learning theory. In the case of family violence, the social learning theory attributes rewards and lack of penalties as two factors which reinforce violent behavior.⁴ For example, a batterer's abusive actions are rewarded when the victim complies

³. R. Gelles, "Violence and Pregnancy: A note on the extent of the problem and needed services." The Family Coordinator, 81-86, Jan., 1975. For additional studies on battering of pregnant women see: B. Rounseville and M. Weissman, "Battered Women: A medical problem requiring detection," International Journal of Psychiatry in Medicine, 8 (2):191-202, 1977-1978.; A. Flitcraft, "Battered Women: An emergency room epidemiology with a description of a clinical syndrome and critique of therapeutics. Doctoral thesis, Yale University, School of Medicine, 1977, Sterling Medical Library.

⁴. A. Browne, When Battered Women Kill. (The Free Press), 1987; Wolfe, et al. op. cit.; Straus, M., R. Gelles, S. Steinmetz, Behind Closed Doors, op. cit.

with his wishes out of fear for her safety and the safety of her children. The second factor that reinforces violent behavior is the lack of penalties for battering. In most cases of wife abuse, society's institutions often does not impose substantial and consistent social, legal, or criminal sanctions for battering. The lack of penalties for battering encourages, rather than discourages, the batterers' use of violence.

Straus, Gelles and Steinmetz assert that "each generation learns to be violent by being a participant in a violent family."⁵ Studies on men who batter indicate a majority of them witnessed violence as children. The conclusion from these studies is that boys who are exposed to violence have a very high probability of being assaultive towards a partner as an adult. Some of the statistics on batterers indicate the following:

- o Straus, Gelles, and Steinmetz (1980) conclude from their national study on family violence that men who had witnessed hitting between their parents were almost three times as likely to hit their wives. The sons of the "most violent"(high potential for injuring the person who is hit) parents, have a wife beating rate of 1,000% greater than the sons of non-violent parents.⁶

- o In studying background factors of men who batter, Fagan et al, report that the strongest predictor of wife abuse is exposure to childhood violence. More perpetrators, than victims, come from violent homes. Childhood exposure is also a predictor of the severity of injuries towards wives -- men who were exposed to violence are more likely to perpetrate serious injury compared to men who did not witness abuse as children.⁷

- o In a review of the research on childhood exposure to violence by Hotaling and Sugarman, they found that 94% of the empirical studies found a significant relationship for men witnessing violence and later abusing a partner. For men who were abused during childhood, 69% of the studies associated this with later abusing a partner and 31% did not.⁸

⁵. R. Straus, M. Gelles & S. Steinmetz, Behind Closed Doors, p. 121.

⁶. Ibid, p. 101.

⁷. J. Fagan et al., op. cit.

⁸. Hotaling, G.T., & D.B. Sugarman, "An Analysis of Risk Markers in Husband to Wife Violence: The Current State of Knowledge," Violence and Victims, 1(2), 101-124, 1986.

o Men who abuse their wives have elevated rates of abusing their children.⁹

The studies on the transmission of violence consistently find that males who witness violence as children are at greater risk of becoming batterers in adulthood than males from non-violent homes.

Do battered women come from violent homes? For battered women, the connection between childhood exposure to parental violence and later victimization is not as conclusive compared to the studies of batterers. Some studies of battered women find a correlation between childhood exposure and later victimization.¹⁰ Such studies indicate that women who were child witnesses have a greater tolerance for violence in adult relationships. This assumption is based upon the idea that girls will perceive violence as "normal" and, therefore, "expect" violent behavior from male partners.¹¹

However, the majority of studies on battered women have not found a consistent correlation with being a child witness, a child abuse victim, or coming from a non-violent home and the likelihood of entering into an abusive relationship.¹² It has been suggested that researchers may be studying the wrong group of people (battered women) in trying to learn about patterns of woman battering; batterer's should be studied instead. The reasons why studies of battered women fail to produce consistent findings are highlighted below:

⁹. Straus, M., "Ordinary Violence, Child Abuse, and Wife Beating," The Darkside of Families, pp. 213-234, Sage Publications, 1983.

¹⁰. R. Gelles, Family Violence, (Beverly Hills:Sage Publications), 1979, pp. 95-110.

¹¹. Ibid, pp. 95-110.

¹². Mildred Pagelow, Women-Battering:Victims and Their Experiences, (Beverly Hills: Sage Publications), 1981.

o Angela Browne in her book, Battered Women Who Kill writes, "the characteristics of the man with whom a woman is involved are actually better predictors of a women's odds of being victimized by violence than are characteristics of the woman herself." ¹³

o Researchers Rosenbaum and O'Leary recommend that research into the characteristics of batterers be studied instead of examining victim characteristics for their victimization and warned "that there are serious problems with models that look to the victim for reasons for her victimization." ¹⁴

o Hotaling and Sugarman report that in "reviewing the empirical studies from the last 15 years note that the strongest precipitant of victimization in women is simply being female." ¹⁵

These findings suggest there are not certain female personality traits which make women prone to battering. Battered women come from all social, racial, economic, and religious backgrounds, yet none of these characteristics can be consistently correlated with the likelihood of being battered. Battered women do not have a predisposition for being abused; they are not attracted to violent men.

Emotional and Behavioral Problems in Children

Research clearly documents the emotional and behavior problems of child witnesses. In the 1980's, researchers Porter and O'Leary began investigating children's exposure to physical parental violence in comparison with children from non - violent homes. Their preliminary research found that children exposed to violence between their parents demonstrated significant behavior problems. Subsequent studies by other researchers found behavior problems differed depending on the gender of the child: boys tended to exhibit more

¹³. A. Browne, op. cit., p.30.

¹⁴. A. Rosenbaum, & K.D. O'Leary, "Marital Violence: Characteristics of Abusive Couples," Journal of Consulting and Clinical Psychology, 1981, Vol.49, 63-71.

¹⁵. G. Hotaling, & D.B. Sugarman, "An Analysis of Risk Markers in Husband to Wife Violence: The Current State of Knowledge," Violence and Victims, 1986, 1(2), 101-124.

aggressive (externalizing) symptoms while girls demonstrated more depressed and anxious (internalizing)

symptoms.¹⁶ The behavior and emotional problems of child witnesses include:

- o Children learn a negative self concept.¹⁷
- o Children, particularly boys, will be aggressive, hostile, or have poor impulse control.¹⁸
- o Children, particularly girls, will become depressed, withdrawn, fearful, or behave in a passive-aggressive manner.¹⁹
- o Children suffer from acute anxiety due to the stresses of living in a violent home.²⁰
- o Child witnesses have conduct and personality problems. In one study, more than one quarter of child witnesses had problems severe enough that they fell within the clinical range.²¹

The behavior problems exhibited by child witnesses are not neatly contained to one aspect of their lives. Rather, emotional and behavior problems have a "snowball" effect and impact many aspects of children's lives. For example, a child who suffers from acute anxiety and stress may experience

¹⁶. H. Hughes, & S. Barad, "Psychological Functioning of Children in Battered Women Shelter: A Preliminary Investigation," American Journal of Orthopsychiatry, 53(3), July, 1983 pp. 525-531; Rosenbaum & O'Leary, op. cit., 1981.

¹⁷. L. Katz, "The Socialization of Academic Motivation in Minority Group Children," in Nebraska Symposium on Motivation, Ed. D. Levine, (Lincoln: University of Nebraska Press), 1967, pp. 133-191.; Hughes & Barad, op. cit., 1983.

¹⁸. C. Christopoulos, D. Cohn, D. Shaw, S. Joyce, J. Sullivan-Hansen, S. Kraft, R. Emery, "Children of Abused Women: Adjustment at Time of Shelter Residence," Journal of Marriage and the Family, 49 (August 1987): 611-619; Wolfe et al, op. cit.,; Hughes & Barad, op. cit., 1983.

¹⁹. Ibid.

²⁰. H. Hughes, op. cit. 1983; H. Honore, "Psychological and Behavioral Correlates of Family Violence in Child Witnesses and Victims," American Journal of Orthopsychiatry, 58(1), January 1988.

²¹. Wolfe et al, 1985.

physical symptoms including sleeping and eating problems which may lead to gastrointestinal disorders. Or, an anxious child may find it difficult to concentrate, thus, his/her school performance may be jeopardized.

Psychologist Mary Harvey, an expert on family violence, notices a common emotional response pattern among children who grow up in violent homes.²² First, children experience overwhelming terror at watching their mothers being beaten. Children worry that their mothers will be harmed or killed from the beatings. Mothers are children's life line to the world. Therefore, beating a child's mother is extremely traumatizing because it threatens a child's sense of security, trust, and confidence. Second, children feel they must protect their mothers. Child witnesses feel responsible for the safety of their mothers, yet, realize they are powerless to do anything (but this may change as boys become young adults and can physically match their fathers); Third, children experience a sense of relief that it is not they who are being beaten and this simultaneously triggers feelings of shame and guilt; Fourth, in order to deal with the guilt, the powerlessness, and inability to protect their mothers, children direct their anger at their mothers.

These emotional patterns children experience are documented in a study of child witnesses:

Growing up in a violent household affects
a child's capacity for relationship.
The lack of security both for the self
and the victimized parent precludes
the development of basic trust
in a benign and facilitating environment;
human relationships are never safe...
The development of self esteem is impaired;
emotional neglect and abuse erode the

²². Dr. Harvey presented at the conference "Abuse and Victimization in Life - Span Perspective," at the Harvard Medical School, Boston, Ma., March 25, 1989.

child's sense of personal worth. Frequently the burden to protect the parent is so overbearing that it leaves the child with an enduring sense of inadequacy. This results in depressive self-accusations which may have life-long implications.²³

Children blame their mothers for placing them in this violent situation, rather than directing their anger at their abusive father. One reason why children direct their anger at their mothers is because children are likely to imitate the adult male role model since the male position as husband-father "carries the highest prestige and power."²⁴

The following interview with an adult child witness confirms the myriad of feelings experienced as a result of living in a violent home.

Robin, an attractive and articulate twentyeight year old woman, grew up with her two sisters in a home where her father beat her mother. She recalls her father assaulting her mother between ten and fifteen times, adding that the numbers may not seem significant, but explaining that her father "had control of the family twentyfour hours a day, three hundred and sixtyfive days a year." When asked to recall how she felt as a child witnessing the violence, she begins to cry. She says "when you ask me specifically how I felt, I get choked up ... I'm surprised that I still feel this way after so many years." She remembers herself as a nervous and fearful child. Members of her family waited and anticipated what kind of mood their father was in. If he was happy, everyone was happy; if he was upset, everyone was afraid. They learned to placate and please their father in an effort to subdue his

²³ M. Stullman, A. Schoenberger, & S. Hanks, "Assessment and Treatment of the Child Witness of Marital Violence," Family and Violence Institute, California School of Professional Psychology, Berkeley, presented at Family and Violence Conference University of New Hampshire, July 8, 1987, p. 7-8.

²⁴ M. Pagelow, op.cit. p. 38.; R.E. Dobash & R.P.Dobash, op. cit.

violent outbursts. Yet, despite all of their efforts, they soon realized that there was no sensical pattern or rational reason for his violence.

She remembers praying every night for her mother's life. She was preoccupied with the idea her mother would die. She now realizes she was afraid her mother was going to be killed by her father and she would be left alone with him.

The assaults she witnessed involved her father beating her mother with a rolled up newspaper while she was asleep, riding in a car and her father punching her mother in the face, and coming home on several occasions to find her mother with black eyes, bloody nose, or bruises all over her body.

One particular incident stands out clearly for Robin. When she was eight years old, Robin's parents were fighting and she heard her mother scream. Robin went running to find her mother. She recalls:

I saw my mother standing and crying in the kitchen with her entire chest soaked in blood. I saw blood on the floor and counters and saw broken glass shattered all over the floor. My father had thrown a sugar bowl so hard at my mother it shattered in her chest. She actually had pieces of glass embedded in her chest. I remember my father telling me to grab my mother's sweater -- it was a purple sweater -- as he left the house to take her to the hospital. I went upstairs and felt totally alone and afraid, I just cried. I thought my mother was going to die.

This pattern of her father throwing glass and it shattering was a common occurrence. Her father threw a lamp at their livingroom window, breaking the window. This had happened when he had locked the children outside of their home while he was assaulting their mother. Another time he threw a drinking glass next to Robin's head so that the glass shattered into her hair. A few months later, he threw a bowl of cereal he had been eating at the wall. Robin says she learned to automatically look at her father's hands when he was

angry in the event he decided to throw whatever he had in his hand. She comments, "I know every vein in my father's hand."

How does Robin cope with the violence she experienced as a child?

Growing up in a violent home has definitely effected me. I hate my father for the way he abused all of us -- he had all of us living in fear of him. We were totally intimidated by him. His verbal abuse of all of us was difficult to overcome -- I'm still struggling with trying to overcome all the hateful and degrading things he said about me. I'm also very angry with my mother. She's getting a divorce from him after 30 years of living with this abusive man. Yet, I feel she shouldn't have tolerated the abuse for so long. We have all suffered from this abuse and will continue to suffer. It still effects me today in my ability to trust others and my self-esteem.

Educational and Delinquency Problems

Research indicates witnessing violence impairs children's intellectual performance. Child witnesses achieve lower scores on intelligence tests and exhibit more learning problems compared to children from non-violent homes.²⁵

One study of child witnesses indicates:

... School phobias develop because the child fears that if the mother is left alone, she may be beaten or killed. Fear is pervasive and impacts on the child's ability to relax his or her hypervigilance and engage in spontaneous play. Learning problems develop because the child lacks emotional energy for cognitive activity, or, in an effort to deny the reality of the trauma he or she has experienced, blocks out incoming stimuli.²⁶

Also, there is research examining the relationship between growing up in violent homes and delinquency. Studies indicate:

²⁵. R. Gelles, & M. Straus, Intimate Violence, op. cit., p. 124.

