

The Cycle of Child Abuse: Implications for educators

Abstract

The year 1985 has been designated as the "International Year of the Youth". It is particularly appropriate during this time to examine all aspects of childhood - even one so horrible as child abuse. This tragedy has been a part of the human condition for ages. Evidence suggests that the incidence of child abuse is on the rise and that child abuse is self-perpetuating. An abused child often grows up to become the abusing adult. Programs have been developed that seem to be having a positive effect on reducing this human tragedy. In addition, we must become better informed about this problem: its history, its dimensions in the community, and the efforts to protect children and rehabilitate adults. As educators, we must be aware of the measures that we can take to help eradicate this awful condition.

"I whipped him til he was actually black and blue, and until I **could not** whip him any more, and he never gave up one single inch." These were the words of a mother describing her first brutal encounter with her four-month-old son, written some two centuries past (cited in DeMause, 1974, p.41).

Child abuse, physical and sexual, has been an unfortunate reality for years. Certain aspects of the problem, such as child labour, have been addressed publicly and, for the most part, controlled.

Yet abuse that has occurred within the confines of one's home was considered a private matter - until 1962. In that year the **Journal of the American Medical Association** published "The Battered Child Syndrome"; and Dr. Henry Kempe and his colleagues awakened public consciousness to the horrors of physical abuse against children.

Annual estimates of cases in the United States alone range from 60,000 to 4,000,000 (Williams, 1980a, p.4). A more accurate count is difficult to obtain, as most cases of child abuse remain unreported and undiscovered (p.5). In April 1981 a Canadian government study determined that homicide was the fourth major cause of death in children ages one to five (Fielding, 1981). Clearly, the extent of child abuse is appalling. And most investigators, throughout North America, feel that the incidence of child abuse is on the rise.

Recently, much attention has been directed toward the sexual mistreatment of children. In a 1984 Canadian study, **Sexual Offences Against Children**, commented:

Child sexual abuse is a largely hidden yet pervasive tragedy that has damaged the lives of tens of thousands of Canadian children and youths. For most of them, their needs remain unexpressed and unmet. These silent victims - and there are substantial numbers of them - are often those in greatest need of care and help. Only a few young victims of sexual offences seek assistance from helping services provided for them.... (Report, 1984a, p.29)

From its research, the Committee found that about one female in two and one male in three have been victims of unwanted sexual acts, everything from acts of exposure to crimes of rape and murder (Report, 1984a). Their survey showed that four per cent of young females had suffered rape. One quarter of these acts were committed by family members or persons in positions of trust; one half were committed by friends or acquaintances. A majority of the victims (or their families) did **not** report the incident nor seek help (Report, 1984b).

The reasons why so many of these crimes remain unreported are varied. In many instances the young child is unaware that a wrong act or a crime has been committed. Other children experience such feelings of helplessness and degradation, they are too ashamed to report the act. When the crime has been committed by someone close to the child, the confusion is exacerbated. Finally, children fear reprisals - from the perpetrators and from their parents (Report, 1984a).

Is this condition self-perpetuating? Will crimes of this nature be repeated generation after generation? Child abuse,

physical or sexual, is not a new phenomenon. An examination of past evidence is important in understanding the cyclical nature of the present problem; in formulating treatments and preventions.

An historical perspective

Incidents of the mistreatment of children are found in documents throughout recorded history. These records reveal that many children's lives have been fraught with violence and suffering.

Parents, natural or surrogate, felt they had a right to treat their children as they saw fit. According to the Hammurabi Code, a child was not accepted into a family until the father blew in its face and gave it a name (Fraser, 1976). An ancient Roman law gave the father absolute authority over his children. He could sell them, mutilate them, expose them, or kill them (Steele, 1976b). The Bible contains many passages condoning corporal punishment. "Thou shalt beat him with the rod, and shalt deliver his soul from hell," is but one (Proverbs 23: 13-14).

Aries (1962) comments that in many societies childhood was not a particularly important phase. Children were initiated into the adult world at a much earlier age than they are now. Death from disease and other natural causes claimed so many young lives, that mothers were advised to have several children in order that one or two might survive.

