

# WORKING WITH

## *A Social Worker's View*

by Elizabeth Davoren

**W**orking with the problem of abused and neglected children means being a witness to the effects of violence and—sometimes—death. It means being involved in "parents' rights," "children's rights" and a diversity of views on how to bring up children. These loaded subjects stir the feelings of everyone involved. Reactions range from disgust ("How can anyone hurt a helpless little child?") to identification ("I've often felt like hurting my own child—I don't know what kept me from doing it").

People who identify strongly with parents have found one way or another to ignore child abuse: "It's none of my business," "It really didn't happen," "The child deserved it," "I don't know what to do about it" or "What good would it do to call someone?" People who feel strongly identified with children have also tended to ignore child abuse: "I can't stand to think about it," "It's really none of my business," "I don't know what to do" or "It won't do any good to interfere—it will only make the parents more angry."

The child abuse reporting laws passed during the 1960s are modifying some but not all of that resistance. When parents seriously hurt their children they arouse feelings of anger and a desire for revenge. Yet the fear that punitive action will be taken against parents—by calling the police, for instance—prevents large segments of the child population from being offered possible protection. The reason for this is that most people do not wish to subject parents—whom they see as just like themselves—to police, court or other authoritarian action.

This is why working with parents is becoming increasingly important. It is a proven way of protecting children

---

*Elizabeth Davoren is a psychiatric social worker who has worked in the field of child abuse since 1960. A consultant to the Extended Family Center in San Francisco and the San Francisco Child Abuse Council, she is the author of The Battered Child in California—A Survey, produced under a grant from the Rosenberg Foundation in 1973, and a contributor to The Battered Child (edited by Ray E. Helfer and C. Henry Kempe).*

while, at the same time, encouraging recognition of the child abuse problem. When parent and child are treated as a unit in need of help, rather than as wrongdoer and victim, there can be positive results from the recognition and report of child abuse. If reporting child abuse results in treatment, it is no longer perceived as a terrible action taken against the parent.

The child is also safer in every way when he or she is not made the adversary of the parent. The reality of court trials or hearings is such that their outcome may not result in child protection when needed. A child may be returned to a home where he has been abused and where the situation remains essentially unchanged. This doesn't mean that law enforcement is an unnecessary or undesirable tool in solving the child abuse problem. The problem could not be tackled as it has been without the backing of child abuse reporting laws and the use of the court system to enforce them. The police—in some cases the first outsiders to encounter child abuse and neglect—are extremely valuable allies in casefinding, and police help is needed to protect children in some families. However, no matter who the first contact person is, offering abusive parents help and understanding makes more sense than punishing them for what they usually consider to be the proper way to raise children—the way they were raised by their parents.

### **Why Child Abuse?**

Parenting is learned, and battering parents have usually been taught some very potent lessons by their own parents.

- They learned that their survival depended on their ability to conform to their parents' wishes and to perform feats abnormal for their respective stages of development. For example, during infancy they may have had to learn not to cry, not to move while being diapered and not to reach for the spoon while being fed.
- They learned that not only would they *not* be nurtured or cuddled or handled lovingly, but that they were also expected to reassure and comfort their own parents—role reversal as it is called.
- They learned that no matter how well they behaved,

(Continued on page 38)

### NIMH Bibliographies

Two bibliographies recently published by the National Institute of Mental Health are now available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

*Violence at Home* (95 pages, \$1.35, Stock No. 1724-00398, DHEW (ADM) 75-136) is an annotated bibliography of studies published in the last 10 years on violent behavior among family members. Most of the 190 studies concern child abuse, while others examine violence between parents and between brothers and sisters.

*Women and Mental Health* (250 pages, \$2.45, Stock No. 1724-00405, DHEW (ADM) 75-142), a selected bibliography of available knowledge on the mental health needs of women, contains 810 citations with summaries. The references, published between 1970 and 1973, provide information on the social, economic and psychological pressures on women and are divided into 21 broad areas, including "Rape," "Motherhood," "Single Women" and "Roles, Stereotypes and the Women's Liberation Movement."

