Treating the victim of child abuse and neglect in the classroom: strategies for the special needs educator

Kathy Eichmann
Treating the Victim of Child Abuse and Neglect in the Classroom:
Strategies for the Special Needs Educator

by
Kathy Eichmann

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[Signature]
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Chapter 1

Violence towards children is not a new phenomenon. Children have always been subjected to a wide range of abuse by parents and caretakers. Infanticide, the willful killing of a newborn, has been accepted in almost all cultures. Children have been legally bartered or sold. Ritualistic killing, maiming and severe punishment of children as a form of education have been recorded since biblical times. Children have been mutilated to enhance their appeal as beggars and have been purposely maimed to meet cultural standards in China, Africa, and among the North American Indians.

The economic value of children increased with urbanization and the Industrial Revolution. Charles Dickens wrote about the problems of children growing up in an industrial society, and, in the United States, rising public sentiment against child labor resulted in compulsory education laws. An epidemic of child abandonment ensued, as children lost their economic value to the family. Children were forced into school where they met brutal physical punishment that was sanctioned by religious teachings and cultural norms.

Children are not protected by law in our society against bodily attack in the same way as adults. Violence is a cultural style, an ingrained concept that a child is the parent's property. These cultural norms of child rearing which allow the use of a certain amount of physical force towards children
by adults caring for them is one cause of child abuse in American society.

Child abuse and neglect may be the most significant social problem facing the United States and much of the rest of the world for the remainder of this century. In 1984, more than 1,700,000 cases of abuse/neglect were reported, which represented almost a three-fold increase since 1976 (Fink, 1988). It should be emphasized, however, that these figures are actual reports and may represent improved identification and reporting procedures rather than actual increases in abuse. In any event, the actual reports represent 5% of the total United States school-age population of 39 million as reported by Garbarino, Brookhouser, and Authier (Fink, 1988), a percentage that most authorities believe vastly underestimates the actual prevalence of maltreatment.

The exceptional education teacher should expect to see many of these children in her classroom. In a recent survey conducted by the Council for Exceptional Children, a sample of special education teachers reported that 57% of the children they serve are neglected and 45% are abused (Quast-Wheatley, 1988). A question of concern for the special educator is, “How many of these abused/neglected children are placed in special education due to the effects of victimization?” (p. 11).

Negative consequences of maltreatment may be medical, developmental, and psychological. Each of these forms may interact with
one or more of the others and impact behavior and transactions in various environments: home, community, and school. For handicapped children, this may be especially salient and may contribute to the special risk for maltreatment that they encounter.

**Purpose of the Study**

There are many reasons why educators become involved in child abuse and neglect treatment and prevention. Among them are the fact that educators work with and for children; that law and policy command educator involvement, and professional responsibility demands it; and that educators have a deep sense of personal commitment to the children in their care.

This paper examined the contribution of abuse and neglect to behavioral problems in the classroom, especially those seen by the special education teacher who often is an integral person in remediation of those problems. The educator’s role and issues in reporting, the intervention strategies and resources appropriate for use in schools, and prevention strategies were also discussed.

**Scope and Limitations**

This paper was researched with the viewpoint of the special education teacher in mind. Wherever possible, the interventions discussed were those appropriate to the classroom, and to school-age children.
Definitions

There are considerable variations of specific definitions of child abuse, although there is general agreement that four categories adequately represent the major forms of abuse: physical abuse, sexual abuse, emotional abuse and neglect. For the purpose of this paper, these terms are defined as follows:

Physical abuse is active, non-accidental abuse causing injury to the child by another person. It may result from over-discipline or from punishment which is inappropriate to the child's age or condition. The "battered child syndrome" applies to an infant or child who has sustained repetitive, severe injuries, severe repeated skin injuries (scarring and burning) with or without fractures, or central nervous system damage.

Sexual abuse is contact or interaction between a child and an adult that includes not only sexual intercourse, but any act designed to stimulate a child sexually or to use a child for the sexual stimulation either of the perpetrator or another person.

Emotional abuse is the failure of adult caretakers or parents to provide an emotionally stable environment for the child. These children may be subjected to extreme criticism or demands for excessive performance or withholding of physical or verbal contact. This abuse is a way of rejecting the child and denies him the right to a safe, nurturing environment.
Neglect is a chronic failure to provide for the basic physiological needs of the child such as: nutrition, clothing, proper medical care, and a safe environment. Neglect is often manifested by poor skin hygiene, malnourishment, and inadequate housing.

Summary

The effects of child abuse and neglect are profound and will continue to have an impact on the victims all their lives. The educator is in a position to implement interventions and prevention strategies that may save some children from a future without promise. It is hoped that the information presented in this paper will serve as an aid to educators who are faced with the problems of abused and neglected children.

Chapter 2

Early identification and recognition of child maltreatment is integral to preventing life-long handicaps that can result from abuse. Teachers are in an advantageous position to facilitate this process, and, in fact, among professionals, school personnel initiate the highest percentage (12.6%) of report of cases (Pead, 1985). However, this can only be accomplished if teachers are informed of and aware of signs that indicate abuse. “If we are to prepare children and youth to protect themselves from such acts, we must also recognize signs of abuse and neglect that serve as an indicator.” (Quast-Wheatley, 1988, p.12). Recognition and reporting must precede help
for the abused child, the abusive parent(s) and the family.

**Physical Indicators of Abuse and Neglect**

Turbett and O'Toole's (1983) study indicated that physical signs such as bruises, burns or injuries were the most often listed clues to child abuse by teachers. Strange bruises are always possible in normal activities; it is their frequency that arouses suspicions of abuse (Tower, 1987). Extensive bruises, bruises on the face, especially numerous bruises of different colors indicating numerous assaults and various stages of healing are suspicious (Dalgleish & Drew, 1989; Tower, 1987). Ages of bruises can be approximately detected by observing the coloration. The bruise will first appear red, and then blue. As the bruise heals, the color will change from black-purple, to dark green tint, to pale green tint and then finally to yellow.

The teacher should make note of frequent complaints of soreness or awkward movement, as if caused by pain. Marks that indicate hard blows from an object such as an electrical cord or other whip-like object that could make a burn around the body should be questioned. Burns of all types, but especially globe-like burns, which indicate that the hand has been immersed in hot liquid are suspect. Burns that are more intense in the middle and radiate from there, which could indicate that hot liquid has been poured onto the skin, cigarette burns, burns in the shape of an object such as a poker or an iron would also be cause for alarm. The teacher should also be
suspicious of the child wearing clothing that is inappropriate for warm weather, covering the arms and legs.

The key thing to look for in physical abuse is an explanation that does not fit the injury. For example, the child who reports that he “fell”, while the bruises indicate the clear outline of an object such as a belt, or the child who is reported to have “fallen out of bed”, and is too severely bruised for such a fall.

