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Members of Division:

Hazel Taylor Spitze, Professor, Division Chairman and Editor Mildred B. Griggs, Assistant Professor Judy Oppert, Teaching Assistant Ellen Hankes, Graduate Assistant Tom Peterson, Graduate Assistant Joyce Richardson, Graduate Assistant Julia Walsh, Graduate Assistant

Publications Assistant: Norma Huls and Virginia Gorder

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CAN THE SCHOOLS HELF FREVENT CHILD ADOSE:

Laurel A. Richards, M.S. Legislative Staff Intern House of Representatives Springfield, Illinois

On August 31, 1972, little Johnny Lindquist died in a Chicago hospital after having lain in a coma for over a month, suffering from a fractured skull and multiple bruises--injuries inflicted by his father.

The tragedy of Johnny Lindquist was only one of 30 reported incidents of fatal child abuse in Illinois last year. An additional 800 cases of non-fatal abuse were reported. Yet these reported figures represent only the tip of the iceberg in terms of measuring the dimensions of the problem of child abuse.

Many experts estimate that nationally at least 65,000 children are physically abused by their parents or parent-substitutes each year. As many as 700 may be killed, and the numbers are increasing.

Determining the actual number of child abuse cases has been impossible to date. Although all fifty states require doctors and hospitals to report all suspected instances of child abuse, it is widely believed that most cases are not reported either because they do not come to the attention of a doctor or are not recognized as child abuse.

In an effort to identify more cases of child abuse, several states, including Illinois, are considering legislation which would require school teachers and administrators as well as day-care center personnel to report suspected instances of child abuse or neglect.

Are the Schools Prepared?

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At present, however, the schools seem ill-prepared to deal with the problems of battered children. In a survey of all school districts in the United States with enrollments of over 10,000 students, fewer than half of the respondents indicated that their districts had established procedures for dealing with cases of suspected abuse. Even where standard operating procedures did exist, they were often found to be inadequate.¹

The basic problem may be that teachers are not equipped to recognize the signs of abuse. Recognition is not easy; even physicians with their diagnostic tools are not always able to identify abuse cases.

Awareness of certain facts can, however, be helpful to the teacher. The severely battered child is the last phase of a spectrum of

Kay Drews, "The Child and His School," in *Helping the Battered Child and His Family*, ed. by C. Henry Kempe and Ray E. Helfer (Philadelphia: J. B. Lippincott Co., 1972), p. 115.

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maltreatment. The abused child often has a history of malnutrition, anemia, poor skin hygiene, irritability and other signs of overall poor care.

An injury which a child is unwilling to explain or any evidence of repeated injuries may be suspect. Other indications of severe mistreatment are repeated bruises or fractures, abrasions, cuts or lacerations over recently healed skin, burns, soft tissue swelling and hematomas.

Since many abused children suffer head injuries, teachers should be alert for any signs of such damage. One such sign may be the child's inability to move extremities due to neurological damage.

To help teachers recognize suspected abuse cases adequately, special training programs conducted by physicians could be held. Teachers can also become aware of what agencies deal with child abuse problems in their state or community and what lines of communication between the school and agency exist.

Existence of such communication lines is imperative if the school is to maximize its role in helping the battered child. If possible, the school should work with the agency to develop a cooperative therapeutic plan and then establish a follow-up system to insure that the plan is working.

The Battering Parent

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Any therapeutic plan must, of course, include the parents of the battered child. Much to the surprise of some people, battering parents come from all socioeconomic groups, races, religions and professions. Abusive parents are found in city and rural environments in every part of the country.

Parents who abuse their children do share some characteristics. They tend to be individuals who did not receive adequate "mothering" themselves as children. Their spouses tend to be passive people who are unable to give their partners the love and attention they missed as children. The abusive parents consequently become isolated individuals with little self-esteem who look to their children with expectations the children are unable to fulfill.

As one mother told child abuse experts Dr. C. Henry Kempe and Dr. Ray Helfer, "I waited so long to have my baby, and when she came, she never did anything for me."²

What often occurs is a sort of role-reversal in which the parent looks to the child for "mothering" rather than providing it to the child. The child's inability to respond satisfactorily can combine with a precipitating crisis, large or small, to result in an abusive incident.

Certain factors increase the likelihood of a parent's reacting abusively, such as the stresses of repeated pregnancies, the use of drugs by parents and the particularly inadequate knowledge of child development found in individuals who marry very young.

²C. Henry Kempe and Ray E. Helfer, eds., *Helping the Battered Child* and *His Family* (Philadelphia: J. B. Lippincott Co., 1972), p. ix.

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