FOCUS ON EXCEPTIONAL CHILDREN

Child Abuse and the Educator

Barbara Clarke Rose

The Child Abuse Prevention and Treatment Act (PL 93-247) was signed into law on January 31, 1974. This legislation established the National Center on Child Abuse and Neglect (NCCAN) within the Children's Bureau of the Office of Child Development of the Department of Health, Education and Welfare. The law also mandated that the states develop policies and procedures for the effective reporting, investigation, and follow-up of child abuse and neglect cases. To date, at least 43 of the 50 states have mandated that teachers be included among the list of professionals required to report suspected cases of child abuse and neglect (Council for Exceptional Children, 1979).

Although PL 93-247 requires that states develop child abuse and neglect policies and procedures, the development process itself is the responsibility of each individual state. In effect, this means that definitions, agencies involved, private professional participation, and legal procedures vary from state to state. The resulting confusion is only slightly resolved by a search of professional literature on child abuse, since that literature is replete with its own set of varying definitions and incidence figures.

Teachers faced with the required reporting law are justified in asking how and to whom they are to report suspected cases, and at what point a suspicion becomes a reportable concern. Furthermore, teachers, unlike many other professionals who are required to report, are in the unique position of being in continuous contact with the abused child and his or her family before, during, and after the report has been filed. Therefore, the after-effects of the reporting process (the investigation and treatment phases) are also of particular interest to the teacher.

Since each school district has its own unique school population and accompanying circumstances, the information presented here is not intended to be used as a model for developing policies and procedures for handling suspected and known cases of child abuse and neglect in the schools. Rather, it is intended as a resource for use in the development of such a model.

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THE PROBLEM

A Brief Historical Perspective

Although children have been abused and neglected throughout history, child protection did not become a reality in the United States until the early 1970s (Solomon, 1973), when the landmark "Mary Ellen case" brought child protection agencies into existence. Mary Ellen was a child who was being regularly beaten by her adoptive parents. Church workers, unable to mobilize other authorities, finally went to the Society for the Prevention of Cruelty to Animals (SPCA) for help. The SPCA, claiming Mary Ellen as a member of the animal kingdom, was able to have her removed from the abusive home on the grounds that the beatings constituted a violation of the cruelty to animals laws. The Society for the Prevention of Cruelty to Children was subsequently founded in New York as a direct consequence of Mary Ellen's experience. Other similar societies sprang up across the country in rapid succession (Radbill, 1974).

The development of child protective services did not automatically assure that child abuse and neglect would become an issue of nationwide concern. This widespread interest did not come about until the early 1960s,

when Dr. C. Henry Kempe became alarmed by the large number of children being treated for non-accidental injuries in his hospital. In 1961 he directed a symposium on the topic, sponsored by the American Academy of Pediatrics. The main impetus, however, came from an article published by Dr. Kempe in 1962 entitled, "The Battered Child Syndrome" — coining a label for the phenomenon.

Research and treatment efforts, then, have been under way for only the past 18 years. Researchers currently involved in the study of child abuse and neglect include professionals from the fields of medicine, psychology, psychiatry, education, social services, and legal studies. Such a multidisciplinary approach has resulted in a labyrinth of information, and serious students find themselves facing a confusing tangle of professional jargon and differing professional viewpoints.

Definitions

The first hurdle confronted by the student of child abuse and neglect may well be the tangle of definitions. PL 93-247 presents a vague definition (vagueness that may be necessary to encourage future research and treatment on a broad, inclusive scale), stating it as:

> . . . the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby.

A survey of professional literature reveals more specific definitions, although these definitions also evidence great variability. Consider the following three definitions. One is offered by Kempe and Helfer (1972) and defines an abused child as:

> . . . any child who received non-accidental physical injury (or injuries) as a result of acts (or omissions) on the part of his parents or guardians (p. 11).

Gil (1971) has proposed that:

> Physical abuse of children is the intentional, non-accidental use of physical force, or intentional, non-accidental acts of omission, on the part of the parent or other caretaker interacting with a child in his care, aimed at hurting, injuring, or destroying that child (p. 6).

By contrast, Bryant and associates (1963) defined child abuse as:

> . . . any situation in which a child is physically mistreated by an adult to the point that care or protection by a source outside the family is needed. The action may be deliberate or accidental, and the damage may be done by commission or omission (p. 125).

The difficulties in establishing a definition of abuse or neglect are further complicated by the very nature of the problem; that is, as the type and degree of the attack vary, so do the characteristics of the abusive individuals involved. At one extreme is the direct murder of children, which can usually be attributed to severe psychosis (ten Bensel, 1975). At the other extreme is relatively mild abuse, and in that instance families do not seem to differ greatly from any family drawn at random from the general population (Steele & Pollock, 1968).

Incidence

As stated earlier, each state currently holds responsibility for developing state laws regarding child abuse and neglect. Confusion regarding incidence rates is one manifestation of the states' difficulties in establishing: a) a uniform definition of child abuse and neglect, and b) reliable, uniform reporting laws (Justice & Justice, 1976). Table 1 indicates the wide variance in incidence figures, both actual and estimated, reported in the literature.

Vincent J. Fontana (quoted in Soeffing, 1975), who served as chairman of the New York Mayor's Task Force on Child Abuse and Neglect, went so far as to state that:

> . . . statistics strongly suggest that child battering is probably the most common cause of death in children today, outnumbering those caused by any of the infectious diseases, leukemia, and auto accidents (p. 126).