²⁶. M. Stullman, et al., 1987.

o Witnessing family violence and being abused as a child, have been linked with murderous aggression.²⁷

o A study done by the Hazeldon Foundation in 1985, reported that of boys aged eleven to twenty years old who committed homicide in the U.S., 63% murdered the man who was abusing their mother.²⁸

The risks child witnesses are exposed to are enormous in their scope and magnitude. Children may exhibit a multitude of emotional, behavioral, psychological, and educational impairment. The effects of the abuse child witnesses experience are not restricted to their childhoods. The problems that child witnesses experience as youngsters may worsen and multiply as they become adults. As adults, male children are much more likely to batter their partners than males from non-violent homes.²⁹ Juvenile delinquents set a dangerous track record for themselves that may effect them in adulthood. The findings from the Hazeldon study on the young men who murdered their mother's batterers clearly illustrates the devastating impact of witnessing violence and reinforces the transmission of violence among males.

Summary: The Message to Children

What are some of the messages or lessons children learn from witnessing parental violence? First, in the short term, children learn violence works. Violence (temporarily) halts undesirable behavior from the batterer's view point. Due to fear, injury, and safety concerns, the victim complies with the batterer's wishes.

Secondly, in the long run, children learn "might is right" and that the

²⁷ I. Sendi, & P. Blomgren, "A Comparative Study of Predictive Criteria in the Predisposition of Homicidal Adolescents," American Journal of Psychiatry, 132 (4): 404-407.

²⁸ The Commonwealth of Massachusetts Governor's Statewide Anti-Crime Council, Anti-Crime Council Staff Presentation to the Council, April, 1988.

²⁹ Fagan, et. al., op.cit.

use of violence is an appropriate method for dealing with one's problems. Children will see the batterer as the parent who has power and control in the family. The use of violence, therefore, becomes synonymous with power. Boys, as mentioned earlier, are vulnerable to modeling their abusive father's behavior especially since the assaultive parent is the one who does not get beaten or humiliated. Gelles and Straus comment that family violence "establishes the moral rightness of hitting other members of the family."³⁰

Thirdly, children will learn that people who love you the most are also the people who hurt you. From this point, Straus and Gelles have deducted that children get the message "those you love are those you hit."³¹ They posit that this message is the basis for the link between love and violence in this society.

³⁰ Gelles & Straus, Intimate Violence, p. 91.

³¹ Ibid.

Chapter III: Battering: What Women Lose and What Men Gain

Battering effects all aspects of a woman's life: physical, emotional, and spiritual. In this chapter, I posit that child advocates need to understand how violence effects women's mental and physical well-being since women are commonly the caretakers of children. In addition, I will discuss how batterers gain power and control over their victims through their use of violence.

As advocates for children, we need to be aware of the signs and symptoms of abuse in women in order to intervene and offer support to battered women. When we provide women with the appropriate advocacy, it will likely result in empowering a woman to protect herself and her children from abuse.¹ An empowered woman/mother is the best protector for her children. As child advocates, our mandate of ensuring the safety of children is easier to implement and more likely to succeed when we have the woman's help and cooperation.

Failing to intervene and treat the battering as the source of the problem contributes to the victimization of women and children.² Focussing on the symptoms of violence, such as depression or poor self-esteem, as the primary cause of battered women's troubles is appealing for many in the helping professions. We do not want to admit that violence is an extremely effective and common tool to use to gain power and control over the lives of women and children. The refusal to recognize the damaging role violence plays

¹. AWAKE (Advocacy for Women and Kids in Emergencies) Project at Boston Children's Hospital reports of the 125 battered women they have provided advocacy for between 10/86 to 4/88, only 5 out of 187 children have been placed in foster care. AWAKE attributes the low number of foster care placement to the advocacy they provide battered women.

². J. Brekke, "Detecting Wife Abuse in Clinical Settings," Social Casework: The Journal of Contemporary Social Work, June, 1987, pp. 332-338.

in families means we dismiss the violence as incidental to some "other" larger underlying issue. ³

Mental Health Issues

First, it is necessary to dispel the myth that battered women are mentally ill when they enter into violent relationships. Studies of battered women indicate that 73% to 85% do not experience physical assault until after they have married their husbands.⁴ Therefore, the majority of women are not aware of the violent behavior of their future husbands until after the commitment has been made. Women are not attracted to violence nor are they masochistic. A study done by Stark, Flitcraft, and Frazier on battered women and emergency room services found that prior to the onset of battering, with the exception of alcoholism, there were no significant rates of "psychiatric disorders, mental health service utilization, or the appearance of psychosocial labels in (battered women's) medical records" compared to non-battered women.⁵

However, after the onset of physical abuse women suffer from a variety of psychiatric disorders and self abuse. The study documents:

One of every four battered women attempted suicide at least once; One in seven abused alcohol; One in ten abused drugs; and more than one in three were referred to emergency psychiatric services and community mental health center, while one in seven was eventually institutionalized at the state mental hospital. ⁶

The authors note that in the vast majority of cases such

³. A. Browne, op. cit.

⁴. L. Bowker, Beating Wife Beating, (Lexington, MA.: Lexington Books), 1983a; Dobash & Dobash, op. cit., 1978; Pagelow, M., op. cit., 1981; A. Rosenbaum, & K. O'Leary, op. cit., 1981.

⁵. Stark, Flitcraft, Frazier, op. cit. p. 468.

⁶ Ibid, p.468.

problems emerge only after the abuse.

Unfortunately, for many battered women, the violence they experience is rarely identified as the cause of their mental or physical problems. The study by Stark and his colleagues estimates that battered women are underidentified by 800% in emergency rooms.⁷ The same study documents that physicians identified one out of thirtyfive female patients as battered when the actual rate was one in four. In addition, one injury in twenty was identified as resulting from family violence when the actual figure was one in four. Battering is ten times more frequent than physicians estimate.⁸ As the researchers comment, "What they (physicians) described as a rare occurrence was in reality an event of epidemic proportions."⁹

Without proper diagnosis and recognition of violence as the cause of many of women's physical and emotional troubles, members of the helping profession mis-label battered women as "hypochondriacs," "neurotics," or "hysterical." One in four battered women are given pseudopsychiatric labels as compared to one in fifty non-battered women.¹⁰ Unfortunately for battered women, the cause of their health problems -- the violence -- is not addressed by the helping profession.

This point is driven home in examining the pattern of medical responses to battered women. The researchers found two common types of treatment responses: battered women receive tranquilizers or pain medication and secondly, psychiatric referrals were made for battered women -- again at a

⁷. Stark, et al.,

⁸. Ibid.

⁹. Ibid, p. 467.

¹⁰. Stark, et al., op. cit.

significantly higher rate than non battered women.¹¹ These two treatment responses do not ameliorate the abuse women experience. In fact, giving tranquilizers to depressed patients is extremely dangerous.

Straus and Gelles, in their 1986 national study on family violence found that battered women feel powerless, fearful, and humiliated as the result of abuse.¹² The feelings of despair that battered women experience as a result of abuse is likely to influence their perception of whether or not they can escape a violent partner. Women who are so beaten down that they feel hopeless and helpless are less likely to escape from a violent partner. Straus and Gelles comment:

...Violence, and most especially severe and abusive violence, leaves victims, demoralized, despondent, and in despair. More than a third of battered women frequently feel sad or depressed. More than one in five often feels bad or worthless. About the same number often wonder if life is worthwhile.¹³

It is also important to stress that many battered women do not report intense psychological suffering. The majority of battered women, including those who flee, are not permanently damaged by the abuse.¹⁴ For child advocates, it becomes vital to intervene and offer advocacy for a battered woman in an effort to let her know there are options which will ensure her safety and that of her children.

Physical Problems

Women suffer a variety of injuries as a result of battering. Consider the

¹¹. Stark, et. al., op. cit.

¹². Gelles and Straus, Intimate Violence, op. cit. p.131.

¹³. Ibid, p.137.

¹⁴. Ibid, p. 139.

following facts:

o Domestic violence is the major cause of injury for which women seek medical attention, more common than auto accidents, mugging, and rape combined.¹⁵

o FBI statistics indicate that 30% of the women murdered in this country are killed by either their husbands or boyfriends.¹⁶

o The Dobash's study of battered women found that nearly 80% of the women report seeking medical attention as a result of injuries from battering.¹⁷

o Stark and his colleagues found battered women account for almost one half of the serious injuries in a large urban hospital emergency room.¹⁸

From my personal experience advocating for family violence victims, I have seen and heard of battered women's injuries ranging from black eyes, clumps of hair pulled out, partial loss of hearing or vision, intentional burns, broken noses, fractured ribs, and limbs, and miscarriages.

The Dobash's research indicates that 75% of the most recent attacks on women were observed by at least one person, usually her children.¹⁹ Thus, these children are witnessing severe levels of violence in their homes.

Straus and Gelles's national study on the effects of violence on women reports the physical problems resulting from battering include backaches, headaches, fatigue, loss of appetite, gastrointestinal problems, and sleep problems.²⁰ Women who experience violence report that their health, stress

¹⁵. E. Stark & A. Flitcraft, "Medical Therapy as Repression: The Case of the Battered Woman," Health and Medicine, Summer/Fall, 1982, pp. 29-32.

¹⁶. Federal Bureau of Investigation, Uniform Crime Reports, 1985, Washington, D.C.: Government Printing Office, 1985.

¹⁷. Dobash & Dobash, op. cit.

¹⁸. Stark, et al. op. cit. p. 472.

¹⁹. Dobash and Dobash, op. cit.

²⁰. Gelles & Straus, Intimate Violence, op. cit., p.132-133.

levels, and chances of feeling depressed were much worse than before the violence began. Even more disturbing is women who experience severe violence are nearly 500 percent more likely to report that their feelings of depression had worsened since the onset of violence.

The same study also found the greater the level of violence, the less likely a woman would report excellent health. Abused women "stay in bed due to illness one day each month, twice as often as women from peaceful homes."²¹

It is crucial that we recognize the critical role cultural and societal norms play in silencing battered women and contributing to their feeling ashamed and afraid to disclose their victimization. We must ask ourselves what message we give to children when members of the helping profession fail to validate the victimization of their mothers. Discounting battered women's victimization sends the message to children that the abuse of certain members of the family is permissible; that certain people's lives have less value than others. Children learn that victims must endure the violence because there is no other recourse for victims. Society sanctions the abuse when it fails to address the problem of battering and its effects on children.

How Violence Effects Parenting

Domestic violence occurs more frequently in families with unequal power. Gelles, Straus, and Steinmetz found that wife beating is "much more common in homes where power is concentrated in the hands of the husband."²² This unequal power in the family triggers a chain reaction: a husband beats his wife to control her; she in turn repeats the pattern with someone who has

²¹. Ibid, pp. 136-137.

²². Gelles, Straus, & Steinmentz, Behind Closed Doors, pp. 192-193.

less power than her -- the children.²³ Women who are hit by their husbands are twice as likely as other women to abuse a child. ²⁴

Battered women may abuse or neglect their children as a result of being battered. Effectively treating the abusive or neglectful behavior of a battered woman requires recognizing and validating the woman's victimization so that she can break the pattern of abuse in her life and in the life of her child. Intervention must take into the woman's abuse and offer services which will address the dual issues of her victimization and abusive behavior.

Oftentimes, social workers recommend parenting classes for battered women who are neglectful or abusive towards their children. Parenting classes alone are insufficient because they will not address the fear and terror a battered woman lives with or help her to visualize other alternatives to living with the violence. In order to facilitate an understanding of battering, battered women benefit from empowerment services such as support groups which help women gain control of their lives and improve their self-image.

If members of the helping profession minimize the abuse a woman suffers, we communicate the message that her victimization is acceptable. Yet, we tell her that hitting her child is unacceptable. How can we expect a battered woman to understand the ramifications of her abusive behavior towards her child when we give conflicting messages about her victimization? The message we send when we do not validate the battering of women, but acknowledge that child abuse is wrong, is that some people are deserving of abuse and others are not. Instead, we should be communicating that no one deserves to be

²³. Ibid.

²⁴. Ibid.

beaten. Such a direct message will eliminate the confusion and double standards about the acceptability of violence in this society.

What Batterers Gain from Violence

Victims lose power as a result of the abuse they suffer. In contrast, batterers gain power and control of their victims through their use of violence. Batterers dual usage of denial and blaming brainwash victims into believing they are at fault and deserve to be beaten. Batterers abdicate their responsibility for their violence by finding an excuse or justification for abusing family members. Excuses batterers frequently employ are: "she's cheating on me," " she nags me," or " the house wasn't cleaned." As Robin described in Chapter Two, the batterer controls victims through emotional and physical abuse and this is a "twentyfour hours a day, three hundred and sixtyfive days a year" project.

Child advocates need to be cognizant of the imbalance of power in favor of the batterer and not reinforce the batterer's control over family members otherwise, women and children are placed in a dangerous situation.

The use of violence is a very effective tool at stopping undesirable behavior in women and children. Susan Schechter writes, "All men learn to dominate women, but only some men batter them."²⁵ How men make the decision to use violence as a method of control is illustrated in the following case excerpt from Emerge, a counseling agency for batterers in Cambridge, Ma.:²⁶

Counselor: What do you think causes you to hit your wife?

Client: Insecurity, I guess it goes way back... My father was a drinker too. He wasn't just a drinker, he was a mean drunk. Once during Thanksgiving he got mad and threw a turkey at us;

²⁵. S. Schechter op.cit, p. 219.

²⁶. David Adams "Counseling Men Who Batter: A Feminist Analysis of Five Treatment Models." Paper presented at annual meeting of American Psychiatric Association, May 17, 1986.

just picked it up and threw the whole damn bird on the floor... He'd whack my mother for no good reason really... I left home when I was seventeen, got married, but it only lasted two months. She was pregnant of course. I've always been insecure with women...

Counselor: This is helping me to understand why you're insecure but not why you hit you wife.

Client: Sometimes I take things the wrong way... I overreact, I guess you could say, because of my insecurity. My shrink said I was like a time bomb waiting to go off. She (client's wife) might say something, and I don't react at the time, but then the next day or maybe a few hours later I get to really thinking about that and I get really bullshit.

Counselor: A lot of people feel insecure but they are not violent. What I'm interested in finding out is how do you make the decision to hit your wife -- and break the law-- even if you are feeling insecure

Client: I never really thought of it that way, as a decision.