### Education Information

Interested in receiving information about innovative educational programs? NEXUS, a free service introduced by the American Association for Higher Education, can help by referring you to those who have such

information. The telephone line 202/785-8480—operates between 1:00 and 6:00 p.m. Eastern Time. A brochure explaining the service is available from NEXUS, 1 Dupont Circle, Suite 780, Washington, D.C. 20036.

### Hearing Alert

The Alexander Graham Bell Association for the Deaf, Inc., Washington, D.C., has launched an extensive public information campaign to alert parents to the possibility of hearing loss in their babies and to seek treatment, when indicated, as early as possible. By writing to the Association—Hearing Alert, Washington, D.C. 20007—parents, doctors and others may receive a free packet of materials and additional information on hearing loss in children.

The Association points out that hearing impairments in most young children are not recognized or diagnosed until the child is two or three years of age, although detection at age three is considered late by hearing specialists. Because the child's behavior up to this time is very similar to that of a child with normal hearing, parents typically do not become concerned until they see that the child is late in developing speech. Since a baby born with a hearing loss has a triple handicap—in hearing, language development and speech production—it is vital that a hearing impairment be detected as early as possible.

Very few hearing impaired children

are totally deaf—most have some degree of hearing. The Association notes. If parents suspect a hearing loss, they should, when the baby is only a few months old, check the baby's hearing at home by shaking a rattle or tapping a spoon against a glass when the child is not looking to test his or her reaction to the sound.

Home testing, however, can be misleading, and the Association urges parents to take their child to a pediatrician or otologist for a physical examination and then to a hearing clinic for further evaluation by an audiologist if hearing loss is suspected. The earlier a child is started in a program of special education and training, the better are his or her chances of learning to understand the spoken word through amplified sound and lipreading, of learning to speak and, ultimately, of adapting to normal educational, social and career roles throughout life.

The Association lists the following four danger signals, cautioning parents to be alert to the possibility of hearing loss in their baby if:

- There is a history of hearing loss in the family.
- There was an RH or other blood incompatibility.
- The mother was known to have German measles, high fever or viral infections during the first three months of pregnancy.
- The child consistently fails to respond to the sounds around him.

### A Social Worker's View—(Continued from page 2)

or how much care they were able to provide their parents in this turn-about process, it was never enough. They were no good and they deserved to be hit.

- They learned that their parents could not see what they were like, how they functioned, or what their needs were.
- They learned that having children was a way for parents to be taken care of and loved.
- They learned that children must be punished to achieve desired results.
- They learned that the day would come when they could release stored up hostility without fear of reprisal.

All they had to do was to survive, grow up, and have children.

This destructive childrearing method, passed on from

generation to generation, produces adults who, first of all, have an understandable stake in having children. They want children to provide for them what they tried to provide for their parents. They believe their babies will love them and make them feel better. Since they do not see babies as helpless, taking care of them is not an anticipated problem. The babies will behave, because they know how to make them behave. This misunderstanding of what a child's capabilities are, combined with a willingness to punish as severely as necessary to meet extremely high expectations, often leads to serious physical injury of their children.

### Reporting the Parents

If reported for child abuse, these parents—who normally avoid contact with other people—are suddenly brought in touch with a lot of people with whom they have an ex-

remely difficult time in relating. Their incredibly poor opinion of themselves, and their distrust of all others, make it hard for these parents to like or to be liked. They are also frightened and deal with their fright by either acquiescence or threats.

Their acquiescence, based on childhood experiences of being forced to meet parental expectations, is backed by extraordinary sensitivity to the expectations of others. They can be so skillful at saying what they are expected to say that it is often difficult to know when words have been put in their mouths. The parents' ways of meeting expectations result in differing opinions about what "abusive parents are really like," and it also makes workers feel they know or understand the parent better than they really do. This "trying to please" also leads to wrong impressions of the parents' improved child caring capability. One purpose of parents' acquiescence is to get people off their backs, so to speak, so they can live their lives without interference by others, bringing up their children in the only way they know how—by making harsh demands.

So much for acquiescence. Parents can also be very threatening, particularly when told they are being reported for child abuse. They feel blamed, picked on, and interfered with in an area that they regard as no one's business but their own—how to raise their children. Often workers can't help but feel accusatory or vengeful for what the parents have done to their child. They also feel uneasy about interfering in the time-honored sanctity of the parent-child relationship. This all adds up to a situation in which workers may find themselves confronted by people who don't like them, who are threatening them, and whom they find it hard to like.