TABLE 1
Incidence Figures:
Physical Abuse and Neglect (on a nationwide basis)

60,000 estimated cases of serious abuse in 1972	(Kempe, 1973)
925,000 *estimated* reportable cases in 1972-73 600,000 cases actually reported	(Nagi, 1975)
60,000 actual cases of physical abuse	(Education Commission of the States, 1976)
over 7,000 reported cases of abuse and neglect in New York City in 1972 approximately 700 children killed each year in the U.S. by abuse/neglect	(Fontana, 1973b)
124,000 abusing families 200,000-500,000 cases of physical abuse 465,000-1,750,000 cases of severe neglect and sexual abuse	(Light, 1973)
2.5-4.1 million estimated annual incidence in America	(Gil, 1970)

99,579 total reports of abuse and/or neglect with
    26,438 cases of physical abuse only
    58,055 cases of neglect only
    15,086 cases of combined abuse and neglect
	(American Humane Association, National Study, 1978)

1,000,000 estimated cases of child maltreatment in 1977
    100,000-200,000 representing physical abuse
    60,000-100,000 representing sexual abuse
    700,000-800,000 representing neglect or other mistreatment
    200,000 dying each year from the above causes
	(National Center on Child Abuse and Neglect, 1978)

The variance of figures reported or estimated in Table 1 may be accounted for in part by the recent public awareness campaigns and enactment of state systems to facilitate the reporting process (Newberger & Hyde, 1975). Martin (1976) has reminded us of Florida's experience, in which only 10 cases were reported in 1968, while almost 300,000 were reported in 1972. In the same time span Michigan's statistics jumped from 721 reported cases to the 16,000 cases reported in 1972 (Martin, 1976).

Although incidence figures may be confusing, the reader must nevertheless be struck by the magnitude of the problem. Although definitions of abuse and neglect vary from state to state and from discipline to discipline, the fact remains that the problem is a tragically real one, however difficult it may be to define.

The Abusive Family

Despite its confusing evidence on issues of definition and incidence, the professional literature shows some agreement on certain characteristics of the abusive family. In fact, much more work has been done on the characteristics of the abused child's family than on the characteristics of abused children themselves (Cicchetti, Taraldson, & Egeland, 1978; Martin, 1976). The characteristics of the abusive parent were first theorized by Dr. Helfer in 1973. He suggested that three major variables must be present for abuse to occur in any family — the potential for abuse; a crisis or series of crises; and a special child.

The Potential for Abuse

Under the category of potential for abuse, Helfer (1973) hypothesized four elements: a) a parental history of abuse or neglect as part of the parent(s)' childhood, b) parental feelings of isolation and loneliness, c) unstable marital relationship, and d) inappropriate expectations for the abused child.

For the first element, the literature contains information on how the parents themselves were reared. Justice and Justice (1976) reported that 85% of the parents in their sample of 35 abusers had experienced deprivation, if not actual physical abuse, in their childhoods. On the other hand, Gil (1970), in his national sample of over 6,000 abusers, found that only 14% of the mothers and 7% of the fathers had been victims of abuse as children. Although a history of abuse and/or deprivation or neglect seems to be consistently cited in the literature, the actual statistics pertaining to parents who have such histories vary from Gil's rather conservative 21% to Justice and Justice's rather startling 85% (Blumberg, 1974; Fontana, 1973a; Helfer, 1973; Kempe et al., 1962; Landsmann, 1974; MacLeod, 1974; Martin, 1976; Steele & Pollock, 1968; Zalba, 1971).

This phenomenon is easier to describe statistically than it is to explain. Why would adults who have experienced the horrors and tragedies of abuse/neglect turn around and inflict those same horrors on their own children? Fraiberg, Adelson, and Shapiro (1975), in a series of case studies entitled "Ghosts in the Nursery," described the phenomenon as "identification with the aggressor." In one case study, the mother, Annie, was able to recall her feelings of anxiety, helplessness, and terror as an abused child, but she could also recall her perception of the incredible strength and power of her own abusive mother. In Annie's view, the child is weak and helpless, and the mother is all-powerful and strong. Consequently, in dealing with her own child, Annie quite naturally wished to identify with the strong and powerful element. When, as naturally occurs, she felt weak or inadequate in her dealings with her child, Annie unconsciously and automatically defended against these feelings by adopting the mode of behavior she identified with the strong and powerful mother.

Everyone has ghosts from the past, which are remnants of childhood feelings of helplessness and anxiety. For Annie, these ghosts were especially terrifying. Through identification with the aggressor, Annie was able to defend herself, but at the terrible expense of repeating the vicious cycle of child abuse and neglect. With psychotherapy, Annie was able to find ways to resolve her feelings of inadequacy, thus banishing the ghosts from her child's nursery and eliminating the need to defend against them (Fraiberg et al., 1975). Experiences like Annie's are described over and over again in the literature and represent the vicious cycle termed a "pseudo-hereditary" pattern by Chadwick (1976), in which the child has little choice but to adopt the behaviors of and develop into the same sort of abuser as his or her parents.

In addition to a history of abuse, several researchers have noted a lack of mothering skills on the part of

the parent. Gil (1970), in defining this term, stated:

> . . . by mothering skills we don't mean the superficial techniques of care, but the deep, sensitive intuitive awareness of and response to the infant's capacity to perform according to his age (p. 31).

