

A STUDY OF CHILD ABUSE IN CORPUS CHRISTI, TEXAS

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A THESIS

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ABSTRACT

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Purpose

The objectives of this study were to bring the problem of child abuse into focus in this particular city and to determine if there were significant differences in the abusive parent profile between Anglo-American and Mexican-American cultures and their influences on child abuse.

Methods

The methods used in this study were the collection of data on abused children from Domestic Relations Court and Child Protective Services records, Public Health agencies, local hospitals, local physicians, by questionnaire, and personal involvement as a registered nurse.

Findings

The study indicates that the incidence of child abuse in Corpus Christi has dramatically increased since 1972.

The study also reveals that the reports of child abuse come from families in the lower socioeconomic level with more frequency than those in the middle and upper

level of society.

The study suggests that there are no significant differences in the incidence of child abuse among the Mexican-American and the Anglo-American families.

The study also suggests that the problem of child abuse needs the services of many professional disciplines in order to receive comprehensive and adequate care.

Supervising Professor

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CHAPTER I

INTRODUCTION

Love for youngsters "must be an unselfish love, demanding no response except in the child's own growth," wrote Pearl Buck in Joy of Children fourteen years ago. When this love fails to appear consistently in a family, human society has no simple or adequate answers.

Child abuse is not a new phenomenon. Rather, relatively new is the public interest and the recognition of the phenomenon itself. It is only comparatively recently that there has been any community consensus and sanction for recognizing and protecting the rights of children.

The term "battered child" was adopted by Helfer and Kempe in 1961 to make an impact upon pediatricians and to shake society loose from its complacent attitude toward child abuse. The view of the "battered child" encompasses the total spectrum of abuse. Helfer and Kempe's definition of the battered child is: "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 [Helfer and Kempe, 1972, p. xi]."

There are varying estimates of the number of children who are abused or battered in the United States each year. Data are hard to obtain since only the most

extreme cases come to public notice. However, the data that are available keep increasing alarmingly from year to year.

There are varied forms of physical abuse. Infants and young children are still baked in ovens, dipped in scalding water, slammed against walls, whipped with light cords, severely beaten, cigarette-burned, chained to their beds or cribs for days, and locked in dark closets. They are being starved and deprived of water and other liquids. Sexual abuse is a common form of maltreatment as is denial of medical care.

Emotional scars are harder to heal than physical damage. Some infants, although fed normally, die from what appears to be starvation for love. They never receive the essential nurturing of a mother's tenderness and love. This is commonly known as the "Failure to Thrive" syndrome.

Some other children face an unending barrage of cursing and verbal abuse that ingrains self-hatred and other feelings that can possibly cause serious mental disorders later in their lives.

Most often than not, as studies have shown, the abusing parents have been badly raised by their own parents. Abuse and neglect seem to be passed on from generation to generation. It has become a way of life in some families. The focus should be centered on the preventive aspects of child abuse in an effort to stop this continuous

cycle.

Child abuse exists in all races, classes, and occupations in our society. These parents seem to share similar emotional and social problems rather than economic backgrounds.

Serious physical abuse of children is a phenomenon difficult to understand when we consider that our society is enjoying unprecedented prosperity. We have highly developed welfare and insurance programs; an enlightened approach to mental health and problems surrounding mental health. This society is at the same time emphasizing children's rights and parental responsibilities in the development of well-adjusted personality of the child. This is an era marked by research and discoveries in all branches of science; an age marked by a concerted attack on all frontiers of knowledge. Yet, there is a paradox in the values we are getting out of this unprecedented scientific progress.

Perhaps the greatest paradox lies in the fact that although we have acquired great knowledge in the science of understanding human behavior, we have failed to keep pace in the development of services which will put this knowledge to its greatest use. It has been emphasized that the strength of a democratic society and of a nation depends in part on the strength and vitality of the most important basic unit, the family.

It is in the family that the process of child rearing has its greatest impact. Here is where the child is first exposed to contacts and forces which will shape its growth and development. Here is where the community looks for its children to receive the care and nurture, the warm affectionate relationships, the understanding of values and responsibilities and the sense of security and stability which are so necessary for a sound and healthy personality development (De Francis, 1961, p. 2). Thus, preservation of the family is vital to the healthy growth and development of society and community.

In reality, both the community and society are in danger of losing their valuable investment unless immediate and foreseeable improvements are made. An increasing amount of violence has become prominent in every aspect of our daily lives. We have allowed pollution of our environment with traffic and crowding problems, and pollution of our minds with poorly motivated public media such as radio and television which have become an integral part of our culture. Drugs are peddled and pushed and pills are indiscriminately available for any slight symptom of strain and stress.

Life-styles of today, drug abuse, alcoholism, relaxed sexual standards, easy divorces and the general loosening of commitment and responsibility in personal relations are significant factors that have taken their

toll on dependent and defenseless children. Parents consequently react against their children and blame them for the constant demands, unreasonable pressures and financial burdens that society places on them. Parents may not only blame their children for their misfortunes but alienate them as well.

It is not the purpose of this study to provide data on the emotional and psychological aspects of child abuse, other than the data available on the abusing parent. Studies are still in progress in these areas and data are inconclusive.

Purpose and Importance of the Study

The purposes of this study are to bring the problem of child abuse into focus in this particular city and, based upon the results of this study, to furnish information regarding the evidence of child abuse locally, as well as nationwide; and possibly to present a profile of the abusing parent, as well as to provide tentative long-term effects of child abuse on the abused children. The family will be considered as a unit throughout this study involving the medical, legal, socioeconomic and psychological aspects, to the extent of available data in these areas. Also, since this is a city composed predominantly of two ethnic groups, Anglo-American and Mexican-American, the incidence of child abuse between the two groups will be

analyzed to determine if differences in cultural patterns have an influence on the problem.

The total population for the City of Corpus Christi, according to the last census taken in 1970, is 204,525. Of this total, 108,707 is Anglo-American (53%), Mexican-American, 82,988 (41%), Black-American, 10,526 (5%), and Others, 2,304 (1%).

Although the existing Child Protective Services in the community are kept working at an exhaustive pace, part of this problem could be possibly of their own invention due to their reluctance to share the problem of child abuse with professionals in other fields. The high degree of confidentiality that welfare departments enjoy makes it difficult, even among their own divisions, at times, to find out the outcome of some cases. This study intends no criticism of social workers in these remarks, as the writer has worked very closely and successfully in the past with welfare workers as a public health nurse. It is a fact, however, that social workers have little or no training in the many fields that come into play in the problem of child abuse.

There are certain components which are specific to Child Protective Services. It is for this reason that this is singled out as a specialized area of Child Welfare. Child Protective Services are preventive. The agency has the responsibility for preventing neglect, abuse and

exploitation of children.

The first specific is achieved through a "reaching-out" casework approach which provides services to help parents become more adequate and which assists them to assume, fulfill and maintain responsible parental roles (De Francis, p. 5).

