CHILD ABUSE
THE SAFETY OF THE HOME

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Child abuse is now perceived to be a major social problem. It is only in recent years, however, that this phenomenon has become part of public consciousness. Social workers, residential workers, doctors, infant welfare sisters, police and others are apparently spending more of their time dealing with the problem. This increasing demand on the professional's time has been matched by the growth of material written on Child Abuse: Kalisch, (1978), provides some two thousand references, the vast majority appearing in the last twenty years.

The literature, however, is predominantly concerned with identification of the child at risk, the incidence of child abuse, and the establishment of systems dealing with the problem. Unfortunately very little has been written about a central and crucial issue: the safety of the home.

Whenever there is suspicion that a child has been abused every effort must be made to provide that child with at least temporary santuary whilst a full assessment is carried out. Once the child is in a safe place, whether it is with parents' co-operation or under a legal safeguard, the major question facing the workers involved is deciding when it is safe for the child to return home.

A number of misconceptions frequently underlie the decision to return the child to the care of the parents, and it is important that the most common of these are examined.

THE NATURAL HOME IS THE BEST PLACE FOR THE CHILD

The link between the natural parent and the child is assumed to have especial strength, to be fundamental to the child's welfare, and to be irreplaceable. This "blood tie", as Howells, (1974), has pointed out, is usually interpreted to mean a bond with the natural mother, rather than with the natural father. It is based on rather cursory reading of the literature on maternal deprivation and separation experiences. Bowlby, (1965 ed.), stated:

> "... what is believed to be essential for mental health is that the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or mother-substitute), in which both find satisfaction and enjoyment".

Bowlby's more recent work, (1969, 1973), has gone further than his original theory, (Bowlby, 1951), that there is a direct relationship between separation experiences in childhood and social and psychological problems in later life. He has examined the tie between child and mother and has shown that many things can go wrong with it, child abuse among them (Argles, 1980).

Howells, (1974), has argued that the mother-child bond is not unique, and that it is essentially of the same quality as any other relationship in that it must have mutual value for it to be maintained: satisfaction for the parent, and protection and care for the young child.

By stressing the natural parent-child relationship, other bonds can be undervalued. The Maria Colwell case in Britain was an example: Maria spent her first six months of life with her natural parents, about six years with foster-parents, and the final period of her life, about fifteen months, with her natural mother and step-father. The first separation was apparently beneficial; the second separation, when she was removed from her foster-parents, incurred the deprivation, and ended in her death.

TEMPORARY REMOVAL OF THE CHILD FROM THE HOME IS SUFFICIENT TO PREVENT FUTURE ABUSE

The temporary removal of a child after injury cannot be regarded as having a deterrent effect on further abuse if the child is prematurely returned home. This misconception, in conjunction with the one outlined above, is frequently the rationale behind the return of a child within a matter of weeks of the court case removing the child from the parents' care. Experience has shown that this assumption is not built upon very solid foundations.

Skinner and Castle, (1969), reported that as many as 60% of children were re-abused. Other studies have shown lower recurrence rates, though some have taken a narrow view of child abuse, and omitted, for example, neglect. Herrenkohl et al., (1979), examined a broader range of child abuse and included physical, emotional and sexual abuse, and gross, life-threatening, neglect. They found that official reports gave a recurrence of 25.4%, but verified incidents amounted to 66.8%, thus highlighting the point that the magnitude of the recurrence of abuse may not be given the attention it deserves.

INSTITUTIONAL CARE CAUSES AS MUCH DAMAGE AS CHILD ABUSE

Whilst residential care is not part of our wishes for ourselves or for our families, it is important not to overlook the fact that residential care can provide not only minimal care,