The abusing parents were found to lack mothering skills primarily because of their own parents' lack of such skills (Bullard, Glaser, Heagarty, & Pivchik, 1967; DeLissovoy, 1973; Evans, 1970; Helfer, 1973; Kempe et al., 1962; Steele & Pollock, 1968).

Helfer (1973), Landsmann (1974), Steele (1970), Wall (1975), and Wright (1974) reported that the abusive parents in their samples tended to overestimate the physical and mental development of their children. Parental expectations for these children were beyond their children's abilities to perform. When a child is unable to perform as expected, frustrated parents may punish (abuse) the child, justifying their behavior by their belief that the child has indeed misbehaved.

Gregg and Elmer (1969) compared a group of parents whose infants had been injured accidentally with a group of parents whose children had been abused. The results showed that the abusive parents had significantly less knowledge of developmental levels, less ability to provide medical care for their children, and higher stress levels in the home than the non-abusers.

The second element proposed by Helfer (1973) as contributing to the potential for abuse is loneliness and isolation of the family. Garbarino (1977) reported the family's failure to use available support systems as a major factor in the etiology of abuse and neglect. Elmer (1967) found the parents to be distrustful of society, and Young (1964) noted that the parents tended to prevent their children from forming relationships outside of the home. Steele and Pollock (1968) and Kempe et al. (1962) found that the abusive parents in their samples also had few if any social contacts. These parents tended to feel they had no one to whom they could turn for advice or help (Justice & Justice, 1976). Other features include a high frequency of alcohol and drug abuse among abusive parents (Justice & Duncan, 1975).

Helfer's third element proposed as contributing to the potential for abuse relates to the marriage relationship. He determined this relationship to be extremely unstable, with a high incidence of premarital pregnancies, young marriages, unwanted pregnancies, and forced marriages (Helfer, 1973).

A study of Census Bureau data for Australia from 1954 through 1974 (Kraus, 1977) revealed that the greatest incidence of child abuse occurred with mothers who were pregnant before marriage and who had married between the ages of sixteen and twenty-two. Solomon (1973) also found a higher percentage of forced marriages, young marriages, and illegitimate and/or unwanted pregnancies than in the general population. In 88% of the abusive families studied by Young (1964), neither spouse claimed any responsibility for decision-making. Galdston (1975), Giovannoni (1971), and Zalba (1971) concurred that the marital relationship among abusers is poor, with these researchers agreeing that one parent is usually responsible for the actual abusive act, while the other parent either aids or abets the attack.

Gil's sample (1971) showed that the biological father lived in the home in only 46% of the cases, and that 29.5% of the families totally lacked a male parent. Justice and Justice (1976) reported that the mother was the perpetrator of the abusive act in 50% of the cases, and the father or father substitute in 45% of the cases; in the remaining 5% of the cases, both parents inflicted the abuse. Zalba (1971) found an even split between male and female abusers. Solomon (1973) reported males to be the abuser more often than females.

In Helfer's fourth element contributing to the potential for abuse — parental expectations of the child — he found these expectations to be inappropriate to the child's level of functioning at any given developmental stage (Helfer, 1973). This finding is supported by Justice and Justice (1976). Steele and Pollock (1968) found that abusive parents expect children to behave as if they were much older than their actual chronological age, described by Justice and Duncan (1975) as expecting the child to behave as the parent so that the parent might be free to behave like a child — that is, the child's expected role is to love and nurture the parent. Morris and Gould (1963) have termed this phenomenon "role reversal." Kempe and Helfer (1972) and Justice and Justice (1976) found that abusive parents often regard their small children as capable of adult understanding and response.

A Crisis or Series of Crises and the Effects of Stress

The effects of crisis situations and stress as related to child abuse have been reported in several studies.

Giovannoni (1971) stated that abuse can occur as a result of the environmental stresses incurred by poverty. Helfer (1973) found socioeconomic level to be secondary to such acute crises as loss of employment or a death in the family. Gil (1971) reported that 50% of the fathers in his sample were unemployed at the time of the abusive act. Although 60% had received public aid during the preceding year, only 37% of the fathers in Gil's sample were receiving public aid at the time of the abusive act.

Steele and Pollock (1968) came to a quite different conclusion. After studying a large sample of abusive parents for five years, they reported:

> If all the people we studied were gathered together, they would not seem much different than a group picked by stopping the first several dozen people one would meet on a downtown street . . . a random cross-section sample of the general population (p. 106).

Justice and Justice (1976) and Lystad (1975) have cautioned against drawing conclusions related to socio-economic status of the abusive family. They contended that since such information is taken only from reported cases, it may not be indicative of the actual population of abusers. Middle and upper income families have access to private physicians who may be hesitant to report their suspicions, while lower income families more often rely on public hospitals. Although private physicians are required to report abuse, they are much less likely to do so than are public health physicians (Justice & Justice, 1976).

Stress related to the age of the parents at the time of the abuse is a questionable consideration. Both Gil (1971) and Justice and Justice (1976) reported only that the majority of the parents in their studies were between the ages of twenty and forty. Since these ages represent the child-bearing years, the information is not surprising. Still, 13% of the parents in Gil's sample were under twenty. For the future, more precise data, analyzed relative to narrow age intervals, might possibly be helpful in planning programs for parents.