Counselor: But you were just talking now as if your violence is the direct result of your insecurity, or of something she says or does.

Client: Yeah, you're right, I do. But I'm still thinking about what you said about the decision. I honestly have to say that I never thought of it that way before. I mean I'm really dumfounded! I'm going to really have to think about that.

Counselor: What are you waiting for?

Client: What do you mean?

Counselor: I mean are you waiting to stop feeling insecure before you stop feeling violent?

Client: Yeah, I guess that's what I've been waiting for.²⁷

Summary

In order to provide effective intervention in child witness cases, child advocates must acknowledge the mother's victimization and understand how violence effects a woman. Empowering women to take control of their lives

²⁷. Ibid.

will greatly increase the child's safety. It is important to use the information about a woman's victimization to properly advocate for battered women; not necessarily to build a case to take away her children.

With proper advocacy, many battered women can successfully regain control of their lives. The AWAKE (Advocacy for Women and Kids in Emergencies) Project at Boston Children's Hospital is a good example of how advocacy for battered women results in women protecting their children. AWAKE provides advocacy to assist hospital staff who are helping battered women and their abused children. Between October of 1986 and April of 1988, AWAKE advocated for 125 battered women and 187 children (who were related to the battered women being served). Only 5 of the 187 children were placed in foster care. AWAKE attributes the low number of foster care placements to the empowerment they provide battered women.²⁸

Holding batterers accountable for their use of violence as a form of control over victims is one of the challenges facing child advocates. The other challenge for child advocates is not to reinforce the unequal power balance in favor of the batterer or we risk placing women and children at greater danger of abuse.

²⁸. AWAKE project statistics from interview with AWAKE staff member.

Chapter IV: The Child Abuse and Battered Women's Framework: Divergent Approaches to Family Violence.

CPS typically sees the violence perpetrated against mothers as a separate issue from the child's safety and well-being. For CPS, the connection is not made between the victimization of children and the victimization of mothers.¹ Child abuse is defined very narrowly and excludes other forms of family violence, namely, woman abuse and its effects on children. Why is it that a connection is not made between woman abuse and the harmful effects on children?

One reason CPS has not seen the crucial relevance between battering and its impact on children is because the problem has been framed as a "battered women's" issue. This narrow attitude toward family violence pretends that the effects of family violence can be neatly contained to the adult victim and not spill over and effect their children. I posit that viewing violence against women as only affecting women is erroneous.

This chapter will explore some of the reasons why child abuse was framed as a medical problem and how this framework restricts CPS's view of violence. Second, I will discuss how the feminist analysis of battering conflicts with the child abuse framework and what battered women's advocates (BWA) are doing about the problem of child witnesses. The two different analyses of family violence is at the root of the distinctions between CPS and BWA; these distinct analyses contributes to isolating victims of child and woman abuse. The plight of child witnesses has not been adequately addressed by either CPS or BWA because the issue is caught somewhere in between yet not within either

¹. N. Mooney & A. Cummings, "Child Protective Workers and Battered Women's Advocates: A Strategy for Family Violence Intervention," Response, Vol. 11, No., 2, (1988); Interview with Mary Pat Brigger.

of these two frameworks.

Issues for CPS and BWA

The commonalities of abused children and battered women include: they are both victims of physical, sexual, and emotional abuse; these victims do not deserve to be abused; and the perpetrators of the abuse are members of the victim's own family -- usually father/husband/partner. Child and woman abuse have their roots in this culture's patriarchal heritage which has condoned the use of male violence against women and children through our legal institutions, culture, and religious beliefs.

In addition, both CPS workers and BWA are concerned about stopping the violence in the lives of families. CPS and BWA have a long history of advocating for families and each group has bettered the lives of victims.

However, despite the two issues similar characteristics and historical legacies, CPS and BWA have addressed the problem of family violence from separate perspectives. In fact, relationships between CPS and BWA in many communities, are typically characterized by mistrust, wariness, and suspicion. Instead of a teamwork approach in servicing the family, the reverse usually occurs: CPS concerns itself with the child and BWA focus on the mother. Each advocacy group treats one aspect of family violence in isolation from others.

Why did the paths of these two group of advocates diverge when there are many shared commonalities? The answer lies in the framing of the family violence problem. CPS takes a family oriented approach to child abuse. CPS is mandated to make every effort to keep children with their families whenever possible. ² The philosophy behind child welfare practice is children

². Cummings & Mooney, op. cit.

are best cared for in their families of origin. Even if parents are abusive, CPS will work with the parents in the hope that parents will alter their behavior. Only in extreme cases of abuse or neglect are children removed from the home, and even then, CPS must exhaust all resources to prove that services have been offered to facilitate reunification of the family.³

On the other hand, BWA do not assume that family unity is the goal when working with battered women. Rather, stopping the abuse to the woman is of the utmost concern. Once the batterer has ceased his violent behavior, reunification is possible. Therefore, the empowerment of women is the goal of BWA. Advocates encourage women to make their own decisions about their lives in an effort to not re-create unequal power relationships which exist in the lives of women in this society. The foundation of the battered women's movement is based upon a self help model.

The "Discovery" of Child Abuse

The abuse of children is not a recent phenomenon. The maltreatment of children (and women) can be traced to biblical time.⁴ For thousands of years, children were considered the "property" of their fathers. Public policies addressing child abuse, however, is a modern 20th century development. Prior to this time, the government had been reluctant to intervene in what it considered private, family problems.⁵ Child abuse, historically, has not been

³. D. DiPanfilis & G. Brooks, op. cit.

⁴. For a discussion of the historical roots of abuse of women and children see Dobash & Dobash, op. cit., Martin, D., Battered Wives, (San Francisco, Ca.:Glide Publications), 1976.; E. Pleck Domestic Tyranny, (New York: Oxford University Press), 1987.; and Pagelow, M., Woman Battering: Victims and Their Experiences, (Beverly Hills, Ca.: Sage), 1981.

⁵. Barbara Nelson, Making an Issue of Child Abuse, (The university of Chicago Press), 1984. Nelson reports that prior to 1870, child abuse was not a public policy concern, p.5.

considered a societal ill that needed to be addressed by governmental policies. Barbara Nelson was unable to find articles on child abuse policies published before 1962 in her review of the "Readers' Guide to Periodical Literature " and "the Social Science and Humanities Index." ⁶

Child abuse, as a policy issue, was "discovered" in the early 1960's by the medical profession. The 1962 publication of the famous article "The Battered-Child Syndrome" in the Journal of American Medical Association by Dr. Kempe and his associates, is often credited with bringing national attention to the problem of child abuse. The 1962 journal article was the culmination of a study to determine the prevalence of child abuse through surveying hospitals and district attorneys office. They found several hundred cases of child battering in these institutions which had occurred within the last few years. The victims included babies who had been severely injured, maimed or killed. An accompanying editorial in the American Medical Association journal pointed out that child abuse was a frequent cause of death for children. ⁷

The article immediately caught the interest of the media. Magazines such as Time and the Saturday Evening Post, featured articles on child abuse; newspaper and television exposure quickly followed. The popularity of the child abuse issue quickly expanded and became one of the issues on the nation's political agenda.⁸

The "Framing" of Child Abuse

Using a political (or agenda setting) framework in analyzing child abuse is

⁶. B. Nelson, op. cit., preface.

⁷. E. Pleck op. cit., pp. 167-168.

⁸. B. Nelson op. cit.

useful in understanding why the issue was framed in a narrow manner and explains why child abuse was readily adopted by policy makers, the media, and the public.

First, it is no fluke that child abuse immediately received national attention after it was identified and labeled as a problem by members of the medical profession. The issue sparked interest largely because physicians have immense credibility in this society. Dr Kempe declared child abuse was a serious matter in the Journal of American Medical Association and overnight child abuse was accepted as a legitimate problem which needed to be addressed by society. Since child abuse was proclaimed a problem by professionals who are highly educated and command respect and power in this country, the issue gained credibility and attracted the attention of other comparable powerful and influential professions such as the media and policy makers.⁹ Their interest in child abuse propelled the issue onto the nation's agenda.

Second, since the medical profession identified child abuse as a concern worthy of societal attention, they became the initial "owners" of this "problem".¹⁰ Being owners of the issue meant physicians were the experts or authority on the topic. With ownership comes the power to frame and define the issue. Therefore, it is not surprising that the problem of child abuse was defined as deviant medical behavior -- an illness whose cure is treatable through medical intervention.

⁹. See B. Nelson's discussion of issue cycles pp. 25-26; R. Cobb and C. Elder, Participation in American Politics: The Dynamics of American Agenda-Building. (Boston: Allyn and Bacon, Inc.), 1972.

¹⁰. Gusfield, Joseph, The Culture of Public Problems: Drinking, Driving and the Symbolic Order, chp. 1-2.

The child abuser was portrayed as a deviant parent who was somehow deficient due to mental illness, substance abuse, or other medically diagnosable problems. That is, it was an identifiable psychopathology of the individual resulted in the individual losing control.

As Barbara Nelson points out, the child abuse problem was "medicalized," like the problems of alcoholism and drug abuse. This medicalized framework carefully avoided thorny issues of discipline, poverty, patriarchy, and racism. The owners avoided framing the problem as one that would "confront long established power arrangements."¹¹ It was a narrow and simplistic explanation which spurred a narrow and simplistic solution to the problem of child abuse.

What are the benefits of using a medical framework to explain a social problem? First, medical illness is easy to measure since it is defined broadly as deviating from the norm. Behaviors which are devalued are subject to medical deviant response labeling.¹²

Second, medicine offers solutions to the problem through the use of drugs, therapy, and counseling.¹³ Medicine could treat and cure abusive behavior. The abusive parent is seen as somehow sick and unable to control his/her behavior and this "reduces individual responsibility, blame, and stigma."¹⁴ Defining a problem as a medical illness creates more humanitarian and non-punitive treatment measures for abusive parent rather than treating abuse as a sin or crime.

¹¹ Nelson, Barbara op. cit. p. 17.

¹². B. Nelson op. cit. p. 18.

¹³. *ibid.*

¹⁴. E. Pleck op cit. p. 172 .

The child abuse framework is not able to incorporate child witness issues largely because the emotional damage that child witnesses suffer is not easily identifiable or measurable. Pinpointing the cause and treatment of emotional abuse is less clear compared to physical abuse cases where medical diagnosis and treatment is routinized. Also, the medical framework views illness as individual in location which complements the American individualistic approach to problem solving. However, this individualistic analysis cannot explain why violence against women and children is a common occurrence. Analyzing the systematic and historic victimization of women and children would challenge the framework's analysis of violence as isolated in the abusive individual. The child witness problem does not fit into this category and would undermine the framework's patriarchal beliefs and practices.

Feminist Analysis of Violence

The origins of the Battered Women's Movement began in the early 1970's. The Women's Liberation Movement set the stage for the battered women's movement by challenging male privilege in jobs, legal rights, and the social and cultural traditions that continued to foster unequal power relationships between the sexes.

Unlike the physicians who were instrumental in the framing of child abuse, the battered women's issue was forged by a grass roots feminist movement.¹⁵ This group of diverse women was not homogeneous in occupation, education, class, or race compared to the predominantly white, male physicians involved with the framing of the child abuse issue.¹⁶ The Battered

¹⁵. S. Schechter, op. cit.

¹⁶. Ibid.

women's advocates (BWA) were lawyers, social workers, housewives, formerly battered women, and women from other walks of life. Hence, members of the movement did not belong to an elite and powerful profession; the movement lacked many of the traditional signs of clout and therefore they were perceived as less credible in the eyes of policy makers and the public.

One of the main differences between child abuse and battered women's framework lies in their analysis of the problem of violence. The feminist analysis of family violence attacks the core of the child abuse framework that violence is a result of the psychopathology of individuals, and refutes that violence is curable through medicine. Male violence targeted at women (and children) is to be expected given the permeation of patriarchy and capitalism in this society. Susan Schechter writes:

When feminists suggest that violence is about neither sick psyches nor sick relationships, the reader should not conclude that they are dismissing psychology or ignoring violent individuals. They are stressing the need for a psychology that analyzes wife beating in its proper context, accounts for power differentials, and asks why women have been brutalized.¹⁷

Male violence is not aberrant behavior, rather, it is a culturally sanctioned practice.¹⁸ That is, violence perpetrated against women and children exists in this society through established cultural norms and institutions which support male domination. These norms have existed in this society for centuries supported through legal, social, and religious institutions.¹⁹

¹⁷, Ibid, p. 215.

¹⁸. Dobash & Dobash, op cit.; Martin, op cit.

¹⁹. Ibid.

Instead of defining the problem of abuse narrowly like child abuse, feminists defined the problem of battering very broadly. They did not confine the problem to the abusive individual, but also implicated societal institutions for upholding and promoting sexist, classist, and racist practices. BWA challenged long established power relationships. Male violence, contrary to the child abuse framework, was not construed as a breakdown in the social order, rather, violence perpetrated against women and children contributed to maintaining that order.²⁰

The feminist analysis of family violence did not have the same appealing qualities of a medicalized cure for abusive behavior. The "cure" for the elimination of violence against women and children, according to feminists, require a restructuring of societal values and institutions. The restructuring process would not be solved with drugs or therapy; nor would it be a matter of cutting out the deviant behavior of abusive individuals. Eliminating violence would be a messy and difficult process since men derive benefits from this imbalance of power because it gives men control over women and children in the home and in the work place.²¹ Hence, men do not have a stake in changing a system that provides them with benefits and, therefore, will protect and uphold the system.

This last analysis calling for the restructuring of societal institutions threatens the fundamental power structure of this society. It does not invoke empathy on the part of politicians and power elites of this country, rather, it directly challenges their authority and power and asks them to be accountable for their power and privileged status. The feminist

²⁰. Dobash & Dobash, op. cit.

²¹. Ibid.

analysis of violence may be why the issue of battered women did not immediately attract national interest from the media or policy makers compared with the meteoric rise of the child abuse issue. BWA struggled at the grass roots level to implement change for the benefit of battered women by amending sexist laws, establishing shelters, and hotlines. BWA non-conformist style would be labeled "radical" or "unprofessional" by child abuse advocates and the public at large. These sentiments persist today among child welfare programs.