Not until the Renaissance did children become familiar subjects for the artist. During the Middle Ages, they were portrayed, if at all, as miniature adults. Similarly, writers of the past ignored the child. Aries (1962) feels this omission or distortion was indicative of the low value placed on the lives of children.

Reports of past abuse: physical and sexual

The attitudes toward children were reflected in the kinds and severity of abuse and neglect. Such practices as infanticide, child sacrifice, abandonment, child labour, and sexual abuse were apparently common place in Western societies.

Infanticide. Many cultures have practiced infanticide in order to control the population or eliminate deformed children (ten Benschel and Berdie, 1976). A child born too soon after a brother or sister was frequently doomed. Even Martin Luther decreed that mentally defective children should be drowned; he felt they were "instruments of the devil" (Radbill, 1974, p.8). Girls were valued less, hence were often "exposed". These infants might be left on dung heaps, in fields, in market places, or thrown into rivers or pits. Evidence suggests that a large

imbalance in the number of males continued well into the Middle Ages. Illegitimate children, regardless of sex, were regularly eliminated until the nineteenth century (DeMause, 1974).

In many societies, infants, especially those born into middle and upper classes, were given over to wet nurses for the first year or two of their lives. Their mortality rate was extremely high. Many a youngster simply failed to thrive from the less than adequate care. Others met their end by being smothered when their nurses rolled over them in bed (Tucker, 1974).

Child sacrifice. Children were often slain during religious ceremonies. Abraham was prepared to sacrifice his son until an angel of the Lord intervened. Sealing children into walls, bridges and foundations of buildings was a common practice in European countries. The bones of thousands of sacrificed children have been unearthed by archaeologists (DeMause, 1974).

Abandonment. Parents frequently abandoned their children, both legitimate and illegitimate. Ancient Greeks placed unwanted children in large pots, often with bits of jewelry to entice passers-by to adopt the infants. Baskets of warm clothes were located at church doors, so mothers could leave their infants without revealing their identities.

Eighteenth century foundling homes were filled to capacity. Records show that the numbers of orphans increased substantially during times of social upheaval and war (DeMause, 1974).

Child labour. Horror stories of children working in factories and mines have been well documented in our Western world. Radbill (1984) describes a typical situation. "Children from five years of age upward were worked sixteen hours at a time, sometimes with irons riveted around their ankles to keep them from running away. They were starved, beaten, and in many other ways maltreated" (p.12). If parents refused to permit their own young to work in such conditions, children from foundling homes were recruited. The survival rate of all of these children was very low.

Sexual abuse. In ancient Greece and Rome, sexual abuse of children was common. Boy brothels flourished in the cities (DeMause, 1974). Infant girls were sold to be raised as prostitutes. Children were sometimes given by their parents for the "pleasure" of their friends and associates.

The Jews tried to limit sexual abuse. If someone committed sodomy with a child over nine years of age, the offender was stoned to death. Copulation with younger children, however, did not carry the same penalty. This was not considered a sexual act; the guilty party was only whipped (DeMause, 1974).

Several books and articles have been written within the past twenty years delving into the history of childhood. Their pages are filled with stories of cruelty, often beyond belief.

The problem at present

Evidence of abuse has been with us since the recording of history; yet awareness of and concern about abuse is a relatively recent development, judging from the proliferation of information about this topic. Despite the recent rise in (reported cases of) child abuse, signs of hope do exist. Attitudes toward children have become more humane over time. Fraser reasons, "Some impetus for change has been generated by a genuine desire to see the child as an individual with his own legal rights and some impetus for change has been generated as a result of economic realities" (1976, p.331).

The conditions of childhood have changed with time. The public is no longer turning a blind eye to suspected cases. But the problem of child abuse is extremely complex and it does seem to be self-perpetuating. Psychologists and physicians (Garbarino and Stocking, 1980; Newberger and Bourne, 1978; and Helfer, cited in ten Benschel and Berdie, 1976) have reasoned that an adult is more inclined toward inflicting abuse or neglect if he or she received this treatment as a child. Steele postulates, "...all parents tend to follow their own parents' style of child rearing. If one's early life was unfortunately beset by neglect and abuse, then one is likely to repeat it, and treat one's offspring as one was treated" (1979b, p.14). Can this cycle ever be broken?