The neglected child will often exhibit a generally dull appearance, seeming listless and tired, sometimes reporting caring for younger siblings, when the child caretaker may be only 5 to 8 years old himself. In addition, these victims may appear in soiled clothing, significantly too small or too large, often in need of repair, and inappropriate for the weather. These children always seem to be hungry, hoarding or stealing food, but coming to school with little of their own. They often demonstrate poor hygiene, may smell of urine, or have bad breath or dirty teeth and have unattended medical or dental problems such as infected sores or badly decayed or abscessed teeth. There may be signs of malnutrition such as emaciation or distended stomach. Kadushin (1988) reports that in 1984, the average age of the child reported as neglected was 6.4 years old, so, in general, neglected children tended to be younger than the overall group of maltreated children, who averaged 7.2 years old in 1984.
A child who is emotionally abused may manifest physical indicators such as asthma, ulcers, or severe allergies. D. F. Kline and A. C. Kline (1987) report that handicapped and disabled children are more susceptible than non-disabled children to psychological or emotional abuse. In their publication they also reported that in one state study, 12.5% of the children referred for abuse were identified as special and of these, 14.4% were mentally retarded, 9.8% were physically handicapped, 5% had chronic illnesses, 2.9% were premature babies, and 67.9% were emotionally disturbed.

A very young sexually abused child (under 18 months) may display symptoms of excessive crying, feeding and bowel disturbances, and the failure to thrive syndrome. A preschool child who is sexually abused will most often manifest a sexually transmitted disease (Pettis & Hughes, 1985). There may be complaints of pain or itching in the genital, gastrointestinal, or urinary area; and difficulty in walking or sitting (Pettis & Hughes, 1985b; Quast-Wheatley, 1988). There may be vaginal or penile discharge; injury to the genital area, and difficulty in urination (Pettis & Hughes 1985a; National Committee for Prevention of Child Abuse, 1989). An adolescent, in addition to his/her reporting of abuse, may complain of sleep disturbances, nightmares; may be unwilling to engage in physical education or recreational activities because of pain; and pregnancy may be an indicator of sexual abuse.
Finkelhor (Tower, 1987) cites the period between ages 8 and 12 as the most vulnerable time for sexual abuse. Conte and Berliner (1981) found that 60% of sexual abuse victims are under the age of 12 when abuse first occurs, and Trudell and Wheatley (1988) reported that prevalence studies suggested that up to 64% of females may have experienced some form of sexual abuse before age 18, and around 10% of young males may have been similarly victimized. Also, most victims of sexual abuse were the oldest of several children (Pettis & Hughes, 1985b).

**Behavioral Indicators of Abuse and Neglect**

While signs of abuse and neglect may be evident in the physical appearance of the child, they will be apparent through behavioral changes also. These behaviors are a reflection of the child's response to the disturbed dynamics of the family. These behaviors are survival mechanisms in a world wherein the child is victimized and unable to continue to develop in an emotionally healthy way. Teachers must learn to recognize behavioral changes that occur in sufficient number and intensity to characterize the youth's overall manner as signs of a problem. Teachers need to be available to recognize, approach, listen, and make decisions about the most appropriate source of remedy or assistance (Quast-Wheatley, 1988).

Turbett and O'Toole (1983) found that teachers rely on behavioral indicators as much as physical signs to detect child abuse. Since teachers
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have day-to-day contact with the child, they can more effectively monitor behavioral changes. Teachers also may have better knowledge of family background or history and problems. The school is also the most important link in the helping chain for victimized adolescents. While younger children may come to the attention of members of the medical profession, as a rule, abused teens do not. The teacher is the professional most likely to detect abuse in their age group and is in the best position to report (Tower, 1987).


An abused child will be fearful, assuming that adults hurt and will be constantly on guard, watchful, un-trusting, and mistrusting of adults. They will be withdrawn, sometimes shrinking from physical contact. Not being able to tolerate physical praise, like a pat on the back, they may also overreact to being touched, either with fear or aggression (Tower, 1987).

The use of harsh punishment in the home may foster the development of learned helplessness and the associated symptoms of depression in abused children (Tower, 1987). Kazdin et al. (1985) stated, “Children with any abuse, past and/or present, were significantly more depressed and viewed
themselves and their futures more negatively than did children without physical abuse." (p. 304).

Children who are severely and repeatedly physically and/or sexually abused learn very potent, but tragically inappropriate behavior relative to parenting and child rearing (Bavolek, 1979). Kazdin et al. (1985) reported connections between violence in the home (e.g., spouse, child abuse) and aggressive child behavior and delinquency. Children reared in unhealthy environments generally learn how to be aggressive, violent, abusive and delinquent by identifying with their parents. The child internalizes parental characteristics which contribute to the development of the child's personality, learning abusive parenting attitudes and child rearing behavior (Bavolek, 1979). Fink (1988) also states that abused children are at substantially increased risk for later delinquency.

Abused children and youths will also be destructive to self and others. A child who is chronically accident-prone may be unconsciously self-destructive (Tower, 1987; Fink, 1988). Guetzloe (1988) found that a child at risk for physical, sexual or psychological abuse is therefore also at risk for suicide.

Epanchin and Rennels (1989) found that while adults may withdraw when they are depressed, children often feel unable to do so because they are dependent on adults for their survival. Instead, they try to engage
significant adults in their struggle; consequently, they become demanding and aggressive. This behavior tends to alienate adults who do not understand the meaning of the behavior. A vicious cycle ensues during which the adults attend to the aggressive or demanding behavior and in so doing, inadvertently reinforce the problematic behaviors. Ney, Colbert, Newman and Young (1986) see the child's aggressive behavior as an indication of the child's wish to survive. It is a plea for help in getting his or her needs met.

Because the home is not a safe place for these victims, abused children may be reluctant to go home after school, showing up at school even while ill (Pettis & Hughes, 1985b). Abused children will often be poor academic achievers, since so much of their energy is channelled into survival.

Neglected children may exhibit the same symptoms as those of physical abuse, but may also seem to crave affection, even eliciting negative responses to accomplish this. Stealing, vandalism or other delinquent behaviors, poor peer relationships (possibly because of poor hygiene), and depressed negative attitudes are all symptoms of neglect. Neglected children are often early emancipated from families with the promise of drifting into unfulfilled or even crime-ridden lives (Tower, 1987).

Neglected children are accustomed to a lifestyle devoid of routine and
organization and may demonstrate this in their own lives, in an inability to organize, exhibiting a lack of cleanliness or order (Tower, 1987).

In various studies, neglected children were found to be different from other maltreated children in that they tended to engage in very few interactions with other youngsters. Neglected children were observed to avoid their mothers and to be angry, non-compliant, and highly dependent. They had the most difficulty pulling themselves together to deal with various tasks (Kadushin, 1988).

Sexual abuse is rarely discovered in the school setting through physical indicators alone. However, the appearance of behavioral symptoms in clusters repeatedly over time should lead the teacher to consider the possibility of child sexual abuse (Pettis & Hughes, 1985b). The observant teacher can monitor short and long term changes in relationships with peers, academic performance and general attitude. Teachers should know possible symptoms and keep careful documentation of evidence in suspected cases.

Sexual victimization, unlike other types of abuse, is often non-assaultive and obvious physical findings are often absent.

Victims of sexual abuse exhibit behavioral indicators such as acting out sexual behavior that is inappropriate for the child’s level of development (Quast-Wheatley, 1988). Bavolek (1979) also pointed out age inappropriate seductive behavior that is an indicator of sexual abuse. A sexual self-
consciousness (NCPCA, 1989), or a verbal preoccupation with body functions (Quast-Wheatley, 1988) should also be suspect.