Contrary to Weston's (1968) finding that abuse does not show seasonal variation, ten Bensel (1975) found that peak incidences of deaths caused by child abuse/neglect occurred from December through May. Ten Bensel's data represent occurrences over a 10-year period in Hennepin County, Minnesota, and he hypothesized that unique seasonal stresses operating in that state may have been a factor in that variation.

A Special Child

Helfer (1973) has postulated that the greater the vulnerability of the child, the greater the risk of abuse. Stern (1973) reported that prematurity may be a factor in abuse. Howell (1977) concurred with this, having found the incidence of abuse/neglect to be four times higher among children of light birth weight, particularly premature infants. The increased abuse/neglect in these cases could possibly be because of premature infants' greater susceptibility to long-term or permanent injuries (Klaus, 1972; Klein & Stern, 1971).

The risk to handicapped children is also documented in the literature. Smith and Hanson (1974) studied 134 children admitted to a hospital emergency room and found that 7.15% had obvious, severe congenital defects, as compared to a 1.75% incidence of such defects in children admitted for care not related to battering.

Other handicapping conditions have been found to exist prior to abusive acts, including schizophrenia (Green, 1968), mental retardation (Gil, 1970), physical and/or mental deviation (Johnson & Morse, 1968), and other congenital handicapping conditions (Birrell & Birrell, 1968; Fontana, 1973c). Buchanan and Oliver (1977) stressed the greater risk for children who are born with damage since these children do not have as much strength to withstand abuse to their already delicate systems.

Children at risk may also have atypical behaviors and poor social skills (Gil, 1970). In a study by Milowe and Lourie (1964), professionals as well as parents described such children as having irritating cries, irritable attitudes, unappealing behaviors, and as being generally difficult to handle. Parental perception of a child as different — whether real or imagined — is probably a factor in predicting abuse (Friedrich & Boriskin, 1978).

Other behavioral traits increasing the risk for abuse include moodiness, depression, and general unhappiness (Johnson & Morse, 1968). Also, language delay has been noted by Martin (1972), who considered this factor to be highly related to the child's fear of expressing himself or herself in an abusive environment. Green (1978) found evidence that these children tend to use motor activity rather than verbalization as their primary means of expression.

The age of the child at the time of abuse varies according to the literature. Kempe et al. (1962) and Galdston (1965) reported abuse to be most common among children under age three. The Bennie and Sclare (1969)

sample pointed to the ages of two months to four months. Resnick (1969) reported child murder to be most common during the first year of life. Gil's (1971) epidemiological approach showed over 50% of the victims of abuse/neglect to be over six years of age. Lynch (1975) found that 51% of child abuse cases were in the age range of six through seventeen. Lourie (1977) reported that 25% of reported abuse/neglect cases were twelve to eighteen years of age. Solomon (1973) found 50% of abuse victims to be under two years old.

The sex of the child does not appear to be a factor in predicting child abuse or neglect. Gil (1971) reported that slightly over half of the abused children in his sample were male. The Justice and Justice (1976) sample showed 41% male and 59% female abuse victims.

The aftermath of child abuse and neglect is frightening indeed. In a study of 140 patients admitted to subnormality hospitals in Wiltshire, England, during 1972-1973, Buchanan and Oliver (1977) found that 3% had clearly been rendered mentally retarded as a direct result of violent abuse, and for another 11%, only shadows of doubt prevented the researchers from reaching the same conclusion. Twenty-four per cent of these patients were retarded, with neglect considered to be a primary contributing factor. Buchanan stated that this rate is approximately 12 times greater than that existing in the general population in the same area. Her study prompted her to add that:

> . . . children rendered mentally handicapped as a result of abuse may account for many more cases than phenylketonuria. The consequences are frequently more severe than those of Down's syndrome (p. 465).

Green (1978), in a study of self-destructive behavior in children aged five to thirteen, found significantly more self-destructive behavior among children who had been abused. Of his sample of 120 children, 40.6% of the abused children were self-destructive, compared to only 6.7% of the non-abused children. Green concluded that self-destructive behavior in abused children is not necessarily related to conflict and guilt but rather is a behavior learned during the first months of life in a hostile environment.

THE INTERVENTION

In developing effective systems for dealing with cases of abuse and neglect from the school's standpoint, a written document clearly stating school policies and procedures in this regard is certainly a necessary first step. Before producing such a document, school personnel must be aware of the general nature of the problem (which has been described in the first section of this article). The next step is to study the legal and ethical guidelines regarding child abuse and neglect, investigating the guidelines and restraints pertaining to reporting and investigating procedures, court involvement, and the contributions of community and private agencies other than the schools. As has been stated, the legal procedures vary from state to state, so the school has to obtain a copy of its own state law before developing school policy. The Council for Exceptional Children (CEC) has recommended consulting an attorney or the state's attorney general as school policy is developed (CEC, 1979). Although states vary in their legal guidelines, the Education Commission of the States (ECS) has proposed a model plan for handling cases at both the state and local levels (ECS, 1976), which may also be helpful in developing school policy.

Reporting

Though states vary in their specific requirements and regulations, most states do require that teachers and other designated professionals report cases in which there is reasonable cause to suspect abuse or neglect (Fosson & Kaak, 1977). Usually, reports are made to state or county rehabilitative services offices, law enforcement agencies, county health offices, or court services immediately after the suspicion has been aroused (CEC, 1979). The receiving agency determines the information necessary in each report, and whether or not a written report is necessary. The law in all 50 states provides for immunity to the reporter if he or she has reported in good faith (CEC, 1979).