To understand the dimensions of child abuse and the likelihood for change, it is necessary to examine several aspects of the problem. How is child abuse being handled? What problems are encountered in trying to rehabilitate abusers? What programs seem to be having success? Is there any hope for the elimination of acts of child abuse?

The ways in which child abuse is being handled

Most of the efforts to deal with maltreatment are in the category of secondary prevention, or post-incidence intervention. The aim is to identify (and help) children who are experiencing prolonged conditions of abuse.

Two basic perspectives prevail. The first approach regards all abusive adults as criminals, advocating punishment for these people (Halperin, 1979). When the perpetrators are the parents, children are removed from their homes and placed in foster care. Efforts to remedy the problem of the children and/or to rehabilitate the parents are often non-existent.

This approach has had unfortunate consequences. Except in extreme cases, children are usually happier remaining with their parents. The family unit may be permanently destroyed when parents are incarcerated and children removed. If one child leaves the home, the parent often shifts his/her abusive behaviour to another child (Arvanian, 1975).

The second approach attempts to utilize therapeutic techniques to assist parents in learning constructive ways to manage their lives and their children, and to help children in overcoming the effects of abuse. This second approach is becoming the more accepted procedure of post-incidence intervention in handling the problems related to abuse.

Recently, efforts are being directed toward primary prevention or pre-incidence intervention. Programs have been created to help adults become more effective parents. Attention is being directed toward creating more positive, supportive neighbourhoods. Outlines of several successful programs, both pre- and post-incidence, are presented below.

The difficulty in attempting to rehabilitate abusers

Problems in working with abusers. Gil (1970) reasons that inherent in American culture is an acceptance of the use of physical force as an educational and socializing procedure. No clear criteria exist to differentiate between moderate and excessive forms of punishment. Abusive parents often deny they are using cruel or unusual punishment and rationalize their acts of aggression.

Other professionals contend (Alvy, 1975) that abusive parents have defects in character permitting aggressive impulses to emerge too readily. These parents often have unrealistic expectations of their children, which combine with their own overwhelming needs. They see their children as their only source of love and reassurance. These parents interpret the crying of an infant as a personal rejection. Anger follows, then punishment.

Abusers are often lonely, isolated, insecure and fearful. Their past relationships with people have been very negative; their experiences in childhood have caused them to feel unworthy, undeserving. Abusers are invariably victims of abuse themselves - lending credence to the idea that child abuse is self-perpetuating.

Stressful conditions and events trigger acts of abuse. Certain kinds of neighbourhoods, identified as high-risk, seem to compound family problems. Parents beset by a myriad of problems are much more likely to behave in unacceptable ways toward their children.

These people are very difficult to help. Some may refuse counselling altogether, or accept it reluctantly to keep from having their children removed. Others complete a counselling program only to return to their acts of abuse. Any change comes slowly; long-term treatment is essential.

Problems experienced by counsellors. Another difficulty exists. Natural reactions when faced with results of child abuse are shock and anger. Counsellors and others working with abusive parents are so repelled by the acts of cruelty that these professionals are often unable to conceal their revulsion and anger.

A hostile counsellor cannot work effectively with a parent plagued by his or her own hostile feelings. Special training procedures have been developed for counsellors to help them reduce anger arousal and overt hostility. In a study conducted at McGill, Davis (1982) planned and tested the effectiveness of systematic desensitization and cognitive self-control training procedures for graduate social worker students. Although the difference between the pre- and post-measure scores did not reach statistical significance, feelings of anger and hostility were reduced. The problem continues to be very serious for anyone working with abusive parents.

The establishment of a positive relationship between a counsellor and parent is mandatory. Alexander states:

The process of change begins with the experience of someone who truly listens, helps to clarify needs and concerns, who understands and accepts the parents as they are. In such a relationship the parents can begin to identify what they want and begin to find ways to achieve their goals.(1980, p.293)

Post-incidence intervention programs

Lynch (1978) feels that comprehensive treatment programs are so effective that serious re-injury of any abused child may be prevented. Helfer (cited in Williams, 1980b) is more cautious; he estimates that approximately 80 per cent of abusive parents can benefit from treatment. Certain methods and programs have had notable success. Among these programs are the multidisciplinary teams, group therapy, parents' centres, "crisis hot lines", and parents anonymous.