A sexually victimized child will show a fear and distrust of authorities, particularly men (Quast-Wheatley, 1988). The National Committee for Prevention of Child Abuse (1989) indicated that sexually abused children will be hostile or disruptive towards adults. Bavolek (1979) also reports that studies indicate that the majority of adolescents who have experienced an incestuous relationship will have school difficulties and behave in a hostile and aggressive manner when interacting with authority figures.

Signs of disturbance in sexually abused adolescents may include depression, acting out and delinquency; specifically, persistent ideas of being damaged, feelings of being dirty, and a sense of worthlessness (Tower, 1987; Bavolek, 1979). The sexually victimized adolescent may also withdraw socially from friends and class peers (Quast-Wheatley, 1988; NCPCA, 1989).

Special note should be made of sudden, dramatic changes in children. If a child who has been functioning normally suddenly shows drastic changes in school work or behavior, this can be a warning sign of some change the child is experiencing. Special educators should bear this in mind in evaluating referrals, especially in crisis cases or adolescent runaway and
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One should not presuppose the relationship between child and perpetrator will be overtly negative. Sexual abuse can occur in any socioeconomic level and victimizes both males and females.

Special education populations may be at high risk for victimization. Sexual abuse of children living in congregate care and institutional settings for emotionally disturbed and adjudicated delinquents have received attention. Children who have already suffered victimization are at high risk for re-abuse because of insecurity, and learned promiscuous behavior is sometimes used as an attention-getting device. For this reason, foster homes for sexually abused children must always be chosen with care and the family should be prepared to deal with this behavior in a non-exploitive manner.

Pettis and Hughes (1985a) feel that the very characteristics which make for a "good child" (respect for adults, unquestioned obedience) also raise the risk for sexual abuse (p. 142).

Familial Indicators of Child Abuse and Neglect

To fully understand the etiology and extent of child abuse and its effect on the child, we must look at the family unit, traditionally thought of as a healthful and nurturing environment in which children prosper and parents realize their full potential. Tragically, for many families this is a myth, not a reality. In many instances, families are disorganized and
dysfunctional, unable to cope with the complications of modern-day living, including the ravages of drug and alcohol addiction, stresses of poverty, racism, lack of education and the like. These families are in increased danger of becoming caught up in the criminal justice system, further eroding their already tenuous stability.

While it may be difficult to think of the family as a potential cause or correlate of crime, some data indicate that family life may be hazardous to one's health. An impressive amount of criminal violence in the form of homicide was found to originate within family settings. Approximately 450,000 incidents of family violence are reported annually (Pope, 1988). It may well be the case that the conditions for delinquency and other forms of maladjusted behavior originate, in part, in the context of family life, and further, that criminal and delinquent behavior, in turn, combine to produce detrimental results on the family itself (Pope, 1988).

Violent home life is strongly correlated with later aggression in children. Clarizio and McCoy (1983) described the abusive home to be chaotic and violent, characterized by chronic levels of anger. The child who comes from a family characterized by violent aggressive behavior in which members have stimulated and perpetuated each other's aggressive behavior are at risk for becoming aggressive delinquent adolescents (Griffin, 1987). Abusing parents have been shown to have a higher incidence of being
abused as children and exhibit more marital violence than non-abusing parents (Dalgleish & Drew, 1989). Research also suggests that defective home discipline is more common among delinquents and that the use of severe punishment may lead to aggressive delinquent behavior in later life (Pope, 1988). Abusing parents exhibit a strong belief in the value of punishment (Bavolek, 1979), and a family with grandparents that practice explosive discipline are at risk of having an aggressive preschool child (Patterson, 1986), indicating that defective family management practices are learned behaviors.

The parents' child-rearing practices play a major role in determining both prosocial and deviant child behaviors. The parents' failure to teach reasonable levels of compliance sets in motion a process of coercive exchange with family members (Patterson, 1986). The effects of these exchanges later generalizes to the school setting to produce both academic failure and poor peer relations. The amount of parents' support and involvement with the child is a primary determinant for self-esteem, and there is a bidirectional relation between the child's deviant behavior and parental acceptance or rejection.

Parent-child relationships marked by unusually frequent exchanges of aversive behavior may predict the development of two adverse outcomes for the child: parental abuse and the child's abuse of others. The aversive
behavior of aggressive children may be related to mothers' inconsistent reactions to their children's behavior. Some mothers often attend aversively to both problematic and prosocial child behaviors, thus providing their children with a relatively unpredictable interactional context (Wahler & Dumas, 1986).

Patterson and Stouthamer-Loeber (1984) found that parents of delinquent youths had limited awareness of where their children were, whom they were with, and what they were doing. It is assumed that parents who are not effective in monitoring the problem child will also tend to be ineffective in the kind of discipline used as well as less effective in family problem-solving and be less reinforcing.

Bavolek (1979) found that beginning very early in the infant’s life, abusing parents inaccurately perceive their child. The infant is expected to perform in a manner incongruent to what may reasonably be expected for his/her developmental stage. The child is expected to be the source of comfort and care; to be sensitive to and responsible for much of the happiness of his/her parents. The child is further expected to make life more pleasurable for the parents by providing love, assurance, and a feeling that the parent is a needed, worthwhile individual. Dalgleish and Drew (1988) also found abusing parents unable to understand normal child development and to set unrealistic expectations, which may contribute to the
parents inability/unwillingness to recognize the existence of a potential risk to the child. Ayoub and Milner (1985) found a strong relationship between the parent's awareness/cooperation and the condition of the failure to thrive child.

The interaction between the parent and child is relevant to the abusive situation. Some children are more independent, easier to accept and love, and more responsive to the parent's teachings. On the other hand, some children will be difficult to parent, being emotionally passive and unresponsive, resistive to schooling and require greater efforts on the part of parents who may be deficient in child-rearing skills (Kadushin, 1989). Poor relationships between parents and children are strongly associated with delinquency among adolescents. Many delinquents were found by researchers to have parents who were lax and erratic or exhibited overly hostile relations with their children. There was a lack of family cohesiveness and a high level of parental indifference (Chilman, 1989).

Overly permissive mothers tend to have children who lack self-control and who are impulsive and hostile. Permissive mothers may be seen by their children as being fundamentally rejecting and hostile; this perception by the children may lead to further maternal rejection. Abusive parents who have low self-esteem and low self-confidence have been shown to have a tendency to see their children as burdens, to treat them harshly, to give
Abusive parents tend to have a lack of empathy for their children (Bavolek, 1979; Clarizio & McCoy, 1983). When compared to control parents, abusive parents have been found to be less emotionally responsive, to be less affectionate, to provide fewer positive contacts, to initiate interactions less, and to ignore their children more in general (Kazdin et al., 1989). The abusive parent has also shown an aversion to touching (Clarizio & McCoy, 1983) and an aversion to any social elicitation (smiling or crying) (Frodi & Lamb, 1980).

