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United States Catholic Conference. Office of Domestic Social Development.
Violence in the family: a national concern, a Church concern
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Violence in the Family



SERVITE FATHERS
RESIDENT OF CHICAGO
323 WEST ILLINOIS STREET
CHICAGO, ILLINOIS 60601



**A National Concern
A Church Concern**

UNITED STATES CATHOLIC CONFERENCE

SERVITE FATHERS
ASSUMPTION CHURCH
323 WEST ILLINOIS STREET
CHICAGO, ILLINOIS 60601



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**VIOLENCE
IN THE FAMILY:
A National Concern
A Church Concern**

**UNITED STATES CATHOLIC CONFERENCE
Office of Domestic Social Development**

Prepared By
Barbara Ann Stolz, Ph.D.

Approved by
Committee on Social Development and World Peace
U.S. Catholic Conference
June 21, 1979

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Publications Office
United States Catholic Conference
1312 Massachusetts Avenue, N.W.
Washington, D.C. 20005

ACKNOWLEDGEMENT

This publication, while the primary responsibility of the Office of Domestic Social Development, was prepared in cooperation with the Family Life Office of the United States Catholic Conference and the Office for Pro-Life Activities of the National Conference of Catholic Bishops. In particular, Fr. Donald Conroy, Ms. Cecilia Bennett and Ms. Gail Quinn read drafts of the document and provided necessary critiques.

The project was begun by an informal hearing at which experts in the area shared information and insights into the problems of abuse. They included: Professor Hart Nelson, Ms. Stephana Tewey, Ms. P.J. Marschner, Sr. Gertrude Coffey, Ms. Kathleen Gardner, and Ms. Joanne Howse. Dr. Veronica Maz and Cookie Wheeler of the House of Ruth also shared their time and expertise.

Finally, Ms. Karen Curtis of the Office of Domestic Social Development typed and retyped the drafts of this document.



INTRODUCTION

Virginia K's baby was stillborn after her husband knocked her down and repeatedly kicked her in the stomach.¹

A five-year-old- has belt marks on his arms, legs and back. His mother beat him when he refused to eat his vegetables.²

My woman drinks and every Friday night when I come home, she just starts pounding me.³ The man is a policeman.

Elizabeth M. was hacked with a ceremonial sword wielded by her husband, a West Point graduate.⁴

Mrs. A. aged 78, is physically abused by her 13-year-old granddaughter.⁵

The image of the family as a warm, nurturing and safe environment has been shattered by reports of parents abusing their children, husbands beating their wives, and even children assaulting their parents. Over a million children are abused each year.⁶ Studies estimate that 1.8 million women are beaten each year by their husbands.⁷ Husbands are assaulted by their wives, parents by their children, sisters by brothers and brothers by sisters, although the number of these cases is not known. Abuse may be emotional, as well as physical, but the harm is just as real. These statistics are not simply numbers; they are family members seriously injuring other family members. While domestic violence does not occur in all families, it happens in families in all socio-economic groups. For many men, women and children, the home may be more dangerous than the street outside.

Church Concern

Family violence is a problem which the Church at all levels has a responsibility to address. The imperative to respond is rooted in a concern for human life, human dignity and family life. It is also a matter of social justice. Historically, in its role as sanctuary, the Church has protected those in danger. Whether the harm is from outside the community or from the family within the community, the Church has a responsibility to those whose well-being is threatened.

Out of a concern for human dignity and human life, the Catholic bishops of the United States have addressed numerous social justice issues. Violence within the family is life-threatening. It may even be fatal,

as indicated by estimates that over 2,000 children a year die from child abuse.⁸ Even if it is not fatal, violence perpetrated against another person is an affront to human dignity. It denies the personhood of the individual who is harmed, reduces the dignity of the perpetrator of violence, and lessens the respect for human life in the society in general. Abuse, assault, or murder are not less serious, because they occur within the family. Yet, that is the way in which our society has traditionally reacted to child abuse, battered women, or other forms of family violence. Violence, whether committed against family members or strangers is antithetical to the Judeo-Christian message of love and respect for the human person.

Our obligation to respond is also based on our concern for the family. It is in the family that we learn to respect one another and to harmonize our personal needs with those of others.⁹ Violence within the family diminishes, perhaps even destroys, the ability of the family to fulfill its role. If the basic arena in which individuals learn to associate with others does not promote good relationships, it not only will affect their family life, but also their ability to interact with those outside the family. In the context of the *Plan of Pastoral Action on Family Ministry*, the timing is particularly appropriate for parishes, dioceses and other local organizations to consider family violence.

Since the family is the primary environment in which we learn to relate to others, violence in the family does have consequences for the larger society. Most dramatic is the fact that 1 in 5 of all the police officers killed each year are killed intervening in family disputes. More subtle are the effects of family violence on societal attitudes toward violence, punishment, and mechanisms for the resolution of disputes, among others.

The relationship between family violence and society is complex. Many of the social issues which have been addressed by the Catholic bishops in other contexts, are related to the incidence of violence in family life. Unemployment, poor housing, lack of food, inadequate health care and deficiencies in the welfare system are social structural factors which can influence the incidence of family violence. False values, such as excessive materialism; intense personal and corporate competition, which create pressures on family life; and acceptance of violence contribute to domestic violence in all segments of our society.

Family violence is a critical issue for the Catholic community. The mandate to respond to this national concern is clearly rooted in the basic values and traditions of the Church.

Purpose of the Publication

The purpose of this document is to provide information about domestic violence, to precipitate action, and to identify available resources. The information is directed toward a wide audience, including those in parishes and dioceses throughout the country who should be aware of the existence of the problem, those witnessing family violence, those experiencing the problem as victim or perpetrator, those in minis-

tries or professions (e.g. teachers, health care professionals, social workers, recreational directors) who may come across this problem in their work, those professionals or volunteers who could assist in developing a local response to these problems.

The basic descriptive materials are found in Part I. Activities that might be undertaken or supported by diocesan, parish, ecumenical or other groups are suggested in Part II and several models are provided in Part III. In the last section further resources are indicated.



PART I Overview of the Problem

Description of the Problem

Who is Abused? Abuser?

Who is abused? Children? Wives? Husbands? Parents? Studies indicate that the answer to all of these questions is yes. Who abuses? Research also indicates that mothers, fathers, wives, husbands and even children can be abusers.

Child and wife abuse have received public attention. Yet other family members are abused too. There are incidents of sibling abuse where a child may seriously injure a brother or sister. Wives may abuse their husbands.

Abuse of a parent by a teenager or adult child is now beginning to be recognized as a problem. Although the legendary Lizzie Borden, who, as the rhyme goes “with an ax/gave her father 40 whacks/and after that was neatly done/gave her mother 41” seems to be an extreme case, some children do seriously harm their parents. The abused parent may be elderly, handicapped or for other reasons be dependent on a child. Incidents of parental abuse do occur even when the parent is healthy, middle-aged, and economically self-sufficient.

Moreover, other family relations or individuals living as family members may also abuse. Stepfathers, stepmothers, aunts, uncles, cousins, boyfriends or girlfriends may commit acts within the household that are considered as family violence, rather than as an act of a stranger or acquaintance. Presumably, they, too, may be abused.

Awareness of the problem of domestic violence has emerged categorically, reflecting concern for specific victims, for example, abused children or battered women. This has focused attention on certain types of abuse and perhaps these are most prevalent. Yet, it appears that any family member can be the victim of abuse and almost any family member can be an abuser.

What is Abuse?

The character of abuse, whether the victim is a child, spouse, parent, or sibling—can vary. In its most extreme form, abuse results in death. It may involve severe beatings and bodily injury, such as broken bones and bruises. Psychological abuse may be part of abuse, as may neglect. Child abuse, for example, has been divided into several types. These classifications suggest the variety of behavior subsumed under the term abuse, whoever the victim is. Types of child abuse include:

- *Physical abuse*: nonaccidental physical injury to a child. Fractures, bruises, burns, damage to internal organs can result even

from mild abuse.

- *Sexual abuse*: a form of physical abuse that may range from inappropriate fondling to sexual intercourse. Girls or boys may be the victims of such abuse. The offender is usually someone who is known to the child.
- *Emotional abuse and neglect*: verbal assault on a child or failure to provide love, direction and appropriate support. This includes placing unrealistic or extreme demands on a child, being harsh or overly critical, or failure to provide necessary guidance.
- *Physical neglect*: denial of the essentials of life such as food and shelter. Dehydration, skin infections, failure to thrive, malnutrition and infestation with maggots can be the result of neglect.

As these subtypes of abuse indicate, the term abuse encompasses a variety of forms of behavior. This sometimes creates problems in determining the dimensions of the problem of family violence, since different informational sources may use different definitions of abuse. For example, child neglect statistics may or may not be included under child abuse statistics. Furthermore, certain types of abuse may be more evident; for example, broken bones are usually more visible than psychological damage. They may, therefore, be more readily identified, responded to, and thus officially recorded as abuse.