Multidisciplinary teams. Heretofore, communities have been reluctant to interfere with family matters. This hesitation is ending, fortunately. Communities are now establishing multidisciplinary teams to provide a variety of support services

for abusive parents and their children. According to Halperin (1979, p.88), "This approach to the maltreating family acknowledges the multidimensional nature of maltreatment, that there is no single universal cause for all abuse and neglect, and that there is no one kind of family in which maltreatment occurs."

Although models differ from community to community, these teams may include the following professionals: social workers, physicians, psychologists or psychiatrists, public health nurses, lawyers, law enforcement officers, and educators.

The team is involved in diagnosing the maltreatment and in assessing ways to meet the needs of the family members. Teams meet periodically to review the current cases. Although each member of the team may not be directly involved with each case, he or she is available for consultation. Effort is required to coordinate the agencies involved and to establish purposes and tasks (Schmitt, 1978).

Group therapy. Group counselling, often a feature of the multidisciplinary approach, has been successful in alleviating the feelings of isolation experienced by many abusers. These parents meet with adults who have had similar problems and may be able, for the first time, to relate to others without fear.

Therapists have found that an abusing parent has "an intense need to feel that one is not alone and to share similar problems, with an accompanying and very spontaneous need to ventilate" (Bellucci, 1972, p.113). The supportive network inherent in group therapy is new to most of the abusers. They often come to regard group members as their family - warm and safe in their relationship.

Some programs provide counselling for maltreated children and their siblings, as abuse affects all the children in a family, even those not on the receiving end. The sessions attempt to help these children understand themselves more fully, as well as learn some of the causes behind their parent's actions.

Other programs have established a different thrust. Abusive parents are allowed to deny their punitive behaviour toward their children and are encouraged to focus upon their own problems, such as: housing, nutrition, financing, drugs, and alcohol. As gains are made in overcoming some of these other problems, parents are able to address their abusive behaviour (D'Agostino, 1975).

Programs for parents and children. An extension of the group therapy program is the parent's centre, a setting for both parents and children. Day care is provided, as is medical service. Parents, when not meeting in group sessions, participate in the operations of the day care, preparing and serving food, and,

eventually, helping in the educational activities (Bean, 1971).

Bean has established a Parent's Center in Boston. She reports (1975, p.139), "The sharing of responsibilities for the child through the use of our Center frees the parents of the pressures long enough to sit back and, with our professional help, look at what has happened in their lives."

"Crisis hot lines." This service is available in several communities. Parents telephone a well-advertised number whenever they feel they are on the verge of hurting their children. A trained professional, usually a social worker or psychologist, listens patiently and offers assistance, such as referring callers to appropriate community services. Callers remain anonymous. Often a friendly, sympathetic voice on the other end of the line is all potentially abusive parents need to enable them to redirect their actions to more positive forms of child management.

Parents anonymous. A variation of the crisis hot line is Parents Anonymous (PA). Weekly group meetings are combined with personal and telephone contact among members during times of crisis. The goal of parents anonymous is to enable parents to admit they are abusive toward their children; they are then ready to cope with their problem (Starkweather and Turner, 1975). Members help each other recognize the danger signs which often bring on abusive attacks. Maltreating parents will think twice before striking out, knowing that they would have to report this action at the next PA meeting.

Regardless of the form of treatment, most families will need help for an extended period of time. Alexander reasons (1980, p. 296), "None of these families... will have trouble-free lives, and the critical change will be in their ability to seek help and use it when they have difficulties."

Pre-incidence intervention programs

Social network approach. More recently, programs have been created to reduce the likelihood of abuse occurring. To counter the feelings of isolation so common to maltreating adults, social networks are being created. Sweden serves as a model for this network approach. In that country, incidents of child abuse are almost non-existent (Tietjen, 1980). Family support and social welfare systems have been highly developed. These include: homemaker services (when the mother is ill), day care centres, after-school centres, and mother-child clinics that keep in close touch with the mother through the child's seventh year (Garbarino, Stocking, et al., 1980).

Isaacs (1982, p.287) has determined that, on "high friendship

days", mothers are much less likely to act abusively toward their children. In Lansing, Michigan, a Family Growth Center has been established for parents, children and workers to address the problem of isolation (Shay, 1980). The Center offers a drop-in child care program, parent recreation, parent-child activity sessions, transportation and educational workshops. Garbarino et al. (1981) have postulated that a social network approach is the most effective way to eliminate child abuse and neglect.