Schools may avoid reporting on the basis of intruding upon a family's legal rights to privacy, as those rights affect the use of school records. The Family Educational Rights and Privacy Act of 1974 (FERPA) governs only the release of information from school files. Because the reporter is in most instances reporting only his or her observations, filed information is not used. In cases that do call for disclosure of school records, certain exceptions are written into the FERPA. For example, parental consent can be waived in event of a "health or safety emergency." Determination of such an emergency

is the responsibility of the school official involved and is done on an individual case basis (CEC, 1979).

Ordinarily, of course, parental consent is required for release of information from school records. Although records need not necessarily be consulted in reporting suspected cases of abuse or neglect, this may become necessary during the investigation phase — a situation that should be clarified by legal counsel in each state.

Investigation

Investigation procedures are the direct consequence of a report and are normally conducted by social service agencies, police departments, or juvenile probation departments. Usually, this entity is a division of social services and includes consideration of possible treatments. When the entity is a law enforcement agency or a juvenile probation department, treatment is not necessarily a consideration (CEC, 1979; Fosson & Kaak, 1977). During the investigation, the juvenile probation office may be called upon to determine whether or not the case must go to court. Not all abuse and neglect cases go to court, but unfamiliarity with court proceedings may certainly be a factor in preventing professionals from filing reports (Heller & Derdeyn, 1979).

The Role of the Courts

In most states, juvenile court proceedings are the result of a petition filed by the county attorney, probation officer, or social welfare worker. Court proceedings include an adjudicatory hearing during which the judge determines whether or not abuse and/or neglect has actually occurred. If it is determined that abuse or neglect has indeed occurred, a dispositional hearing is called. The dispositional hearing determines the family's ability or inability to care for the child and may include court orders for treatment. Recommendations for treatment depend heavily on the recommendations offered by social service agencies and on the availability of adequate treatment resources in the community. Participants in the hearing typically include the judge, the county attorney, witnesses, attorney for the parents, and an attorney for the child (the latter being a requirement of PL 93-247).

The court's primary role in these proceedings is in assessing the child's need for protection. In most dis-positions the child is not permanently removed from the home. Rather, he or she is either sent home under the direct supervision of a social worker or probation officer, or is placed in temporary custody of the court, usually a foster home, until the parents are deemed capable of caring for the child (CEC, 1979).

The Role of the School

Teachers and other school professionals may be involved in reporting, investigating, and even in court proceedings as witnesses. That is reason for school personnel to thoroughly familiarize themselves with their state laws regarding these procedures. A clear understanding of the law, though, is not enough. The CEC (1979) and Broadhurst (1979) have also recommended that school personnel take on the frankly intimidating role of talking with the parents when contemplating and filing reports on child abuse or neglect.

Talking with the Parents

Although skilled in parent-teacher contacts regarding academic issues, the typical educator has not been trained as a mental health worker and may justifiably feel inadequate in confronting a parent who possibly has mistreated a child. The professional literature has little specific information for educators on this topic, but information directed at other professionals may apply to school personnel in these particularly stressful and anxiety-laden situations.

Fosson and Kaak (1977) have recommended that physicians (in dealing with parents whose children have been hospitalized with injuries) be frank but sympathetic, first stating clearly that the child has been injured nonaccidentally, that both the physician and the parents obviously want the child to be cared for properly, and that the physician and hospital staff want very much to help the parents achieve these goals. This three-pronged statement works well since abusive parents tend to see themselves as trying to provide for the child but at the same time being up against insurmountable obstacles in that effort.

Heller and Derdeyn (1979) have helped mental health workers understand their role under the law, which leads to the realization that the school is not called upon to make decisions regarding custody or parental fitness.

In talking with parents, they could be reminded of this fact. The school's involvement is child-focused, and parents should be helped to perceive that the school is not an enemy of the family. Heller and Derdeyn have stressed the need to empathize with the parents. Parental indications of anger and hostility toward the professional, however uncomfortable at the receiving end, should be expected responses from a parent who faces the consequences of a report of child abuse or neglect. By acknowledging these feelings, mental health workers (and educators) can more readily help the parents work through their possible feelings of being persecuted by the reporter and begin the process of arriving at the central issue of abuse or neglect.

Whichever school professional meets with the parents, that person should have support before, during, and/or after the conference. If a certain educator (e.g., the classroom teacher) has a particularly good working relationship with the family, the presence of that educator might be helpful in alleviating parental feelings of having been betrayed. If the family is considered likely to be quite hostile, an administrative representative could be present at the conference to demonstrate the school administration's support of the reporter. If the parent is depressed and withdrawn, however, the atmosphere might more appropriately be one of intimacy and warmth with as few authoritarian figures present as possible.

Another consideration is honesty and frankness, especially concerning issues of confidentiality (CEC, 1979; Heller & Derdeyn, 1979). If the educator plans to report proceedings of the parent conference to the court or social services, this should be explained to the parents early in the conference, to avoid future unpleasantries.

Educators should be aware of the parents' rights as well as their options for treatment. A parent may ask, "What happens next?" The wise educator will be able to immediately give that information or provide names of people who can provide it. The school's credibility as a supportive agency in child abuse and neglect is severely impaired if seen as randomly sending families to unknown fates through its reporting procedures.