Abuse is thus a multi-faceted problem. Its manifestations are varied. The extent of abuse also differs, although the impact of abuse can be severe whatever the degree of physical or psychological harm. While death is irreparable, psychological abuse may have serious and broader societal ramifications over time. The definitional problems make it difficult to specifically delimit abuse, but the violence is real.

How Widespread is Abuse?

The statistics on domestic violence, to the extent that they exist, are usually classified according to victim—child, wife, husband, sibling, parent. Research has also tended to focus on specific aspects of family violence; consequently, the availability of data varies according to type of abuse. The literature on child abuse, which has been perceived as a national concern since the 1960's, is more developed and voluminous than the literature on parental abuse, which is only now being recognized as a concern.

There are also many problems associated with the gathering of statistics on abuse, which influence the statistical evidence and thus the perception of the problem and its dimensions. Most of the statistics suggest the incidence of the problem, but not its prevalence. Although it is believed that abuse occurs much more often than the incidents reported, only estimates can be made as to how prevalent the problem is. The reasons for this difficulty in determining prevalence are quite simple. First, not all incidents of abuse come to public attention. A victim may

hide the injury by avoiding other people or covering the injury by wearing long sleeves. In the case of a child, the parent may hide the abuse.

Second, abuse may not be recorded as abuse. It may be recorded as a specific injury, a broken leg or arm. In an emergency room or in a private physician's office there may be no perceived reason or desire to inquire beyond the injury. There is, therefore, no record of abuse.

The statistical information available is limited in its description of incidence of abuse as well. Clinics and social agencies may more often raise questions of abuse, particularly in repeated incidents. Written records of abuse have tended to come from the social agencies dealing with low-income persons rather than middle and upper income persons. This recording factor has perpetuated the myth that abuse primarily occurs in lower income families.

Furthermore, variations in the definition of abuse, particularly by reporting agencies, have undermined the validity of available statistics. For example, one state may appear to have a smaller abuse problem than another, but the former state may not include neglect and the latter may.

The statistics available, therefore, provide only an approximation of the problem of abuse. They are limited by inadequacies in reporting, recording, and defining the problem. In some instances, little data is available. What is most important about these statistics, in spite of their limitations, is that they are about people and they indicate that the problem is significant.

Child Abuse

While estimates of child abuse vary, a widely accepted figure is *1 million* cases each year.¹⁰ Furthermore, *2,000* children die each year¹¹ as a result of abuse—*1 child every 4 hours*. Child neglect is perceived as being even more prevalent than abuse. Estimates vary, but most are in the millions.¹²

Battered Women

It is unclear how many women are beaten by their spouses or male partners. Estimates suggest between 1.5 and 1.8 million are battered each year. The extent and frequency of abuse in these cases vary and many incidents are not reported. Taking these factors into consideration, the true incidence rate has been approximated at 50 to 60 percent of all couples.¹³

Other Types of Abuse

Data on other types of abuse are not as well developed. Statistics are usually based on surveys of selected populations; therefore, figures on incidence and prevalence nationally are only projected estimates.

In some instances, there seem to be even more problems affecting the reporting of such incidents than those of wife abuse or child abuse.

Battered husbands may not report abuse because it conflicts with the "macho" male image. An elderly parent may not be physically able to report abuse or neglect or may not want to admit that he/she is abused by his/her child.

In other cases, researchers are debating the extent as well as the specifics of abuse. For example, some suggest that approximately the same number of wives and husbands are battered. Others strongly disagree. While husband/wife, wife/husband homicide rates are almost identical, some argue that a wife usually kills her husband in self-defense or after undergoing much abuse. Clearly, more careful study of this problem is necessary.

While the research conclusions as to the dimensions of husband, parent and sibling abuse are limited, they indicate a problem. By perceiving the family as a unit of persons each entitled to human life with dignity, the statistics, themselves, become less important than the awareness that a problem exists which needs a response.

Abuse: A Person Harming Another Person

Although the studies in the area of domestic violence are generally limited to a single category of abuse, there are a number of observations which recur in the literature. These observations are critical to an understanding of domestic violence and therefore to any efforts to respond to the problem effectively. They underscore perhaps the most important element of abuse—it involves one person harming another, whoever the abuser or victim is.

The Abuser, A Neglected or Abused Child

An almost universal observation is that most abusers as children have been severely neglected, abused, or have witnessed abuse in their own families.¹⁴ A parent may have been abused as a child; consequently this is his/her model for child rearing. A man may have watched his father abuse his mother. A woman may have watched her mother be abused. The abusive relationship may therefore be their only example of what to expect from and how to participate in a marriage relationship. Childhood abuse and/or neglect may instill violence or subconscious approval of violence. The problem of abuse in the family, therefore, tends to be a cyclical one, since children usually imitate the behavior of their parents.

Sometimes individuals do break the pattern. In other instances, abusers who recognize their problem need to learn alternatives to the violent responses which have been a part of their behavior pattern. In still other cases, the abuser does not admit to having a problem for which outside assistance is needed to resolve it.

Unrealistic Expectations

In the area of child abuse, a recurrent finding is that some parents have unrealistic expectations of the parent/child relationship.¹⁵ For example, parents may feel they are always expected to understand why their child is crying. If they do not, they perceive themselves or believe others perceive them as bad parents. As a consequence of lack of information about child development, parents may also expect too much of a child at a particular age, resulting in frustration and anger when the child is unable to meet the expectations. A one year old child is too young to be toilet trained. Moreover, a parent may attribute unrealistic motives to a child's action: "She cries to upset me."

Similarly, couples may have unrealistic expectations about marriage or about each other. A husband may expect a wife to fit a particular image or to do certain things, and vice versa. These may not be the expectations of the other person. There may be conflicts between the perceived and real personalities of the individuals. For example, one member of a dating couple may be submissive and participate in social activities which he or she really does not enjoy in order to please the other. Once married he or she may refuse to do so. Not only does this individual not exhibit the same interests, but he or she is also not fulfilling the submissive image projected while dating.

Love/Hate Dynamic

In most instances, the relationship between the abuser and the abused is not entirely negative. There is usually an element of love. This dynamic is reflected in the contradictory actions and statements of spouse and child abusers. For example, child abusers may say they love their child but also say that the child needs to be beaten into being obedient. This love/hate relationship often creates conflicts for a battered woman, resulting in her staying and living for the "good times."

Isolation

Families in which abuse occurs tend to be isolated. Parents may be socially isolated from friends, neighbors and relatives. They may have little chance to be away from their children. In the case of wife abuse, isolation may also be a consequence of abuse, since a woman may not wish to have to explain a visible bruise or injury. She may not wish to risk endangering a friend by relating her problem and possibly subjecting her friend to abuse because of that knowledge. She may expect rejection by friends or relatives after telling them about her situation and therefore remains silent instead.

It has been suggested that wife and child abuse may have been more difficult to hide in an era when people lived in closer proximity and in smaller communities. Whether or not this "closeness" really existed historically is debatable. Strengthening relations with other family members, neighbors, and friends, however, may be helpful in dealing with particular situations of abuse.

Poor Self-Image: Abuser and Abused

A poor self-image usually characterizes the abuser as well as the abused. Women who tolerate abuse often have a negative self-image growing out of their earlier life experiences. Many men who abuse their wives also have low self-esteem, believing that they do not live up to the society's masculine ideal. They may believe that the way to demonstrate their masculinity is through the use of physical force. They may be attempting to compensate for lack of prestige in their work, education, or status among friends and neighbors. This negative image may also be reflected in a perception of perfection in others. When others do not meet this standard, the person reacts violently. Child abusers too may exhibit low self-esteem. Spouse and child abusers, when faced with a frustrating situation over which they feel no control may react against those who are near rather than against those who are creating the problem.

Rationalization

Abusers and the abused often rationalize the abuse. "I was drunk." "I deserved it." Crises, such as unemployment or debts, may be used to justify abuse. Even children may articulate rationalizations for their being abused. "I was bad." Witnesses to abuse may also rationalize the incident, blaming the victim for precipitating the abuse or excusing the abuser.

Drugs and Alcohol

Studies have shown a high degree of association between abuse and misuse of drugs and alcohol. Estimates are that from 40 to 95 percent of spouse abuse cases are linked to alcohol abuse.¹⁶ The National Council on Alcoholism, Inc., has stated that violent behavior attributed to alcohol misuse accounts for 56% of fights or assaults in the home and 60% of child abuse. Drugs appear to play a lesser role and often when they are associated with abuse, they have been combined with alcohol.

The misuse of alcohol and drugs can influence abuse and neglect in a number of ways. First, it can be associated with physical violence. Second, a need for physical closeness on the part of an alcoholic parent may result in incest or other inappropriate physical contact with a child. Third, it may result in neglect of a child or spouse during times of withdrawal or detoxification. Fourth, a parent may avoid disciplining a child because of fear of hurting the child, and instead beat his/her spouse. Whatever the specific form of abuse that alcohol or drug induced behavior precipitates, it conflicts with good parenting practices and good spousal relationships.