The second specific relates to responsibility. Child Protective Services are obliged to get on behalf of all children called to its attention. This duty is imposed by law or charter which vests the service with the child protective function. This service has the right and a corresponding duty to enter into situations involving neglect, abuse, exploitation or cruelty to children; to explore and determine the facts; to assess and evaluate the damage to children; and to initiate appropriate services to remedy the situation (De Francis, p. 7).

The third specific relates to the use of authority. Protective Services may not withdraw when a family is unresponsive, but must remain active until there is sufficient change in the situation to reduce or eliminate the neglect. If change is not possible, and neglect continues, the agency has the authority to invoke the judicial authority of the juvenile court so that plans can be made for more adequate care of children, away from their parents, if necessary (De Francis, p. 8).

The fourth specific relates to special orientation,

philosophy and needs of the service. Special skills must be developed by staff, both with respect to degree and kind. These skills involve techniques in client-caseworker interaction, investigation and diagnostic procedures (De Francis, p. 8).

It is hoped that this study will stimulate the sharing of the complexities of the problem of child abuse with other professional disciplines by stressing the unique role which each discipline possesses and which it can contribute toward the comprehensive treatment of the family as a whole.

It is also hoped that this study will generate interest in the problem of child abuse among the professional community outside the realm of child protective services, as well as the community in general. The degree to which children are protected from neglect, abuse and exploitations varies directly with the degree of cooperation which the child protective services receive from the community. Only when this function is fully recognized by the community will the child protective services be assured of adequate cooperation in all areas of its responsibility. In regard to recognition and support from the community, Vincent De Francis, Director, Children's Division, The American Humane Association, stated:

What are the elements which make for recognition and support from the community?

First, as to recognition by the community--

Recognition implies that the community is fully aware of the importance and value of the child protective program in terms of helping to meet the basic needs of children. It indicates awareness of the protective role of child protective services through their focus on stabilizing and strengthening family life. And, finally, it reflects the community's acceptance of the protective agency's responsibility to act for the community when children are suffering from neglect and abuse.

Second, support by the community--This implies that the community has provided two major ways for supporting the protective program: (1) sufficient funds, and (2) an appropriate administrative structure with authority to carry the function.

The need for adequate financial support is too obvious to warrant more than passing comment. It reflects an understanding that this is an investment in prevention. That important dollar savings accrue from an expenditure of time and money in prevention--an investment which will eventually cut down the heavier costs of treatment services for children after they have been damaged.

Thus, community planning would require that appropriate emphasis be placed on providing protective services with an adequate budget to recruit and maintain sufficient qualified staff to meet the needs of neglected children [De Francis, 1959, p. 1].

As indicated above, the plea for community support has existed for many years. Today the plea is still the same but the need is by far greater. Child Protective Services, as existed then, are still seen as a responsibility of an administrative social agency because the essential goal and purpose of the service is to bring about change of attitudes, behavior and conditions through the casework process.

It is significant that this study generated the awareness of child abuse in various parts of the community,

particularly in the college community. The writer serves, although unofficially, as a consultant or a resource person on child abuse to students from various departments, but particularly to nursing students who wish to do research or case studies on child abuse.

It is hoped that the reader will view this study with the understanding and compassion which the writer invested in it, if not fully, at least in part, toward the abusing parent as much as the abused child. The abusing parent of today is, in most cases, the abused and neglected child of the past.

This statement is neither meant to excuse nor to condone child abuse, but it has been observed that the very effort to understand the abusing parents has the effect of reducing their tendencies to abuse their children. The obligation of society in child abuse cases is not only to try to understand but also to report instances of abuse and neglect. We are not free to ignore it. History indicates that abstention from deliberate concern with child abuse has helped to perpetuate it, and those who have protected themselves from being witness to it have been a party to it.

Methods and Procedures

Before a reliable and valid assessment could be made of the problem of child abuse in the City of Corpus

Christi, an extensive review of all the community agencies and the services they offered to parents and children, in general, was conducted. All agencies were personally contacted and interviewed by the writer. An extensive review of the literature on child abuse and neglect was made including incidence, history of infanticide, legal, medical, sociological, and psychological aspects, as well as treatment and previous studies.

The following procedures for this study were followed in the order given:

1. An extensive review of the literature on child abuse in general was conducted. Secondary sources were texts and monographs on anthropology, sociology, psychology, human growth and development, ethnic studies, law, medicine, and nursing. Other sources were professional journals, newspaper articles and Federal Statutes.

2. Personal interviews were conducted with personnel in the various community agencies including local hospitals, mental health agencies, family counseling, public health, school nurses, private pediatricians and other physicians, assistant district attorney, and welfare caseworkers. Of importance significance was the personal exchange of information with pioneers in the field of child abuse as Dr. Brandt F. Steele, Leontine Young, Jolly K., Judge James Delaney, Chris Flammang, Eli Newberger and John B. Reinhart. Contact with these noted

persons resulted indirectly when Del Mar College served as host during a three-day Child Abuse Institute in the Fall of 1974, and the researcher was active in several capacities at this Institute.

3. Self-administered questionnaires were sent to local pediatricians, family practice physicians, psychiatrists, departments of radiology and orthopedic surgeons. Questionnaires were also sent to half of the population of doctors of osteopathy. A total of 100 questionnaires were sent out. A response rate of 75 per cent was realized.

4. The study included the analysis of 400 case records selected from two agencies. Forty-eight cases were selected from the Child Protective Services Division of the State Welfare Department. All the cases were selected by the judgement of the Division's supervisor and they were assumed to be representative of the total group of such families coming in their agency. The other 352 cases were selected from records at the Domestic Relations Court of the local courthouse. This total was chosen as it was the total of cases of child neglect, abandonment and abuse that were on file. It was felt that this group would give a broad geographical representation of the sampling. Only cases pertaining to the city were chosen. Those that were from other areas in the county were eliminated from the study. The forty-eight cases selected by the Child Protective Services supervisor had duplicate

files at the Domestic Relations Court as this is routine legal procedure. Also, these cases were found to be the most complete and more up to date. Although this method of sampling leaves much to be improved upon, it was the only possible and accessible method available to the writer.

5. The writer's background and experience in public health nursing was invaluable, which provided not only the experience of investigating and assessment of child abuse cases, but also afforded the opportunity to learn and understand the complexities of this problem, as well as the need and the importance of working as a team with other disciplines for the common goal of serving the family in a comprehensive effort.

Limitations of the Study

Access to information on the incidence of child abuse was limited as information for this study was obtained second-hand from records in which other people had written their own personal observations. This was the first official study conducted on child abuse by an "outsider" from case records belonging to the Child Protective Services Division and the hesitation to grant access to confidential information prolonged the study.

Definitions

The following definitions apply to terms used in this study:

1. Abused or battered child--Any child who received non-accidental injury (or injuries) as a result (or omissions) on the part of his parents or guardians.