Abusive parents often feel the multiple pressures of debts and obligations. When the parents of problem children were highly stressed by extra-familial factors, they had increased difficulty in disciplining their children (Patterson, 1986). Justice, Calvert and Justice (1985) concluded that stress, as life crisis or excessive change, predisposes a parent to abuse and identified violence as a socially scripted response to stress or problems-solving. Crockenberg (1987) found that adolescent maternal behavior is a combined function of the mother's developmental history and her current social support (extended family, husband, boy friend).
The Neglectful Family

The neglectful family is disproportionately a low-income, female headed, single-parent household of minority group affiliation (Kadushin, 1988). A high percentage of these families depended on public assistance as their main source of support. While male adults were more frequently implicated in physical abuse cases and considerably more frequently in cases of sexual abuse, female adults were more frequently the designated perpetrator in cases of neglect (Kadushin, 1988).

Tower (1987) described neglectful parents as "...women who appeared passive, withdrawn, lacking in expression." (p. 102). They are characterized by: a feeling that nothing is worth doing; an emotional numbness or lack of affect that may be mistaken for depression; superficial relationships where the needy individual desperately clings to another; a lack of competence in basic daily living skills; a passive expression of anger through hostile compliance; a general negative attitude; a hampered ability to recognize or meet their children's needs; an attempt to escape through alcohol, drugs, or sexual promiscuity; frequent instances of single parent families; possible history of deviant behavior; and isolation from the larger community and its resources.

The parent who abuses or cruelly mistreats the child is guilty of an act of commission; neglect is more frequently a problem of omission.
Neglect is chronic and continual. The behaviors associated with physical abuse are sporadic, often impulsive outbursts of anger, aggression, hostility; feelings of frustration, indifference, inattentiveness and lack of concern and awareness of the child's condition are behaviors associated with neglect (Kadushin, 1989).

**The Sexually Abusive Family**

The people most likely to sexually abuse children are their own family members, friends of the family, neighbors, and acquaintances. Sexual abuse occurs more frequently inside the family, among all groups of the population, both rural and urban, and across all socioeconomic and educational levels (NCPCA, 1989).

The median age of the sex offender was 31 years. Pettis and Hughes (1985a) reported that approximately 90% of the reported perpetrators are male. Only 20% or less of the victims are assaulted by strangers. Most perpetrators are persons known by the victim. There are two general characteristics common to those who sexually abuse their children: one is lack of impulse control, and the other is a confusion of roles, where the child becomes an object for the needs of the adult without the adult's recognizing the inappropriateness or inability of the child to meet these needs.

Many of the fathers who abuse had histories of alcoholism and
sociopathology. In the multi-problem family, sexual abuse may be only one of many pathological behaviors such as alcoholism, violence, delinquency, physical abuse, mental illness, and drug abuse, which lead to chronic total family disintegration. However, the classic incest family is seldom known to courts and social workers. Though all may appear to be normal to outsiders, the incestuous behavior is seldom unknown to members of the nuclear family.

A need for affection drives the abuser to seek out the child and the mother may passively facilitate this situation by her prolonged absences. The child may be assigned the role of "mother" (caring for other children, cooking, looking after the father) (NCPCA, 1989).

Quast-Wheatley (1988) found that the family is characterized by extreme marital conflicts and the parents may compete for the child's attention. The abusing parent is very overprotective or restrictive of the adolescent's outside activities and will pick up the child from school, be rigid about dating, and generally restrict the child's extra-familial activities. The parent may appear to have romantic affection toward the child.

The mother is usually aware of the incestuous relationship, but may condone or actually encourage it. She may fear the violent reaction of the authoritarian husband or be afraid of possible desertion (Pettis & Hughes, 1985a). Research has shown, however, that it is the non-abusing parent,
who is typically the mother, who must assume greater responsibility for establishing a degree of stability within the family. How a mother responds to her daughter's disclosure of the molestation appears to have some relationship with the victim's adjustment (Patterson, 1986). Conte and Schuerman (1987) found that molested children who received support from a non-abusing parent or a sibling stood to exhibit more positive adjustment following disclosure of the abuse.

Tower (1987) reports that the incidence of sexual abuse is higher among families with stepfathers. Having a stepfather more than doubles a child's vulnerability, and almost half of the girls who are sexually victimized have stepfathers (Pettis & Hughes, 1985a). It should be noted that the abuse is not always at the hands of the stepfathers; it may also result from two other factors. Statistically, children of a reconstituted family have been exposed to a greater number of men if their mother had dated before her remarriage. And the male friends of the stepfather may not perceive the same taboo in molesting the stepdaughter of their friend as they would in the case of his blood daughter.

Children reflect their family life. Those who present a negative, depressed picture may well be mirroring the unrest at home... if not actual abuse, then certainly some other kind of family disturbance.
Chapter 3

Reporting Abuse

Federal and state child protective legislation requires professionals in most states, and specifically educators, to report suspected abuse and neglect cases. And yet, for teachers, becoming involved in child abuse and neglect treatment and prevention is more than the legally mandated responsibilities. Educators have a deep sense of personal commitment to the children in their care, and therefore become involved due to ethical and humanistic concern for the optimum development of children and youth.

Every state has its own protective legislation, and the statutes vary regarding the appropriate procedures. Additionally, each school district should have procedural policy regarding such reporting. It is most important for educators to determine their school district's procedures for reporting. Normally, an oral report, followed by a written report, is made to either the law enforcement or social service agency.

In many schools, the teacher reports the suspected cases of abuse to an administrator or counsellor, and that person contacts the appropriate agency. However, if the administrator or counsellor does not follow through, it is still the legal responsibility of the teacher to make the report to the agency (Tower, 1987; Quast-Wheatley, 1988).

Most school districts provide a form for making written reports.
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Included is information on (a) the child's name, age and address; (b) the parent's name and address; (c) the specific physical, behavioral, or other observed indicators; and (d) the reporter's name and location. However, if a district or school does not have a reporting form available, the educator must still provide this basic information in writing to the appropriate agency (Quast-Wheatley, 1988).

Educators who report abuse are protected from civil and criminal liability under every state law. On the other hand, the non-reporting of suspected abuse or neglect can carry civil liability.

One of the frustrations faced by educators is the lack of information received from the social service agency after a report has been submitted. When this happens, many schools' personnel often believe nothing is being done and are discouraged about making future reports. Many state statutes provide for no follow-up to the source of reporting due to the confidentiality of information to protect the family. Some states are addressing this issue and encourage social workers to provide information regarding cases' progress to the school (Fead, 1985). If the school is aware of the child's status, appropriate educational accommodations could be made to be supportive of the victim. Other support services could be redirected to assist the child in coping with whatever other stress may be present.

The effects of reporting can be devastating on the child. In many
cases, and especially in cases of sexual abuse, the family will react with disbelief, denial, and protection of the perpetrator (if intra-familial). Some parents express greater concern about the effects on their own lives than those on the life of their child. The child victim then develops feelings of rejection and guilt for causing the family a serious problem.

If the abuse or neglect is serious enough, the protective agency may decide to remove the child from the home, causing the child to internalize additional feelings of guilt for causing the problem. This is further exacerbated for the victim of incest, when the perpetrator, for whom the victim may have deep feelings, is prosecuted. Thus, dissolution of the family system, rejection by family members, and responsibility for criminal action against the perpetrator become all-enveloping burdens to the child victim.