This is not to say that all abuse is associated with alcoholism, nor does it mean that all alcoholics beat their spouses or children. It does suggest, however, that there is a relationship between alcohol or drug misuse and family violence.

Society's Problem

Finally, research findings suggest that abuse is not just an individual's problem with its sources rooted only in the individual. It is society's problem, as society contributes to the source of the problem.¹⁷ The fact that resolving serious problems by violence is part of our American society and culture supports abusive behavior. Societal and cultural perspectives on violence are reflected, for example, in how the legal system deals with abuse. The tendency of criminal justice agencies not to take abuse cases seriously reinforces the image that abusing one's spouse or one's children is legitimate and accepted behavior. Society can provide or appear to provide a socially-acceptable rationale for abuse.

FACTORS INFLUENCING ABUSE

Attempts to describe the sources of abuse in the family have produced a multitude of theories and explanations. Researchers have examined the problem through various academic disciplines—psychology, psychiatry, biology, sociology and political science. While their conclusions may differ as to importance of societal or economic factors versus psychological factors, it is evident that the perspectives are not contradictory or mutually exclusive. An effective response to family violence requires a multi-faceted approach, reflecting the influence of individual, familial, sociological, economic and political factors.

Societal Factors

There are a variety of societal factors contributing to domestic violence. Among others, they include idealized expectations of family life; attitudes toward violence, punishment and abuse; socio-economic factors; war; criminal punishment; and power structures in human relationships.

The American family has been idealized as warm, loving, and nurturing. That is perceived to be the norm. Statistics indicate that there is a significant difference between the ideal and the real. This does not mean that the ideal is not good or that it may not help to stabilize society by projecting an image of what family life ought to be. There is, however, a tension created by the expectation of the ideal when that ideal is not achieved.

In spite of the "ideal" of tranquil family life, there also seems to exist a norm, which permits physical force to be used by family members against other family members. This view has been evidenced in a number of surveys.¹⁸ From this perspective "marriage is a hitting license," and parental rights imply a "hitting license." Although this conflicts with the ideal of the family, both norms contribute to our everyday reality. Failure to recognize real conflicts in family life and coexisting conflicting norms prevent the society from fostering ways to deal with family conflict constructively and effectively.

Differentials in the employment and educational opportunities afforded to different populations create economic contrasts and pressures on family life. Inadequate educational skills and employment opportunities may create frustrations because of the inability to provide for a family's needs. Women who continue to earn significantly less than men may be forced to endure physical attacks because of a lack of independent financial resources.

Socio-economic pressures affect not only lower income families, but middle and upper income families as well. At all socio-economic levels one finds forced competitiveness and the sacrificing of human development for material goods¹⁹ in order to succeed in one's job, to secure status in society, and to gain economic security. Society prescribes achievement as a goal, but not everyone is able to fulfill that expectation. Research has indicated that in some instances, failure of the husband to achieve his expected economic and occupational status may result in abuse.²⁰

A society's approach to national difficulties both internally and externally, as it reflects that society's attitude toward violence, appears to influence family violence. In dealing with international disputes, a society's willingness to use war suggests the acceptance of violence as a way to resolve conflict. Similarly, a society's manner of response to criminal offenders through the criminal justice system indicates that society's tolerance for violence. Recent surveys in the United States suggest that Americans tend to support violence to resolve international disputes and the use of capital punishment to respond to crime in society.

Another societal factor which a number of researchers have examined in relation to family violence is the power structure within the family. The traditional role of women as subservient to men appears to foster abuse of women. Different cultures within the society may reflect more stringent views on the place of women. This can further exacerbate the abuse problem in certain communities by condoning violence to maintain prescribed roles. With regard to child abuse, the lack of attention to the human needs of children appears to have permitted abuse within the family, as well as in institutions that are supposed to protect the interest of the child.

These societal factors interact with family and personal factors creating an atmosphere conducive to violence in the family, as well as violence in society.

Family Factors

There are numerous influences within families which have been studied in relation to family violence. Family resources, unemployment and underemployment of family members, individual family members with special needs, and relationships among family members are some of the factors that have been considered.

As stated earlier, domestic violence is not just a problem for lower income families, it occurs in all segments of the society. The availability and accessibility of resources may create more stress in lower income families, but similar problems can confront those who are economically well-off. For example, abuse of elderly parents by the use of drugs or restraint may occur in middle income families, where special needs have depleted family resources.

Concerns such as inadequate food, job pressures and dissatisfaction, and educational frustrations may occur more often in low income families. The frustration created by the lack of resources in a society where tacit approval is given to the release of frustration through violence may contribute to domestic violence. Furthermore, lack of resources may influence one's ability to respond to abuse. Preventive measures and treatment may be less available to certain groups, particularly if there is not an immediate crisis or threat to society.

Underemployment and unemployment are particular stress factors which are often associated with abuse. Not only does unemployment create financial stress but it affects the self-image of the individual who is unemployed. Unable to react to the source of the frustration, an individual may lash out at a family member. It should also be noted that not all unemployed persons are from previously lower income families.

Recently, attention has been focused on the abuse of persons with special needs. There appears to be a high rate of abuse among handicapped children.²¹ Similarly, the elderly, particularly those who are ill, immobile or handicapped, may be more vulnerable to abuse and neglect. In some cases the special needs may cause severe emotional, physical and financial strains and frustrations for those providing for the family. The financial strains are evident, but too often the emotional and physical stresses are not only not recognized, but resources are not available to respond to those needs. For example, some elderly people need constant supervision, but a nursing home may not be available and their children may be unable to care for them during the day because of their job. This may result in an elderly person being drugged or tied up all day. Day care for the elderly may prevent the neglect or abuse of those who cannot be left alone, when institutionalized care is unavailable, unnecessary, or not desirable.

The character of family interactions may also contribute to violence in the family. A lack of verbal communication, not simply words but communication about the real problems within a family, may lead to interaction through physical violence. As stated earlier, researchers have found that most abusers experienced neglect or abuse as children; they in turn demonstrate abusive behavioral patterns to their children.

Family interactions also reflect perceptions of expectations, roles, and relationships. Conflicting expectations or unrealistic expectations of other family members, conflicting role perceptions, or conflicting views as to the right of one family member to influence another can contribute to abuse. A parent may expect too much from a small child. A

husband and wife may have serious disagreements over responsibilities in the home. Violence may be used to attempt to enforce these perceptions.

Many other factors relating to the family have been studied in relation to domestic violence—ethnicity, race, religion, political beliefs, social class and relative position of wealth within the class, aspirational level, and individualism, among others. When attempting to respond to the problem of domestic violence the influence of these factors, however, should not be considered separate from social factors or individual factors. Abuse is not simply the result of internal family factors. Violent interactions between family members may be reinforced by societal factors and vice versa. The tendency in our society to ignore assaults within the home has reinforced the view of the abuser that this behavior is acceptable.

Individual Factors

Characteristics of individual family members have also been examined to determine their impact on abuse. These have included psychological disorders, personality traits, alcoholism and drug abuse, education levels, earlier experiences with abuse, and parenting skills.

While some abusers are mentally ill, research indicates that most abusers do not exhibit severe psychiatric disorders. Some abusers are sadistic, aggressive, or immature. Many abusers do have a poor self-image. Psychological and personality traits and disorders, however, explain only a small proportion of cases of abuse.

Another personal factor associated with abuse and neglect is alcoholism. Emotional neglect and physical abuse occur in a significant proportion of families where there is an alcoholic parent. Only recently have researchers begun to examine the relationship between these two problems. While many complex social and familial factors contribute to abuse, there is need of further study of alcoholism and its relationship to abuse, as an individual factor and within the social and familial context.

The level of education of abusers has also been studied. Doctors, lawyers, professors, may be abusers as well as those with minimal education. Dropping out of school at any level, however, may create feelings of failure and inadequacy that contribute to abuse.

The possession or lack of good parenting skills is a factor influencing child abuse. The assumption is that one knows how to be a good parent when one becomes one. Individuals tend to learn how to be a parents from their parents; thus, if parents neglect or abuse their children, this model of parenting is usually perpetuated. It should be emphasized that abusive parents are not constantly abusive toward their children. They do relate to their children in loving and caring ways. They are often fearful of criticism and punishment for failure to raise their children well. Efforts to assist parents or prospective parents to develop good parenting skills and alternatives to violent reactions may help to reduce some incidents of abuse.

Precipitating Factors

Almost any incident can precipitate abuse—an argument, a problem without an apparent solution, a frustrating situation. While the precipitating factors are part of the total picture of abuse, in individual cases they may be focused upon as an easy solution. Too often a battered wife is advised to attempt to meet her husband's expectations. More often than not, fulfilling the "if only you would or would not do this" creates another such request. This is because the "if only . . ." is not the real problem. Changing or eliminating the precipitating factors may alleviate but, does not resolve the problem; therefore, an effective response to abuse should consider these factors within the context of more complex sources of abuse.

MYTHS VS. REALITIES

Perceptions about abused children, battered wives, as well as those who abuse are often based on myth rather than reality. Many of these myths have been disproved by research, but too often the reality does not receive the public attention given to myth. To address the problem of abuse effectively, several myths, in particular, need to be exploded or the premise for action will be inaccurate.