Battered Women Advocates and Child Witnesses

Battered women's advocates have done little, historically, about the issue of child abuse. Similar to CPS's disassociation with the battered women's issue, BWA have left the child abuse issue in the province of established social service agencies, the legal, and medical fields. Carolyn Washburne writes that "very little has been written on the subject (of child abuse) from a feminist perspective in either the professional or feminist literature."²²

She argues that a feminist analysis of child abuse needs to be developed if the problem of child abuse is to be addressed effectively since feminists recognize abuse as rooted in unequal power relationships in the family. An analysis of the role of women in the family is vital for child welfare professionals to understand that "until efforts are aimed at promoting women's equality, (child welfare) professionals will not make a dent in the problem of child abuse and neglect."²³

In the last several years, battered women's shelters have designed

²². Carolyn Washburne, "A Feminist Analysis of Child Abuse and Neglect," in The Darkside of Families, op. cit., pp 289-292.

²³. Ibid, p. 290.

programs for children. Carol Wintle, a psychologist who worked at a shelter in New York, found many battered women's children in need of attention and support because of the behavioral and emotional problems children exhibit as a result of witnessing violence. The goals of this particular children's program are to address children's victimization and to stop the cycle of abuse through their intervention.

The children's program at Transition House in Cambridge, Massachusetts houses about twenty children for a maximum of ten weeks. Transition House is fortunate to have three paid staff positions for the children's program. The shelter has a "no hitting" or use of physical punishment of children rule which mothers must abide by while at the shelter. Rachel Burger, a co-founder of the shelter, comments that some women resent the rule and ask "how am I supposed to discipline my kid if I can't spank them?" This is when the women's support and parenting groups, role modeling, and children's program enters into the picture. Staff at the shelter want to create a "memorable and caring" environment for women and their children and gently question mother's assumption about the use of physical or intimidating discipline on their children. The staff at the shelter respond to the children with affection, consistency, and respect -- without having to resort to physical discipline.

It is difficult for Rachel to generalize about the characteristics or behaviors of the children. She comments "these children are troubled, they've been through a hard time and it comes out in funny ways." The funny ways child witnesses behave include: children hitting other children, engaging in putting mothers down, they are very affectionate, or other children act very grown up and self sufficient. Children have told Rachel stories about getting knives or other weapons for their moms to protect themselves. Carol recalls a seven year old girl who repeatedly wanted to be tied and gagged during play

time. The girl's mother later disclosed that her child witnessed this happening to her. These behavioral and emotional responses indicate children are impacted by the violence they witness.

For the children and their mothers, shelters represent a safe place where they can do "normal" activities such as sleep, eat, and relax without the constant worry and threat of living in a violent home.

However, there are limitations to shelter programs for children. Most shelters do not take male children older than twelve years of age and many children's programs are understaffed. Rachel Burger of Transition House sums up the problems of child witnesses in an article:

Our society systematically denies the reality of the violence in many children's lives, and ignores the way most children are subject to adult control and intimidation. Even within the battered women's movement, violence against children has not received the attention it deserves. Woman abuse is child abuse; observing your mother being beaten is as damaging as being beaten yourself...Yet, even though there are two children for every battered woman in a shelter, many programs commit little or no staff time, money or energy to children's programs. ²⁴

Summary

This chapter began with exploring the different frameworks of child abuse and battered women and how each framework contributed to a different analyses of family violence. The child abuse framework narrowly defined the problem of abuse within families and I argue this limited framework of violence was not able to incorporate other forms of family violence. Viewing the problem of battered women as only a concern of women that does not effect children is drawing an artificial and incorrect distinction about the nature of family

²⁴. Burger, Rachel & Liz Roberts, "Halting the Oppression of Children," Peacework, September 1988, #179, pp. 11-12.

violence. Such a distinction is erroneous because it does not recognize the danger to children who live in violent homes.

Twentyfive years after the discovery of child abuse, the understanding of the causes of child abuse has changed from its initial narrow definition. CPS social workers have expanded upon the medical child abuse framework by acknowledging the roles that racism, poverty, and discrimination play in contributing to violence in this society. Yet, social workers have not been able to recognize and address the battering of women and its effects on the children. Social workers need to take one more step and make the connection between woman and child abuse. This requires calling child witnesses child abuse victims.

The plight of child witnesses falls somewhere in between these two frameworks where it struggles to be distinguished and recognized. The problem of child witnesses can be seen as both a concern of CPS and BWA. The movement to recognize child witnesses is in its infancy for BWA. For CPS, the issue of child witnesses is still waiting to be conceived.

Chapter V: How Social Workers Fail to Address Child Witnesses

The child abuse framework, as conceived by the medical profession, adds to social work theory that family violence is the result of the psychopathology of the individual, and not a reflection of deep seated societal problems. This same framework when applied to battered women turns a blameless victim into someone who is responsible for her own victimization as well as accountable for her assailant's violence. The child abuse framework reinforces the myth of masochistic women and labels battering behavior as an identifiable psychopathology.

Not surprisingly, research supports the fact the battered women do not view social service agencies as helpful. Consider the following statements from experts in the field of family violence:

o The Dobash's found in their study of battered women in England that most women exhaust all avenues prior to contacting a social service agency. The reason for their reluctance is women fear removal of their children and think social workers will be unsympathetic. The study goes on to report that caseworkers "rarely pick abusiveness as the focus of intervention; rather, they tend to ignore the symptoms."¹

o Gelles writes in the book Family Violence, that "most agencies are quite unprepared to provide meaningful assistance to women who have been beaten by their husbands... social work agencies are not as 'indifferent' as courts and police, but they are often unable to provide realistic answers for victims of violence because of their limited amount of knowledge in this area."²

o Bass and Rice found that despite the existence of domestic violence services, there is massive ignorance of specific domestic violence services among counselors and caseworkers who are most likely to work with battered women.³

¹. Dobash & Dobash, op. cit. pp. 199-206.

². R. Gelles, ed., Family Violence, op. cit p. 107.

³. D. Bass & J. Rice, "Agency Responses to the Abused Wife," Social Casework, 60 (June 1979), pp. 338-342.

How do social work theory and practice contribute to the negative perceptions of social service agencies in the case of child witnesses and battered women? This chapter will explore three contributing factors: the role of social work training; the myth of masochistic women; and third, how social work practices convey societal belief in traditional patriarchal family and the assumption about equality among family members in battering relationships. Following these findings, I will document the need for effective CPS intervention on behalf of child witnesses through interviews with family violence experts. Also, I will examine Massachusetts Department of Social Services (DSS) policies towards child witnesses.

The assumption, in this chapter is Child Protective Services exemplifies general "social work" attitudes and practices in relation to battered women. CPS workers are one sub-set of professionals within the population of the "helping profession" which include counselors, therapists, and social workers. CPS workers are educated and trained from a traditional model which emphasizes assessing and treating the psychopathology of the individual in family violence cases.

Training and Education

How is social work training and education incompatible with the recognizing child witnesses and battered women? The Dobash's offer three explanations: ⁴

- 1). Training and social background of social workers often lead to detachment from the everyday lives of their clients.

This detachment may lead social workers to think that a battered woman is exaggerating the frequency and severity of the violence. This neutrality does not allow therapist to take sides and can deny the credibility of the victim.

⁴. Dobash & Dobash, op. cit. pp.198-209.

Conversely, neutrality does not hold the batterer accountable for his violence.

2). Training, backgrounds, biases may have convinced social workers that violence is a symptom of another "more serious" problem.

Social workers and other members of the helping profession are trained to label violence as incidental to something else -- it is a symptom of stress, mental illness instead of a way for an abuser to maintain power and control over a member(s) of his family. The failure to accurately assess the battering as the cause and not the symptom of battered woman is quite common. For example, a study done of a major hospital found that physicians identified only one out of every thirtyfive female patients as battered, when in fact, the accurate rate was one out of every four female patients were battered.⁵

Statistics on men who batter women and children indicate that 90% do not have a diagnosable mental illness.⁶ This statistic reinforces the feminist analysis that male violence, in this society, is not deviant or rare, but is a logical consequence of a patriarchal society where women and children have little power.

3). The diagnostic skills of social workers have been traditionally derived from Freudian psychoanalytic theory. Psychoanalytic theory reinforces traditional ideas of malefemale relationships. It also contributes to the idea that women provoke or enjoy the violence.

This masochistic view of women cannot be highlighted enough -- it is a strongly held belief of many lay and professional people in this country.

⁵. Stark, Flitcraft, Frazier, op. cit., pp. 461-493.

⁶. R. Gelles, "Family Violence: What We Know and Can Do," Harvard Medical School, Fifth Annual Conference on Abuse and Victimization in Life-Span Perspective, March 23-25, 1989.

Masochism originates from Freudian thought which undermines the notion of the blameless victim and turns it into a "blame the victim" attitude. Elizabeth Pleck writes: "...Psychoanalysis resurrected the much older, more misogynist images of a seductive daughter, the nagging wife, and the lying hysteric." ⁷ Pleck goes on to write: "Victims were encouraged to minimize the external fact of abuse and instead examine their own psychic need to be abused." ⁸

Freud claimed that masochism was instinctual in women. Helene Deutsch, a disciple of Freud, was the first to apply masochism to women who had been beaten or raped. She explained why women remained with their batterers: women secretly enjoyed the pain. The concept of female masochism posited that women derived psychic and sexual gratification from being beaten or humiliated. In later years, this idea would popularize the myth that women -- unconsciously -- want to be raped.⁹

Countering the Myth of Masochistic Women

It is a myth that women like to be beaten and this is the reason why they stay in violent relationships. The reality of why women stay in violent relationship is not as titillating as the idea of masochism: it is simply that women perceive they have very limited, if any, options of escaping the violence.¹⁰ Instead of asking why women stay or return to their batterers, the more logical question to ask is why should women leave violent relationships when:

⁷. E. Pleck op. cit. p 146.

⁸. Ibid.

⁹. Ibid, pp. 145-164.

¹⁰. Dobash & Dobash, op. cit.; Gelles et al., Intimate Violence, op. cit.; D. Martin op. cit.; S. Schechter op. cit.

- o The woman has no resources such as money, shelter, friends or family.
- o There are few community resources battered woman can utilize. The police and courts have traditionally been unsupportive and unsympathetic towards battered women. Also, women who do successfully utilize the legal system through prosecution, or by obtaining protection/restraining orders are not guaranteed their safety. Two recent cases are highlighted in the media involving women who had done the "right thing" by utilizing the legal system and leaving their batterers, yet their ex- husbands murdered them in front of their children.¹¹
- o The batterer threatens to kill the woman, her children, or himself if she leaves. Thus, she may believe she and her children are safest if they stay rather than flee. Women may feel the violence the children are exposed to is harmful but that the alternative is much worse.
- o Societal, cultural, and religious norms dictate that marriage is sacred and a woman may feel it is her responsibility to make the relationship work.
- o Most women want the relationship to continue and believe that their partner's violence is aberrant behavior and he will reform. Or, conversely, the woman has internalized the batterer's blaming attitudes and believes the abuse is her fault and she must change her behavior in order to stop his violence.
- o Women feel ashamed and guilty about their victimization and this silences them.

There are many other obstacles and reasons which legitimately prevent a woman from leaving an abusive relationship. Studies support the fact that women stay in abusive relationships for many of the above reasons, particularly, because women lack the resources to leave.¹²

Battered women are placed in a terrible dilemma as a result of a lack of resources, advocacy, or help. Women who leave violent homes with their

¹¹. On 3/4/89 in Indiana, Alan Methaney beat his ex-wife, Lisa Bianco to death with the butt of a shotgun in front of their two daughters. (SEE Isabel Wilkerson, "Indiana Uses Prison Furlough to Kill Ex-Wife," The New York Times, 3/12/89, p.22);
On 5/9/89 in Boston, Alfred Hunter fired 7-9 rounds of bullets into his ex-wife, Elvira Hunter. Their five year old son was standing about 12 feet away from his mother when she was murdered. (SEE Sally Jacobs & Diane Lewis, "A Deadly End to Strife," The Boston Globe, 5/11/89, p. 1).

¹². Dobash & Dobash, op. cit.; Gelles, R. Family Violence, op. cit.

children often do not have adequate housing accommodations or have enough money to feed and clothe the children. Women who flee their homes may find themselves having to justify their poverty and homelessness to social workers in order to prevent the removal of their children. Women who flee abusive relationships risk losing their children due to economic reasons. If the women stay in their homes, they also risk losing their children to CPS because the children are at risk for abuse.

This dilemma with CPS is but one reason why women are trapped in abusive relationships. Other reasons include women's disadvantaged economic status and cultural and social norms which place women and children at the domination of men. These social and economic factors trap women; not masochism.

Social Workers Convey Patriarchal Beliefs

Social work training and education reinforce patriarchal traditions of family unity. The helping profession often works to maintain the traditional ideas of the nuclear family and husband-wife roles.¹³ This belief may inadvertently support the violence in the home. Social workers who fail to recognize violence in women's lives, or see the victim as deserving of the abuse and mistakenly view battering as symptom of another "problem," reinforces the belief for battered women that there are no resources available to help her. As a result, the woman may begin to believe there is no way out of an abusive relationship; that she will have to "endure -- not accept -- the violence."¹⁴

Secondly, social workers and family therapists often lose sight of the

¹³. Dobash & Dobash, op. cit., pp. 203-206.

¹⁴. Dobash, op. cit. p.203.

power differentials in battering relationships.¹⁵ The batterer, through his use of physical, emotional or sexual violence and financial control, has power over the victim. A battered woman and her batterer are not on equal footing. Therefore, traditional practices such as negotiation, mediation, or couples' therapy will be ineffective since each practice assumes the parties can participate and contribute as equals. In fact, such practices often worsen a violent relationship by blaming the victim, thereby contributing to her feelings of self-blame and hopelessness. In battering relationships, the batterer is at a distinct advantage. Members of the helping professions need to be careful to not reinforce the unequal power relationship as it will place the victim at increased risk of abuse.