Workers need to realize that in most cases threatening parents appear to be far more in control of the situation than they really are. Understanding and empathy go a long way toward reducing the parents' fright and, in turn, their anger. Questions like: "What did your child do that upset you?", "Is your youngster hard to handle?" and "Does your baby need too much attention?" can show parents that their feelings count. At the same time, questions like these help workers find clues to both parent-child interaction and the parents' need for help.

Another way of relieving tension around abuse reporting procedures is to make sure the parents have an accurate picture of what is going to happen to them. If there are specific people who can help them, such as a public defender, they should be told who is available. Offering practical and specific help in contacting family members, finding child care for other children in the family and obtaining transportation—or simply thinking through with parents how they can do these things—will help them be more open to treatment.

#### Treatment

The kind of help abusive parents have responded to involves relationships that are more intense and more personal than the usual professional therapeutic relationships. Some call it "reparenting" or nurturing. What it means in practice is fulfilling parents' needs in the following areas:

- Parents need help to feel good about themselves, to

make up for the devastating belittling they've experienced in their own lives.

- • Parents need to be comforted when they are hurt, supported when they feel weak and liked for their likeable qualities—even when these are hard to find.
- • Parents need someone they can trust and lean on, and someone who will put up with their crankiness and complaining. They also need someone who will not be tricked into accepting their low sense of self-worth.
- • Parents need someone who will not be exhausted with them when they find no pleasure in life and defeat all attempts to help them seek it.
- • Parents need someone who will be there in times of crisis and who can help them with their practical needs, by leading them to resources that they can use or by giving more direct help.
- • Parents need someone who understands how hard it is for them to have dependents when they have never been allowed to be dependent themselves.
- • Parents need someone who will not criticize them, even when they ask for it, and who will not tell them what to do or how to manage their lives. They also need someone who does not need to use them in any way.
- • Parents need someone who will help them understand their children without making them feel either imposed upon by having to understand what they cannot, or stupid for not having understood in the first place.
- • Parents need someone who can give to them without making them feel of lesser value because of their needs. Parents need to feel valuable, and eventually they need to be able to help themselves and to have some role in helping others.

#### Worker Characteristics

Working with abusive parents is as demanding a job as the list of parents' needs implies. It requires workers who are themselves exceptionally sensitive to other human beings, who can accept hostility and rejection without being devastated by it and without feeling the need to retaliate. It requires workers who will not be critical of the parents' behavior and who can feel at ease with parents' criticisms. It also requires workers who can share themselves without sharing their problems and who can befriend while maintaining awareness of their helping role. Workers must also be able to think first about the parents' needs and not their own, and they should have a sense of self-worth and achievement that will sustain them through work that is demanding and brings few immediate rewards.

Even when workers feel strong within themselves, and have reasonably fulfilling lives of their own apart from their work, the nurturing of abusive parents can be quite exhausting. The parents' needs are extensive—at times like bottomless pits. Workers calling on their own emotional resources are constantly aware of themselves, their own upbringing and the way they are raising their own children, if they have any. This awareness can be wearing. But the most draining part of caring for these parents is knowing that a child may be seriously injured or neglected, or even die, if the worker misjudges the parents' capacity to care for the child.

Workers' unreal estimates of how much parents have been helped and how well they are doing have sometimes proved fatal for children. Moving abuse cases from one worker to another, or one agency to another, has resulted in losing track of the cases—and in fatalities, too.

Some communities are using interagency committees or multidisciplinary teams to keep track of abuse cases, and to provide workers with a support system in making decisions on diagnosis, treatment and final disposition. The composition of such a team depends upon who deals with child abuse problems in the community, but in general the fields of medicine, law enforcement, education and social service are represented. Involving consumers—abusive parents who have had treatment—adds an important dimension to the team.

The teams provide interdisciplinary education for their members and can serve to educate the community as well. But most of all the use of such teams means that the workers who handle child abuse cases, and the agencies they represent, are no longer making what can be life and death decisions without others to help and share responsibility.