2. Child--Any child up to the age of eighteen years.

CHAPTER II

BACKGROUND OF THE STUDY

Review of the literature on the history of child abuse and infanticide reveals a gruesome, cruel and inhuman chronicle of horrors performed on infants and children by their parents or guardians since the beginning of time. Samuel X. Radbill, a lecturer in the history of pediatrics, states:

Maltreatment of children has been justified for many centuries by the belief that severe physical punishment was necessary either to maintain discipline, to transmit educational ideas, to please gods, or to expel evil spirits. Whipping children has always been the prerogative of teachers, as well as of parents. Justification for maltreatment has also been based on religious beliefs and practices.

"Spare the rod and spoil the child" was a dictum backed by the Bible. There was a time in some Christian countries when children were whipped on Innocents Day to make them remember the massacre of the innocents by Herod. Beatings to drive out the devil were a form of psychiatric treatment especially applicable to children.

Throughout history there are accounts of the customary extremes in the chastisement of children. It was always taken for granted that the parents and guardians of children had every right to treat their children as they saw fit. Discipline oscillated between abandonment of the rod and its excessive use to the point of savagery [Helfer and Kempe, 1968, p. 3-4].

What may be an unacceptable practice in one culture may be commonplace to another. Children have always been victims of mutilating practices. Only recently has an interest in child abuse been demonstrated and sustained by the public. In the past, short periods of interest

in child abuse have been followed by long periods of complacency.

We owe the present period of interest to the relatively new discipline of pediatric radiology. Ten years after the original Roentgen's discovery, Thomas Morgan Rotch was presenting studies in infant X-rays. Twenty years later, Ralph Bromer was head of the first X-ray department in a children's hospital. It was not until 1946 that Caffey reported his original observations regarding the association of subdural hematoma and abnormal X-ray changes in the long bones of children. A few years later, Silverman reported similar findings and clearly defined the traumatic nature of the lesions. In 1955, Wooley discovered the fact that the trauma noted on X-rays was many times willfully inflicted. The news reached the public media and shocked the public as well as many social agencies (Helfer and Kempe, 1968, p. 15-16).

In the early sixties, Kempe was alarmed by the large number of children admitted to his pediatric services who were diagnosed as trauma from non-accidental injury. In 1961, the American Academy of Pediatrics conducted a symposium on child abuse under Dr. Kempe's direction. To direct attention to the problem and to get the attention of the many pediatricians, as well as the public, he proposed the term "the battered child

syndrome." The symposium which attracted a large number of people is responsible for the beginning of the present day interest (Helfer and Kempe, 1968, p. 16).

Early Development

Children have always been victims of mutilation practices. The most common site for mutilation being the sex organs. Circumcision, in spite of its questionable value, is still performed today by the most highly civilized people. It started as a religious rite in the stone age. Foot-binding has just recently been discontinued by the Chinese. This was done for cosmetic purposes. Cranial deformation is still found in many different parts of the world and, although it was lovingly done for cosmetic purposes, it still involves mutilation of the child. Another operation practiced for generations among the Berbers of Northern Morocco was uvulectomy. It was done soon after birth and it was believed that it not only facilitated breast feeding but that it insured better health throughout life (Helfer and Kempe, 1968, p. 5).

Infanticide, anthropologically defined, is the killing of a newborn with the consent of parent, family, or community. In ancient times, a child was virtually its father's chattel. The father was endowed with the privilege to sell, abandon, offer in sacrifice, devour, kill, or otherwise dispose of his offspring. Infancy

was a dangerous time of life. The infant was not considered human until certain ceremonies took place. The Egyptian midwife had to pray for the soul to join the newborn infant and the Babylonian father had to blow on the face of his newborn to impart his spirit into him and give him his name or one of his ancestors in order to assure the infant of life. The Frisian father could destroy the newborn only before the infant had taken food. In this instance to give food was lifegiving (Helfer and Kempe, 1968, p. 6).

Many reasons lead to the seemingly inhuman act of infanticide. Population control is the motive most often assigned. David Bakan, in his book, Slaughter of the Innocents, deals with this motive throughout the book. This motive has been especially assigned among peoples who have no knowledge of contraception or abortion. In some cultures the limit of children per family was set. Therefore, children born after the set limit were eliminated. In another culture too many children borne by a woman likened her to an animal. Another prime reason for infanticide is illegitimacy. Dishonor and lack of financial support are main factors given for this reason. An infant often had to be sacrificed if he was seen as an inconvenience, such as being born too soon after a sibling, therefore, causing problems of feeding, or marital discord by keeping the mother away from her husband during

the lactation period. Greed for money often was the reason for victimizing infants. In London, 80 per cent of the illegitimate children put out to nurse died in the nineteenth century. Unscrupulous nurses, after collecting their fees, quickly did away with the infants. Greed for power, as in the case of kings who feared their heir would replace them could be lethal for the infant. Superstition and fear of the unknown have had their influence on the problem. In China, India, and throughout the Orient, deformed children were destroyed at birth. Plato, Aristotle, and many others firmly believed that the survival of the fittest would strengthen the race, as only the strong would survive. Ritual sacrifice accounted for many infant deaths. Infants were offered to appease the wrath of the gods. They were used for medical reasons such as to transfer fertility, health, vigor, and even youthfulness by eating the flesh and drinking the blood of slain infants. Living creatures were sometimes buried alive under the foundations of important structures to insure durability. It is believed that as recent as the sixteenth century, children were buried alive beneath the doorsteps of public buildings in Germany (Helfer and Kempe, 1968, p. 6-9).

Abandonment usually leads to the death of the infant, although this usually gives the infant at least a sporting chance for survival.

Foundlings were especially numerous in times of war or social upheaval. Christianity has played an important role in providing institutions for the care of foundlings. The first modern foundling hospital was established by Datheus, the archpriest of Milan, in 787. Many others, moved by the plight of the foundlings, encouraged the building of hospitals and institutions to provide care for these infants.

In the United States there were no institutions or foundling homes in the early nineteenth century. Abandoned babies were taken to almshouses. The problem of feeding the foundlings grew out of proportion since artificial means of feeding were not yet available. The Bellevue Almhouse in New York City was forced to place the infants in foster homes with wet nurses. The problem of abuse and neglect of these infants by their wet nurses grew in proportion with the foundling population. In 1869, the New York Foundling Asylum was established on Randall's Island. During the year 1873, there were 1,392 foundlings left at the asylum. In the same year there were 122 infants found dead in the streets, alleys, and rivers. That same year there were 3,796 infants and children reported to have been received at three foundling and juvenile homes (Helfer and Kempe, 1968, p. 9-10).

Urbanization and the machine age led to other forms of child abuse. Children sharing in the work of

the family has always been considered a good thing, but with the coming of the machine age, children were subjected to terrible inhumanity. Children as young as five years were worked as much as sixteen hours at a time. When their own parents refused to send their children back to these working conditions, pauper children took their place. They were starved and beaten. In order to keep them from running away, many had irons riveted around their ankles. Many children succumbed to occupational diseases and some committed suicide.