Adding to the stress the child is already under, the numbers of adults confronting the child victim to substantiate the allegations put the child victim under incredible additional stress. During this period of time, the child may feel entirely alone, abandoned, and victimized by a system purporting to help (Quast-Wheatley, 1988).

Chapter 4
The School's Role and Limitations

The prior review of the major forms of child maltreatment and the range of typical social, emotional and cognitive effects should be a matter of
serious concern to educators, special and regular alike (Fink, 1988). It is a problem that we share with the larger community and for which we must assume some measure of responsibility. The setting and curriculum of the school along with the teacher have unique contributions to make to the rehabilitation of the abused and neglected child.

The school environment is perhaps the only one in which children are consistently seen and interacted with on a daily basis by trained professionals. The teacher may be the only stable person in the life of the maltreated child capable of exercising a vital influence in the difficult process of helping him/her regain the possibility of healthy emotional experiences. Similarly, the stability of the school setting can contribute enormously to the need for structure and positive identification.

It is important to realize that the school obviously cannot assume total responsibility for the prevention of abuse, violence and suicide. Some of the major contributing factors are beyond its control, such as poverty, homelessness, mental illness and the availability of weapons. Measures that address these factors require the cooperation of parents, community agencies, institutions, and lawmakers.

The teacher also must realize that he/she cannot manage all the students' environmental contingencies and reinforcers, nor can he/she train all those who do. There may be serious difficulties in the pupil's family
interactions, or the student may be involved in gang delinquency. By trying to deal with all of these problems, the teacher may be overextending himself. The teacher's primary responsibility is to the student's educational needs. Attempting to resolve family or community problems may interfere with planning and implementing educational programs (Kerr & Nelson, 1983).

There is also the risk of intruding upon another professional's domain. The teacher runs the risk of providing ineffective treatment and becoming involved in areas or on problems for which he/she is not adequately trained. It is important to recognize when the required intervention is not suited to a teacher's professional role.

Schools should focus their efforts on alterable variables. There is evidence that many factors previously considered to be immutable can be altered by means of an appropriate school program. Further, as the institution responsible for the care and keeping of children for most of their waking lives, the school must bear a major responsibility for their safety and nurturing (Guetzloe, 1988).

Chapter 5

Intervention

For the child who has been abused, school may be his only recourse for help. After identification and referral, children are seen briefly by social
service agencies and then excluded from the therapeutic process. The approach of community agencies to child abuse and neglect has followed this paradigm: apprehend the perpetrator, consider punishment or removal from society, rehabilitate him so he will not repeat his offense. As stated before, treatment procedures for the abused child may further stress and traumatize him. He may be placed in a hospital or separated from his parents, a violent abrupt change which can be traumatic.

Family treatment is focused on the needs of the parents, which, while necessary, may provide absolutely no benefit for the child. It is necessary to insure that the child will receive continuing treatment. This is a concern for school intervention, since the medical profession may withdraw once the physical injuries are treated and social service workers often withdraw from the case once it seems that the home environment has been stabilized and there is no longer a danger of future physical harm to the child. What seems to be neglected is that while trauma is treated and the home is stabilized, the child's psychological and developmental problems are still present.

The school can be a support system to the child and family experiencing the trauma of abuse. An environment of trust, empathy, security, and encouragement is necessary for the child victim to develop appropriate coping skills. These coping skills include problem-solving,
interpersonal skills, situational perception, anger control, moral reasoning, stress management, empathy, recruiting supportive models and cooperation.

This section explores specific and general strategies for teaching these skills. While these interventions have not, in most cases, been researched with exclusively abused and neglected children, the implications for remediating the behaviors exhibited by this group of children is clear and has basis in current research.

**Problem-Solving Training**

The abused child, coming from a dysfunctional family wherein the parents often exhibited poor problem-solving skills, needs to learn to tackle problems and make decisions. “Abuse is about feeling out of control. The ability to solve problems gives children more tools to keep feeling in control as they mature and face other problems.” (Tower, 1987, p. 19).

In his book, *The Prepare Curriculum*, Goldstein (1988) focuses on two types of problem solving training. The first focuses explicitly upon interpersonal problem solving; how individuals faced with problematic events involving a peer, parent, sibling, teacher, boss, or other person may be effectively trained to engage in competent problem solving. The second focus, impersonal problem solving, is concerned with cognitive events, solving rational and usually nonemotional problems, and with fostering creativity and originality.
There are six target skills in Goldstein's (1988) interpersonal cognitive problem-solving program: (a) alternative solution thinking; (b) causal thinking, or reasoning out the why or precipitative event; (c) consequential thinking, or focusing on what will happen; (d) interpersonal sensitivity, an awareness that an interpersonal problem exists; (e) means-end thinking, or a careful step-by-step planning in order to reach a given goal, involving an awareness that goals are not always reached immediately and that the timing of one's behavior is also often relevant to goal attainment; and (f) perspective taking, or the extent to which an individual recognizes and can integrate the fact that different people may have different motives and viewpoints, and therefore may respond differently in a situation.

Impersonal problem solving is a method for the enhancement of the ability to solve intellectual and cognitive problems, to function more creatively, and to respond with higher levels of problem-solving originality. Children are taught to use brainstorming, creative problem-solving, and restructuring techniques.

Bash and Camp (1985) have developed the Think Aloud program which represents an effort to achieve verbal mediation training in cognitive and social problem-solving by training emotionally disturbed and impulsive children to talk to themselves during impersonal, cognitive problem-solving
activities and training children to verbalize plans, solutions, and consequences in social problem situations. The authors set up the program "...not only to increase effective verbal mediation activity in aggressive boys, but ... [also] to foster their spontaneous use of these skills enough to produce changes in real life social situations." (p. 10).

Amish, Gesten, Shith, Clark and Stark (1988), in their study with severely behaviorally disordered (SED) children, found that for a problem-solving program to be effective, lessons should be conducted over a longer period of time rather than just 3 to 4 months. In line with other research, they found that interventions in interpersonal and impersonal problem-solving must teach SED children, on a cognitive level, to generate more solutions, and to more aggressively model and reinforce better, more adaptive solutions. The training must go beyond cognitive changes and impact on behavioral performance before it can be considered a viable treatment for SED children.

Shores (1987) reported that studies have shown that normally developing peers have become an extremely important variable in the study of social interaction. Peers as teaching confederates have been viewed as a major part of programs designed to improve social behavior. M'Evoy and Odom (1987) reported that socially competent peers naturally interact with their young peers in ways that facilitate social skill acquisition and that they
can be taught to use these interactions systematically to enhance the social skills of young children with behavioral disorders. Such interventions are called peer-mediated because the teacher does not directly prompt or reinforce the child with behavioral disorders in the intervention, but rather the intervention is delivered through the peer.

Entrapment is a behavioral process by which newly acquired social responses come under the control of naturally occurring reinforcers. These reinforcers are, by and large, the social behaviors of peers. If positive interaction and reciprocated sharing serve as reinforcers for the child, sharing is likely to become entrapped. The likelihood of future share offers by the child is thus increased by exposure to naturally occurring social behaviors of others.