The Need for CPS Intervention

Advocates who work with abused women and children express concern over social work practices which place battered women in a "no-win" situation and ignore the plight of child witnesses. Mary Pat Brigger of the National Woman Abuse Prevention Project states many battered women have had negative experiences with CPS.¹⁶ Ms. Brigger explains the no-win situation as one where the battered woman is held accountable for the batterer's violence instead of holding the batterer accountable for his own violence. CPS threatens to take the children away from the battered woman because the home is unsafe instead of asking the batterer to leave. Many CPS agencies do not routinely identify battered women on their caseloads, or provide advocacy for women. Yet, CPS often expects women to do something about the batterer's violence as if the victim can control her perpetrator's actions. Another problem area Ms.

¹⁵. S. Schechter op. cit.

¹⁶. Telephone Interview on 2/21/89.

Brigger sees is the lack of protection afforded to battered women. It is common for CPS to disclose that a battered woman is at a shelter to the batterer.

These practices have led to misunderstandings which has exacerbated the strained relationship between CPS and BWA. The National Woman Abuse Prevention Project considers the problem of CPS and child witnesses one of their most urgent priorities and have drafted a policy guide for CPS agencies to identify child witnesses.¹⁷ In the near future, they plan to design a companion manual for the shelter community.

Similar sentiments about the need for services for child witnesses are echoed by members of the Massachusetts Battered Women's Coalition. In a February 1989 meeting, the issue of CPS and battered women and their children was discussed. Coalition members expressed frustration over the lack of policy or guidelines for cases involving children and their battered mothers. Shelter workers still see CPS workers blaming mothers for not protecting the children when they are also victims. The woman's victimization is rarely, if ever, addressed.

In addition, coalition members mentioned their frustration with batterers filing 51A's (child abuse referral) on battered women for either leaving the children with the batterer or taking the children to a shelter. Also, in case planning, the batterer is typically not included -- the responsibility is placed on the mother -- it is not shared with the batterer. Meaning, the mother is told to participate in counseling or other activities CPS deems as necessary, yet CPS often neglects the batterer's violence. He is not told to enter into counseling to address his violence. Coalition

¹⁷. D. DiPanfilis & G. Brooks, op. cit.

members ask two questions: how can CPS ignore the batterer's abusive behavior? and secondly, how can CPS ignore the negative impact of children watching their mothers being beaten?

Rai Kowol of the Governor's Anti-Crime Council is also concerned about CPS and child witnesses.¹⁸ She thinks guidelines and training are needed for CPS workers about domestic violence. Stating that if we can stop abuse to woman, we might be able to prevent abuse to children. Dr. Eli Newberger thinks the issue of child witnesses and battered women is "trivialized," despite the fact the risk to children in violent homes is severe.¹⁹

One CPS worker who has worked for the Department of Social Services (DSS) for ten years sees the need to address the problems of battered women and their children.²⁰ She is aware of the pervasive attitude among social workers and court personnel which support the idea women deserve the beatings -- especially if women go back to the batterer. This social worker feels the problems of battered women are minimized and battered women are treated as if they were "stupid" and "sub-human". It is very difficult for workers to identify with battered women.

According to this social worker, the majority of her colleagues feel frustrated with cases of battered women and child witnesses because it is difficult to identify, treat, and substantiate emotional abuse cases. Social workers typically advise women to get protection orders, then CPS backs away from the case. Also, because social workers carry high caseloads with numerous physical and sexual abuse cases, emotional abuse cases involving

¹⁸. Telephone Interview on 3/20/89.

¹⁹. Telephone Interview on 2/23/89.

²⁰. Telephone Interview on 4/4/89. Worker wishes her identity to remain anonymous.

child witnesses have a low priority. Lastly, she thinks BWA have little understanding about CPS practices and this contributes to workers distancing themselves from child witness issues. Shelter workers, in her experience, have alienated women and CPS workers with "their abrasiveness."

The Massachusetts Department of Social Services (DSS)

In order to provide context to my discussion of CPS policies, the Massachusetts Department of Social Services policies will be examined in regards to child witnesses.

History

On July 1, 1980, Massachusetts Department of Social Services (DSS) officially assumed responsibility for the delivery of services to over 11,000 children in this state. The new bureaucracy was designed to provide social services to children, families, and the elderly. DSS was responsible for child protective services and has at its disposal out of home services such as daycare, foster care, and adoption services.²¹

The creation of a bureaucracy to address children's services was a ten year struggle. Prior to the establishment of DSS, social services for children and families was one of the responsibilities of the Department of Public Welfare (DPW). DPW, during the 1970's, had come under public scrutiny and heavy criticism for their ineffective delivery of services, poor casework practices, and fragmented services to children and families.

By 1978, the legislature mandated the establishment of DSS. Thus, the social services component was removed from the purview of DPW; DPW was left with administering the public welfare financial assistance programs.

²¹. Leonard Marcus, "The New Organization: An Implementation Study of the Massachusetts Department of Social Services," Doctoral Dissertation, Florence Heller Graduate School, Brandeis University, 1982.

Founding Philosophy

The three founding philosophical foundations identified by DSS were: decentralization, permanency planning, and strengthening families.²² Decentralization was an organizational structure concern. DPW social services had been highly centralized and this was believed to be ineffective and facilitated fragmented case planning.

Permanency planning is a concept designed to promote long term planning for a child in an effort to avoid having a child languish for years in temporary care such as foster or institutional care.

The idea of strengthening families was in part a response to criticisms of DPW for removing children from their homes and placing them in institutions. This mandate of strengthening families assumes the needs of children are generally best served with their birth family. In strengthening families, social workers make every effort to keep children with their families by providing supportive and preventive services. They remove children from their homes only when children are clearly at risk for abuse or neglect. Even after the removal of children, DSS is obligated to provide services to the family in order to facilitate reunification. Termination of parental rights is seen as an extreme measure; to be done when parent(s) have repeatedly demonstrated their inability to care for their child(ren) due severe abusive or neglectful behavior.

DSS Today

DSS is the agency responsible for child protective services in this state. Like its counterparts across the country, DSS each year increasingly receives more referrals of child abuse and neglect cases each year.

²². Ibid.

Last year, in 1988, DSS received 58,000 reports of child abuse or neglect for their 1200 social workers to investigate. DSS currently services 39,000 children; 8,700 of whom are in state custody. The remaining 31,000 children live in their family home.²³

Intake of Cases

Diagram I is a simple explanation of DSS and its case intake procedures. The purpose is to illustrate how DSS processes cases child abuse referrals. If a referral is an appropriate case, a social worker is assigned to investigate the report. There are specific time frames that an investigation must be initiated and completed by. One of the purposes of the investigation is to determine if the allegation on the initial referral is valid. The social worker must make a finding substantiating or not substantiating the allegations of abuse or neglect to the child. Depending upon the findings of the investigations, a case plan including services for the family will be provided.

Child Abuse Definitions and Family Assessment

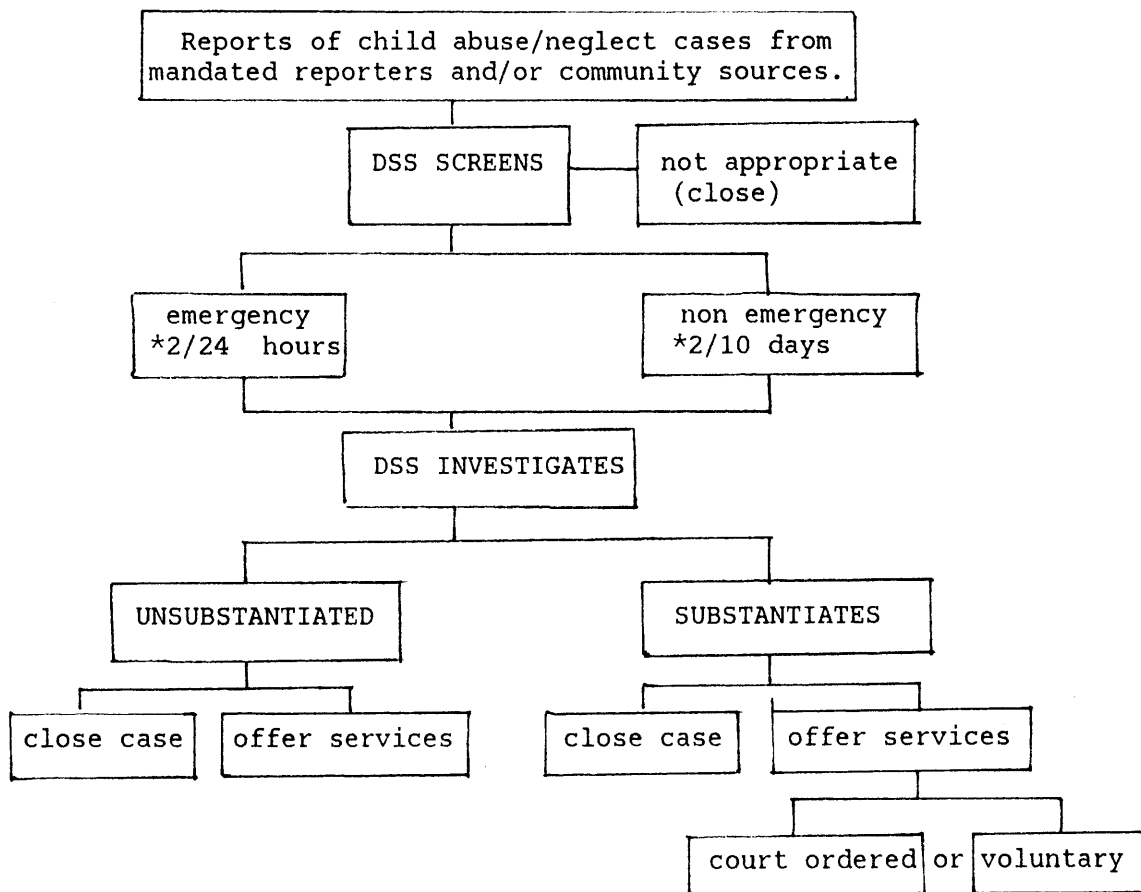
The Department of Social Services definitions of child abuse, neglect, and emotional injury lack any reference to child witnesses or the battering of the child's mother (see appendix A). Despite the research which documents witnessing violence is emotional abuse (see chapter 2), DSS does not specify this form of child abuse in its definitions.

In addition, DSS does not identify child witnesses or battered women in their nine part family assessment study which is used during investigation of a case (see appendix B). For example, Section IV Family Background and History is used to attain background information on the relevant members of

²³. Stephen Thompson, "Critics Charge State Agency Errs in Child Custody Cases," Middlesex News, March 5, 1989.

the child's family. Social workers gather detailed background information including parent's education, employment, substance usage, history of sexual abuse, significant life events, and assess parenting abilities. Yet, there is no mention, in the assessment to inquire if the mother is battered, or if the children witness abuse.

DSS INTAKE Diagram 1 (24)



*the first number refers to the amount of time (hours or days) a worker has to initiate investigation upon receiving the case. Second number refers to the amount of time a social worker has to complete the investigation.

²⁴. Adapted from DSS policy manual.

The reason for identifying child witnesses and their battered mothers is to determine the level of violence and lethality to the child and his/her family. Additional reasons to identify child witnesses include:

- o Children suffer emotional abuse as a result of witnessing violence and this is exhibited through a variety of ways: behavioral and educational problems, poor self- esteem, passivity, aggressiveness (see Chapter II).
- o If the mother is being battered the chances of her batterer also physically abusing the child(ren) is quite high, hence, the child is clearly at risk of physical abuse;
- o The batterer's violence if not disrupted will likely increase in severity and frequency and the chances of children intervening in the assault increase -- children may "accidentally" or intentionally be hit. Or as a result of the increasing severity of the assault, the woman may be killed by her batterer leaving her child motherless/parentless;
- o The majority of studies indicate batterers come from homes where they witness abuse of their mother -- thus, suggesting a strong probability of the intergenerational transmission of violence for male children;
- o Battering effects a woman's physical and mental health which may impair her ability to parent and protect the child thus leading to allegations of child abuse or neglect.

Having no formal mechanism in place for identifying child witnesses and battered women is poor social work case practice. Determining the family dynamics is essential in preparing case plans for families since it will help assess the safety of the child, lethality of the abuser, and ensure appropriate referrals for counseling, legal, and medical services. As a result, CPS would be in a better position to protect the child, or disrupt and prevent future violence to the child.

Summary

Historically, social work training and practices have not been sensitive to needs of child witnesses and battered women. Social work training does not promote understanding of the causes and treatment for woman abuse. In many cases, traditional social work practices reinforce the sanctity of the

nuclear family, perpetuates the violence against women (and children), and silences the voices of battered women.

The need for CPS to address the problem of child witnesses is expressed by a variety of child advocates, yet, in this state, DSS has not responded with any policies or procedures for recognizing witnessing violence as a form of child abuse. The next chapter will propose policies for child welfare agencies to address the plight of child witnesses.

Chapter VI: Bridging the Gap: Policy Recommendations and Conclusions

This thesis identifies the reasons for the gaps in CPS services to child witnesses: the child abuse framework treats child abuse in isolation of other forms of family violence and social work practices reinforce the traditional patriarchal family. This compartmentalized way of thinking results in keeping the issue of child witnesses from emerging.

A reframing of the child witness problem as abusive to children is required in order to facilitate the emergence of this issue. In my interviews with DSS personnel, it appears they are aware of the problem of child witnesses in the abstract, but DSS has not yet implemented concrete policies or procedures to address the issue of child witnesses. Good intentions regarding child witnesses and battered women are not enough; specific action is required to stop the victimization of child witnesses.

This chapter will propose CPS policies to bridge the gap in services to child witnesses and their families in an effort to promote a holistic approach to family violence. CPS and its families benefit in several ways from having policies addressing child witnesses. First, by identifying child witnesses, CPS will be better able to assess the family dynamics and provide effective intervention.

Second, by identifying the victims and perpetrators, social workers will get to the root of the problem in the family -- the violence. Accurate assessment of family members will result in appropriate referrals for treating the violence and its effects on family members. Also, addressing the violence as the cause of the problem means we will not waste valuable time, money, and resources treating only symptoms of abuse, thus, making more efficient use of our limited resources.