A movement for child labor reform was passed by Parliament in 1802. This broke up the pauper apprentice system. However, traditional rights of parents over their children persisted and this act did not apply to children under the care of their parents. Children could go into the mills with parental consent. This act did not help the most forlorn of all waifs, the chimney sweep. Working night and day, these children were subjected to all kinds of brutality by their masters. These children deteriorated quickly, both mentally and physically. They were subjected to cancer of the scrotum, described by Percival Pott in 1775 as the chimney sweep's cancer. Many of these children were also the victims of pulmonary consumption. The practice of sending boys up the chimney to sweep was abolished in England in the nineteenth century during the period of social reform pertaining to children (Helfer and

Kempe, 1968, p. 12).

One hundred years ago, Mary Ellen, a little girl who was chained to her bed, was regularly beaten by her adoptive parents. Her rescue came only after the intense and persistent efforts of church workers who pressed the Society for the Prevention of Cruelty to Animals to intervene on Mary Ellen's behalf. Thus began the Society for the Prevention of Cruelty to Children in New York City in 1875 (Helfer and Kempe, 1972, p. 13).

Recent Development

The term "battered child" was adopted by Helfer and Kempe in 1961 to make an impact upon pediatricians and to shake society loose from its complacent attitude toward child abuse. The view of the "battered child" encompasses the total spectrum of abuse. Helfer and Kempe's definition of the battered child is: "any child who received nonaccidental physical injury (or injuries) as a result of acts (or omissions) on the part of his parents or guardians [Helfer and Kempe, 1972, p. xi]."

There are varying estimates of the number of children who are abused or battered in the United States each year. Data are hard to obtain since only the most extreme cases come to public notice.

Current reporting rates in the cities of Denver and New York range from 250 to 300 cases reported per

million population per year. Current reporting also shows that an estimate of between 1,000 to 4,000 children are killed by their parents each year in the United States.

In the state of Texas, from reports received by the Department of Public Welfare for 1974, there were 104 children who died from child abuse and neglect. Of approximately 4,000 reports of suspected child maltreatment, 2,509 cases of abuse were confirmed. Of these cases, 135 involved sexual abuse.

In the City of Corpus Christi, as of September 13, 1974, there were 121 reports of child neglect and abuse for the year. Of these cases, 59 were confirmed as child abuse. There were six deaths resulting from child neglect and abuse. Child abuse cases for the previous two years, 1972 and 1973, had been 24 and 50, respectively. Many instances of suspected child abuse are never reported and, until they are, the maltreatment will continue.

Discipline Versus Punishment

The responsibility of parenthood carries with it the duty to train and educate children. In executing these duties, the parent is given the right to exercise reasonable control over the child in the form of discipline. The right to discipline children is based on the belief that a certain amount of discipline is in the best interest of the child. The limits of such discipline are

reasonably determined according to standards which are for the best interest of the child. A parent is given the right to use his judgement as to the amount of force as is reasonable or applicable under the circumstances. Then the circumstances which determine what is reasonable involve age, sex, physical condition, and other characteristics of the child. The unfortunate consequences of child abuse occur when the parent goes beyond these limits and his judgement is clouded by hate and other pathological factors (Hymovich and Barnard, 1973, p. 70-71).

The legal machinery presently existing to deal with the problem is inadequate and inconsistent. The statutes making reporting mandatory are not adequately enforced. One problem is that it requires that a report be made, but there is no assurance of follow-up. Once the report is made, it becomes classified. The confidentiality the welfare departments enjoy makes it difficult to find out the outcome of such cases.

Criminal prosecution of parents has proved to be ineffective. Putting a parent in jail is not going to cure his motives for perpetrating child abuse. If a conviction is obtained, the problem itself is not solved and the possibility of being able to work with the parent is either interrupted or lost (Hymovich and Barnard, 1973, p. 71).

The Physician--The Abused Child's Advocate

The obligation of society in child abuse cases is not only to try to understand but also to report instances of neglect and abuse. Physicians called upon to treat injuries of an abused child or to indicate the cause of death of a child are often placed in compromising positions (Bakan, 1971, p. 9).

Physicians seem to have great difficulty in believing that parents could attack and injure their children. They find it hard to believe, if not impossible, that such an attack has occurred and try to obliterate such occurrence from their minds even if the evidence of abuse is obvious (Bakan, 1971, p. 10).

Reports from various child protection agencies claim that less than one-third of child abuse cases seen by physicians are reported to the community agencies involved with child abuse. Although the family physician's responsibility is to the family unit, his moral responsibility in a case of child abuse is to the child. He must be aware of the fact that 50 per cent of these children are susceptible to repeated injuries and even death if the child is not placed in a safe environment (Leavitt, 1974, p. 187).

The family physician with the assistance of his colleagues, the psychiatrist and social service personnel must make the diagnosis, protect the child, counsel the

parents, report his findings, and follow up, both medically and socially, to assure that the proper disposition has not only been made but also carried out (Helfer and Kempe, 1968, p. 52). In this manner, the physician can be the abused and neglected child's best advocate.

Socioeconomic Perspective on Child Abuse

The stereotypical child abuser has been characteristically portrayed as coming from the low socioeconomic family group. These people are described as poor, uneducated, often slovenly parents who constantly batter their children. Studies have established that this stereotype is incorrect and that child abusers come from the middle and upper strata of our society with as much frequency.

These parents share similar emotional and social problems rather than economic backgrounds. These problems probably stem from inadequacies in their upbringing.

There is no evidence that low income families, as such, neglect or abuse their children any more than other families. On the contrary, such studies would indicate that this is not true (Young, 1964, p. 70).

Practitioners have not tended to agree with David Gil's study that indicates that there are more cases of child abuse among the socioeconomically disadvantaged (Leavitt, 1974, p. 164). They argue that the more

affluent family will probably be taken to a private physician who will hospitalize the child. The source of the injury may not be reported, whereas, the poor family has to resort to the emergency room of the hospital where the staff is likely to submit a report of suspected child abuse.

Polansky, who conducted a study in the hills of Georgia and South Carolina focuses on the personality of the poor and brings out many distinctions about poverty (Polansky, Borgman, De Saix, 1972). One observation was that poor mothers love their children enough to care for them in spite of the stress of poverty.

The Abusive Pattern

In order for a child to be physically injured by his parents or guardians, several things must come together in a very special way. To date, at least three major criteria can be identified.

First, the potential for abuse must be present in the parent (or parents). This potential is acquired through the years. Helfer and Kempe, on the basis of extensive surveys, have developed a patient profile to predict potential abusive parents (Helfer and Kempe, 1972, p. xi). The profile consists of four major socio-psychological parameters:

1. Assessment of the quality of the parents'

own upbringing to determine the degree of mothering received.

2. Assessment of the parents' involvement with his family and the community in which he lives.

3. Assessment of the spouse's ability to support, give love and maintain activity in the family relationships.

4. Assessment of the presence and degree of unrealistic expectations for the child by the parents.

Second, there must be a child. This is not just any child, but a very special child. This child is one who is seen differently by his parents; or possibly one who is actually different, such as retarded, hyperactive, too smart, has a birth defect or just a perfectly normal child. Often the perfectly normal child is seen as bad, willful, stubborn, demanding, spoiled or slow.