Workers need on-the-job support, too. Ways of providing such support vary from conventional supervision and staff meetings—where workers describe their cases, discuss their feelings about them and seek advice—to staff get-togethers where newer techniques of role-playing, validation exercises and facilitating are used to raise levels of consciousness and to allow group support for each worker who needs it. Some agencies also limit the number of child abuse families each worker may carry to one, two or three, with less demanding cases rounding out their loads.

### Supportive Services

Supportive services now in use include homemaking services, emergency funds, emergency shelter care, 24-hour telephone hotlines, child day care, 24-hour crisis nurseries, parents' groups and visits by public health nurses. These help families directly and prevent the worker from having to shoulder all the burdens. Supportive services also bring more people into the lives of the families. This diminishes the need of the family to gain so much from one worker and, at the same time, enriches the family's life by providing new contacts and experiences.

Homemakers are ideal if they can cuddle the young and make them comfortable without freezing out the parent. Their role amounts to demonstration parenting. Done well, it gives the parents a feeling of being cared for, too.

Public health nurses, trained and given supervisory support, can be the primary workers in child abuse cases. A public health nurse can also function as the person responsible for keeping a very close watch over the children so that the family's worker can focus on concern for the parents. Health services are usually easy for the parents to accept.

A hotline, available 24 hours a day, 7 days a week, is a necessary adjunct of treatment.

Day care is one useful way of relieving the parent from too close contact with his or her child while at the same time providing more nurturing for the child. The day care

staff can be strong allies of the parent's worker, if they have the time, capacity and know-how to help parents better understand their children. A staff that can also recognize the parents' capabilities is invaluable. Day care staff members, however, almost always identify so strongly with the children that being able to understand the parents' needs, and then to help meet them, is very difficult. Perhaps the most that can be expected of the staff is that it *not* compete with the parents for the child's loyalty, and that it *not* let the inevitable parent complaints about how staff members deal with the child threaten them.

Crisis nurseries can relieve parents by their immediate availability in times of unresolvable parent-child tension. They safeguard the child and allow parents distance and time to discover more about the source of their tension, be it the child or something else. A positive attitude of nursery staff members toward the parent helps, of course. Their concern is with the child, and asking them to do much for the parent in the temporary crisis situation is out of place. But alliances for abusive parents develop in unexpected ways, and with each exposure to a person who might want to help comes the possibility of the parents finding the kind of support that is right for them.

Emergency shelter care deals with parent-child crises without separating parent and child, since a shelter will have a full time staff to care for the child if necessary. Rarely available, emergency shelter care is ideal. It can allow the parent to separate from the child for part or all of the day, whichever seems best, but it does not make complete separation necessary as a part of relief and treatment. A shelter staffed by treatment people can observe crisis behavior and either intervene when necessary, at an especially meaningful time or, in less threatening situations, allow the crisis to run its course.

Parents groups provide the opportunity for parents to get together to share their frustrations and to support each other, usually under the guidance of trained leaders. Most groups are mothers' groups. Some mothers are experimenting with including older children in their groups. Fathers are often overlooked. They tend to be less available because they work and because childrearing is traditionally thought to be woman's work. Many fathers will not involve themselves in therapy, which they see as a put-down. If there is some way they can be involved as decision makers, their participation is more likely.

Emergency loans "put one's money where one's mouth is." This is an extremely important attitude in our culture. Being able to give money can mean handling stress situations which have no other solution. It establishes the worker as a person who is sensitive to the "real" needs of the parent and it can also reinforce the parent's feeling of being nurtured in ways no other service can.

These are a few of the supportive services that can help both parent and worker. Others, not listed here, can be adapted to the needs of abused children and their families. By sharing the know-how of child abuse treatment with staff members of various community services through seminars, training programs or written material, we can expand the growing list of facilities that can help the abused child and his or her parents.

## Meeting the Parents

When the parent's first contact is with hospital trauma workers or protective service workers who are trained to understand abuse and neglect, intervention has a more useful beginning. Offering help to people who don't believe there is such a thing, or don't believe they need it, requires more than an average amount of skill. If the worker who does the reporting or takes the complaint to the parents is also to treat the parent, he or she will need

even more skill and much more self-assurance.