Outreach programs. Other communities have set up programs in which trained professionals or semi-trained volunteers make home visits. Homemaker services enable social workers to assess family strengths and weaknesses and to suggest services available for family members.

Parent support groups, staffed by volunteers, make home visits for the purpose of establishing friendships. Through these contacts, parents are able to share their concerns with sympathetic listeners and receive tips on child care from experienced mothers (Rosenstein, 1978; Gray and Kaplan, 1980; Downing, 1982). These volunteers meet on a regular basis with professionals for mutual support and supervision.

The Lay Health Visitor (LHV) Program in Denver saw about 550 families during the first 18 months in operation. Contact with each family was maintained for two or three months, longer if necessary. Often mothers called on their LHV when new problems came up. Only two minor injuries of a suspicious nature were reported during this period (Gray and Kaplan, 1980).

Programs for adults who were abused as children. Programs similar to Al-Anon are forming for teens and adults who were victims of sexual abuse. These people have in common feelings of low self-esteem, and unresolved anger and guilt. They cannot trust others easily. Although these people experience a great feeling of relief at finding people with similar pasts, Courtois and Leehan (1982) report that overcoming their problems proves difficult. So deep are their problems, so great their defences, that the group process is not always effective.

Family life education. Courses on parenting are offered through adult education and high school programs. The Education for Parenthood program began in 1972 to inform teenagers about child development and the role of parents. Students also engaged in field experiences in local day care centres.

Programs for elementary school children. Education is a critical aspect of any prevention program. If young children are aware that they do not have to tolerate cruel punishment, that they do not have to permit adults to do anything to their bodies and that there are people who care and who can help, this will go far in curtailing abuse. Riggs and Evans (1979) provide a list

of appropriate resources to help teachers introduce this topic into the curriculum.

Problems not addressed by these programs

Regardless of the number and quality of pre-incidence programs, child abuse may linger so long as there remain impoverished neighbourhoods and depressing conditions. Steinberg, Catalano and Dooley (1981) established a positive relationship between declines in the work force and reported cases of child abuse. Downward turns in the economy cause family stress which results in an increase in abuse.

Garbarino and Sherman (1980) determined that the quality of a neighbourhood can affect the level of child abuse and neglect. In their study, two neighbourhoods were carefully matched. The **predicted** child maltreatments were virtually the same (68.6 and 66.2 per 1,000 families); yet in the first community, the actual rate was 130.4; in the second community, only 15.6 (p.190). Characteristics of the low-risk neighbourhood included: neighbours who related to one another through positive exchanges, community services for recreational and preventative purposes, and homes and families that were well maintained.

The causes of child abuse, physical or sexual, are complex indeed. The prevention of abuse is equally **complicated**. Gil has made extensive studies of the problem. He reasons:

...primary prevention of child abuse, on all levels, would require fundamental changes in social philosophy and value premises in societal institutions, and in human relations. It would also require a reconceptualization of childhood, of children's rights, and of child rearing... It would require the elimination of poverty and of alienating conditions of production, major sources of stress and frustration which tend to trigger abusive acts toward children in adult-child interaction. (1975, p.354)

So much needs to be done. All facets of society - political, judicial and professional - must work in conjunction to bring about a reduction in the number of abusive acts. Studies are required to ascertain the most effective ways to alleviate the problem.

Judicial. The Committee studying the problem of sexual offences against children finds the present system of justice wanting.

On the basis of our findings about some 10,000 cases of sexual offences against children and youths, our principal conclusions are that these crimes occur

extensively and that the protection now afforded these young victims by the law and the public services is inadequate. The law is inadequate in its application. Sharp inequalities exist, often occurring in the same community, in the provision of assistance and protection for the victims of these offences. (Report, p.39)

Political. Support services are not always adequate. In a 1975-76 survey, Le Comité de la protection de la jeunesse of Québec determined that, of the sexual abuse cases handled by the child protection services, about half (48) of the abused children were removed from their homes. Following the initial placement, 61% of these children received **only one** visit from a social worker; 17% were visited twice (Report, 1984a, p.137). In 1978, the Illinois Department of Children and Family Services was able to respond to only 57 per cent of the abuse and neglect reports it had received (Williams, 1980b). Unfortunately, support for many social programs has been cut even further recently. Schmitt and Kempe (cited in Newberger and Bourne, 1978, p.595) believe that, if an abused child is returned to his parents without some form of intervention, five percent will be killed and 35 per cent will be seriously reinjured.