Finally, a crisis or a series of crises must exist to set the abusive act in motion. These can be minor or major crises. The crisis is the precipitating factor for the abuse, not the cause.

It is this combination of events occurring in the right order and at the right point in time that lead to physical abuse.

Role Reversal in Parents

Morris and Gould have defined role reversal as a

reversal of the dependency role in which parents turn to their infants and small children for nurturing and protection (Morris and Gould, 1963, p. 29-49).

The concept of role reversal involves reversal of many roles. To the present parent, the child appears as the original parent with all of that parent's maligned, primitive meanings and blighted hopes.

The concept of role reversal is necessary in understanding the reasons underlying parents' primitive brutal behavior. Babies are perceived by these parents as having adult powers to be displeasing or judgemental, and are as unsatisfying and unsatisfiable to the current parent as were the original parents. The natural dependency of babies reinforces the projected image of the original parents who demanded, but could not satisfy, and who did not satisfy the current parent.

At this point, the brutality of their parents is seen as good and it is now considered as their own prerogative in dealing with the dependency of their own infant. Once primary distortions start to interact, parents act out depressive, anxious feelings from other life situations against the child.

Deprivation of Basic Mothering

Only 10 per cent of abusive parents are mentally unstable, according to experts in the field. The other

90 per cent have what Dr. Brandt F. Steele, a psychiatrist with expertise in child abuse, calls "problems in mothering" (Helfer and Kempe, 1968, p. 112). This diagnosis tends to be widely accepted by those treating the abusing parents. All abusing parents have experienced a continuous demand from their parents, excessive in degree and prematurity, accompanied by constant parental criticism. Everything is oriented toward the parent and the child's own needs and desires are disregarded. Thus, the child inevitably grows up feeling unloved.

The "mothering function" involves a theoretically mature, capable self-sufficient person caring for a helpless, needy, dependent, immature individual. This function is called "mothering" because it is usually done by a mother but it can be performed by others. It is not confined to biological mothers as even men can show it, as well as adoptive mothers and nurses.

The practical or mechanical ingredients in "mothering" consist of feeding, clothing, cleaning, and holding the infant, and of appropriate interaction with it. These latter qualities are a most important accompaniment to the mechanical ingredients as they provide the basis for performance of other functions, affect the response of the infant, his immediate well-being and its subsequent development.

Steele had described child abuse as "a pattern of child rearing characterized by derailment of the normal

'mothering function' [Helfer and Kempe, 1968, p. 112]."

Lacking in this essential function, the abusing parent has never experienced the sense of confidence and trust that takes place as a result of being adequately understood and being cared for by the mother. This lack of confidence is reiterated in later life experiences with the convictions that his needs can never be met by parents, spouse, friends or society in general. The abusive parent tends to lead an alienated, asocial and isolated life.

An additional causal factor in child abuse is accepted by psychiatrists and clinical psychologists who adhere to the psychodynamic theory of Dr. Freud: unconscious motivations related to displaced hostility are considered to operate in many cases. A ventilation of aggression is resorted to by conflicted persons and a defenseless child is the victim. The abuser is often audible to account for his impulsive explosive act. This is a prime example of acting-out behavior with no consideration for the often fatal consequences which follow.

Strong ambivalences remain unresolved in the abusive parent. He has ambivalence regarding his self-concept. He has a concept of what he should be and another of what he actually is. There is a lack of useful integration of being a child and being parented. Probably the most potent factor in this lack of integration was

the persistent demand and criticism the parent felt from his parent. He never had the freedom nor the opportunity to find out who he was due to the constant demands and expectations (Helfer and Kempe, 1968, p. 123-124).

The Response of the Law to Child Abuse

According to Dr. Samuel X. Radbill, child abuse legislation has excited periods of great sympathy, each rising to a high pitch, and then curiously subsiding until the next period of excitation (Helfer and Kempe, 1968, p. 15-16).

A period of excitation began in 1946 and was the result of pediatric radiology regarding the common association of subdural hematoma and abnormal X-ray changes in the long bones. The fact of willful infliction of trauma on children was established and documented by X-rays again in the early sixties.

In 1961 another period of excitation was stimulated when the American Academy of Pediatrics conducted a symposium on child abuse under the direction of Dr. C. Henry Kempe. In order to direct attention to the seriousness of the problem, he proposed the term "the battered child syndrome."

The Children's Bureau of the Department of Health, Education and Welfare, in 1962, invited a group of

consultants to make suggestions and consider what could be done to alleviate and stop the problem of child abuse. A "model law" for several states was suggested. This was followed through seeking help from the legal profession to discuss and develop specifications for such legislation. The sole purpose of which was to protect the child. During the period from 1963 through 1967, all states, the District of Columbia, and the Virgin Islands enacted legislation mandating the reporting of child abuse and the provision for protective services (Leavitt, 1974, p. 85).

Some states, stimulated by events that occurred within their own boundaries, have taken drastic action on the legislative, judicial and community fronts with dramatic results.

Child abuse has always had legislation under provisions of the criminal law. Criminal codes in every state identify homicide and assault, even when committed by parents, as punishable crimes. The main problem concerns case and custody of the child. In any event, criminal sanctions are a poor means of preventing child abuse.

The criminal proceeding, once set in motion, is supposedly the public conscience censoring a fellow member; its aim is primarily punitive rather than therapeutic. The foundation of a judicial system which is to deal effectively with child abuse is one which recognizes that such conduct is of social and medical origin, not solely

a legal issue (Leavitt, 1974, p. 107).

There is little excuse today for any state to be without an effective court system or adequate laws to protect the battered or abused child. All fifty states have adopted some form of this law. However, ineffective administration and lack of provisions of the needed services and facilities have failed to meet the needs of children.

The need to discover and identify child abuse victims is the compelling reason for devising a case finding tool such as the reporting law. Medical personnel came to be selected as the target group of the law's mandate after study and research proved that child abuse can be determined by medical diagnosis. The focus of attention is the physician as the probable first responsible contact with child victims of abuse (Leavitt, 1974, p. 107).

The Court as Therapy

Juvenile and family courts can be an effective resource in treating, and even preventing child abuse. The true goal of a good legal system should be to make the law work for the people it serves.

Judge James Delaney, District Family and Juvenile Court, Brighton, Colorado, is a strong advocate of this belief, as are many other concerned judges in other areas.

Delaney states that the family unit should be kept as intact as possible, and that treatment instead of punishment serves the family and the community better.¹

Among the many services that Delaney has brought to the county in which he presides are the following:

(1) increase of protective service workers to make their service available day and night; (2) the bulk of the cases are worked out in conferences; (3) the county has a team including a pediatrician, an attorney, a registered nurse and a psychologist which review all cases and make professional recommendations.²

Delaney and his staff periodically visit all the county institutions that contain dependent and delinquent children. They review the cases to make sure that previous decisions are still adequate. He maintains that the juvenile court and the whole treatment system for children must be upgraded for this is the area where the most basic help can be given to society.