Being able to stay with the parent throughout the reporting process, and going to court with them when that is necessary, can strengthen a relationship, provided this is done well and with sensitivity to the potential for parental acquiescence. Having one worker report and a different worker treat has the advantage of giving parental resentment a focus outside of the treatment relationship. But parents who are forced to see many people in the course of referral for child abuse, and to go through their

# Foster Placement of Abused Children

by Elizabeth Davoran

Foster placement has often been the only resource available to protect children who are at risk. However, while foster placement at its best can be a very important treatment resource, it has its disadvantages.

For a child who is old enough to be aware of his surroundings, removal from home and placement with a stranger can be very frightening, more frightening often than the unstable or threatening home he or she knew. In addition, a family whose relationships are already very troubled is more traumatized by enforced separations than most families would be. Later, when children are returned to their home after the separation, they may be scolded or punished for behavior which the parents then see as caused by the foster parent. If the children have identified with the different values of the foster home they are rebuked for that, too. In fact, when foster parents are underpaid and overworked, what help they can give to a child, short of prevention of severe physical and nutritional injury, may not be enough to make up for the damage caused by the separation.

One problem arises because foster parents usually pride themselves on taking better care of a child than the child's natural parents. This concept, understandably gratifying for the foster parents (sometimes making up for poor pay and long hours), can be very disruptive to the natural parent-child relationship. It reinforces the parents' poor image of themselves in the very area where better self-concept and performance are essential: namely,

child care. There is every reason, however, to believe that foster parents can take just as much pride in helping the child and parent get on better with each other. Instead of being cast in the role of a separating person who nurtures the child and regards the parent as an intruder, the foster parent can be nurturer for parent and child and a model for good parenting.

Another problem is that foster parents are often especially curious about the details of physical abuse and natural parents are—understandably—unhappy to have such information shared. The more severe the abuse, the harder it is for the parent to admit his role and talk about it. By providing information about the parent and his personal hardships, the protective service worker can redirect the foster parents' curiosity to the source of the trouble and enlist their help. Getting the natural parents to share some of their personal problems with the foster parents can also bridge a large gap. The story of Erica and her daughter Jennifer illustrates how, at its best, foster family care placement can help both parent and child.

Throughout the court hearing and all the interviews such intervention entails, Erica had maintained that the cause of her 5-month-old daughter's severe injuries was unknown to her. She considered the psychiatrist and social workers assigned to "help" her unfair, unfeeling and useless, and she was not able to benefit from the contacts. In the meantime, Jennifer was placed in a foster home. At first, Erica

avoided the home because she was ashamed and afraid of what the foster mother would think of her. Her husband George did not visit either, feeling little attachment to the baby and no responsibility for her care. But Erica began to worry that she would be thought an unfit mother for not visiting and so she did. To her surprise, the foster mother was a sympathetic person, who talked with her about the baby's behavior, not about what Erica "had done." The foster mother, who liked to sew, made a kerchief for Erica and she invited Erica and George for meals from time to time. Soon her parents began to give Jennifer her baths and to do other things for her. These activities not only helped them feel closer to Jennifer but also relieved the foster mother of much of Jennifer's care. As soon as possible, Jennifer went home for visits. Gradually, the home visits lengthened until she was able to be home for good.

Jennifer's return to a safe home was expedited by the protective service worker's ability to support the foster parents in doing what she could not herself do to help parents and child and by the relationship that developed between the foster parents and Jennifer's family. The active and close contact maintained between parents and child during placement and the generous spirit of the foster parents, which led them to share the warmth of their home, their skills and, most of all, the care of Jennifer with the parents, was a crucial factor in returning Jennifer to her home. ■

story over and over again, are likely to be much harder to reach with an offer of help. To take an extreme situation—but one that actually happens—parents may be seen first by an emergency room physician, who has seen the injured child, then a medical social worker, who prepares them for the fact that the injury must be reported, by a policeman who responds to the report that has been made, and then by a juvenile police officer, a probation worker and a protective service intake worker—all before being assigned to the protective service worker who will continue seeing them. Even if all people interviewing the parents are understanding, it takes a lot more strength than most people have to go through all those explanations and interviews. Such “institutional abuse” of abusive parents is a poor way to get started.