Unfortunately, when economic conditions are tight, funding for programs, especially preventative programs, is very difficult to obtain.

Professional: teachers. Teachers are beginning to take a much more active role in detecting and preventing child abuse. Sometimes a child will tell the teacher directly. Other times, a teacher becomes aware through the child's drawings and writings.

Montgomery County, Maryland, is one school district that holds training sessions for teachers to help them recognize the signs of maltreatment (Halperin, 1979). Two resources are particularly useful for teachers to help them recognize children who may be experiencing abuse. These are Koblinsky and Behana, "Child Sexual Abuse: The Educator's Role in Prevention, Detection, and Intervention" in **Young Children** and Halperin, "How can teachers help maltreated children and their families?" in **Helping Maltreated Children**.

But teachers are doing more than just informing themselves about detecting possible abuse. What should children do if they see a fire, if they get lost, if a tornado or hurricane is forecast? These topics have long been common in classroom discussions. Now teachers are telling children that they have the right to control who touches them, that they do not have to keep certain secrets made to adults, that they need not accept certain kinds of punishment. Children are being told how to get help. Teachers are encouraging children to express their concerns and

explore their attitudes in open-ended discussions. Books and films are available for teachers to share with children.

Professionals: evaluators and researchers. Articles on child abuse are numerous indeed; but, by and large, these are descriptive in nature. Few controlled studies of program effectiveness exist (Blythe, 1983). Systematic evaluation will enable professionals to identify aspects of programs which are successful, will assist professionals in getting favourable policy decisions and adequate funding.

More studies are also required to follow up maltreating families over a long term. Although factors related to abuse have been identified (such as parents who were abused as children and families who live in high-risk neighbourhoods), measures of these factors should be included in all reports so studies could compare the interrelationship of all factors (Isaacs, 1982).

Conclusions

Child abuse, physical and sexual, is self-perpetuating. The child mistreated often becomes the abusive adult. Yet this cycle can be broken. Communities with strong social networks and schools with effective educational programs help in preventing abuse. Multidisciplinary teams, group therapy, and family centres can be effective in treating the problems of maltreating parents and their children. Improvement can be realized when all facets of society have a strong commitment to develop a comprehensive and coordinated approach.

Change must come.

REFERENCES

- Alexander, H. (1980). Long term treatment, in C.H. Kempe and R.E. Helfer (Eds.), *The battered child*, (3rd ed.). Chicago: The University of Chicago Press.
- Alvy, K.T. (1975, September). Preventing child abuse. *American Psychologist*, 921-927.
- Aries, P. (1962). *Centuries of childhood*. New York: Vintage Books.
- Arvanian, A.L. (1975). Dynamics of separation and placement, in N.B. Eberling and D.A. Hill (Eds.), *Child abuse: intervention and treatment*. Littleton, Ma.: PSG Publishing Company, Inc.
- Bean, S.L. (1971, May). The parents' center project: A multiservice approach to the prevention of child abuse. *Child Welfare*, 50, 277-282.
- Bean, S.L. (1975). The use of specialized day care in preventing child abuse, in N.B. Eberling and D.A. Hill (Eds.), *Child abuse: Intervention and treatment*. Littleton, Ma.: PSG Publishing Company, Inc.
- Bellucci, M.T. (1972, February). Group treatment of mothers in child protection cases. *Child Welfare*, 51, 110-116.
- Blythe, B.J. (1983, August). A critique of outcome evaluation in child abuse treatment. *Child Welfare*, 62, 325-333.
- Courtois, C.A., and Leehan, J. (1982, May.) Group treatment for grown-up abused children. *The Personnel and Guidance Journal*, 60, 564-566.