Myth: *Abuse is only a problem in lower income families.*

Reality: Abuse is found in all socio-economic groups.

- Official data may reflect a larger proportion of cases from lower income families, because of the source of the data. Public agencies, tending to serve lower income individuals, keep more extensive records on abuse than the private service providers serving middle and upper income families.
- While certain stress factors may increase the incidence of abuse in certain populations, it is erroneous to perceive abuse as a lower class problem.

Myth: *Those who abuse are severely disturbed.*

Reality: Estimates are that only 10% of parents who abuse or neglect their children exhibit serious psychiatric disorders. Similarly, most wife abusers are not psychologically ill.

- Abuse is not usually a total personality pattern.
- Abusers tend to imitate the role model of their parents.

Myth: *Abuse is accidental mistreatment.*

Reality: Abuse is a pattern of behavior; the frequency of incidents varies, but abuse is not accidental.

Myth: *Abuse is not society's problem.*

Reality: Abuse affects society and is influenced by society.

- The pattern of abuse is cyclical.
- Researchers are becoming more aware of how many abused and neglected children may later be incarcerated as juvenile or adult offenders. (John Wilkes Booth, Charles Manson, and Lee Harvey Oswald are a few famous examples of children who were abused.)
- The level of abuse influences the level of violence in the society.

Myth: *If it occurs in the home, assault is automatically treated as a crime.*

Reality: Family violence often tends not to be treated as seriously as the same act perpetrated against a stranger.

Myth: *One family member owns another.*

Reality: Each person in the family has a right to human life and to be treated with dignity. While membership in a family implies a right to influence the behavior of other family members, this is not a license to abuse.

- While the beating of one's wife and children has often been condoned historically, based on the view that women and children are the property of the husband, women and children are emerging in contemporary society as persons.
- While overt cultural norms call for love in the family, implicit norms and in some cases state laws, support use of violence against women and children. This tension needs to be resolved.

Myth: *The victim deserves it.*

Reality: Action by one family member may call for a reaction, but that reaction does not have to be violent and abusive.

- The greater strength of men versus women, children versus parents, makes it highly likely that women and children will be seriously injured when beaten up.
- Studies suggest there are disproportionate numbers of attacks by husbands on pregnant women resulting in serious injury to the unborn child.
- An infant's crying or a child's behavior may be frustrating but there are more acceptable ways to respond than abuse.

Myth: *Being sorry means it won't happen again.*

Reality: The problem of abuse goes deeper than words, even the best intended ones.

- The response of physicians or clergy has often been, “Don’t worry, he/she didn’t mean it.” Whether stated out of ignorance, hope, or an unwillingness to confront the problem, it is poor advice for the victim of abuse and does not help the abuser.
- Abusers need to recognize there is a problem. In many instances they need to learn alternatives to using violence.

Myth: *Abused individuals can leave home.*

Reality: It is difficult, if not impossible, for those dependent on the abuser to leave home.

- Small children cannot just leave home. Institutional custody of the child may not be a satisfactory response, since evidence shows that abuse of children can also occur within institutions.
- A child, wife, or elderly or handicapped parent may be economically or emotionally dependent on the abuser.
- Many women wishing to leave home do not qualify for welfare, but need short-term financial assistance.
- A child who leaves home is guilty of a status offense—running away—even if the child leaves for self-protection. If this occurs repeatedly, the child may be institutionalized.
- Abused women may fear reprisals against or rejection of self and children by others.

Myth: *Remedies exist in the criminal justice system.*

Reality: While the criminal justice system is the place of last resort in cases of domestic violence, it often does not fulfill even that function. Problems of proof and enforcement as well as attitudes of many in the criminal justice system limit the effectiveness of the criminal justice system in this area.

- Perceived fear of risk to police may discourage involvement. 1 in 5 policemen killed are killed intervening in “domestic disturbances.”
- Police, courts may ignore abuse cases or inaccurately inform abused persons of their rights and of available legal procedures. Often the expectation is that the victim will not follow through.
- Legally, it is difficult to prove abuse.
- It is difficult to enforce court orders in abuse cases.
- Police and court personnel often view abuse as a “family matter.”
- Legal recourse is a substantial expense to victim.

SUMMARY

Abuse is a complex problem. Our perceptions of it are too often rooted in myth rather than reality. Much research has been completed, but the limitations on statistical information, the specificity of most analyses, and the categorical approach to the issue have produced much data but the information needs to be integrated. What is clear is that there is a problem; that its source is multi-dimensional; and that an effective response is a legitimate and pressing concern for the Christian community.

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3. Langley and Levy, p. 201.
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17. Murray A. Straus, "A Sociological Perspective on the Prevention and Treatment of Wife Beating," in Maria Roy, ed., *Battered Women*. New York: Van Nostrand Reinhold, 1977, pp. 195-237.
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18. Murray Straus, "Sexuality Inequality, Cultural Norms, and Wife Beating," in Emilio Viano, ed., *Victims and Society*, Washington, D.C.: Vintage Press, 1976, pp. 545-546.
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21. *A Look at Child Abuse*, p. 10.



PART II—*Action Strategies*

The responsibility of the Church community to respond to violence in the family is rooted in the concern for human dignity, human life, and family. Its response is based on its involvement in family life and social justice. The Church is ideally situated to address this problem because of the traditionally close relationship between the Church and the family. Moreover, many of the underlying factors contributing to family violence are social justice issues with which Church groups are already concerned. Finally, the historical role of Church as sanctuary provides support for involvement with those in crises who need shelter and a safe abode.

The actions needed are both long-term and short-term. They involve creating an awareness of the problem, providing services to those in need, and advocating changes in public policy to address the societal sources of abuse. These activities should be not only directed toward immediate needs, but also toward change within the society and community as well as within individuals.

Within the parishes and community, these activities should ultimately be directed toward creating an environment that alleviates the sources of abuse. Specifically, this might involve creating support groups to overcome alienation, isolation, and the burden of economic and social pressures. It means creating an atmosphere of caring, problem-sharing, cultivating individual identity and self worth. The focus should not simply be on “binding the wounds” of the abused, but on creating an atmosphere which reduces the incidence of violence.

The mandate for action is clear. There are, however, several practical considerations which should be part of any effort to develop an effective response to family violence. These factors should be considered to ensure that the most effective and appropriate use can be made of available resources. It is important that what is promised succeeds and meets real needs. At the same time, much can be done with resources effectively utilized. In considering the appropriate course of action, the following questions should be reviewed:

1. What are the needs, related to domestic violence, of those in the community?
2. What resources are available through the Church? Human/skills/material/financial.
3. What resources can be mobilized through the local community? Human/skills/material/financial.
4. How can those resources be most effectively organized to meet identified needs successfully?
5. What approach/approaches should be undertaken?

In the next few pages, a variety of specific action strategies will be described. They have been divided into four categories: education, service, community mobilization and legislation. In practice, these categories may be interlocking. For example, educational efforts may be a prerequisite or counterpart to the establishment of a shelter. In some cases, available resources will only permit a limited application of one type of strategy, for example, inclusion of information on family violence in pre-marital counseling.

Assessment of community needs and resources may suggest other types of activities. This list is certainly not exhaustive, but attempts to suggest types of activities that can be and have been undertaken by local Church groups. Where possible, examples of specific projects will be given. Additional references are included in the resources section, Part IV.

EDUCATION

There are various types of educational activities that can be under-

1. Provide parenting skills and relational skills education as part of audiences to which these activities can be directed also vary. Some activities are directed toward those in counseling roles, others to those generally interested in the problem, others to abusers and/or the abused. The resource list in Part IV includes resources that might be used in these endeavors.

A. Utilize Church Communications Mechanisms.

1. Provide parenting skills and relational skills education as part of people in crisis can receive assistance. Utilize parish bulletins, announcements, bulletin boards, diocesan newspapers, and other publications.

2. Invite speakers to address Church gatherings and groups, including: social concerns groups, parish councils, family life committees, engagement and marriage encounter groups, pro-life organizations, women's groups, and priest senates.

B. Utilize Existing Educational Programs as a Mechanism to Provide Information on Family Violence.

1. provide parenting skills and relational skills education as part of pre-marriage preparation programs, adult education and teenage education.

2. Include workshops, speakers, discussions on abuse and the prevention of abuse in programs for youth.

3. Include courses on family and family counseling, including domestic violence, in seminary training programs.

C. Provide Education and Information for Those in Parish/Dioceses Who May Come in Contact with Problems of Abuse.

1. Provide educational workshops for teachers, counselors, priests, and others, in order to insure that they are:
 - Informed about the problem;
 - Know how to identify it;
 - Understand their moral and legal responsibilities;
 - Know what resources are available;
 - Understand the complexities of counseling in this area.
2. Provide guidelines for confessors, and others who may have contact with abuse situations, to assist them in appropriately responding to these situations.