### **Beginning Treatment**

Being able to reach out to parents is an essential part of treatment. In many situations the first thing parents need is someone who is willing and able to go to a lot of effort just to see them. Home visits are not only useful in themselves, but may be the only way workers will get to see the parents at all—at least in the beginning. With parents who avoid involvement by disappearing when the worker is expected, or by hiding and not answering the door, or by focusing their attention on television during the worker's presence, patience and persistence are important. Going back again and again, insisting upon contact of some sort, is often necessary with these parents. Being able to offer the specific practical help already mentioned under supportive services is a meaningful way to start, but such help may not be available.

Sympathetic, responsive, non-judgmental listening is an extremely valuable service. People who have never been listened to before will find it hard at first to believe that anyone is interested in what they have to say. Convincing parents that talk is useful is a tough way to have to begin a treatment that uses talking as its main tool, but it can be done. Friendly chatting is an icebreaker.

Workers need to find their own ways of relating to parents because genuine, honest, forthright behavior is the only kind that means anything to them. Such parents quickly spot pretense. When a parent feels threatened or angry or distrustful, or all three, the reaction may be hostile silence. A sincere worker may be genuinely ill at ease and find it hard to think of what to say. But it doesn't matter if the words seem silly or not right because wanting to do right is what comes across. The important point is that parents matter; they are a necessary part of the program and will determine what happens in treatment and its outcome.

Showing honest respect for the parents and their capabilities helps put parents at ease and parents need to feel at ease if they are to engage in a useful dialogue. Information given by parents early in the contact is often unreliable. For one thing, these parents have been wrongly perceived so often by their own parents that they are confused about themselves. They “misperceive” themselves, so to speak. Furthermore, when they don't trust their workers—and they usually don't—incorrect information may serve

as a camouflage and a protection from feared punishment. Or they may simply be trying to say what they think they are supposed to say. When two workers are seeing the same parents they are often astonished by the different impression each gets of the parents—based on the completely different stories parents tell them. As parents feel more trusting, talk becomes more useful to both parent and worker and what is said is usually more realistic.

There is no orderly progression to treatment. Much needs to be worked on simultaneously. For instance, exploring what parents want for themselves and for their children can be done more successfully after parents feel more trust. However, exploring what parents want shows them that their opinions matter, which in turn helps them develop trust.

In the beginning abusive parents are less likely to know what they want to accomplish for themselves because they don't believe they are capable of doing anything. They usually wish passively, but without much hope, to have things done for them. They will say that they want their children back—if the children have been placed—no matter how they feel about placement. They will wish for a better place to live or new clothing or a vacation. But beneath these layers of wants or desires lie others. For example:

- A mother of two repeatedly injured, poorly cared for children had been raped by her father when she was 10. Years of promiscuity followed, then prostitution, then procuring, then prison. Actually, she wants a kind of respectability that will allow her to approve of herself. She wants her marriage to be monogamous and her family to be respected in the community.

- A mother of four was adopted when she was young by parents who later totally rejected her. She wants to be able to give up one of her children, toward whom she alternately feels murderous rages, apathy and guilt because the child continuously reminds her of her inability to cope with certain aspects of her life. She has to know her child will not be rejected by adoptive parents.

- A brain-damaged mother of two children, abused by her own mother and father, wants to be able to function as a reasonable, competent adult. Among other things, she wants to learn to read.

- A father of two, brought up in an orphanage and beaten there, wants to feel more comfortable with others. He needs relationships with people who will understand his need to depend on others.

- A mother of three, who has been brain damaged by child abuse herself, causes her own child to have a fractured skull. She wants to learn how to mother well and to bring up her child herself.

- A mother of two children finds comfort in a life without children and would like to place them permanently, something she can only seek to do after she is able to accept her desire without feeling guilty about it and without being fearful of social ostracism for not wanting to raise her children.

- A mother brought up by a grandmother, because her own mother beat and neglected her as a child, loses her

first baby. Child abuse is suspected. A second baby is injured shortly after birth. Now, the mother wants no children under age five to care for. She wants to be alone with her husband and she wants her mother to care for the baby.