- Davis, G.A. (1982). Anger arousal in child abuse counselling: An experimental evaluation of systematic desensitization and cognitive self-control training procedures (Doctoral dissertation, McGill University, 1982). *Dissertation Abstracts International*, 43, 1044A.
- D'Agostino, P. (1975). Strains and stresses in protective services, in N.B. Eberling and D.A. Hill (Eds.), *Child abuse: Intervention and treatment*. Littleton, Ma.: PSG Publishing Company, Inc.
- DeMause, L. (1974). *The history of childhood*. New York: The Psychohistory Press.
- Downing, C.J. (1982, December). Parent support groups to prevent child abuse. *Elementary School Guidance and Counselling*, 17, 119-124.
- Fielding, Joy. (1981, Oct.ber). Suffer the innocent children. *Maclean's*, 94, 13.
- Fraser, B.G. (1976). The child and his parents: A delicate balance of rights, in R.E. Helfer & C.H. Kempe (Eds.), *Child abuse and neglect: The family and the community*. Cambridge, MA: Ballinger.
- Garbarino, J. and Sherman, D. (1980, March). High-risk neighborhoods and high-risk families: The human ecology of child maltreatment. *Child Development*, 51, 188-198.
- Garbarino, J.; Stocking, S.H.; Collins, Alice H.; Gottlieb, Benjamin H.; Olds, David L.; Pancoast, Dianne L.; Sherman, Deborah; Tietjen, Anne Marie; and Warren, Donald I. (1981). *Protecting children from abuse and neglect: Developing and maintaining effective support systems for families*. San Francisco: Jossey-Bass.
- Gil, D.G. (1970). *Violence against children: Physical child abuse in the United States*. Cambridge, MA.: Harvard University Press.
- Gil, D.G. (1975, April). Unraveling child abuse. *American Journal of Orthopsychiatry*, 45, 346-356.
- Gray, J., and Kaplan, B. (1980). The lay health visitor program: An eighteen-month experience, in C.H. Kempe and R.E. Helfer (Eds.), *The battered child*, (3rd ed.). Chicago: The University of Chicago Press.
- Halpern, M. (1979). *Helping maltreated children: School and community involvement*. St. Louis: The C.V. Mosby Company.
- Isaacs, C.D. (1982, Summer). Treatment of child abuse: A review of the behavioral interventions. *Journal of Applied Behavior Analysis*, 15, 273-294.
- Kempe, C.H. (1962, July). The battered child syndrome. *Journal of the American Medical Association*, 181, 17-24, 42.
- Koblinsky, S., and Behana, N. (1984, September). Child sexual abuse: The educator's role in prevention, detection, and intervention. *Young Children*, 39, 3-16.
- Lynch, M.A. (1978, April). Annotation: The prognosis of child abuse. *Journal of Child Psychology and Psychiatry*, 19, 175-180.
- Newberger, E.H. and Bourne, R. (1978, October). The medicalization and legalization of child abuse. *American Journal of Orthopsychiatry*, 48, 593-607.
- Radbill, S.X. (1974). A history of child abuse and infanticide, in R.E. Helfer and C.H. Kempe (Eds.). *The battered child*, (2nd ed.). Chicago: University of Chicago Press.
- Report of the Committee on Sexual Offences Against Children and Youths. (1984a). *Sexual offences against children, Vol. I*. Canada: The Minister of Justice and Attorney General of Canada, The Minister of National Health and Welfare.
- Report of the Committee on Sexual Offences Against Children and Youths. (1984b). *Sexual offences against children in Canada, Summary*. Canada: The Minister of Justice and Attorney General of Canada, The Minister of National Health and Welfare.
- Riggs, R.S., and Evans, D.W. (1979, May). Child abuse prevention - implementation within the curriculum. *The Journal of School Health*, 49, 255-259.
- Rosenstein, P.J. (1978, June). Family outreach: A program for the prevention of child neglect and abuse. *Child Welfare*, 57, 355-364.
- Schmitt, B.D. (1978). *The child protection team handbook: A multidisciplinary approach to managing child abuse and neglect*. New York: Garland STPM Press.
- Shay, S.W. (1980). Community council for child abuse prevention, in C.H. Kempe and R.E. Helfer (Eds.), *The battered child*, (3rd ed.). Chicago: The University of Chicago Press.
- Starkweather, C.L., and Turner, S.M. (1975). Parents anonymous: Reflections on the development of a self-help group, in N.B. Eberling and D.A. Hill (Eds.), *Child abuse: Intervention and treatment*. Littleton, MA.: PSG Publishing Company, Inc.
- Steele, B.F. (1976a). Experience with an interdisciplinary concept, in R.E. Helfer and C.H. Kempe (Eds.), *Child abuse and neglect: The family and the community*. Cambridge, MA.: Ballinger.