It is in a reciprocal, bidirectional process that newly acquired behaviors come into contact with naturally occurring reinforcing responses and that entrapment occurs. When the social behavior of one child is reinforced by the social behavior of others during interactions in naturalistic settings, it is expected that newly acquired social behaviors will continue at high rates and will generalize to new settings or behaviors (M'Connell, 1987).

It is widely recognized that social skill deficits contribute heavily to the problems of disturbed children and youth. As has been shown, training
children and youth to be docile does not remediate the causes of those behaviors. The best technique for dealing with these deficits is social skill training based on social learning principles. The preceding training programs and studies describe some of these efforts.

**Interpersonal Skills Training**

Behaviorally disordered children are in part characterized by their difficulty in establishing or maintaining positive social relationships (Fox & Savelle, 1987). Deficiencies in social and planning skills and in abilities to deal with stress, feelings and aggression, and behavioral indicators of abuse represent major sources of conflict with peers, school teachers, and authorities.

Recently, educators and counselors have begun to realize that the solutions to behavioral problems may lie in concentrated efforts to build up the strengths and potentials of troublesome and troubled young people rather than in disciplinary or remedial action. Children who are difficult to handle in school do not merely need help in learning to be quiet and docile, but instead need to be helped to actively develop their capabilities as fully as possible. Increased competence in interpersonal skills can pave the way for a better education.

*Skillstrearing the Adolescent*, by Goldstein, Sprafkin, Gershaw, and Klein (1980), is an excellent example of a program aimed at developing
those capabilities. The authors focus their attention on those adolescents who need remedial training before they can benefit from regular educational experiences and who are poorly prepared to deal with the many social demands made on them in regular classrooms. This approach tries to help children develop coping skills and confidence in their own abilities to resolve conflicts so that they can benefit from education.

This intervention is not psychotherapy or counseling, but a training of appropriate skills. This training includes role playing, modeling and feedback transfer of training. Typically seeking to cover one skill in one or two sessions, the goal of interpersonal skills training is not merely skill learning or acquisition; much more important is skill transfer. Performance of the skill in the training setting is desired, but performance of it in the school, institutional facility, or community is crucial.

In *The Prepare Curriculum*, Goldstein (1989), states that "...to date, Interpersonal Skills Training with aggressive and other skill deficient youngsters rests on a firm investigative foundation. A variety of investigators, designs, subjects, settings, and target skills are providing a healthy examination of the effectiveness of such training. Skill acquisition is a reliable outcome." (p.68). With regard to adolescent trainees, Interpersonal Skills Training has been successful in enhancing such prosocial skills as empathy, negotiation, assertiveness, instruction following, self-
control, conflict resolution and perspective taking (Goldstein, 1988).

**Anger Control and Aggression Reduction**

As shown in previous chapters, aggressive behavior is learned behavior. Chronically aggressive youngsters are characteristically individuals with a life history in which, from their early years on, aggression was frequently used, and used successfully, by family, peers, media figures, and others constituting the youth's real-world environment. Such aggression by others, modeled and repeated by the youth, is very often richly, reliably and immediately rewarded. It works, pays off, is reinforced--thus making it behavior that is quite resistant to change. Deficiencies in prosocial behaviors make the chronic aggressiveness all the more difficult to change. This section deals with teaching the youth the means for decelerating anger arousal, a major precursor of antisocial, aggressive behavior, and with teaching prosocial alternatives to violence.

The best time to deal with aggressive behavior is before, not after, the aggression takes place. The teacher should focus her attention on identifying and modifying behaviors that immediately precede acts of aggression. It is important to ask what function aggression serves for the student. The teacher needs to target behaviors that can be reasonably addressed. Two types of interventions enable teachers to manage aggressive behaviors: the rearrangement of reinforcement contingencies for aggression,
and the teaching of appropriate prosocial skills that are incompatible with acts of aggression (Kerr & Nelson, 1983).

Performance of aggressive behavior often results from a social skill deficit. When placed in problem-solving situations, children who exhibit aggressive actions tend to generate few solutions, and when given possible solutions, they tend to select the least effective alternatives. The results of Knapczyk's (1988) study demonstrated that for students who exhibit aggressive behaviors in public school settings, training procedures that include modeling, rehearsal and directed feedback can be effective in training students to acquire these skills. Also, the preceding section on problem-solving would be of help in remediating these deficits.

The purpose of the Anger Control Training program described in The Prepare Curriculum (Goldstein, 1988) is to teach adolescents and younger children to understand what causes them to feel angry and act aggressively and to master techniques they can use to reduce their anger and aggression. When children believe they have no other choice, they often respond aggressively. The goal of Anger Control Training is to give these youngsters the skills necessary to make a choice. The trainees learn what causes them to become angry and how to use a series of anger reduction techniques to become able to stop their almost automatic aggressive response long enough to consider alternatives.
Anger Control Training is an active process for the trainee and trainer. The trainee participates in the training sessions and in completing assigned homework between sessions. The trainer is required to model the proper use of the anger reduction techniques that are the core of the program, guide the role playing as trainees practice the program's subskills, and provide feedback about how successful this practice has been in matching the trainer's modeling.

Prothrow-Stith, in her *Violence Prevention Curriculum* (1987), presents a curriculum which deals almost exclusively with violence between peers. This curriculum, using brainstorming, role playing and discussions, tries to show high school students the extent to which they are at risk of homicide, what factors usually attend a homicide and positive ways to deal with anger and arguments, the major causes of homicide. The curriculum treats fighting as one choice among many, and encourages students to examine carefully the risks and rewards of all possible choices. The student is assisted in learning that anger is a normal part of life, and that anger can be expressed and channeled in healthy, constructive ways. The student is helped to understand that controlling anger and violence is part of maturing, and is enabled to identify positive ways to express anger and alternatives to violence in conflict situations.

Issues with self-control are also covered in *POSITIVELY! Learning to*
Manage Negative Emotions (Kerr, 1987). Based on the principles of Rational Self-Instruction, this cognitive training program helps children: (a) manage negative emotions more effectively through a process of rational thinking, and (b) behave more responsibly, particularly in the school. The author states that the program is particularly effective with children in grades 6 through 10. This program uses self-instruction, modeling and self-reinforcement to train youngsters.

The Franklin-Jefferson school system has initiated a school-wide integrated social learning approach to educational services for behaviorally disordered students, as reported by Schloss, Holt, Mulvaney and Green (1988). The following list of procedures are carried out by the attending staff member following any aggressive action: (a) a response cost is enforced and points are docked; (b) the student is removed from all sources of reinforcement until he/she is relaxed; (c) the student corrects any physical or emotional damage; (d) the student is assisted in recognizing the events that led to the aggression and identifies alternative positive behaviors that may have been used; (e) the student rehearses, or goes through the provoking situation using the alternative prosocial behavior; (f) the student is reinforced for engaging in the alternative positive behavior; (g) the student is guided in comparing the consequences of the two ways of acting; (h) the student is allowed to reenter the class during unpleasant activities.
rather than pleasant activities to remove reinforcing contingencies for the aggressive behavior; and (i) aggressive actions are recorded, including detailed description of antecedents and consequences of each response. This process is repeated each and every time an aggressive reaction occurs. Also, so that the student perceives that all adults are equally demanding of positive behavior, any staff member working directly with the youth is trained to carry out the procedure.