D. Provide General Education on the Issue.

1. Sponsor workshops on the various aspects of abuse for those in parishes and dioceses.
2. As part of general family life program, focus attention on the importance of enhancing human life and dignity within the family.
3. Sponsor workshops on problems, such as alcoholism, which are associated with abuse and neglect. Examine the relationship between these problems and abuse.

E. Provide General Awareness Program Directed Toward Abuses.

1. Sponsor workshop/discussion on abuse which seeks to assist abusers and potential abusers to recognize and deal with their problem.

SERVICE

Programs of direct service can be provided for the abused, potential abusers, or abusers. For the most part, service programs have been focused on responding to abuse after the fact, for example, providing shelters for battered women or operating a hotline. Services may also be preventive. Another type of service activity involves mobilizing resources that might be directed toward reactive or preventive efforts. Finally, services may be provided for the abusers. Some of these efforts might be developed through already established programs, such as Catholic Charities agencies and Catholic health care institutions.

A. Provide Emergency Care or Services to Those Who Have Been Abused.

1. Provide a sanctuary or emergency shelter, where those in need of protection from abuse can spend the night. They can be put in contact with other services in the morning.
2. Sponsor a home for battered women. Programs are in existence in a number of dioceses, for example:
 - St. Joseph's House, Minneapolis, Minnesota
 - House of Ruth, Washington, D.C.

Further examples are presented in Part III. More specific information on shelters can be obtained by contacting the various programs or the resources listed in Part IV.

3. Sponsor counseling and referral services, if the resources to develop a shelter are not available. The Office of Social Ministries in Steubenville, Ohio has developed a program.

4. Develop a volunteer program to assist parents with abused and neglected children. Catholic Family Services in the Diocese of Saginaw, Michigan has such a program.

5. Establish a "Parent Anonymous" or similar program. The Diocese of Portland, Maine is supporting such a program in Augusta, Maine.

6. Strengthen foster care programs dealing with abused and neglected children. Ensure that these programs are well-monitored in order to prevent institutional abuse.

7. Provide counseling for children of battered spouses.

8. Sponsor a hotline to provide emergency counseling and recommendations for assistance to abusers and the abused.

9. Develop a program to assist spouse abusers. This program should be separated from those for the abused.

B. Provide Preventive services.

1. Sponsor a crisis nursery to assist parents in time of abuse or potential abuse. "Crisis foster care," utilizing screened volunteers, might be an alternative approach.

2. Provide day care for the elderly.

C. Mobilize Church Resources That Might Be Used to Provide Emergency or Preventive Services.

1. Mobilize professionals—doctors, lawyers, social workers, psychologists, educators, business professionals, and other—to give their time and skills to programs for abused person.

2. Mobilize non-professional volunteers, provide training for them, and utilize their skills in service programs.

MOBILIZATION OF COMMUNITY RESOURCES

In many instances the Church, parish, or diocese may not have the resources to develop its own service program. In other instances, programs may have already been begun in local communities. For this reason a critical role for the Church community can be the mobilization of resources in the larger community which can be directed toward a broad-based community response. Such activities may be ecumenical as well as involving community groups.

A. The projects described in the previous section on service might be developed through community mobilization.

B. Other programs reflecting the broader responsibilities of the larger community might also be fostered. They might include:

1. Advocacy for needed community resources for services and preventive activities;
2. Mobilization of community resources to confront factors such as unemployment;
3. Monitoring of violence in the community;
4. Development of resources for parents with "problem children";
5. Development of resources to assist elderly;
6. Development of a training program to assist law enforcement and court personnel to better respond to cases of domestic violence.

LEGISLATION

A consistent theme throughout this publication has been the significance of the influence of societal factors on domestic violence. An effective response to domestic violence involves societal change, as well as changes within individuals and within families. Many of these societal factors can be influenced through changes in law. Legislative action is therefore a critical element of an effective response to domestic violence.

There are short-range and long-range concerns which can be met through legislation. Some of these legislative issues must be addressed at the state level, others at the federal level, and still others at both levels of government.

A. Legislative efforts relating to immediate concerns include:

1. Passage of state and federal legislation to provide financial support for emergency shelters;
2. Including assistance to victims of domestic violence in victim compensation statutes;
3. Development and passage of legislation to protect the rights of family members in the context of family;
4. Where necessary, passage or reformulation of laws on reporting of abuse. These laws should be designed to protect the abused, to protect the confidentiality of those reporting so that they will report abuse, and to protect families from unwarranted interventions;
5. Ensuring that legal proceedings protect the rights of victims as well as offenders;
6. Reconsideration of the rationale behind laws which permit consideration of the offense of assault and murder by family members as less serious matters than those committed by strangers.

B. Long-range measures include:

1. Support for public policy measures directed toward securing for each person the right to:
 - employment
 - food
 - decent housing
 - health care
 - protection of human life
 - adequate income and resources

Specific proposals for action in these areas are included in policy statements issued by the U.S. Catholic Conference;

2. Support for legislation providing for the needs of persons, particularly children, and those with special needs;

3. Opposition to legislation reinstating capital punishment and the other forms of socially sanctioned punishment reflecting an acceptance of violence.

PART III—*Program Suggestions*

The readings in this section include descriptions of a number of programs that have been undertaken by communities. Several of these have been undertaken by dioceses or with Church support. They represent selective examples of services that can be supported in the community by Church organizations. Crisis nurseries, Parents Anonymous chapters, battered women shelters, and programs for batterers are short-term responses, but important ones for those in need.

PARENTS ANONYMOUS

Child abuse — the thought sends a shiver through most of us and has traditionally conjured up pictures of depraved people beating their children in darkened rooms. But today more and more people are realizing that a parent who abuses a child is not necessarily a horrible ogre, but is someone who needs help.

Until recently that help has been difficult to find. But today there is an organization for those who define themselves as abusive to their children. This organization is Parents Anonymous (P.A.). P.A. has recently opened a state office in Augusta to coordinate P.A. groups throughout Maine. Its funding is being handled through the Diocesan Human Relations Services.

New organization

Parents Anonymous is a relatively new organization. It was started in the early 70s by Jolly K., a frustrated young mother who searched in vain for help to combat her abusive behavior toward her child. With the help of a psychiatric social worker, she decided to devote her energies to starting a group composed of mothers with child abuse problems. She called it Mothers Anonymous.

In 1974, when the group (now called P.A.) received its first federal government grant, it already consisted of 60 chapters mostly in California. Today there are over 800 chapters with the national headquarters in California and a national toll-free hotline which can be reached by calling 800-421-0353.

Recently P.A. has begun a program of decentralization trying to reduce the dependency of chapters on national P.A. and shifting emphasis to a more local level. The following goals have been established;

that each state have its own P.A. state office with a state coordinator; that each such office have an advisory council or a policy making board; and that each state establish its own statewide telephone help line. Thirty-five states already have state P.A. offices, and the recently opened office in Maine brings the number to thirty-six.

State coordinator

The state coordinator of P.A. for Maine is Linda Whitcomb, a young woman who herself has lived through the horror of being an abusive parent. She talks openly about her own problem because she feels it is important for people to understand that child abuse can happen in any home.

The group's function

Linda Whitcomb explained it this way, "All of us are children in a lot of ways. But these are people whose needs for nurturing weren't met when they were children. So that's what the group's function is. Sometimes the members tell their experiences. Some people don't say anything. One person may talk about something going on in his life, and the others will be able to identify with that situation and help him. We talk a lot about our backgrounds and what it was like for us growing up. We discuss different problems that have gone on during the week."

Some people come to meetings because they are hoping to get their children back. Some are there because they have been referred to P.A. by the courts, and some come for reasons similar to Linda's. They know they have a problem and they want help.

"If they care about their kids, it doesn't matter what gets them there," Linda said. "Because they generally wind up feeling pretty comfortable with the other people. Often when they first come in they assume they're different from everybody else and they're pretty hostile."

One misconception about child abuse is that the parent's relationship with the child is abusive in all respects. Parents who abuse their children can and do love their children and relate to them in many healthy ways. Abuse is often just a small part of the relationship. "Some parents really do care about their children even if they have a hard time taking care of them." Linda explained.

One of Linda's tasks as state P.A. coordinator is to determine guidelines for selecting a P.A. group sponsor. Since a sponsor is such an important part of the group, it is necessary to find the right person for the job. She explained that it is important that sponsors be accepting and that they feel good about themselves and be able to encourage and be supportive of the good qualities in other people. Often the sponsors are professionals in health care or social services, but this is not always necessary.

"Someone who understands something about child development

would be helpful,” Linda added. “If you think in terms of a good parent, and a person who can be a role model to the members as far as handling crises and coping with life generally, that’s the kind of person that we are talking about.”

Seeking volunteers

Linda said that she hopes to get as many volunteers as possible involved in P.A., because P.A., in order to survive, needs a great deal of community support. The more people who know about P.A., the more P.A. can help.

The state P.A. office has been funded through a grant from the National Office of Child Development, a grant which has been matched by state funds. This funding is currently being handled through DHRS. But eventually P.A. hopes to be incorporated and operate as a separate entity.