- Steele, B.F. (1976b). Violence within the family, in R.E. Helfer and C.H. Kempe (Eds.), *Child abuse and neglect: The family and the community*. Cambridge, MA: Ballinger.
- Steinberg, L.D., Catalano, R., and Dooley, D. (1981, September). Economic antecedents of child abuse and neglect. *Child Development*, 52, 975-985.
- ten Bensel, R.W., and Berdie, J. (1976, October). The neglect and abuse of children and youth: The scope of the problem and the school's role. *The Journal of School Health*, 46, 453-461.
- Tietjen, A.M. (1981). Integrating formal and informal support systems: The Swedish experience, in J. Garbarino and S.H. Stocking (Eds.), *Protecting children from abuse and neglect: Developing and maintaining effective support systems for families*. San Francisco: Jossey-Bass.
- Tucker, M.J. (1984). The child as beginning and end: Fifteenth and sixteenth century English childhood, in L. De Mause (Ed.), *The history of childhood*. New York: The Psychohistory Press.
- Williams, G.J. (1980a). Child abuse and neglect: Problems of definition and incidence, in G.J. Williams and J. Money (Eds.), *Traumatic abuse and neglect of children at home*. Baltimore: The Johns Hopkins University Press.
- Williams, G.J. (1980b). Management and treatment of parental abuse and neglect of children: An overview, in G.J. Williams and J. Money (Eds.), *Traumatic abuse and neglect of children at home*. Baltimore: The Johns Hopkins University Press.

ᖃᓄᓂᖅ

ᐃᓚᖅ ᐅᓂᖅᓂᖅᓂᖅ . ᓂᓂᖅ ᐃᑕᓂᖅᓂᖅ ᐃᓂᐃᖅ ᐅᐱᓄᓂᖅ . ᐃᓄᓚᖅ ᐃᑕᓂᖅ ᖃᓄᓂᖅᓂᖅ , ᖃᓄᓂᖅᓂᖅᓂᖅ ᐃᑕᓂᖅᓂᖅᓂᖅ . ᐃᓂᐃᖅ ᐃᓄᓂᖅᓂᖅᓂᖅ ᖃᓄᓂᖅᓂᖅ ᐃᓂᐃᖅ ᖅᓂᓂᖅᓂᖅᓂᖅ . ᓂᑕᓂᖅ ᓂᓂᖅᓂᖅᓂᖅ ᐃᓄᓂᖅᓂᖅᓂᖅ ᐃᓄᓂᖅᓂᖅᓂᖅ ᓂᑕᓂᖅᓂᖅᓂᖅᓂᖅ . ᐃᓂᐃᖅ ᐅᖅᓂᓂᖅᓂᖅᓂᖅ ᓂᓂᖅ ᓂᓂᖅᓂᖅᓂᖅᓂᖅ ᐃᓄᓂᖅᓂᖅᓂᖅ ᐃᓄᓂᖅᓂᖅᓂᖅ ᐃᓄᓂᖅᓂᖅᓂᖅ .



ᐃᓂᐃᖅ ᐅᐱᓄᓂᖅᓂᖅᓂᖅ ᐃᓂᐃᖅᓂᖅ ᖃᓄᓂᖅᓂᖅ . ᓂᓂᖅ ᐃᓂᐃᖅ ᐅᖅᓂᓂᖅᓂᖅᓂᖅ . ᓂᓂᖅ ᐃᓂᐃᖅᓂᖅᓂᖅ , ᓂᓂᖅ ᐃᓂᐃᖅᓂᖅᓂᖅ , ᐃᓂᐃᖅᓂᖅᓂᖅ ᐃᓂᐃᖅᓂᖅᓂᖅ ᖃᓄᓂᖅᓂᖅ .

Woman gathering mussels under the ice
(Sala Padlayat, Salluit, P.Q.)