Child Abuse Prevention and Treatment Act

The new national Child Abuse Prevention and Treatment Act was signed by President Nixon in February, 1974. It establishes the National Center on Child Abuse and Neglect under the Department of Health, Education and Welfare.³

The Center will compile nationwide research on

the problem and act as an information clearing house. It will also provide technical assistance to all states and public and private non-profit organizations involved in carrying out programs relating to the prevention, identification and treatment of child abuse and neglect.

Equally important is the fact that the Center is authorized to make grants for training programs to teach professionals in fields which relate to child abuse. Furthermore, the Center is empowered to create and maintain an unspecified number of child abuse centers serving different geographic areas of the nation.

In part, the new law only ratifies the action already taken by the national Office of Child Development. The Office of Child Development, through a \$45,000 grant, established a National Child Abuse Clearinghouse in Denver, Colorado in 1973.

Under the subsection "Grants to States," the Child Abuse Prevention Treatment Act clearly specifies conditions in order for a state to qualify for assistance. Two of these conditions have special bearing on reporting cases of child abuse. One condition calls for states to have in effect a law which shall include immunity for persons reporting instances of child abuse and neglect. In such cases, persons are immune from prosecution under any state or local law arising out of such reporting of known and suspected instances of child abuse and neglect.

The state of Texas immediately responded to the new Act. In March, 1974, a state plan to stop child abuse in Texas was recommended to Governor Dolph Briscoe by the Interagency Youth Task Force.⁴

The recommendations included suggestions for increased parent and public education, the creation of child abuse crisis centers, increased action in medical and legal areas, uniform referral systems for all institutions and agencies who come in contact with child abuse and rapid follow-up on suspected cases of abuse.

Under the provisions for reporting suspects of child abuse and neglect, Texas instituted its own legislation. Texas' new law states that anyone who suspects and fails to report a case of child abuse and neglect commits a misdemeanor punishable by a fine from \$100 to \$500 or a jail term of ten days to six months, or both.

Child Abuse Registry

The State Department of Public Welfare, on December 1, 1974, instituted a statewide computerized registry called CANRIS (Child Abuse and Neglect Reporting and Inquiry System).

The computer's data bank stores information on all child abuse and neglect complaints from local welfare offices. After the system has been in operation for a time, officials will be able to tell the extent and type

of abuse in the various regions of the state. Also, it will aid caseworkers to determine whether a particular parent is a chronic abuser.

Child Abuse Hot Line

There is a toll-free number (1-800-292-5400) in Austin where suspected cases of child abuse and neglect can be reported by anyone. The information given to the reporter is relayed to the nearest welfare office, from which a worker will be dispatched to investigate. The computerized central registry is also scanned to see if a prior history exists.

The reporter does not need to give his identity, but adequate information must be given to substantiate the report of suspected abuse. Reporting anyone for anything is a difficult thing to do. It requires a judgement, a decision, and a willingness to help.

Self-Help Groups

Community action has been taking place against child abuse in many areas by the formation of parents' groups.

Parents Anonymous, based in Inglewood, California, is the original official self-help group for abusing parents.⁵ This group was founded by a woman known simply as Jolly K. She claims that she is the graduate of 100 foster homes, 32 institutions, and the victim of rape at

age eleven. She had only five years of grade school and a period of prostitution. She also had two bad marriages. Most of all, she had a desire to make something out of her life and out of her daughter's life whom she used to abuse. She states that the families must be helped in order to save the children.

The keynote of Parents Anonymous is "help now." Parents meet once a week for three hours and talk over their last week at home. The group sessions are led by a professional social worker and one of the parents.

Members claim that they are learning to direct their anger away from their children by realizing the anger is in themselves. They also call on each other at times of stress.

Several large cities in Texas, including Corpus Christi, have organized Parents Anonymous groups. Other cities have organized similar groups by different names.

A Houston housewife, Linda Corbell, organized the Child Abuse Prevention Center to provide counseling for parents who abuse their children. Counseling is provided by volunteer social workers, school teachers, and other professional people.

Another counseling program in Houston is offered by the husband-and-wife psychologist team of Blair and Rita Justice. They provide advice and group therapy.

San Antonio has established a group similar to

Parents Anonymous called WAIF (Women Aiding Infants and Children).

Collection of Data on Child Abuse
in Corpus Christi

The initial step was to research Texas laws on child abuse to ascertain existing provisions for the protection of children's rights and how these laws were applied and by whom they were administered. This research was needed to determine which laws meet the present needs of abused and neglected children.

The Texas Family Code was reviewed for changes and the local State Department of Public Welfare was consulted to keep up-to-date with any possible changes.

A questionnaire was developed and sent to 100 physicians and agencies in the city. This questionnaire was not meant to be the main instrument for data collection, rather, it was meant to be used as a supportive data collection instrument (see Appendix A).

The following procedures were accomplished in compiling and analyzing the data indicated in Chapter III.

1. Unstructured personal interviews were conducted with personnel in the different community agencies to ascertain the types and extent of services that were presently available aimed at helping abused and neglected children and their families. This needed to be researched in order to project future plans for services.

2. Unstructured personal interviews were held with visiting experts in the field of child abuse to have an up-to-date knowledge of the latest developments in the field nationwide.

3. The 400 records selected for the study from two agencies were analyzed using the schedule as presented on Appendix B.

4. Data were obtained from the Office of Child Development regarding latest legislation on child abuse.

5. Data were also obtained from the State Department of Public Welfare in Austin.

6. Data were also obtained to a limited degree by visiting cases of child abuse in local pediatric units, by assessments made on children at well-baby clinics, and by assisting student nurses at home visits on suspected cases of child abuse which they chose to follow as case studies as part of their pediatric experience.

7. Data were analyzed by using tabular formats.

CHAPTER III

ANALYSIS OF THE DATA

The purpose of this chapter is to provide the reader with a summary of child abuse in Corpus Christi. The chapter will be divided into the following sections: (1) Incidents of Child Abuse; (2) Age of Abused Children; (3) Age of Parents; (4) Relationship of Perpetrator to Abused Child; (5) Education of Head of Household in Abused Child's Home; and (6) Race and Religion of Families of Abused Children.

Incidents of Child Abuse

The physical abuse of children is the most tangible evidence of abuse that we have. Although it has been established that emotional and psychological abuse are just as damaging to a child, evidence is harder to produce. Only physical and sexual abuse have been considered for this study. From the 400 case records reviewed, 48 families were positively identified as families of abused children.

There were a total of sixty-two incidents of child abuse in the forty-eight families.