The present goals of the state office are to develop and incorporate a state organization; to set up a state wide toll-free telephone hot line; to get local chapters together probably on a regional basis so that they can meet regularly to share problems; and to develop new chapters. Linda hopes the new state office will help to end the isolation felt by P.A. groups around the state and will be able to assist these groups by providing materials, information, and coordinating functions as well as providing a link with the national P.A. office.

How to reach Parents Anonymous

While the state wide hotline has not yet been established, the state P.A. office can be reached by calling 622-5650 or by writing 125 State Street, Augusta, Me. 04330. The State Department of Human Services also operates a hot line for reporting child abuse and for those seeking help. Linda Whitcomb said that some parents may be reluctant to call that number if they are seeking help for themselves because it is connected with the state. She emphasized that people should not hesitate to contact her or a local P.A. chapter if they need help.

Deciding to seek help through P.A. is a tremendous step for most people to take. Linda said that when ever possible, she picks up new people and drives them to meetings, because often it is so difficult for them to come on their own.

“Just calling is a difficult step to take. Because what you are doing is admitting to another person that you have a problem, and this society kind of frowns on that. You are supposed to handle your problems yourself — at least I was raised to do that. One of the functions of the group is to help people see that they need other people. You can’t function as an island, and they shouldn’t look at life that way — that they have to solve everything themselves, and that they should always appear to be perfect parents. Everybody has problems in raising kids, and people who have an abuse problem are really isolated people in most cases. They

usually have a negative self-concept, and they think that everybody is waiting for them to make mistakes. What the group does is encourage them to start reaching out, to see that they can trust people to help them. Some people aren't going to be there when you need them. But other people will. The more people you have to call on, the more likely that there will be someone who can help.

“What we are trying to do in the group is to learn to control our behavior. In families in which there is an abuse problem, a habit has developed of reacting and behaving in a destructive way. We just have to rechannel the destructive behavior in different ways.”

There are probably not many people who would be as open about a child abuse problem as Linda Whitcomb has been. She believes that it is important to tell her story so that more people will understand what an abusive parent lives with and that the pattern can be changed, that help is available.

Parents Anonymous *is* anonymous, and members do not have to use their full names. Linda Whitcomb and other P.A. members and sponsors emphasize if you need help or know of anyone who does, don't hesitate to call or write. There are many people who understand and who care.

Martha Bull

**The Church World*

January 18, 1979 reprinted with the permission of The Church World

CRISIS NURSERIES*

One form of relief is the crisis nursery. Having its roots at the University Hospital in Denver during 1973, crisis nurseries developed out of a natural need for parents to get away from their children. Without these periods of relief professionals were beginning to note that parents were becoming higher risks for abuse or neglect.

Today crisis nurseries of many types are developing throughout the country. These facilities fulfill a unique form of crisis intervention. In essence, they provide minimal intervention before the crisis erupts. For example, the parent who had settled down to read her two-week-old book might have noticed her frustrated need to be alone. In order to avoid a crisis, she might then have taken her daughter to the nursery for a couple of hours before she decided to steal some time to herself. By so doing the parent could have relaxed and caught her breath without being interrupted by the child.

Crisis nurseries operate on a 24-hour basis. Most accept children at all hours in order to either divert or relieve a potential or an existing crisis. The definition of crisis is frequently very loose so that the service will satisfy broad needs.

One word of caution—crisis nurseries are supplemental services. To be most effective they must integrate with the entire community system of social services. Alone, crisis nurseries cannot effectively help parents—they may only provide short-term relief. But, as one form of crisis intervention and only as one component in the total system, crisis nurseries may be of extreme value to the parent and to the child.

Several programs, for instance, have grown into full service treatment centers for families in crisis. They also have become fertile ground for research about abused or neglected children.

Like other approaches, which appear to be working effectively, this one is becoming more popular. It is less threatening to the parent and to the child than other forms of temporary separation, and as such may better satisfy the need for parental relief so necessary for a healthy parent-child relationship.

Types of Nurseries

The first step for developing a crisis nursery is to decide on the type of nursery you wish to establish. To do this you should set specific goals and establish long-range functions.

Goals and Functions

For example, some crisis nurseries provide minimal services—that is, their goal is to provide an ongoing mechanism for short-term parental relief. For the sake of clarity, these facilities will be called emergency shelters. Other nurseries include broader services for either the parent or for the child. We will refer to these facilities as residential treatment centers. Which type of nursery you wish to establish must be decided at the outset.

Before these decisions can be made, it is important to determine the needs and demands within the community. Furthermore, with the addition of a new service, sometimes community needs increase.

Ideally such decisions should include input from a broad base of professionals. As a result, one of the first steps should include a meeting of interested and concerned community representatives. It is advisable to invite persons from the local department of social services to attend this early planning meeting.

Likewise, recalling that crisis nurseries are a form of supplemental service and can rarely provide the full gamut of treatment for families in crisis, it is important to seek support from other community service providers. Quite often, in an enthusiastic attempt to help children and families, concerned professionals make the mistake of trying to do everything. Be careful that you set realistic priorities which remain within the purview of the nursery.

Staff

Once you establish the number of children that your facility will accommodate and the scope of services, you can determine your staffing needs. Regardless of whether you have an emergency shelter or a residential treatment center there are several things you must consider.

Training

Most essential to any program involving abused and neglected children is adequate training. All persons who have direct contact with the children must learn how to cope with these children. They often present unusual behavioral patterns which are unique to their situations. For example, abused children tend to demonstrate excessive behavioral extremes. That is, some will be very active while others are very withdrawn. The essence of both these behaviors is the demand for unusual amounts of adult attention. However, very often they reject physical or emotional closeness. In addition these children sometimes exhibit inappropriate behavior—specifically, they will cry for no apparent reason or they will not cry when they are obviously hurt or saddened. They tend to have difficulty relating to adults and to peers.

Because of these unique behaviors, the children require skilled adult attention. Training should only be conducted by persons who have worked with abused or neglected children and who have had experience with their unusual needs.

Once the first group of staff are trained, if there is turnover in personnel, these staff can provide training for new employees.

Staff Composition

Another essential ingredient for staffing also relates to the unique needs of the children. Abused or neglected children often have some trouble relating to either a male or a female adult, depending on who perpetrated the abuse. As a result, it is important that a minimum of two persons—one male and one female—attend the nursery at all times. These staff may change with shifts but the essential male/female composition should be consistent. (Where funding is limited, student help may assist with staffing in order to balance the team—or, volunteer staff can offset paid staff).

Examples

Throughout this booklet two types of crisis nurseries were discussed: The emergency shelter and the residential treatment center. These two types are the most common. *However, program structures must be molded to fit the needs of different communities. As a result, these two types are by no implication rigid. But, they offer model guidelines which may be modified and adjusted according to community needs.*

National Center for Prevention and Treatment of Child Abuse & Neglect (NCPT-CAN)

The National Center in Denver, Colorado operates one of the oldest known 24-hour crisis nurseries and is a forerunner with this type treatment modality for abusive and neglectful families. The nursery is a separate component of the total treatment program comprising NCPT-CAN and is primarily funded through private monies.

Observing a maximum 72-hour residential stay per child, the nursery limits itself to providing relief and to enabling parents to interact freely with their children. Except for minimal exposure to play therapy, the nursery does not provide therapeutic services. However, the staff are active referral sources to the other treatment components within NCPT-CAN and the Denver community.

Serving a maximum of 7 children, ages 0 to 5 years, the nursery maintains two full-time staff daily and one during the evening. This staff composition is consistent regardless of the number of children in residence. All staff are paid. The director of the nursery is trained in early childhood education and supervises all staff training.

Since its beginning during 1973, the nursery has been housed in an old convent. The building is near the University hospital and allows easy access to medical personnel.

The following components comprise the crux of the basic policies for eligibility, referrals and community liaison:

Eligibility

Person taking calls makes a decision about whether there is a potential for abuse or neglect.

There are age limitations and capacity considerations. The nursery will accept older siblings as needs arise.

Parents sign a release form allowing the nursery to care for the child.

Referrals

Accepts all voluntary referrals; rejects all forced referrals from social services or from the courts.

Discourages hospital referrals which are based on the hospital staff's judgment that parents are incompetent.

Rejects all anonymous referrals.

Community Liaison

There is ongoing contact with social services, and the worker often accompanies the parent for his/her first visit whenever possible. Parent and child often tour the facility before the child is brought in to stay overnight.

When the child is left for over 72-hours, the staff attempt to locate the parent. If these attempts are unsuccessful, social services are called in order to find the child more suitable placement.

This situation rarely occurs.

Whenever there is a self-referral, social workers are contacted in order to evoke services for the parent. When the child is injured, the staff explain to the parent that a report will be made.

The average number of children contained in the nursery is five. Ninety percent of these come in during the dinner hour and remain until the following day. Many different parents now utilize the service.

The overall function of the nursery is to provide abusive/neglectful families with a nonthreatening support service during times of crisis.