In another study of relevance, Sherburne, Utley, McConnell and Gannon (1988), assuming that violent or aggressive play themes may increase the incidence of actual aggression, compared the effectiveness of two freeplay management procedures (contingency statements and verbal prompts) for reducing violent or aggressive theme behaviors. While both procedures were shown to be effective, contingency statements were shown to have more success.

It is important for the teacher to realize that while these procedures may effect a change in the aggressive behavior of many students, some students may not be able to benefit from these techniques. If violence in the home is pervasive and constant, the behavior of the child will be very resistant to mediation in the classroom alone. Griffin (1987) recommends a system of coordinated effort between social services working with the parents and the school working with the child to alter the aggressive
behavior of these children. He finds a one-dimensional intervention to be insufficient, and suggests an organized family intervention. Considering the potential for the child to emulate his role models, the violent and aggressive parents (Bavolek, 1979), this is a realistic recommendation.

**Situational Perception**

Goldstein's (1988) Situational Perception Training rests on a basic assumption about human behavior that behavior is determined not only by the characteristics, traits or personality of the individual, but also by qualities of the situation or setting in which the behavior occurs, a “person-plus-situation interactionism”. The author suggests that the trainee, armed with enhanced prosocial capacities, may nevertheless remain incompetent because competency is the ability to use given skills or knowledge correctly at the proper time and place. Situational perception training is designed to provide skill in the ability to select which prosocial competencies will be used when, with which co-actors, and in which settings. The training, as proposed by Goldstein, begins with a construction sequence which the trainees must use to generate and evaluate alternative interpretations and perceptions of the given incident. The training is a process that requires a group of youngsters to examine relevant critical situations, generate alternative perceptions of the situations and means for their management, evaluate these alternatives, and select among them.
In a similar vein, an intervention based on the assumption that emotional problems result from faulty thinking about the events that happen rather than from the events themselves is based on Rational Emotive Therapy. A training program aimed at providing teachers with a comprehensive curriculum to help youngsters learn positive mental health concepts is Thinking, Feeling, Behaving: An Emotional Education Curriculum for Children and Adolescents (Vernon, 1989). The two volumes represent an integrated program that is sequential in nature and developmentally appropriate for the grade levels specified.

Each activity seeks to achieve a specific objective, plainly stated, which offers guidance in what concepts to stress and what outcomes to expect. Content and personalization discussion questions are offered which help move students from intellectualization about what they learn to understanding of how such learning can enable them to cope more positively with the challenges of growing up. Student involvement characterizes all activities, with participants deducing understandings from simulation games, role playing, stories, written activities, brainstorming, and art activities.

**Moral Reasoning**

With changing values and rules for appropriate behavior in today's complex society, youth are faced with many values-relevant but ambiguous situations. They are confronted with questions regarding what values are
worthwhile, how to apply the values they do hold, and how to behave when two values conflict with each other. Training in moral reasoning skills would help youth deal with these difficult situations. Abused children would benefit especially from a moral training program, since their dysfunctional home life would have presented drastically conflicting values from the mainstream resulting in confusing perceptions on the part of the abused child.

Goldstein's (1988) Moral Reasoning Training through dilemma discussion groups is a method designed to teach adolescents and younger children how to think about moral issues, how to deal with moral situations that do not have clear-cut solutions, and how to use principles of fairness and justice in their interactions with others. Dilemma discussion groups attempt to achieve two major goals: (a) increasing the moral reasoning state of the trainees, and (b) helping the trainees use newly learned and more advanced reasoning skills in the real world.

In general, these goals are achieved through peer group discussions of different kinds of stimulating moral dilemmas and the reasoning underlying various behavioral choices in these moral situations. Thus, trainees are exposed to different ways of thinking about moral issues. Three basic principles are involved in enhancing moral reasoning development that form the basis for the specific procedures used in dilemma discussion groups: (a)
exposure to the next higher stage of moral reasoning; (b) inducement of confusion over genuine moral dilemmas; and (c) opportunity to take on the role of another person.

In a similar approach, Investigating Morals and Values in Today's Society, Garnett (1988) explores moral dilemmas with student worksheets, class activities and discussion group work. The vignettes are designed to provide thought-provoking discussion along the lines of building self-image, the dynamics of working in a group, and leadership. Besides those mentioned here, there are a number of relevant books written which help the teacher guide the student in exploring moral reasoning and establishing his/her own value system.

**Stress Management**

Stress during childhood and adolescence is not only substantial in its impact and diverse in its origins, but it may also be seen as having both situational and developmental roots. We live in a time marked by rapid change. All of us are faced with the challenge of adjusting to a world that is no longer as predictable and secure as it once was, and, for children, growing up is more difficult than ever before. “Although many young people are able to master these life challenges, childhood stress is at epidemic proportions—and childhood depression and suicide are also on the increase.” (Vernon, 1989). For the abused child, stress is a an everyday
The development nature of stress deserves special emphasis, especially in the interventionist context of Goldstein's training (1988), since
the successful intervener will seek to anticipate client changes before they
occur, intervene early in the sequence of stress-damaging events, and respect
the fact that positive changes in the individual may be as much a result of
continuing developmental forces as of the intervener's programmatic efforts.

As has been found consistently with adults, stressful life experiences
have major consequences for the physical and psychological well-being of
both children and adolescents. Essentially all systems of physiological and
psychological functioning are demonstrably vulnerable to its impact. Clearly,
 enhancing the youth's ability to manage, cope with, or reduce the impact of
life stresses is a valuable psychoeducational goal.

The child's or adolescent's response to stress has correctly been
described as both cognitive and physiological. The cognitive skills needed in
a stressful situation are covered in other sections of this paper. This section
will deal with the physiological component of the stress response. Goldstein
(1988) presents in detail a series of physical and mental activities whose
shared goal is the control and reduction of the hormonal, chemical,
cardiovascular, digestive, muscular, and related physical/physiological
manifestations of the stress response and consequently, the enhancement of
the youngster’s ability to induce in himself a state of relaxation.

The methods described are: (a) progressive relaxation training; (b) yogaform stretching; (c) deep diaphragmatic breathing; (d) physical exercise; (e) somatic focusing; (f) thematic imagery; and (g) meditation. These stress management activities have historically been utilized primarily with adults, but their use with children and adolescents has validity. Some semantic stepping-down of instructions and requirements may be needed to facilitate adaptation to the youngster’s developmental level.

Empathy Training

Empathy is a process whereby a person momentarily pretends to himself that he is another person, imaginatively putting himself in the other person’s place in order to get an insight into the other person’s behavior in a given situation. Empathy has a consistently positive association with a broad range of other prosocial behaviors. Cooperation, sociability, interpersonal competence, and at times, altruism each co-vary with the individual’s empathic ability. Empathy also has a consistently negative association with aggressive behavior. The more we tune in to the other person, experience her emotional and/or cognitive world, and take her perspective, the less likely or able we are to inflict harm or injury on the other.