Table 1 provides an insight into the number and percentage of incidents of child abuse. It should be noted that the number of families are different from the number

TABLE 1
Incidents of Child Abuse by Types

Incident	Number	Percentage
Incidents Involving Physical Abuse	47	(76.0)
Incidents Involving Sexual Abuse	5	(8.0)
Endangering Life of Child	6	(10.0)
Deaths Resulting from Abuse of Child	4	(6.0)
Total	62	(100.0)
Number of Families Involved	48	

of incidents, since more than one perpetrator or more than one child were involved in some incidents. The rate of deaths and sexual abuse are indicative of violent acts of abuse. The acts of sexual abuse were performed on two girls in the same family, ages fifteen and eight, by their stepfather. There is some question of mental retardation in the stepfather. Two other incidents occurred in two different families on girls of fifteen and sixteen years of age with the perpetrator being the natural father in each case. One incident involved a

three-month-old baby girl with the perpetrator being the mother's lover. The mother has a history of child abuse. She was married at age fourteen and is now separated. Eighty per cent of sexual abuse took place in Mexican-American families.

Age of Abused Children

Many investigators have observed that a great percentage of child abuse incidents tend to take place in very young children. The study reveals that 59 per cent of the children involved were under three years, 26 per cent under ten years, and 15 per cent were ten years and over. All fatal incidents involved females under two years. In 75 per cent of the fatal incidents, mothers were the perpetrators, in 25 per cent, both mother and father were the perpetrators, but the father was the outstanding perpetrator. Seventy-five per cent of fatal incidents took place in Anglo-American families. (see Table 2)

Age of Parents

On the basis of the 1962 press survey, De Francis reports that the average age of mothers of abused children was twenty-six. The average age for fathers was thirty.

The Brandeis University Press Survey shows that the incidence of child abuse was highest in the twenty to

TABLE 2
Age Distribution of Abused Children

Age	Fatal Incidents		Non-Fatal Incidents		All Incidents	
	No.	(%)	No.	(%)	No.	(%)
Under 6 months	1	(25.0)	6	(10.0)	7	(12.0)
Under 1 year	2	(50.0)	10	(17.0)	12	(19.0)
Under 2 years	1	(25.0)	11	(19.0)	11	(18.0)
Under 3 years			7	(12.0)	7	(12.0)
Under 5 years			4	(7.0)	4	(6.0)
Under 8 years			9	(16.0)	9	(15.0)
Under 10 years			2	(3.0)	2	(3.0)
Under 12 years			5	(9.0)	5	(8.0)
Under 14 years			1	(2.0)	1	(2.0)
Under 16 years			3	(5.0)	3	(5.0)
Total	4	(100.0)	58	(100.0)	62	(100.0)

twenty-nine age group (Helfer and Kempe, 1968, p. 35).

In Table 3, the distribution of parents of abused children is given. According to the statistics found in Table 3, the number of incidents in this age group of parents corresponds to the previous finding. It should be noted that the number of cases for whom this item was

TABLE 3

Distribution of Parents of Abused Children by Age

Age	Fatal Incidents		Fathers		All Incidents		Fatal Incidents		Mothers		All Incidents	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Under 20	1	(100.0)			1	(6.7)			5	(22.7)	5	(20.0)
20 to 29			10	(71.4)	10	(66.7)	1	(33.3)	9	(40.9)	10	(40.0)
30 to 39			2	(14.3)	2	(13.3)	2	(66.7)	3	(13.7)	4	(16.0)
40 to 49												
50 and Over												
Not Reported									5	(22.7)	6	(24.0)
Total	1	(100.0)	14	(100.0)	15	(100.0)	3	(100.0)	22	(100.0)	25	(100.0)

not reported is high.

Table 4 gives an insight as to the relationship of perpetrator to the abused child. It should be noted that the number of families differs from the number of incidents since more than one perpetrator or more than one child were involved in some incidents.

TABLE 4

Relationship of Perpetrator to Abused Child

Type of Relationship	Fatal Incidents		Non-Fatal Incidents		All Incidents	
	No.	%	No.	%	No.	%
Father	1	(25.0)	14	(24.0)	15	(24.0)
Mother	3	(75.0)	22	(38.0)	25	(40.0)
Stepfather			8	(14.0)	8	(14.0)
Stepmother			3	(5.0)	3	(5.0)
Adoptive Parents			1	(2.0)	1	(2.0)
Foster Parents			2	(3.0)	2	(3.0)
Siblings			1	(2.0)	1	(2.0)
Other Relatives			1	(2.0)	1	(2.0)
Non-Related Person			4	(7.0)	4	(6.0)
Relationship Not Reported			2	(3.0)	2	(3.0)
Total	4	(100.0)	58	(100.0)	62	(100.0)

Table 5 represents data on the educational level achieved by head of household in the forty-eight families of abused children. It also presents data on the education of mothers in the two-parent households where the father is considered head of household. Although the percentile is higher in the grades 9 to 11 and high school graduate, it should be noted that the item not reported is significantly high.

TABLE 5

Distribution of Household Heads and of
Mothers--Non-Household Heads--By Education

Grades Completed	Head of Household No.	(%)	Mothers, Non-Head of Household No.	(%)
4 or less	2	(4.0)	2	(7.0)
5 to 8	5	(11.0)	2	(7.0)
9 to 11	12	(25.0)	7	(25.0)
High School Graduate	10	(21.0)	6	(22.0)
Some College	3	(6.0)		
College Graduate	2	(4.0)		
Not Reported	14	(29.0)	11	(39.0)
Total	48	(100.0)	28	(100.0)
Number of Families	48			

Race and Religion of Families of Abused Children

Table 6 shows the background on families of the abused children on the basis of race and religion. Religious background is even more limited than racial background and, it does not show the degree of involvement. The number for whom this item was not reported is high in relation to the reported totals.

TABLE 6

Distribution of Families of Abused Children
by Racial and Religious Background

Religion	Anglo-American		Mexican-American		All Families	
	No.	(%)	No.	(%)	No.	(%)
Roman Catholic	5	(22.0)	10	(40.0)	15	(31.0)
Protestant	8	(15.0)	6	(24.0)	14	(29.0)
Other Religions	3	(13.0)	2	(8.0)	5	(11.0)
Religion Not Reported	7	(30.0)	7	(28.0)	14	(29.0)
Total Number of Families	23	(100.0)	25	(100.0)	48	(100.0)

One of the objectives of this study was to see if there were any significant differences in the incidents of child abuse between the Anglo-American and the Mexican-American families. The results of the study do not reveal

any significant differences in relation to incidence.

The study did show that the highest percentile of sexual abuse took place in the Mexican-American family. It must be noted that two of the incidents occurred in the same family with the perpetrator being the natural father who was considered to show symptoms of mental retardation. Another incident involved the mother's lover as the perpetrator. The record revealed that the mother was an adopted child who had married at the age of fourteen and was raised by her grandmother for whom the girl had no love. At the time of the investigation, the mother was blaming the grandmother for the trouble the investigation was causing her lover and took the lover's side against the grandmother. The physical examination on the infant revealed positive proof of sexual assault which had been taking place for some time.

In all classes of the Mexican-American society, the family is the main focus, but as the family protects, it also makes great demands of its members. There are very strong family relations and great support is offered when any member needs a sanctuary from a hostile world. By the same token, anyone who brings shame to that family commits an unforgiveable sin (Madsen, 1964, p. 440). It must be noted here that fifty per cent of the Mexican-American families in the study had a history of divorce,

separation and multiple marriages. Any family with as much disruption in their social patterns as was revealed could have lost the support of the extended family by their very own actions. It is not uncommon for a father to disown a daughter for bringing shame to a family and to cast her out.