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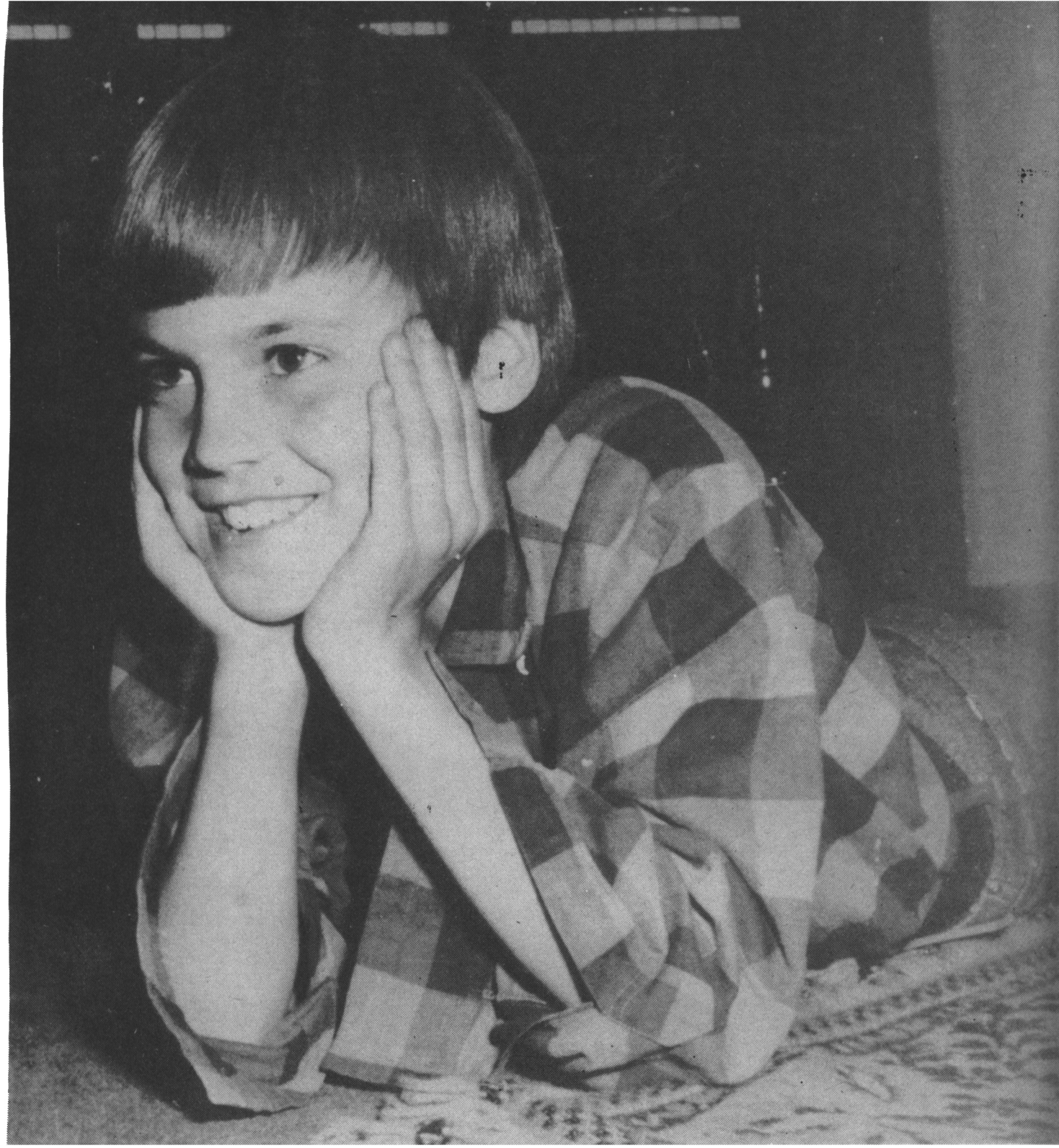

but also the love and security that the abusing parents have failed to provide. Children in residential institutions can discover the emotional security and other positive experiences that they have lacked. The distress, humiliation, and cruelty can be removed by adequate funding and good staffing, the use of small cottage homes, and appropriate case planning. Residential care should be used as a place of refuge for children who cannot live with their families temporarily, and as a place of assessment, therapy, and preparation for those who will move on to substitute families.