Talking with the Child

Talking with the child is easier than talking with the parent for most educators, who have training and experience in working with children. Nevertheless, the child is usually hesitant to discuss the problem for a variety of reasons. He or she may actually be unaware that the situation is abusive because it is "normal" to the child. Or the child may feel that admitting abuse or neglect will bring calamity and shame on the family, or that he or she is betraying the parents (CEC, 1979). Some evidence now suggests that abused children have formed unusually strong attachments to the abusive parent (Green, 1978). Primates and other animals have displayed remarkably strong attachments to the abusive parent as well as to mother surrogates giving painful stimuli (Seay, 1964).

Given the child's hesitancy to discuss the home situation, Heller and Derdeyn (1979) have advised mental health workers to use observation, free play, and games along with structured interviews. Some children who are unwilling to describe abusive events in detail may, through play, be able to communicate their feelings regarding parents and perceptions of the family's home life.

Treatment Considerations

In most cases the school is in contact with the child and the child's family from the point of suspicion through treatment and follow-up. Educators, therefore, have an interest and concern about the quality and quantity of treatment provided in child abuse and neglect cases.

Kreindler (1976) described abusive parents as difficult patients for two reasons. First, they tend to provoke anger and anxiety in the therapist and, second, they tend to believe that no one can help them and that perhaps they are not worth helping anyway. Kreindler listed five major obstacles to successful treatment:

1. Generally, the parental behaviors in need of change, having been established early in life, require up to several years to modify.

2. Many of these families refuse offers of help, and few professionals are willing to work with unwilling patients.

3. Although self-help groups like Parents Anonymous are generally successful, they reach only that segment of the abusive population having the strength to recognize the problems and being willing to share them with others.

4. Social service agencies are hindered by an overload of cases, worker burn-out, inadequate time, and insufficient funds.
5. A general lack exists in suitable foster homes and in support services to work with foster parents in understanding the psychodynamics of the abused child.

Cicchetti et al. (1978) categorized the many available treatment approaches into four groups — the psychiatric model, the sociological model, the social-situational model, and integrative models. In the psychiatric model, psychoanalysis or psychotherapy may be applied to the individual parent, both parents, or the individual child. The treatment might also include family therapy or group therapy for the parents, child, or any combination of the above. Application of this model involves an intensive relationship with the therapist in order to resolve underlying psychological issues that are seen as precipitating or contributing to the abusive behavior. Results are often published as case studies, as in Fraiberg et al. (1975), whose examples represent successful application of the psychiatric model.

The sociological model places the blame for child abuse and neglect on society at large and calls upon society to treat the problem. In the Cicchetti work (1978), Zigler (1976) was cited as calling for increased emphasis on family planning, parent education, homemaker services, and an increased accessibility of child care facilities. Child care services include crisis nurseries (Davoren, 1975) as well as day care centers designed to meet the needs of abused children (Bean, 1975; Huntington, 1974).

The social-situational model focuses on family interactions, and advocates treatment in the home (Justice & Justice, 1976; Parke & Collmer, 1975). According to Cicchetti et al. (1978), behavior management techniques for training parents and for controlling anger are part of this model. Behavior management techniques are trained in the home with direct observation providing data on the success of treatment (Patterson, 1974).

The Cicchetti work described the integrative models as those relying on the previously stated three models in a combined approach. Integrative models are based on the assumption that child abuse/neglect is not caused by a single agent but by many factors and, therefore, requires a broad array of clinical treatments.

Cicchetti and associates recommended any of the following in treatment, regardless of the model or models used:

family therapy	crisis intervention
individual psychotherapy	long-term supportive
group therapy	psychotherapy
parent counseling	therapeutic day care
drug and alcohol abuse	residential treatment
counseling	foster placement
marriage counseling	child advocacy services
behavior modification	vocational training
social services	and rehabilitation

Because of the frequent parental resistance to help, Cicchetti and colleagues further encouraged the treatment agency to involve clients or patients in their treatment choices and plans as much as possible.

The School's Role in Treatment

Although the school may not employ trained therapists and social workers, it can still play an important role in the treatment and primary and secondary prevention of abuse. In fact, schools are already providing a great deal of treatment through their departments of special services (McCaffrey & Tewey, 1978), including special education services, counseling programs, behavior management classes, speech and hearing services, and individually tailored programs based on accurate diagnostic and screening procedures. Abused and neglected children have a great need for special services, demonstrated often by developmental delays that may or may not be organically based, aggressive behaviors, hyperactivity, learning disabilities, phobias, anxieties, and chronic depression (Kline, 1977; Kreindler, 1976; Martin & Rodeheffer, 1976). Inservice and preservice training in child abuse and neglect for these professionals, as well as for regular educators, is essential (CEC, 1979; Cicchetti et al., 1978).

A variety of professionals have suggested parent education classes for students. Such programs are already in use in many school systems. Cicchetti and associates recommended that parenting classes be required beginning at the elementary school level — in marriage, crisis management, family planning, child development, parenthood, and interpersonal effectiveness. Some existing parenthood programs combine a high school curriculum in child development with student observation and participation in day care, nursery, and kindergarten settings (Kruger, 1973; Rosoff, 1973). Other authors have advocated the use of certain models (Alvy, 1975; Cicchetti, 1978), considering that the child may feel love

and warmth are not a reality and aggression is the norm.