Third, accurate assessments and intervention in the lives of child witnesses and their families lessens the work for social workers since the likelihood of abuse to the child is reduced. If advocacy and counseling are effective, then the chance of seeing the child (or his/her children) return for services is decreased. Families need less monitoring once the violence is eliminated.

Child welfare agencies are keenly aware of child physical and sexual abuse; attention needs to be paid to emotional abuse of children or they are likely to become the next child physical/sexual abuse victim and possibly future abuser/victim. Brekke states if domestic violence is not detected there are two likely consequences:

First, the treatment may become perplexingly unproductive and second, the clinician becomes an unwitting accomplice to the continuing abuse by reinforcing the denial of the victim or perpetrator. Hence, detection is an important part of the effort to end abuse in families.¹

How can we as child advocates intervene in a way to ensure that we do not perpetuate the violence in the family? I propose policies aimed at identifying and treating family violence at the individual and institutional levels.

POLICIES FOR CPS AGENCIES

1. Policy: Recognize child witnesses as victims of emotional abuse and as at risk for physical abuse.

Discussion: Recognition of the problem of child witnesses symbolizes for the agency, its workers, and the families and communities it serves, that children watching the battering of their mothers is a form of abuse. Such recognition sends a clear message that all forms of family violence are

¹. Brekke, John, op. cit. p. 333.

serious matters.

Procedure: Child abuse definitions in CPS manuals and regulations should identify children witnessing battering as victims of emotional/mental abuse and also at risk of physical injury.

In Alabama, for example, the Family and Children's Services manual cites domestic violence as an example of "Substantial Risk of Physical Injury" for children. Additionally, the Alabama manual specifies that children's exposure to physical violence between parents is a form of "Mental Abuse" of children (see appendix C).

2. Policy: Identify child witnesses/battered women on caseload.

Discussion: The CPS worker is in a unique position to disrupt the violence in the lives of families. During the investigation, the CPS worker may be the first and only advocate to observe family dynamics and the worker is in a position to offer services which address the violence.² It becomes critical that the CPS worker make a thorough assessment of the level of violence in the family in order to determine the potential danger to the child. As DiPanfilis and Brook's note:

Screening for battering in all CPS cases is the only way to fulfill the obligation to protect children and to offer the mother the tools she needs to help herself and her children. Assessment of the level of risk to the child cannot be completed accurately unless it identifies all family dynamics, including battering of the mother.³

Procedure (1): Interview parents/couple separately.

A battered woman's safety (and that of her children) would likely be in jeopardy if she disclosed abuse in the presence of her batterer. It is

². Cummings & Mooney, op. cit. p. 5.

³. D. DiPanfilis & G. Brooks, op. cit., p. 15.

important to maintain confidentiality as the batterer may become angry at the victim for disclosing the abuse. When inquiring about the violence in her life, it is helpful to specify and give examples of what you mean by violence. Many battered women may not identify battering as abusive -- they may think of it as "fighting" (even when they are the one who has the injuries). Remember that family violence is usually kept a secret; the victim's fear and the perpetrator's denial keep both parties from disclosing.⁴ Brekke proposes a valuable interviewing technique called "funneling" to uncover information about abuse in a sensitive manner. As the image of a funnel suggests, the social worker first asks broad, general questions about the topic of concern in an effort to reduce defensiveness in the client. For example, if a social worker is interviewing a woman regarding battering, it is best to generalize conflict as normal and something that occurs in all relationships/marriages. Then discuss how conflict or disagreements are handled between herself and her partner. The questions should get progressively more focussed on the type of conflict which occurs in the family. The social worker may say: "Couples handle conflict differently. Some don't talk about it, some yell, others throw things, or have temper tantrums. What are the ways conflict is handled in your relationship?"

There are many forms of abuse and it is helpful to name as many as she has experienced: Verbal, physical, sexual, emotional, or financial (see appendix D for more questions).

Procedure (2): Validate a woman's fear and concern for her safety. For CPS, this means that the worker must be an advocate and a protector for

⁴. Brekke, John, op. cit. p. 332.

victims in cases of battering.⁵ It is not enough to remain a neutral observer because the woman and her children are in real danger. At the time of a woman's disclosure, it can be empowering for the woman if the worker validates the courage it took for her to disclose the abuse and be empathetic for the abuse she has suffered. The worker may be the first person the woman tells about the abuse; the worker's support and belief about the abuse the woman has suffered is crucial. It is important to avoid judgmental or blaming statements such as "why haven't you left?" "what did you do to provoke this?" Instead, discuss the consequences of her choices and ask in a non-blaming way about the effects of violence on her and the children. This will trigger thoughts regarding protection and safety of children. Cummings and Mooney point out that the worker should be cautious when encouraging the woman to leave since:

Many abusers threaten to kill the child or woman if she leaves permanently, and some have carried out the threat. Some women, therefore, only leave for a few days, until the violence is no longer escalating. This should be assessed as a positive effort at protection.. . Determine if the abuser has pursued her and the children and threatened or used violence to compel her to return home.⁶

Procedure (3): Devise a safety plan for a battered woman and her children in order to help her restore a sense of control in her life. A safety plan identifies alternatives for women and their children to ensure their safety. A safety plan inventories the resources available to women (eg. shelter, money, friends) that a woman can count on in times of crisis.

3. Policy: In child witness cases, the batterer should be held accountable for his violence; the non-abusive mother should not be blamed for the

⁵. Ibid. p.333.

⁶. Cummings & Mooney, op. cit. p.6.

batterer's violence.

Discussion: Social workers commonly hold the battered woman accountable for the batterer's violence.⁷ A battered woman is put in a position where she is forced to choose between her husband/partner or her children. The battered woman has not perpetrated the abuse or broken any laws (unlike the batterer), yet she is treated as if she was the abuser and placed in an untenable position. It is not realistic or reasonable to expect a battered woman to control the actions of her batterer. A battered woman cannot stop the attacks of her assailant; that is the nature of victimization. Yet, by threatening to take away her children, CPS sends the message to a battered woman that her victimization is her fault. That a battered woman should prevent her batterer from beating her -- especially in front of the children. Again, we must ask ourselves what message children receive when their mothers are treated as if they were the perpetrators. Why should women and children flee from their homes when they have done nothing wrong or deserving of being homeless.

The responsibility for the violence should be placed firmly with the batterer. He should be given the choice of leaving the home or entering into batterer's counseling. The message should be clearly given to the batterer that his use of violence is unacceptable.

Procedure: CPS policies and procedures manual should state the burden is placed with the perpetrator for leaving the home and not on the woman or the children.

4. Policy: Provide services which address violence in the family, focussing on the unique and different needs of victims and perpetrators.

⁷. Based upon interviews with Mary Pat Brigger, Diane DiPanfilis, and members of the Massachusetts Battered Women's Coalition.

Discussion: Treatment issues in family violence cases are important because we do not want to foster or reinforce unequal power relationships in the family. Therefore, counseling or support services which acknowledge that family violence is a result of power differentials in the family are crucial. In most cases of abuse, the perpetrator does not have an identifiable psychopathology; battering is a way for perpetrators to maintain control over family members.⁸ Hence, family or couples' counseling for violent relationships/families is not appropriate until the violence has ceased.⁹

Batterer's counseling is specialized treatment focussing on the use of violence as a means to control and gain power over family members. Batterer's counseling stresses that the batterer take responsibility for his violence and challenges the batterer's use of denial and blame. An effective batterer's counseling program "will have as its primary goal and first responsibility ensuring the safety of the victim and stopping the violence."¹⁰

Services for women in abusive relationships include self- help groups. These open-ended groups enables women to become responsible for themselves and "to foster autonomy, to provide them a sense of empowerment, to encourage them to master their environment, and to improve their self-image."¹¹

Counseling services addressing the needs of child witnesses are rare. Rosenbaum and O'Leary point out that despite the number of emotional and

⁸. S. Schechter op.cit. pp. 219-224.
Gelles Straus, Intimate Violence, pp. 32-36.

⁹. Brekke, John, op. cit. p. 333.

¹⁰. D. DiPanfilis & G. Brooks, op. cit., p. 43.

¹¹. L. Davis, "Battered Women: The Transformation of a Social Problem," National Association of Social Workers, July-August 1987, p. 309.

behavioral disorders child witnesses are at risk for, there are very few mental health services available for these children. However, there is one specialized counseling program for child witnesses in Canada designed by Jaffe, Wilson, and Wolfe.¹² The goals of this ten session group counseling program are to educate and promote discussion about family conflict, teach children how to handle violence at home, express their feelings and thoughts about conflict, discuss how to solve problems with friends and family, and lastly, to improve their self-esteem.

This pilot project targeted child witnesses between the ages of eight and thirteen years of age. Overall, the project received positive feedback from the children's mothers. Also, the children underwent changes in attitudes about themselves and violence. For example, 85% of the children could identify two or more positive things about themselves compared to a 53% pre-test score. In regards to violence, the group counseling was associated with a decrease in the extent of violence the child condones in his/her family.¹³

In regards to substance abuse, experts on family violence recommend that the alcohol/drug dependency needs to be treated, but not in lieu of counseling for violence. It is important to not perpetuate the myth that alcohol or drugs are the cause of the violence.¹⁴ It is true that the abuse of substances may worsen the violence; but treating only the alcohol/drug

¹². P. Jaffe, S. Wilson, & D. Wolfe, "Promoting Changes in Attitudes and of Conflict Resolution Among Child Witnesses of Family Violence," Canadian Journal of Behavioral Sciences, (18) 4, 1986: 356-366.

¹³. Ibid.

¹⁴. See Gelles & Straus, Intimate Violence, op. cit. pp. 44-45, for discussion about studies which undermine the myth that substance abuse is cause of violence.

usage will not eliminate violent controlling behavior in abusive individuals.

Procedure: Identify appropriate support or counseling services for children, women, and men. Children's (generic) support groups are a part of many community counseling agencies. Women who need support/empowerment groups can typically locate one at battered women's shelters. Batterer's need to learn to control their violent behavior. Therefore, specialized counseling agencies for batterer's, such as Emerge, which focus on battering as a mechanism for power and control are necessary.

5. Policy: Develop multidisciplinary team to staff CPS cases.

Discussion: A multidisciplinary team provides extensive and diverse input in case management. It is a way to utilize the expertise and resources of the community to assist in a devising a case plan, assessing family dynamics, and identifying treatment issues.

Procedure: Establish teams with a cross representation from battered women's community and batterer's treatment programs, the criminal justice system, and the medical/mental health fields. Establish regular meeting times, procedures for staffing (time, number of cases, confidentiality, etc.). Develop protocols among agencies for reporting child witnesses cases. The teams have the added benefit of promoting better understanding and establishing informal networks among the different agencies.

5. Policy: Institute Family Violence Training which addresses problem of child witnesses.

Discussion: Training social workers about the effects of family violence is the best tool to sensitize and educate workers about the dynamics of abuse.

For example, New York State Child Protective Services Training Institute offers a two day training on domestic violence. The training addresses the

issues of woman battering and child abuse within a family violence framework. Nina Cummings, a staff member of the New York Training Institute, reports that presenters for the domestic violence training are from a cross section of services: shelter workers, the criminal justice system, and therapists/social workers.¹⁵ The curriculum was developed and written in conjunction with the New York Coalition Against Domestic Violence.¹⁶

The training addresses the lethality of batterers. It gives statistics on family violence, and explains how children are harmed by witnessing battering. This last point is critical, according to Ms. Cummings, because social workers do not see the crucial relevance between the victimization of mothers and the impact on children.

Procedure: Utilize battered women's advocates, batterer's counseling services, therapists, criminal justice personnel, social workers, members of the medical profession, and other experts on family violence in designing the training curriculum. The curriculum should contain an explanation that family violence is a result of unequal power in the family; that battering is a means to control family members. Ideally, the family violence training is incorporated into the CPS "core" training.

7. Policy: Establish working relationship with shelters at each local CPS office. Also, establish a state level committee that will work with battered women's coalitions.

Discussion: CPS and BWA can work in tandem to bring services to families where child maltreatment and battering are present. Both groups share a common goal of ending the violence in the lives of families and ensuring that families are safe places in which to live. Shelters can support CPS and the

¹⁵. Telephone interview with Nina Cummings, 4/12/89.

¹⁶. Cummings & Mooney, op. cit.

goal it sets for its clients in the following ways:¹⁷

- o Model positive parenting, provide education regarding needs and care of children, and help women to increase their confidence as parents.
- o Encourage women to seek help and support from CPS when their children have been or are at risk of maltreatment.
- o Report suspicions of child abuse and neglect to CPS.
- o Support a safety or treatment plan developed by CPS.
- o Help women obtain employment, child care, legal, and health services, and advocate for them with other agencies as necessary.

Procedure (1): Conduct cross-trainings between CPS and shelters in an effort to promote better communication, discuss concerns, and to share similarities in work experience. This forum provides the opportunity to discuss each agency's mission and services (eg. CPS reporting laws and shelter confidentiality rules).

Procedure (2): Develop interagency agreements outlining the roles, responsibilities, and expectations for each agency with regard to cases. Hold regular meetings to discuss case planning or to work out problems that may arise. Designate a contact person within each agency to act as a liaison person between the agencies and also to act as representatives from their respective agencies at meetings.

Procedure (3): CPS and BWA could develop joint community education projects on family violence, co-sponsor trainings, or organize CPS Family Violence trainings. Again, this would promote better working relationships between the two groups, reduce the likelihood of duplication of services, and save time, money, and resources of each agency.

¹⁷. Informal guidelines written by Barbara Gould and Joan Welsh, developed by Boulder County Safe House and Boulder County Department of Social Services, Boulder, CO.: February, 1988.

Conclusions

Child witnesses suffer abuse by watching their mothers being beaten. However, their victimization does not end there; CPS and other child welfare agencies are neglecting the needs of child witnesses by not identifying or acknowledging the plight of child witnesses.