Parents who are beginning to take their own needs seriously can begin to think of their children's needs. But before they reach that point they will need some special care.

### A Declaration of Dependence

Encouraging parents to depend on the worker is a key part of the reparenting process. Dependence sometimes frightens workers. They see themselves being used up, or they fear they will have to take care of the parent's overwhelming needs forever. Some treatment approaches have even emphasized the importance of self-reliance. However, abusive parents usually have a lifetime of unsuccessful self-reliance behind them. As children they were used to taking care of the adults in their lives, as well as having to take care of themselves. If not helped out of old habits, they can neither care for children nor seek worthwhile self gratification. Dependence allows parents the nurturing that permits them to grow.

The more people involved in nurturing parents the better. Parents who are together in groups can do a great deal for each other. They feel more comfortable with each other and they are more readily available to each other. When groups exist and parents can use them, they provide a tremendously important adjunct to therapy, or therapy itself. The most devastated parents, however, need help before they can join a group and almost all parents need individual attention in addition to group help.

Services come in handy when meeting dependency needs. Tender Loving Care == TLC == Transportation, Lending money, Child care. If services are not available elsewhere and workers are able to give some of these services themselves, it can be well worth the time. Chauffeuring, for instance, is considered nuisance work by many, but some of the best interviews take place in the casual giving atmosphere such service creates.

Parents' self-esteem is increased by the caring process. Having their needs met says to them that they are important. If there is no way to give services, or they are not required, there are other ways to communicate care. Being on time for appointments, for instance, even with parents who forget appointments or are not on time themselves, tells them they matter in a way that no words can.

### The Next Step

As parents begin to feel worthwhile, as they begin to trust and depend on their workers, they tend to be more honest about their feelings. They also feel more friendly toward their workers and others. This is a good time to find ways of helping them include more people in their lives—if they haven't already done so on their own. They may be able to do more for their children, though they may complain more about the children at the same time. Complaining is one way to release angry aggression—usually a much better way than has been used in the past.

Questioning parents about their children—what they expect of and want for them, what changes they notice in them, what they enjoy most about them and when they feel most stumped about knowing what to do with them—will give the worker many clues. Parents who are ready to explore these questions are often at a stage when they can allow their children to be more dependent, while at the same time demanding less from them. They are also ready for their children to have more people in their lives. In other words, the children can have something for themselves, without the parents feeling excluded or put down. Giving parents specific information about child development and what they can realistically expect of their children is useful at this stage. Telling them how to take care of their children is another matter. Respecting parents' ways of dealing with their children is not always easy. This does not imply that workers should ignore or accept abusive behavior. Although the feelings that cause a parent to abuse a child are accepted and understood from the beginning, their acting on those feelings is clearly not acceptable.

With support and acceptance, parents' threshold of anger may be lowered appreciably. This can result in their being less angry with their children. If at the same time aggression can be funneled into productive, even pleasurable, activity that is even better. Workers, of course, cannot do this for parents, although they can let parents know what resources are available to them. As all other people, abusive parents have ups and downs, some of which are totally dependent on events over which they have no control. Although poverty is no direct cause of child abuse, money crises—as other crises that make parents feel helpless and powerless—can result in child abuse. At times of severe crisis, a drop-in nursery, a shelter home, or an emergency foster home may be the only way to prevent child abuse.

### Conclusion

Although the success of treatment will be judged by what happens ultimately to the abused child, the protection of that child will depend upon the well-being of the parents or caretakers. This is why the treatment efforts described here have focused on the parents and their need for support and understanding.

The desire to punish parents who have abused their children, particularly when the abuse is severe, dominates those who do not understand the causes of child abuse. Understanding is necessary not only of the parents, but of the workers as well. The capacity of workers to deal with the difficult problem of child abuse will depend on their individual strengths and the support of their efforts by a system and people in the social service and other systems who are not consumed by the pressure of power struggles. As Desmond Morris points out in *The Human Zoo*:

"The viciousness with which . . . children . . . are subjected to persecution is a measure of the weight of dominant pressures imposed on their persecutors." \*

\* *The Human Zoo* by Desmond Morris, Dell Publishing Co., 1971.