Schools may wish to offer parent education classes through their adult education programs (CEC, 1979; Cicchetti et al., 1978; Friedrich & Boriskin, 1978; Kreindler, 1976). Friedrich and Boriskin proposed that these be social occasions as well as or in addition to being educational programs, in an attempt to pull abusive parents out of their isolated existences.

Corporal punishment in the schools is in direct conflict with the school's treatment and prevention efforts. Gil (1970) and Maurer (1974) have described corporal punishment as the root of all abuse. Garbarino (1977) considers the cultural justification for the use of force against children to be a necessary condition for abuse to occur. According to Cicchetti et al. (1978), corporal punishment is forbidden in only three states, while it is expressly permitted in at least 17 states. Evidence exists that corporal punishment is not effective in preventing inappropriate behavior and is counterproductive to the extent that it teaches that physical punishment is an appropriate response (Feshbach & Feshbach, 1975). And corporal punishment may be counterproductive in other ways. Sears (1961) found self-punishment, accident proneness, and suicidal tendencies prevalent in a sample of twelve-year-old boys who had been physically punished during toilet training. Hendin (1969) noted that child abuse was a frequent occurrence in the childhoods of suicidal black adults. Yet, in a survey conducted by Stark and McEvoy (1970), over 90% of the parents sampled said they used corporal punishment in the home.

The Community Team

Perhaps the mot important role that schools can assume in dealing with child abuse and neglect is to work in cooperation with other agencies in the community. The community interdisciplinary team offers possibly the most significant hope in the treatment and prevention of child abuse and neglect.

The community team usually consists of a physician, social worker, team coordinator, psychiatrist or psychologist, attorney, child development specialist, police officer, public health nurse, and educator (Schmitt, 1978). The team can perform a variety of functions like supporting community awareness programs, encouraging the development of parenting classes, and helping in curriculum development and community education (Sefcik & Ormsby, 1978). The team may also be called

upon in reviewing individual cases to ensure a clear and comprehensive evaluation for each case, and to make recommendations for treatment (Schmitt, 1978).

By way of contrast, Sanders (1979) reported that the townspeople of Uppsala, Sweden, elect a community committee comprised entirely of local citizenry to rule on a wide variety of public welfare decisions. Although the team members are not experts, they do rely heavily on experts for advice and information. The final disposition of child abuse cases, however, is up to the committee. In this system, each community takes charge of its own citizenry. The impact has been that very few cases ever go to court.

The School Team

Each school system should have its own school team, consisting of special services personnel, administrative representatives, and regular classroom educators (CEC, 1979; McCaffrey & Tewey, 1978). The role of the school team, as outlined by the Council for Exceptional Children (1979) includes diagnosing individual needs, consulting with teachers, assigning responsibilities for program implementation, and evaluating and coordinating programs. The school team is also the communications link with the community team.

This team must be fully knowledgeable about school policy and procedure regarding reporting and investigating suspected abuse and neglect cases. If no such policy exists, it must be developed in written form and distributed to school staff. The school team is also responsible for coordinating and developing school-based treatment and prevention programs.

If a school system, in its initial efforts, finds no community team for handling of child abuse and neglect cases, the school can properly take the initiative in forming such a team. Initiation of a community team is not assigned to any agency. Sefcik and Ormsby (1978) suggested initiating the work through a community awareness program to include speaking appointments with community organizations. The next step is a needs assessment, followed by training programs and securing funds for operation, if the team is not initially a voluntary action.

SUMMARY STATEMENT

A good deal of work lies ahead in the area of child abuse and neglect, its treatment and prevention. Schools

can take a leading role in community awareness programs and treatment efforts. To do so, however, the anxieties and fears surrounding this terrible phenomenon must be calmed through inservice and preservice training programs. With a sound basis in knowledge of the problem and understanding of state laws, school systems can develop policies and procedures to ease the difficult task of reporting, investigating, and treating the victims and families — participating in the total team effort against this very real problem of abused, neglected children.

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CLASSROOM FORUM

Beverly Dexter
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> **Next year I have decided to definitely get organized in my classroom! In the past, I have let things pile up on me, and then I rushed around at the last minute working on lesson plans, IEPs, etc. Can you give me some hints on how to get started from the very beginning?**

You have already won half the battle by deciding that you want to get organized. Teachers are famous for never having enough time to sit down and do many of the "little" things that need to be done to keep up with the flow of action in the classroom. Their personal lives also are affected because, with teaching, you cannot divorce the professional life from the personal one. Time becomes the enemy. When you are working on classroom activity planning or lesson plans, your mind is frequently on odd jobs elsewhere — grocery lists, picking up laundry, making dental appointments. And while you are grocery shopping or sitting in the dentist's chair, you remember something related to the classroom that you have forgotten to do! At times, it seems you just can't win.

Unfortunately, only 24 hours are allotted per day, and roughly six of yours are spent in the classroom. Therefore, to get the most from your hours either in or out of the classroom, being organized *is* beneficial (and imperative in some cases). This does not mean that you must live by a regimented routine or strict schedule, but a routine or schedule of some sort generally proves to be greatly helpful.

In the classroom, some type of routine is followed every day. Certain activities are done in the morning, followed by lunch and another group of activities. Most teachers try to adhere to this routine to let the students know what is expected of them during the day and when various behaviors are acceptable or anticipated. By following such a routine, teachers add consistency to their classroom schedules while building in a structure that most children need in their learning activities. Some flexibility needs to be built into this routine, however, to allow for unexpected events that frequently occur during the school day. You never can tell when a child is going to bring in a fresh bouquet of flowers, a post card from a cousin, or news about a new pet in the household. To ignore such important events in the life of a child would eventually stifle the spontaneity that goes along with being a child.