My review of the literature, studies, and research on child witnesses has clearly indicated children may suffer from a multitude of behavioral, physical, psychological, educational, and delinquency problems from watching their mothers being beaten by their father-figures. Child witnesses are also at very high risk of being physically abused either as intentional or unintentional targets of assault as a result of living in a dangerous home environment.

The reasons why child protective agencies have not addressed the problem of child witnesses have been traced to the medical profession's social construction of child abuse. The medical construction of the child abuse issue framed the problem as an individualized medical illness that could be cured with drugs, counseling, or therapy. The medical profession avoided associating abusive or neglectful behavior with larger concerns such as unequal power in the family, patriarchy, or sexism. This framework has greatly influenced child welfare professionals, therapists, and counselors. Viewing family violence as aberrant behavior has kept the issues of battered women and child witnesses from being correctly identified and treated on CPS caseloads.

Social work training and practices further stifle the child witness issue from emerging. Frequently, violence in the family is mis-labelled or underidentified by social workers leading to social workers only treating the symptoms of violence and not violence as the cause of problems within the

family.

The first step child welfare agencies must take is to recognize the problem of child witnesses and reflect this concern in their policies and case practices. I have proposed policies for child welfare agencies to address the problem of child witnesses in this thesis.

If child welfare agencies are sincere about their commitment to end violence in the lives of children, then they must identify and treat the victimization of battered mothers and their children. An array of services are necessary to treat the family: women's support/empowerment groups, counseling for children, and batterer's counseling for the perpetrator. Such services should be incorporated into the repertoire of child welfare resources. Services which empower battered women are essential since studies indicate battered women can successfully regain control of their lives and recapture their hopes and dreams once the violence is arrested.¹⁸

The next step beyond this thesis is to study how to successfully implement policies in CPS agencies. The successful implementation of such policies must take into consideration several factors: policies cannot be expensive to implement, they should not add substantially to the responsibilities of over-burdened CPS workers, and policies should serve clients in a more sensitive manner and not contribute to alienating or victimizing clients.

However, in our development of specific CPS policies, we should not lose sight of all the other contributing norms and institutions that support the mistreatment and use of violence against people in this country. I believe the feminist analysis of violence against women and children is correct and

¹⁸. S. Schechter op.cit.

that in order to ameliorate the violence, we as a society will have to take the position that no one deserves to be mistreated or abused. We need to value people no matter what their age, sex, religion, or race and support this belief with policies, laws, values, and cultural norms which will not tolerate unequal treatment of individuals in families, schools, the courts, the work place, and all other societal institutions.

CPS policies for child witnesses is but one small aspect of dealing with the enormous problem of family violence in this society. Yet, it is nevertheless an important step in the right direction. Child welfare agencies can be true advocates for children and families by no longer contributing to silencing the voices of these victims. Instead, child welfare agencies can make the statement through policies and practices that emotional abuse of children is harmful and will not be tolerated.



Room 14-0551
77 Massachusetts Avenue
Cambridge, MA 02139
Ph: 617.253.2800
Email: docs@mit.edu
<http://libraries.mit.edu/docs>

DISCLAIMER

**Page has been omitted due to a pagination error
by the author.**

APPENDIX A: DSS CHILD ABUSE & NEGLECT DEFINITIONS

110 CMR: DEPARTMENT OF SOCIAL SERVICES

- (1) "Abuse" means the non-accidental commission of any act by a caretaker upon a child under age eighteen (18) which causes, or creates a substantial risk of, serious physical or serious emotional injury, or constitutes a sexual offense under the laws of the Commonwealth. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting.)
- (29) "Institutional abuse or neglect" means abuse or neglect which occurs in any facility for children, including but not limited to group homes, residential or public or private schools, hospitals, detention and treatment facilities, family foster care homes, group day care centers, and family day care homes.
- (35) "Neglect" means failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting.)
- (46) "Serious Emotional Injury" means an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.
- (47) "Serious Physical Injury" means
- (a) death; or
 - (b) fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or
 - (c) soft tissue swelling or skin bruising depending upon such factors as the child's age, circumstances under which the injury occurred, and the number and location of bruises; or
 - (d) addiction to drug at birth; or
 - (e) failure to thrive.

APPENDIX B: DSS ASSESSMENT STUDY

Assessment Policy and Procedures

ASSESSMENT STUDY OUTLINE

The nine components of an assessment study are:

- I. Referral - Briefly state the date, type and reason for referral.
- II. Court Action (For Court-Involved Cases Only)
 - A. Briefly state the date and type of court action initiated, name of court, hearing dates, current legal status, date and purpose of the next hearing. Specify which child(ren) are involved in the court action.
 - B. List the names, titles and telephone numbers of attorneys, probation officers and court investigators currently involved in this case.
- III. Collaterals - List the name, agency affiliation, telephone number, address and relationship/role for each collateral currently involved with this family and specify the nature of the involvement. Include health care providers currently used by the family. (Information recorded in Section II (B) does not need to be repeated.)
- IV. Family Background and History
 - A. Mother or Mother Substitute in the Home - List Social Security Number, DOB, Military Service's or Veteran's number. Briefly describe physical appearance, family of origin, parenting received as a child, medical history, social service history, psychiatric history, educational/employment history, legal/criminal involvement, alcohol/substance abuse issues, history of sexual abuse, significant life events, and any specific talents, abilities or interests. Briefly assess parenting skills including attitude toward parenting responsibilities and current level of functioning, including strengths, needs and typical response to prior crisis or stress.

In cases involving adolescents, also assess parenting skills for the knowledge and capacity to help the adolescent prepare for young adulthood.
 - B. Father or Father in Substitute in the Home - Same directions as for "Mother".
 - C. Referred Child(ren) - List Social Security Number, DOB. Briefly describe physical appearance, medical history (including names of Health Care providers and date of last check up), psychiatric history, school adjustment/performance including any special education status, alcohol/drug use, legal/delinquent involvement, significant life events, peer relationships and any specific talents, abilities or interests. The medical history should include: developmental history, hospitalizations, chronic conditions, medications, etc. Briefly assess current level of functioning including strengths and needs.
 - D. Non-Referred Children in the Home - Briefly describe current level of functioning including any identified health or school problems, significant life events, peer relationships, strengths, areas of concern, current location and the reasons child(ren) is not living at home.
 - E. Non-Referred Children Not in the Home - Briefly describe current level of functioning including any identified health or school problems, significant life events, peer relationships, strengths, areas of concern, current location and the reasons child(ren) is not living at home.

Assessment Policy and Procedures

-5-

- F. Biological Father and/or Mother Out of the Home (if information is available) - List Social Security Number, DOB, Military Service's or Veteran's Number. Briefly describe physical appearance, family of origin, parenting received as a child, medical history, social service history, psychiatric history, educational/employment history, legal/criminal/involvement, alcohol/substance abuse, history of sexual abuse and other significant life events. Describe the current nature of their involvement with the child(ren).
- G. Significant Others - Include significant extended family and/or family friends. Briefly describe the individual's involvement with this family and assess the extent to which this individual can serve as a support or resource to the family. In those situations when it appears that a child's permanent plan may be "Alternative Permanent Home: Adoption" provide as much social, medical and mental health history of the grandparents as is available. In those situations when it appears that an adolescent's permanent plan may be "Independent Living," describe the individual's involvement and how he/she can support the adolescent in achieving this goal.
- V. Home Environment - Briefly describe the community and the home, and assess the level of housekeeping, adequacy for size of family, and stability of housing situation.
- VI. Family Financial Situation - Briefly describe the family unit's current financial situation including sources of income (e.g., employment, SSI and/or AFDC), significant expenses, health insurance coverage (policy and number) and other financial resources. Indicate whether any family member may be eligible for any public benefits she/he is not receiving. Assess the extent to which the family financial situation affects family functioning and the need for Department services.
- VII. Family Functioning - Briefly describe the family unit's current level of functioning, including pattern of interactions, roles assumed, relationship among family members and strengths and needs of the family unit. When assessing immigrant families, the following areas may need to be addressed:
- o languages spoken by family members
 - o length of time in the United States
 - o reasons for leaving the country of origin
 - o occupation prior to immigrating to the United States
 - o proximity to extended family members and the relationship with the relatives
 - o difference in family's economic-social status between United States and country of origin.
- VIII. Assessment Summary - Briefly state the reason for services, recommended focus of intervention with this family and issues that need to be included in the service plan. Describe the family's attitude toward intervention, their willingness to participate in the delivery of services and types of services necessary. (If the case is to be re-assigned, identify recommended steps to be taken, immediate needs, referrals/follow-ups.)
- IX. Automatic Administrative Review (For supported cases only) - Make a recommendation as to whether the original investigation decision should continue to be supported or changed to unsupported and the reasons why the recommendation is being made.

APPENDIX C: ALABAMA CHILD ABUSE & NEGLECT DEFINITIONS**Tying/Close Confinement/Bizarre Discipline (22)**

Priority Number 2

Definition: Tying/close confinement, unreasonable restriction of a child's mobility, actions, or physical functioning by tying the child to a fixed (or heavy) object, tying limbs together, or forcing the child to remain in a closely confined area which restricts physical movement. Examples include, but are not limited to:

1. Locking or otherwise requiring a child to remain in a room for an unreasonable period of time.
2. Locking a child in a closet, for any period of time.
3. Tying one or more limbs to a bed, chair, or other object.
4. Tying a child's hands or feet.

Bizarre Discipline

Disciplinary actions, events, and/or devices used in an attempt to set behavioral standards or to modify behavior, which are markedly unusual, eccentric, irrational, or manifestly overactive to the child's behavior and to the disciplinary situations, and which cause, or place the child at risk of, physical injury, severe mental injury, or the removal of basic needs.

Crude, brutal, and severely misguided behaviors include, but are not limited to, forcing the child to kneel on objects that cause pain, restraining blood circulation in limbs, forcing a child to memorize material far beyond his mental ability, placing pepper, tabasco, or other noxious or choking substances in the mouth, tying the penis to stop bedwetting, and killing or injuring or threatening to kill or injure a child's pet.

Guidelines: The child's condition or situation must be directly attributable to a physical act of an alleged perpetrator. Emphasis is on the behavior of the perpetrator, not just on the consequences for the child. A one-time bizarre act, as well as a pattern of actions, constitute abuse. Bizarre discipline can be categorized as either physical abuse or emotional abuse.

Substantial Risk of Physical Injury (23)

Priority Number 2

Definition: Substantial risk of physical injury means that the parent, caretaker, immediate family member, other person residing in the home or the parent's boyfriend/girlfriend has created a REAL AND SIGNIFICANT DANGER of physical injury or sexual abuse to the child.

(Continued) - Substantial Risk of Physical Injury (23)

This allegation of harm is to be used when the type or extent of harm is undefined but the total circumstances lead a reasonable person to believe that the child is in substantial risk of physical injury or sexual abuse. This allegation of harm also includes incidents of violence or intimidation directed toward the child which have not yet resulted in injury or impairment but which clearly threaten such injury or impairment.

NOTE: If, during the course of the investigation, a specific allegation of harm is identified, the appropriate allegation shall be added and a determination made on all the allegations.

Guidelines: Examples of incidents or circumstances which place the child in substantial risk of physical injury include, but are not limited to, the following:

Incidents

- excessive corporal punishment but no marks or injury (particularly if child is under age 5)
- Choking the child, but no marks or injury
- Smothering the child, but no marks or injury
- Pulling or jerking on child's hair
- Violently pushing or shoving the child into fixed or heavy objects, but no marks or injury
- Throwing or shaking a smaller child, but no marks or injury
- Other violent or intimidating acts directed toward the child which cause excessive pain or fear.
- Failure to use a car seat for a child under three years of age as prescribed by law

Circumstances

- domestic violence in the home when the child has been threatened and/or placed in danger of being physically abused;
- a perpetrator of child abuse who has been ordered to remain out of the home returns home and has access to the abused child;
- the non-accidental death of one child provides reason to believe that another child is at risk;
- past sexual abuse, when confirmed by the victim, provides reason to believe that another child is at risk.

(Continued Mental Abuse/Neglect (31))

Guidelines: Mental Abuse

1. There should be indication that an alleged perpetrator's behavior has caused or contributed to the child's mental problems.
2. Mental abuse may be obvious, subtle, explicit, or implied. Abuse includes, but is not limited to, rejecting, intimidating, ridiculing, belittling, excessively guilt producing, hostile, or violent behaviors and exposure to such behaviors. Violence includes the child's exposure to physical violence between family members and/or parent/caretakers, and others, and toward pets or animals.
3. Acts of exploitation include the frequent and inappropriate expectations or demands on a child to perform tasks and chores which emotionally or physically exhaust, deplete, and weaken the child. This includes exploitation of the child's persons, abilities, or resources, including the child's labor, or wage-earning capacities, and use of the child for begging, narcotics traffic, or other illegal activities.
4. Mental injury also occurs in custody struggles in which the child is a pawn between the two parents and/or other relatives, and both of them blame, harass, and belittle each other in front of, or to the child. The child suffers emotional damage, such as extreme anxiety or depression, due to the continuing conflict.
5. The scapegoating of one child in a family or the placement of excessive work demands on a single child, such as a foster child, adoptive child, step-child, or impaired child constitutes mental abuse.
6. Symptoms of mental abuse may include, but are not limited to and may not be reflected by: excessive need for sucking, feeding and sleep problems, unrealistic fears, enuresis, stuttering, lethargy, depression, runaway behavior, stubborn or defiant activity, poor school performance, extensive denial, suicide threats, property destruction, and violent behavior toward others.

Mental Neglect

- Guidelines:**
1. The child's basic emotional needs are ignored; little or no time is made to understand him, little or no time is spent with him, little or no affection nor warmth is provided, little or no concern is demonstrated toward him as a person, and most or all communicable interaction is blocked.