The Family Learning Center

The 24-hour crisis nursery in Westminster, Colorado operates a full-service program including research and direct treatment for the child. The center is federally funded under the Office of Child Development. It began operating three years ago and has since enjoyed full community recognition and a good relationship with the local service agency.

The essence of the program is to help the family reunite. The nursery is located in a large old house, and the staff attempt to maintain a home-like atmosphere. Licensed as a receiving home in the state of Colorado, children may remain in residence for as long as sixty days. The average stay, however, is one to three weeks.

Because of the extreme needs of the children, the nursery limits its intake to six children between ages 0-12 years. Each child is fully tested both medically and psychologically. The program employs volunteer professionals including a psychiatrist, a psychologist, and a speech and hearing specialist. In addition, the staff researcher has developed instruments for assessing behavioral measures which are administered conjointly with other admissions tests.

Two house parents supervise the child care. These parents are carefully recruited and trained. They rotate every four days with a second set of house parents. Both parents are young couples who have children but who are warm and responsive to the total needs of the family. The house parents reside in the home and transport the children to school and to other activities as would "normal" parents. They are substantially paid in order to discourage turnover.

Other staff include six part-time lay therapists, three volunteer consultants, one coordinator, one researcher, four social workers, one nurse, one community service aide and the director.

The following components comprise the crux of the basic policies for eligibility, referrals, and community liaison:

Eligibility

Children must be abused or in a potentially abusive situation.

There are age limitations and capacity considerations. If there is an unusually active child living in the home, the staff reduce the number of new children accepted.

Parents sign a release form allowing the nursery to care for the child.

Referrals

Accepts all voluntary referrals.

Accepts placements from the police and from social services.

Rejects children who are destined for long-term foster care or for institutional care.

Community Liaison

At intake each child is assigned to a social worker who is either a staff worker or a worker from the local service agency. This worker assumes responsibility for following the case.

When the child is left in the Center for a prolonged period without contact from the parent, the staff attempt to locate the parents. If the parents cannot be found, the child is referred for more suitable placement. A close relationship with the local social service agency facilitates this process.

The overall function of the nursery is to serve the needs of the parent and the child through treatment and referral. Parents are encouraged to interact with the child while he remains in residence. Then frequent visits are an essential part of the total treatment program.

The Center averages a full child capacity at all times. As a result of good community awareness many different children and parents utilize the service.

*“I Love My Child But I Need Help . . .”

How To Develop A Crisis Nursery

National Center of Child Abuse and Neglect Children’s Bureau

Administration for Children, Youth and Families

Office of Human Development Service

U.S. Department of HEW

SHELTERS FOR THE ABUSED

House of Ruth Annex: Battered Women Shelter

The House of Ruth Annex is a shelter for battered women and their children. It is located in Washington, D.C. In 1977 it was cited as a model shelter by the President’s Commission on Mental Health. The shelter draws its support from all segments of the community—business, church, social groups and organizations. To survive, it relies on voluntary donations of food, clothing, furniture, household items, services and monies. It also depends on dedicated groups of volunteers both men and women for professional, clerical and maintenance services. Local seminarians have been an important part of the volunteer corps, providing counseling and general assistance. The program of the shelter is outlined briefly below.

ANNEX PROGRAM

Introduction

Program goal—to develop a residential program which augmented by other public and private social service will better the condition of battered women and their children.

Objectives—(1) To provide a secure, temporary residential home for the safety of battered women and the welfare of their children. (2) To admit battered women and their children up to the age of twelve /12/ years old who have no other safe alternative living arrangements open to them. (3) To provide through formal individual and group counseling along with the invaluable informal peer counseling the opportunity for the battered woman: a) to re-examine her view of herself; b) to help her realize she is a valuable person in herself and does not need to subject herself to the crime of being battered. (4) To refer the women residents to appropriate protective, legal, medical, educational, housing, employment and welfare resources so as to provide the comprehensive services the women need to make the necessary change in their financial, environmental and psychosocial condition.

Resident capacity—there is a twenty resident capacity in the Annex including mothers and children.

Program Length—there is a five week program for each woman and her children. After a women has left the Annex she is encouraged to continue making use of the groups sessions and private counseling if practicable.

Admission

Requirements—It must be ascertained at admission time that each prospective resident is truly a battered woman. This is evidenced by physical bruises, etc. AND/OR AUTHENTICATED BY REPORTS OF mistreatment.

Responsibility and accountability—this decision is ultimately made by the Director of the House of Ruth Annex or one of the professional staff.

Intake

Initial contacts—are usually made by telephone from an agency or the individual in need. If it is ascertained that a woman and her children are in need of the House of Ruth Annex's program, and if there is a space available, the woman and her children come to the Annex for an interview. Immediate medical needs are attended to.

A. Program Expectations of Resident

1. The philosophy of the overall program is discussed with resident.
2. Annex Guidelines are reviewed with each new resident.
3. Pay structure and residency agreements are reviewed and the latter is signed by the resident and the representative of the House of Ruth Annex.

4. Release from liability will be explained to the resident and signed by her.

5. Parent Consent for Trips and Authorization for Emergency Treatment and Care of Child(ren) will be reviewed with mother and signed by her.

Medical and Dental Attention

- A. Emergency needs are referred to Howard University Hospital.
- B. On-going medical needs are referred to the Shaw Clinic.
- C. The Upshur Clinic or other neighborhood clinics will provide dental care to those women who have Medicaid. Other clinicians are also available to those residents who have Medicaid.

Legal Needs

Legal referrals include: how and where to file assault charges; where and how to file for child custody and support; requirements and procedures for divorce. Legal advice is available through the Antioch Law School, the Department of Human Resources, the Office of Social Development of Catholic Charities, and the various Legal Aid Societies.

Counseling

A three pronged counseling program is oriented to helping the resident put together for herself those parts of her life which need strengthening and/or change.

A. *Peer Counseling*—a valuable aspect of the Annex program is the on-going informal exchange among the residents. The new residents are quick to note how reassured they are to find other battered women who are taking positive action to change their situation.

B. *Individual Counseling*—will be provided by a professional social worker at least one hour a week. If more intensive guidance is needed plans will be made for sessions at the Shaw Clinic.

Those residents who evidence mental illness will be referred as soon as possible to an appropriate psychiatric facility.

C. *Group Counseling*—

1. *Group sessions*—the Annex Director and other staff members usually meet weekdays with the women residents for a brief session to:

a. Discuss and sign up for the household duties, meal planning and implementation.

b. Provide an opportunity to air individual and group questions and problems. These simple group exchanges offer the residents tangible positive experiences in problem solving and planning which can be carried over their own family-work situations.

2. *Group therapy*—weekly group therapy sessions are held one day a week. Emphasis is on attitudes and feelings of the residents towards abuse, violence and conflicts residents may encounter when they leave the Annex.

During the time mothers are at the therapy session, a group session will be offered for the children under the direction of a competent child development worker.

Program Focus

- Week I: is devoted to providing a warm, sympathetic and understanding environment.
- Week II: concentrates on the women's present situation and future. Alternatives are presented to her. Each woman makes her own decisions.
- Week III: is devoted to planning for the future.
- Week IV: is focused on processing the woman (who decides to leave her husband) through the appropriate social services offices to secure housing, Medicaid, schooling, employment.
- Week V: is devoted to the separation of the woman from the shelter.

House Responsibility

A. Guidelines for regulating daily House of Ruth Annex life are clearly outlined in the form House of Ruth Annex Guidelines. A copy of these are discussed with each resident at intake.

B. When feasible residents would be encouraged to attend community, civic, educational and recreational activities. Camping experiences are provided for the children.

Employment and Housing Referrals

A. The counsellor provides supportive help to each resident in searching out adequate housing and gainful employment. A direction away from welfare is encouraged when possible.

B. Volunteer advocacy program volunteers are utilized when necessary in these referrals.

Art Therapy

The art therapy program conducted by an art therapist assisted by the Annex Director focuses on the effects of home violence on the child. Utilizing simple arts and crafts, the program seeks to appraise what the children really feel toward family, love, father, etc.

Progress Evaluation

Professional staff meets regularly to assess the progress of each of the residents for utilizing the program at the Annex and also to project termination plans.

Termination

Approximately five weeks from the date of admission it is expected that a resident will leave the Annex.

Follow-Up

It is strongly recommended that residents who feel the need of continuing support whether in the rap sessions, in the peer counseling situation or in socializing with the residents are welcome to return to the Annex after they leave.

SHELTERS FOR THE ABUSED St. Joseph's House: Refuge for Victims of Family Violence *

*From *Probe*, a Newsletter of the National Assembly of Women Religious

“The Catholic Worker Movement, founded by Dorothy Day and Peter Maurin during the depression, continues with hospitality houses scattered around the country. They have a common aim, existing in voluntary poverty to provide food and shelter and family for the hungry and homeless. We hope to have our Sisters’ residence become such a house. Dorothy told me last summer that ‘there should be a hospitality house connected with every parish and it makes good sense that it would be the convent.’”