FOSTER-CARE FREQUENTLY BREAKS DOWN

Schmitt, (1978), suggests that temporary foster-care is necessary in 10 to 20% of cases, and that in a hospital setting, where more severe cases are assessed, foster-care may be indicated in up to 50% of cases. But foster-care, like residential care, can be traumatic rather than therapeutic as Martin and Beezley, (1976), have pointed out. The use of foster-care whether on a short term crisis intervention level, for purposes of diagnosis, or for longer periods for therapy, can be equally legitimate;

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but so often the placements that stretch into months and years will break down because of the lack of preparation and support given to the foster-parents, and the inability of the workers concerned to adequately screen foster-parents and to set realistic goals.

UNFOUNDED OPTIMISM

A variety of misconceptions exist under this heading, the most common being stated in the following manner: "the mother obviously loves the child"; "I am sure the parents could not have done this"; "de facto has left the home so now the child is safe"; "what are we doing to this mother by taking her child away". They have in common one or more of the following features: the worker has over-identified with the parents; overlooked the parents' denial or collusion; found intervention that goes beyond the traditional casework or the doctor-patient relationship alarming; chosen to ignore the fact that many parents are still capable of harming their children in spite of their expressions of love for those children; and thus completely lost sight of the priorities so vital to effective child protection work (Goddard, 1979).

GRANDPARENTS WILL LOOK AFTER HIM

A basic tenet of child care has been that if the child's immediate family cannot care for him, consideration should be given to placing the child with other relatives, frequently the child's grandparents. This approach, without careful assessment, is fraught with danger in child abuse cases. One of the most consistent features in the histories of abuse families is the repetition, from one generation to the next, of deprivation, abuse, and neglect. Kempe and Kempe, (1978), amongst many, argue that probably the most significant method of passing on parenting ability is the experience of having been sympathetically parented. Frequently, as a result of their own poor experiences in childhood, abusing parents have hostile and yet dependent relationships with their own parents, relationships that frequently undermine and detract from their parenting abilities and self-esteem.

In such situations, the child's placement with grandparents can reinforce the abusing parents' failure, and can be potentially damaging to the child.

Rather than rely on the misconceptions outlined above, it is suggested that social workers and medical staff should examine more pertinent factors before returning an abused child to the parents' care. In the United States attempts are being made to quantify such checklists, (Carroll, 1978; Justice and Justice, 1976), but no such endeavour is attempted here. It is proposed that the following factors are of the utmost importance:

1) The injuries or other harm to the child, the way in which these were inflicted, and the long term effects on the child.
2) The age of the child.
3) The parents' realistic or unrealistic expectations of the child.
4) The parents' view of the child, and the child's real or imagined provocation.
5) The early life of the child, separation, or other impediments to bonding.
6) The parents' experiences of pregnancy with, and delivery of this child, and other significant events at this time.
7) Previous suspicions of child abuse in the family, or the suspicious death of a sibling.
8) The parents' potential for violence.
9) The parents' use of physical punishment.
10) The parents' psychiatric histories and criminal records.
11) The parents' own childhood experiences.
12) The parents' perceptions of themselves.
13) The parents' relationship with each other.
14) The parents' access to positive social supports and their overall environment.
15) The frequency of crises in the family.

As stated above, no attempt has been made to weight or grade these factors in the assessment. The factors may be present in a variety of forms: a parent's history of alcoholism and violent anti-social behaviour will be more important than minor motoring offences.

In addition to this assessment, the following factors should be considered in case-planning:

1) The parents' ability to accept that there are problems in family functioning, and that there is a need for change.
2) Real evidence of this change, beyond the mere desire to conform in order to regain the child, and the likelihood of continuing change.
3) The parents' ability to accept appropriate help from designated services.
4) The accessibility, and flexibility of those services.
5) The workers concerned, both in assessment and in continuing work with the family, clearly understand that their primary role is to protect children from abuse in all its manifestations, and that the interests of the child, if necessary, override those of the parents.
6) The undertaking that the services provided are frequently required for years, rather than months, or even weeks.

It is hoped that these guidelines will provide assistance to workers involved in this crucial area of child abuse.

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