Keeping this in mind, one way to help organize your time is to make a list every morning of the five major tasks you would like to accomplish that day. In taking a second look at these five tasks, you may find that some of them can be incorporated into others or might be necessary for accomplishing other tasks on your list. Following any adjustments, try to answer *why* each of the items should be accomplished that day. This alone may narrow down the list or lead to procrastination, but it is still helpful to think about the importance of each task. While you are doing this, you also may want to reorganize the list in order of importance or in a time sequence according to your schedule for that day.

Of the five tasks you have listed, which ones would you place as top priority for the day? Circle the number beside each task that is a *must* for the day. If these are not already at the top of your list, rearrange it so that they are now, keeping the highest priority tasks circled. An aid here is to decide on at least three tasks that will become imperative in your routine for the day.

During the day, keep the list handy for reference whenever necessary. As you accomplish a task on the list, draw a thick line through it so at the end of the day you can check to see which goals you reached and which ones should be added to the next day's list of tasks to be accomplished.

Although this may sound like a complicated task in itself, after you have tried the procedure for a few days, you should find it easy to use. Also, you will probably learn to combine tasks or use other shortcuts in making your initial list each day. Eventually, you should be able to complete the entire list in less than five minutes. Taking these five minutes every morning to organize your thoughts will add to your free time later in the day since you will have a guide to follow in the day's course of events. The built-in reinforcer of being able to scratch off items on your list and making a tally of them at the end of the day is also a

positive aspect of this method for organizing your time.

When it comes to organizing your classroom or teaching activities, the best advice probably is to observe other teachers and try to determine what they do or don't do that aids in their organization. Certain teachers in every school amaze everyone else by always being "on top" of everything. They turn in reports two weeks before they are due, locate obscure items in their classrooms at the drop of a hat, and in general seem to have complete control over any situation at hand. Don't be shy — ask them how they do it! They might show you record-keeping systems that put most commercial products to shame or filing systems that make sense only to them. Find out how they do it, then try to adapt their systems to meet your needs. Can you live with their filing systems or do you need to restructure them to make more sense to you? Perhaps they can even give you some ideas on how to revamp the system for your particular needs.

If you haven't had the opportunity to work with a super organized teacher, there are other ways of helping you organize your classroom. Suppose you are concerned with the physical appearance of your classroom. Try to look at it as though you were seeing it for the first time. What does it "say" to you? Are things cluttered, out of place, overcrowded? Would a thorough straightening up help, or is it more serious than that? Check the room for wasted space. Often, shelves can be affixed to the walls for additional storage space. These can be placed higher on the walls for further space saving, so they do not interfere with classroom activities yet allow you to reach the materials. Many buildings have extra space above the doors where storage shelves may be built to keep items not used frequently. You may need a small stepstool to reach these items, but it can double as a seat for independent activities by the children or be slid under the desk when not in use.

If you think a total revamping is the only hope for your classroom, sketch a scale model of the room and the equipment and furnishings in it. First, outline the equipment and furniture to scale on tagboard or index cards so the pieces may be cut out and manipulated on the separate outline of the entire room. These drawings do not have to be professional looking, but the scale should be fairly accurate so you don't misjudge when rearranging the room. Place the tagboard outlines of the furniture and equipment within the space you drew for the classroom. Try several versions of these arrangements to determine the most efficient location for every major item. Then take another look at the way the room is currently arranged. Will the newly developed plan fit your needs as well in practice as it does on paper? If so, you are ready to begin the big move. A word of caution here: Don't try to move all the furniture by yourself. Enlist the aid of the custodian or other teachers. Your workmen's compensation may not cover injuries sustained while moving heavy furniture or equipment.

A second word of caution: Any time you plan to rearrange the classroom, prepare the children for the change well in advance. They may even be able to help move some of the smaller items, or perhaps give you suggestions about placement of certain items. Tell them about your plans and show them where the furniture and equipment will be moved. Ease them into this change, especially if you are working with children who become upset with changes in routine or surroundings. Remember — the idea is to make your classroom more comfortable and efficient, not necessarily a showpiece for the home improvement section of the Sunday paper!

Another aid to helping you get organized concerns your teaching materials and record-keeping techniques. Three-ring notebooks are indispensible for teachers. They allow for flexibility and rearrangement of materials in lieu of loose papers that can easily scatter or become lost and misplaced. Take the time to sort through your class notes and idea files from college courses and in-service education workshops. Categorize these notes according to topics and label the notebooks while all this is still fresh in your mind. Dividers and a brief table of contents also are helpful, especially if the notebook contains material you use infrequently.

Manila folders organized into learning activity centers or packets constitute another good organizational aid. The material should be secured in some way, however, so that loose papers will not fall out. The folders then can be placed in order in appropriately sized and labeled cardboard boxes. If these boxes have lids, they may be stacked for storage when not in use. Label the outside of each box so it can be identified readily at a glance.

The above suggestions are just that — suggestions. Each teacher must develop his or her own methods of organizing self and classroom for greater efficiency in the teaching/learning situation. The extra time spent in preparation will lead to more time for the actual teaching process.

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