Thus I wrote some hundred friends and relatives in February, 1977, begging their help. After housing women and their children in our upper flat for eight months we were saying “sorry, no room” so often—to eighty per cent of the requests—that we decided we needed more space. We had found a house and named it St. Joseph’s for we are Sisters of St. Joseph. We needed the down payment and operating expenses. That was two years ago. Now we are still saying “no” too often—to sixty per cent of our requests. At that some 250 women and 150 children have stayed with us since then for a few days up to a month usually. They come to us on the run from a man, or out of chemical dependency or psychiatric treatment, from prison and prostitution. They come, evicted to make way for “rehabilitation and urban renewal.” They come from the crisis center at our general hospital.

They come needing time and safe space to heal and begin reshaping their lives. To do this they need money: welfare or a job. Many times they need education to get a job that pays enough to support their children and themselves. Sometimes they need furnishings, clothes and food in order to move on. Desperately they need housing. In our town only thirty per cent of available rental units allow children. If they are AFDC recipients, the housing these women can afford is often roach infested, mouse-ridden, insecure, located in the near downtown area shared with many other broken people. Sometimes they go back to “him” because self-reliance seems impossible.

Our family, like most, has good times and bad. Several months ago I wrote: Morale got pretty low here. Many specifics contributed. For instance, one of the guests stole some money. A desperation thing, she was

new in town, pregnant, near due, deserted by her husband, broke. How to get back home to Kentucky? She ransacked the place and left. Later she returned with all but six dollars, thank God. A week later another guest's purse was taken and not returned. Suddenly it seemed a rash of cigarettes was gone, bathtub left dirty, toys broken, bike parts and tools missing: hospitality turned to hostility, suspicion. The sanctuary isn't safe. How it happened I don't know. People come and go. Sometimes the combination of chemistries is sweet, sometimes bittersweet. This month, we tested vinegar. There is more. Down at the apartment we sublet, one of our residents got beaten up in the hall so bad she was hospitalized. Awakened one other night by what I thought was a neighbor's beer party turned fight, I finally went downstairs to discover it was happening on our front porch: an ex-guest entertaining! Infuriating! So now we lock the screen door with a broom stick. On and on. It go so bad it got bizarre, laughable, better.

Now that is the bad, and the exception. Usually there is lots of tenderness. People, commiserating over common griefs and problems and solutions, exchange advice on how to proceed. Much of the housework is done by guests who come back as workers after they move on. Evenings are for playing cards, popping corn, going for a walk, shooting pool, building a fire, talking. The miracle of the place seems to me to be the weaving of so many people. Each brings something, each needs something. Lots of unmet needs, broken hearts, broken spirits, yet together people give kinship and worth to each other. In the last two years several hundred people forming one body, many members fitted together, exchanging life and hope, turning hostility to hospitality.

We exist through donations. Sister Rita Steinhagen, Sister Ann Diehl and I live at the house, sleeping in the attic. We all work at part-time jobs and here at the house. Each month we send a newsletter, a combination thank you, reminder and needs list. The readership grows and is now over six hundred. Money comes—enough, food, clothing, household supplies and furniture to use and to recycle. People come to help with the hospitality, to walk with the guests through the red tape of the "healing agencies" toward self-reliance. They invite us to talk to their church groups, and the word ripples out.

I am struck with how wide and generous are the connections nuns have, yet each need unveils a new one. Truly each parish could fill a house. Surely each parish could work to change church and state laws and biases against the poor. Such societal violence feeds personal violence, as it feeds personal despair.

Sr. Char Madigan, CSJ, St. Joseph's House, Minneapolis, Minnesota

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SHELTERS FOR ABUSERS

“Counseling offered to men who beat women”

Boston center stresses alternatives to violence

By Scott Armstrong
Special to The Christian Science Monitor

John, unemployed, used to get drunk and hit his wife—sometimes brutally. Angered by a feeling that no man without a job is much good. John used his wife's sloppy housekeeping as an excuse to beat her.

Paul, who holds a professional job, has consistently slapped and intimidated his wife throughout their 20-year marriage. His wife worked to help support the family, and he felt frustrated that he was not the sole “breadwinner.”

John and Paul (not their real names) are two men recently helped by Emerge, a counseling service set up in Boston to help men stop battering women by bringing out their more sensitive sides. Emerge encourages them to throw off traditional, sexual stereotypes and explore the roots of their hostilities.

The program is run by a group of male volunteers, primarily social workers and counselors, who help only men who come to them voluntarily.

“There is a basic inequality in our society,” says David Adams, a social worker, and one of the volunteers. “Men take the license to batter women. We encourage them to be responsible for their own behavior.”

Richard J. Gelles, a sociologist at the University of Rhode Island, says that when he and several colleagues set out to survey the extent of domestic violence several years ago, skeptics told them nobody would talk.

Not so, Mr. Gelles said many men freely told of beating their wives. The reason, he says, is that “many of the people just didn't think there was anything wrong with it.”

It is “a sign of the Humphrey Bogart macho image,” he adds. “The majority of people don't recognize it [wife-beating] as a problem.”

Emerge counselors confirm that it is difficult for men to admit they have problems and to express their feelings. Some of their clients have backed out after the first counseling session.

“Some people are so tense when they talk to us that they hardly let out any feelings at all,” says Robert Wald, one of the counselors. But he adds, “Generally men in the group sessions have appreciated talking about themselves with other men, and their communication with their wives has improved.”

Emerge encourages men to adopt short-range alternatives to violence, such as punching pillows, taking walks, screaming—or even resorting in the old-fashioned “count to 10” method, which can be “very effective,” says Mr. Adams.

The next step, counselors say, is to head off the violence before it

occurs by encouraging men to analyze the cause of their anger. "What hurt me? Who disappointed me? What was unfair or unjust?" are questions Emerge counselors suggest that abusers ask themselves.

Emerge was spawned almost two years ago out of the feeling among staffers in Boston area shelters for battered women that abuse of women is a man's problem and should be partly tackled by men helping other men.

After six months of study, a group of volunteers began working out of private homes. They have counseled 20 men and talked to about 100 others by phone since July, 1977.

Now, through the help of \$80,000 in private donations, Emerge has opened an office in Boston at 25 Huntington Avenue. Charges for counseling are based on a man's hourly income, but members say they won't turn anyone away. Literature on domestic violence is available, and the Emerge staff hopes to set up a 24-hour hot line.

PART IV—Selected Resources

Child Abuse

National Center on Child Abuse and Neglect U.S. Children's Bureau Administration for Children, Youth and Families Office of Human Development Services Washington, D.C. 20201	Information, Numerous Publications
National Committee for Prevention of Child Abuse Publishing Department, Suite 510 111 East Wacker Drive Chicago, Illinois 60601	Information, Numerous Publications
Parents Anonymous, General Headquarters 2810 Artesia Boulevard Redondo Beach, California 90278	Information, Model Program
Parents Anonymous 125 State Street Augusta, Maine 04330	Diocesan Funded PA program
Local Catholic Charities Office	Programs vary
Battered Women	
House of Ruth 459 Massachusetts Avenue, N.W. Washington, D.C. 20001	Women's Shelter
Project Green Hope 448 East 119th Street New York, New York 10035	Shelter for battered women/exoffenders
St. Joseph's House 2101 Portland Avenue, South Minneapolis, Minnesota 55404	Women's Shelter
Social Ministries Office Diocese of Steubenville 422 Washington Street, Box 969 Steubenville, Ohio 43952	Information, Counseling, Referral
U.S. Civil Rights Commission Office of Publications Management Room 700, 1121 Vermont Avenue, N.W. Washington, D.C. 20425	Consultation on Battered Women, a Publication

Family Violence

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| Office of Domestic Social Development
U.S. Catholic Conference
1312 Massachusetts Avenue, N.W.
Washington, D.C. 20005 | Information |
| Local Catholic Charities Office | Varied Resources |
| Subcommittee on Domestic and International
Scientific Planning, Analysis & Cooperation
Committee on Science and Technology
U.S. House of Representatives
Washington, D.C. 20515 | Hearings-95th Congress
Research into Violent
Behavior, Domestic
Violence. February
14-16, 1979 |
| United Church of Christ
Commission for Racial Justice
297 Park Avenue South
New York, New York 10070 | Information |
| National Clergy Council on Alcoholism
and Drug Related Problems
3112 Seventh Street, N.E.
Washington, D.C. 20017 | Information/
Counseling |

Wife Abusers

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| EMERGE
25 Huntington Avenue
Boston, Massachusetts | Counseling for
Batterers,
Information |
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Sibling Abuse

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| Fr. Denis J. Madden, Ph.D.
Institute of Psychiatry
and Human Behavior
645 West Redwood Street
Baltimore, Maryland 21201 | Information,
Counseling
Program |
|---|---------------------------------------|

Bibliographies

Violence in the Home: An Annotated Bibliography. Available from National Institute of Mental Health, 5600 Fishers Lane, Rockville, Maryland 20852.

Child Neglect: An Annotated Bibliography; Parenting: An Annotated Bibliography; and A Selected Annotated Bibliography on Black Families. Available from the U.S. Department of Health, Education and Welfare, Washington, D.C. 20201.