APPENDIX D: QUESTIONS TO ASK WOMENQuestions for Women

- o Has your husband/boyfriend ever destroyed property?
- o Has he ever hurt your pets?
- o Has he ever hit you with something or thrown something at you?
- o Has he ever punched, kicked, or choked you?
- o Has he attacked you while you were pregnant?
- o Does he threaten you to make you do what he wants? How?
- o Has he ever forced you to have sex? Has he ever made you perform sexual acts you didn't want to do? With other people?
- o When was the first time he did any of these things to you?
- o When was the last time he did any of these things to you?
- o How often does he do any of these things?
- o Is there a pattern to his violence? What is it?
- o Have you ever had to go to the hospital because of what he did? What happened?
- o Has he done any of these things to the children? What did he do?
- o Does he have a weapon? What is it?
- o Has he ever used it? How?
- o Has he ever threatened to kill himself?
- o Have you ever called the police? What happened?
- o Have you ever gone to court for a restraining order? What happened?
- o Have you talked to anyone else about this violence? What happened?
- o Are you afraid that he will hurt you because you are talking to me?

From Diane DiPanfilis & Gail Brooks, "Child Maltreatment and Woman Abuse: A Guide for Child Protective Services Intervention." (DRAFT), Prepared for the National Woman's Abuse Prevention Project, 2000 P. Street N.W., Washington, D.C., 1989

APPENDIX E: INTERVIEWS

(Alphabetical)

Brigger, Mary Pat, Director of National Woman Abuse Prevention Project in Washington D.C.. Telephone interview 2/21/89.

Burger, Rachel, Co-founder of Transition House in Cambridge, Ma.. Personal interview 4/12/89.

Cummings, Nina, staff member of New York State Child Protective Services Training Institute and affiliated with the Family Life Development Center at Cornell University. Telephone interview on 4/12/89.

DiPanfilis, Diane, staff member of ACTION for Child Protection in Maryland and co-author of "Child Maltreatment and Woman Abuse: A Guide for Child Protective Services Intervention." Telephone interview on 2/20/89.

Hoard, Robin, former child witness. Personal interview in Seattle on 4/24/89.

Kowol, Rai, Massachusetts Governor's Anti-Crime Council. Telephone interview on 3/20/89.

Newberger, Eli, founder Family Development Clinic at Boston Children's Hospital. Telephone interview on 2/23/89.

Telephone interview with Department of Social Services Social Worker who wishes to remain anonymous on 4/4/89.

SELECTED BIBLIOGRAPHY

Adams, David, "Counseling Men Who Batter: A Feminist Analysis of Five Treatment Models." Paper presented at annual meeting of American Psychiatric Association, May 17, 1986.

Alabama State Family and Children's Services Manual, May 1988.

Ascuaga, Camille "Political Agenda Setting and the Battered Women's Issue: The Effects of Government Funding on Battered Women's Programs." Unpublished Master Thesis, Massachusetts Institute of Technology, Department of Urban Studies and Planning, 1985.

Bass, D. & J. Rice, "Agency Responses to the Abused Wife." Social Casework, 60 (June 1979): 338-342.

Benne, E. and A. Sclare, "The Battered Child Syndrome." American Journal of Psychiatry, 125 (7): 975-979, 1969.

Bowker, Lee, Beating Wife Beating. Lexington, Ma.: Lexington Books, 1983a.

Brekke, John, "Detecting Wife Abuse in Clinical Settings." Social Casework: The Journal of Contemporary Social Casework, June, 1987, pp. 332-338.

Browne, Angela, When Battered Women Kill. New York: The Free Press, 1987.

Brownmiller, Susan Against Our Will: Men, Women, and Rape. Simon and Schuster, 1975.

Burger, Rachel & Liz Roberts, "Halting the Oppression of Children." Peacework, #179, September 1988, pp. 11-12.

Chapman, Jane and Margaret Gates, The Victimization of Women. Beverly Hills, Ca.: Sage Publications, 1978.

Christopoulos, Christina, D. Cohn, D. Shaw, S. Joyce, J. Sullivan-Hansen, S. Kraft, R. Emery, "Children of Abused Women: Adjustment at Time of Shelter Residence." Journal of Marriage and Family, 49 (August 1987): 611-619.

Cook, Joanne and Bowles, Roy, Child Abuse: Commission and Omission. Butterworth and Company, 1980.

Cummings, Nina & Andrea Mooney, "Child Protective Workers and Battered Women's Advocates: A Strategy for Family Violence Intervention." Response, Vol. 11, No. 2 (1988):4-9.

The Darkside of Families Current Family Violence Research. Eds. Finkelhor, David, Richard G. Gelles, Gerald G. Hotaling, & Murray A. Straus, Beverly Hills, Ca.: Sage Publications, 1983.

Davis, Liane, "Beliefs of Service Providers about Abused Women and Abusing Men." National Association of Social Workers, May-June 1984: 243-250.

Davis, Liane, "Battered Women: The Transformation of a Social Problem." National Association of Social Workers, July-August 1987: 306-311.

DeMaris, Alfred & Jann Jackson, "Batterers' Reports of Recidivism After Counseling." Social Casework: The Journal of Contemporary Social Work, October 1987: 458-465.

Dipanfilis, Diane & Gail Brooks, "Child Maltreatment and Woman Abuse: A Guide for Child Protective Services Intervention." (DRAFT), prepared for the National Woman Abuse Prevention Project, 2000 P Street, NW, Washington, D.C., 1989.

Dobash, R.E. & R.P. Dobash Violence Against Wives: A Case Against the Patriarchy. New York: The Free Press, 1979.

Fagan, Jeffrey, Douglas K. Stewart, & Karen Hansen "Violent Men or Violent Husbands? Background Factors and Situational Correlates," in The Darkside of Families. ed. David Finkelhor, Richard G. Gelles, Gerald G. Hotaling, & Murray A. Straus, Beverly Hills, Ca.: Sage Publications, pp.31-49, 1983.

Federal Bureau of Investigation. Uniform Crime Reports, 1985. Washington, D.C.: Government Printing Office, 1985.

Flitcraft, Anne "Battered Women: An Emergency Room Epidemiology with a Description of a Clinical Syndrome and Critique of Therapeutics." Doctoral thesis, Yale University, School of Medicine, 1977, Sterling Medical Library.

Gabarino, James & G. Gilliam, Understanding Abusive Families. Lexington, Mass.: D.C. Heath and Co., 1980.

Gelles, Richard J., "Violence and Pregnancy. A Note on the Extent of the Problem and Needed Services." Family Coordinator, January, 1975, pp. 81-86.

Gelles, Richard J., Family Violence. Sage Libraries of Social Research, Volume 84, Beverly Hills, Ca.: Sage Publications, 1979.

Gelles, Richard J. & Murray A. Straus, Intimate Violence. Simon and Schuster, 1988.

Gil, David, Violence Against Children. Cambridge, Ma.: Harvard University Press, 1970.

Gusfield, Joseph, The Culture of Public Problems: Drinking Driving and the Symbolic Order. Chicago: University of Chicago Press, 1981.

Herman, Judith & Lisa Hirschman, "Families at Risk for Father-Daughter Incest." American Journal of Psychiatry, July 1981, pp. 967-970.

Hershorn, Michael & Alan Rosenbaum, "Children of Marital Violence: A Closer Look at the Unintended Victims." American Journal of Orthopsychiatry, 55 (2), April 1985: 260-266.

- Hotaling, Gerald, & David Sugarman, "An Analysis of Risk Markers in Husband to Wife Violence: The Current State of Knowledge." Violence and Victims, 1 (2), 101-124, 1986.
- Hughes, Honore & Susan Barad, "Psychological Functioning of Children in a Battered Women's Shelter: A Preliminary Investigation." American Journal of Orthopsychiatry, 53 (3), July, 1983, pp. 525-531.
- Hughes, Honore, "Psychological and Behavioral Correlates of Family Violence in Child Witnesses and Victims." American Journal of Orthopsychiatry, 58 (1), January, 1988 pp. 77-89.
- Jacobs, Sally & Diane Lewis, "A Deadly End to Strife." The Boston Globe, May 11, 1989, p.1.
- Jaffe, Peter, David Wolfe, & Susan Wilson, "Children's Adjustment to Marital Violence." Requests for reprint to: London Family Court Clinic, P.O. Box 5600, Station A., London, Ontario, Canada, N6A 2P3. _____.
- Jaffe, Peter, David Wolfe, Susan Wilson, Mary Slusarczyk, "Similarities in Behavioral and Social Maladjustment Among Child Victims and Witnesses to Family Violence." Request for reprints to: London Family Court Clinic, P.O. Box 5600, Station A., London, Ontario, Canada, N6A 2P3. _____.
- Jaffe, P., S. Wilson, & D. Wolfe "Promoting Changes in Attitudes and Understandings of Conflict Resolution Among Child Witnesses of Family Violence." Canadian Journal of Behavioral Sciences, (18) 4, 1986: 356-366.
- Katz, L., "The Socialization of Academic Motivation in Minority Group Children." In Nebraska Symposium on Motivation, ed. D. Levine, Lincoln, Nebraska: University of Nebraska Press, 1967, pp. 133-191.
- Katz, Michael, In the Shadow of the Poorhouse. New York: Basic Books, Inc., 1986.
- Langley, Roger & R. Levy, Wife Beating: The Silent Crisis. New York: E.P. Dutton, 1977.
- Layzer, Jean, Barbara Goodson, & Christine Delange, "Children in Shelter." Response, Vol. 9, No. 2 (1986): 2-5.
- Lipsky, Michael, Street Level Bureaucracy. Russell Sage Foundation, 1980.
- Marcus, Leonard, The New Organization: An Implementation Study of the Massachusetts Department of Social Services. Doctoral Dissertation, Brandeis University, The Florence Heller School for Advanced Studies in Social Welfare, 1983.
- Martin, Del, Battered Wives. San Francisco, Ca.: Glide Publication, 1976.
- Massachusetts Department of Social Services, "Case Practice Policy and Procedures Manual." (revised 6/1/87).

Massachusetts Governor's Statewide Anti-Crime Council, Anti-Crime Council Presentation, April, 1988.

Mederer, Helen & Richard J. Gelles, "Compassion or Control." Journal of Interpersonal Violence, Vol. 4, No. 1, March 1989: 25-43.

Moscato, Joyce, "Protecting the Children?" Service Employees Union, Feb/Mar 1989.

Nelson, Barbara, Making an Issue of Child Abuse. University of Chicago Press, 1984.

Nichols, Beverly, "The Abused Wife Problem." Social Casework, January 1976: 27-32.

Pagelow, Mildred, Woman-Battering: Victims and Their Experiences. Beverly Hills, Ca.: Sage Publications, 1981.

Pleck, Elizabeth, Domestic Tyranny. New York: Oxford University Press, 1987.

Rhodes, Philip & S. Parker, "The Connections Between Youth Problems and Violence in the Home," Oregon Coalition Against Domestic and Family Violence, 1981.

Rosenbaum, Alan & K. Daniel O'Leary, "Marital Violence: Characteristics of Abusive Couples." Journal of Consulting and Clinical Psychology, Vol. 49, 63-71, 1981.

Rounseville, B. & M. Weissman, "Battered Women: A Medical Problem Requiring Detection." International Journal of Psychiatry in Medicine, 8 (2):191-202, 1977-1978.

Saunders, D., "Counseling the Violent Husband." Innovations in Clinical Practice, Vol. 1, ed. Peter Keller & Lawrence Ritt, Sarasota, Florida: Professional Resource Exchange, 1982.

Schechter, Susan, Women and Male Violence. Boston, Ma.: South End Press, 1982.

Sendi, Ismail & Paul Blomgren, "A Comparative Study of Predictive Criteria in the Predisposition of Homicidal Adolescents." American Journal of Psychiatry, 132 (4): 423-427, 1975.

Smith, Steven & Susan Freinkel, Adjusting the Balance: Federal Policy and Victim Services. Westport, Ct.: Greenwood Press, 1988.

Stark, Evan, Anne Flitcraft, & William Frazier, "Medicine and Patriarchal Violence: The Social Construction of a Private Event." International Journal of Health Services, Vol. 9, No. 3, 1979.

Stark, E. & A. Flitcraft "Medical Therapy as Repression: The Case of the Battered Woman." Health and Medicine, Summer/Fall 1982, pp. 29-32.

Stewart, Cyrus, Mary Senger, & David Kallan, & Susan Scheurer, "Family Violence in Stable Middle-Class Homes." National Association of Social Workers, Nov-Dec 1987: 529-531.

Straus, Murray, A., Richard Gelles, & Susan Steinmetz, Behind Closed Doors. Garden City, New York: Anchor Press, 1980.

The Social Causes of Husband-Wife Violence. Ed. Murray Straus & Gerald Hotaling, Minneapolis: University of Minnesota Press, 1980.

Stullman, Molly, A. Schoenenberger, & S. Hanks, "Assessment and Treatment of the Child Witness of Marital Violence." Family Violence Institute, California School of Professional Psychology, Berkeley. Presented at Family and Violence Conference, University of New Hampshire, July 8, 1987.

Thompson, Stephen, "Critics Charge State Agency Errs in Child Custody Cases." Middlesex News, March 5, 1989.

Tierney, Kathleen, "The Battered Women Movement and the Creation of the Wife Beating Problem." Social Problems, Vol. 29, No. 3, February 1982: 207-217.

Truesdell, Donna, John McNeil, & Jeanne Deschner, "Incidence of Wife Abuse in Incestuous Families." National Association of Social Workers, Inc. March-April 1986, pp. 138-140.

U.S. Commission on Civil Rights. Battered Women: Issues of Public Policy. Washington, D.C.: U.S. Commission on Civil Rights, 1978.

U.S. Department of Justice. Bureau of Justice Statistics. Report to the Nation on Crime and Justice. Washington, D.C.: The Data 21 (1983).

Walker, Lenore The Battered Woman. New York: Harper Colophon Books, 1979.

Widom, Cathy, "The Cycle of Violence." Science, Vol. 244, April 1989: 160-166.

Wilkerson, Isabel, "Indiana Uses Prison Furlough to Kill Ex-Wife." The New York Times National, March 12, 1989, p.22.

Wolfe, David, Peter Jaffe, Susan Wilson, & Lydia Zak, "Children of Battered Women: The Relation of Child Behavior to Family Violence and Maternal Stress." Journal of Consulting and Clinical Psychology, Vol. 53, No. 5, 1984, pp. 657-665.