In relation to the area of religious involvement, it would be easy to assume that the Mexican-American family, being traditionally Catholic, would be the lesser of the abuser. A study conducted in San Antonio regarding child neglect revealed that although the Mexican-American family holds the Catholic-Mexican culture relating to family life is right and ideal, they do not appear to practice this extensively (Crawford, 1961, p. 8).

A study conducted in a Mexican village regarding all aspects of family life placed special emphasis on the child-parent relationship (Fromm and Maccoby, 1970). The study revealed that although there were many cultural differences in this group of people, the same socio-pathological conditions that affect other ethnic groups in regard to child-rearing existed in this group.

CHAPTER IV

SUMMARY OF FINDINGS AND CONCLUSIONS

Child abuse is not a new phenomenon. Rather, the interest of the public and the recognition itself is relatively new. Since the beginning of time, children have been considered the property of their parents. It has been only relatively recent that the rights of children have been recognized and sanctioned by society.

Child abuse involves all types of abuse other than physical. Studies have concentrated primarily on physical abuse but Dr. Helfer and Dr. Kempe have stated that it involves emotional and psychological as well. Only recently has sexual abuse been added to the spectrum.

The indifference to this problem has been caused by several things. Over the years, many physicians have failed to alert the community's resources for child protection to suspected cases of child abuse for fear of breaking patient-physician relationships for the fear of getting legally involved and, many times, they wondered whom to report the case to and if they did they doubted whether it would benefit the family at all.

Society, in general, is now beginning to get an insight to provide a better understanding of those who batter their children. Once society considered it a

privilege of the parent to do with their children as they pleased. It did not want to get involved with what they regarded as a parental right, regardless of the unjust treatment of a child by his parent.

By implication, the making of reporting child abuse and neglect mandatory indicates that it is a problem that should concern society. The responsibility of society, as a whole, is to take over when the parents fail, either willfully or otherwise. A reasonable solution can only come about if there is a large-scale acceptance that the welfare of children is of concern to all of society and that the survival of society depends on the welfare of its children.

Discipline and punishment have too often been confused. While discipline is instruction and a standard and structure of behavior, it is consistent and authoritative. Punishment, in rational terms, is a method used to teach and enforce discipline. However, punishment divorced from discipline becomes a monstrosity. It is this separation that is so very characteristic of the abusive parent.

The complex problems associated with the care of the problem of child abuse properly require that a high degree of skill be dedicated to this field. The greatest problem associated with child abuse treatment is that there have been very few funds allotted to treat the problem. Recognition of the problem alone is not the solution.

Social workers are prone to cope with behavioral problems that are far beyond their capacity. All the helping professions in the area of protective services have sometimes been too self-sufficient and other times overly-protective of their clients to allow other disciplines to come to their aid. The fear of losing the relationship with the client has often been a factor in this case.

Public schools, with all their sophisticated advances in education, have failed to take any action in the problem of child abuse. They have remained aloof to the symptoms, although they are on the front line to detect this phenomenon. They have stated that it is not an educational problem and have not wanted to get involved. Also, there are no clear-cut channels through which such problems could be referred would anyone be interested to do so.

Child abuse is predictable and treatable. Much of the ground work has been laid. Abused children can be protected. Families can be reunited and parents can, in most cases, be treated. Now society in general has to look to the preventive side of child abuse.

Conclusions

Although recent legislation provides for the protection of the child by making reporting of child abuse

mandatory, the legislation will be only as good as the people who follow its recommendations.

Mandatory legislation serves only as a tool and it does not solve the problem. Provisions for treating the problem should be made by states and federal governments.

Social work, in particular, must examine its present methods for providing services for neglected and abused children and their families. They must recognize their limitations to deal with the problem of child abuse.

The battered child and his family require the attention of the most experienced personnel available, whether they be nurse, doctor, lawyer, law enforcement officer, or judge. All these disciplines have a moral obligation to train specialists in these much prevailing questions posed by the problem of child abuse. Another preventive measure to reduce child abuse is education for parenting. The children of today will be the parents of tomorrow. Courses in human growth and development should not be reserved for the college-age student.

Most important of all is an understanding by the different professional disciplines involved with child abuse that the problem cannot be successfully treated nor the family given comprehensive treatment unless there is a multi-disciplinary approach.

FOOTNOTES

FOOTNOTES

¹Mutch, David, "Rescuing Abused and Neglected Children," Christian Science Monitor, October 24, 1974, Sec. 2, p. 87.

²Ibid.

³U.S. Congress, Senate. Child Abuse Prevention and Treatment Act of 1974, Pub. L. 93-247, 93rd Congress, 4th Session, Congressional Record, Vol. 119 (1973).

⁴Office of Early Childhood Development, Texas Department of Community Affairs, Article for the week of the young child, Austin, March 31-April 6, 1974 (mimeographed).

⁴Mutch, David, op. cit., p. 7.

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APPENDIXES

APPENDIX A
Questionnaire

APPENDIX A

Questionnaire

1. When you see an injured child professionally, do you consider possibility of child abuse?

Always or
Usually

Often or
Occasionally

Rarely

Never

2. In an average month in your practice, what is the estimated number of suspected child abuse cases?

0 - 2

3 - 5

6 - 10

More than 10

3. Of the above cases born many are

Anglo-American

Mexican-American

4. When you suspect a case of battered child syndrome, to whom do you report it?

5. If you report a suspected case of child abuse, do you know what type of follow-up is initiated?

Yes _____

No _____

6. Do you ever get follow-up reports on child abuse cases that you report?

Always or
Usually

Often or
Occasionally

Rarely

Never

7. Are there occasions when you make the diagnosis of battered child syndrome, but do not report the case?

Yes _____

No _____

8. Would you report a case when you suspect an abused child but do not have full evidence to confirm diagnosis?

Yes _____ No _____

9. In an average month in your practice, what is the average number of abused children that you see under following age groups?

0 - 3

4 - 7

8 - 12

13 - 16

APPENDIX B

Schedule

APPENDIX B

Schedule

The following items were taken into consideration in reviewing cases and records of abused children:

1. Type of parent

One parent
Two parents
Natural
Step-parent
Adoptive
Other

2. Age of parent or caretaker

3. Relationship of perpetrator to abused child

Mother
Father
Stepfather
Stepmother
Adoptive parent
Foster parent
Siblings
Other relative
Non-related person
Relationship not reported

4. Age of perpetrator

5. Type of case

Private
Public assistance

6. Monthly income

7. Person reporting the incident

8. Child's age

9. Classification of abuse

Physical
Sexual
Endangering life
Death

10. Other siblings in family
11. Placement or disposition of case
12. Parents' background
 - Psychosocial
 - Socioeconomic
13. Religion of parents
14. Education of parents
15. Ethnic group
 - Mexican-American
 - Anglo-American
 - Mixed

Vita was removed during scanning.