In addition to enhancing prosocial behavior and inhibiting antisocial
behavior on the part of the empathy trainee, heightened levels of empathy may have very important consequences for the significant others who constitute this individual's interpersonal world. Children exhibit more prosocial behavior, less conflict, and higher self-esteem. In family, friendship, school, work and play contexts, trainees impinge upon others. With enhanced levels of empathy, such influence is all the more likely to be beneficial.

Most empathy training has been centered on training professionals in the use of empathic skills with their clients. Such a program is the didactic-experiential approach which involves; (a) responding to taped materials; (b) role playing; and (c) participating as helper in interviews with actual clients, plus receiving feedback on these communication efforts (Goldstein, 1988).

Youngsters may need to learn preparatory skills such as imagination skills, behavioral observation skills, and flexibility skills. It would be desirable that preparatory skill training be followed by perceptual training, teaching the students to be more accurate, less distorted, less inferential, and more objective in their perceptions. Learning to cognitively discern the nature of the other's affect and labeling them, then communicating those observations in a group situation which can provide feedback would allow youngsters to learn empathy skills. Exercises designed to allow the student to explore using empathy skills in a gradually broadening range of
experiences would facilitate transfer of training.

**Recruiting Supportive Models**

Our environment helps shape much of who we are and what we aspire to become. An environment characterized by interpersonal abuse, higher crime rates, drug and alcohol abuse, high truancy and school dropout rates, high unemployment and similar influences will tend to be strongly associated with juvenile delinquency, chronic aggression, poor school performance, low levels of personal aspiration, and unhappy life outcome. However, positive forces can enter and prevail. A resilient youth is one who has been able to identify with, and relate on a sustained basis to, at least one supportive model. It has been proven that youths are strongly influenced by antisocial peer models. Therefore, breaking into this influential relationship and substituting another healthy one is expected to be beneficial.

In order to achieve this goal, it is necessary to teach youth the skills necessary to identify, seek out, and establish and maintain a relationship with supportive models. Supportive models are persons skilled at offering youth help, nurturance, and problem-solving advice and who, by displaying such supportive behavior, may also function as valuable prosocial models. Such persons can function as especially powerful environmental influences upon psychoeducationally skill-deficient youth.
Goldstein (1988) identifies four categories of helper action: (a) emotionally sustaining behavior; (b) problem solving behaviors; (c) indirect personal influence; and (d) environmental action. While it is crucial that the youth be encouraged to choose his own supportive model rather than have such persons selected for him, it is necessary that the youth be aided, where possible, in distinguishing between potentially effective and ineffective supportive models.

The youth may be resistant to this support because it carries with it negatives, such as feelings of inferiority, failure, dependency, indebtedness, or a restriction upon one's freedom. Reaching out to and building a relationship with the target helper requires interpersonal skills, which may be lacking, and in need of training.

Once identified, the recruitment task might be approached by having the youth, with the aid of the trainer, and/or other trainees, if desired, select and arrange in a functional order a set of interpersonal skills. Since each youth will need to be trained to perform different skills, the trainer will necessarily choose skills that seem to be effective for that particular youth in reaching out to the identified model and building a positive relationship with that person. This individualized skill sequence, once selected, should be utilized by the youth in a prosocial skills training format.
Cooperation

Cooperation with others, under certain structured conditions, enhances the likelihood of future cooperation, as well as the frequency of several other types of prosocial behavior. Two approaches discussed by Goldstein (1988) were cooperative learning and cooperative gaming. In his program, cooperative learning and gaming activities, whose central procedures fully reflect cooperative incentive and task structures, are utilized in order to enhance both cooperative behavior potential and future motivation to cooperate. The outcome to be achieved is an increase in cooperative behavior, defined as working with others for mutual benefit.

Cooperative learning is both a philosophy of teaching and a series of several different, but related, teaching methods. Most of these methods involve a heterogeneous group of youngsters working together on a shared task or project and the provision of grades or other rewards to the group as a whole based upon either the sum of individual improvement scores or the group's overall task performance.

The typical classroom structure involving individualistic work for competitive rewards may be particularly damaging for the very types of low-performing youths for whom the Prepare Curriculum is relevant (Goldstein, 1988). For many abused children, past failures have led to deficits which will prevent them from rising to the top of the class. Thus, the competition
The Victim of Abuse and Neglect in the Classroom

for top score in the classroom is poorly matched. Disruptive behaviors may be the youth's answer to the pressure he feels. It is easy to see that in an effort to maintain self-esteem, the youth may resort to delinquency or withdrawal from what they perceive to be a hostile world.

Goldstein (1988) describes cooperative sports and games as activities in which the format, rules, and materials employed explicitly avoid competitive strategies and instead reflect a cooperative interactional philosophy.

In Circles of Learning (D. W. Johnson, R. T. Johnson & Johnson-Holubec, 1986), the authors describe five basic elements that must be included for small group learning to be truly cooperative. The first is positive interdependence, or a perception that the group sinks or swims together. Secondly, cooperative learning requires face-to-face interaction among students which affect educational outcomes. Individual accountability is the third element of cooperative learning. Each student is responsible for learning the assigned material. Learning and using interpersonal and small group skills is the fourth element of cooperative learning. Students need to be taught the social skills needed for collaboration and be motivated to use them. Finally, the student must be given the time and procedures for processing or analyzing the success of their group's functioning.

The benefits of cooperative learning extend beyond the immediate
academic and behavioral benefits. Most human interaction is cooperative. Without some skill in cooperating effectively, it would be difficult (if not impossible) to maintain a marriage, hold a job, or be part of a community, society, and world. It is especially important for abused children to be exposed to, and taught cooperative skills, having few appropriate models in their real world.

**Sex Education**

Sex education is a critical element in providing the adolescent or child with accurate information on appropriate sexual functions. Even young school-age children who have been sexually abused need to know the facts (Quast-Wheatley, 1988). The sexually abused child will need to develop nonsexual behaviors that are reinforcing and affirmative. This slow relearning process can take years (Pettis & Hughes, 1985b). Accurate knowledge of sexuality is another key to prevention as well as to intervention. Although sex education may be controversial, it is becoming an essential need as children and youth confront issues of victimization and sexually transmitted diseases that can be fatal.

**Working with the Social Worker**

Once child abuse has been reported, the two most important professionals in the child's life are the social worker and the teacher. It is therefore vital that two key figures work together. Although the social
worker may be making the major decisions in the child's life, it is the
teacher who "lives" with the child day after day and whose information can
be integral to an agency's treatment plan (Tower, 1987).

Some educators may have had negative experiences with a child
protection agency and may be reluctant to get involved again for fear that
the case may not be handled properly (Pettis & Hughes, 1985b). Because of
administrative loopholes or large caseloads, these agencies may appear to be
dragging their feet. It is important that teachers be understanding but
persistent; cooperation is essential to facilitating appropriate intervention.
Teachers need to know that the case is being pursued, while often progress
in a case is not automatically reported to the school because of statutes
protecting confidentiality.

The social worker is valuable as a facilitator to communication
between school and protective services; helping set up counseling services to
the child and family or refer to appropriate community agency; helps in
establishing prevention programs and helps provide support groups for
parents. A continuing effort to keep communication lines open will be
necessary to continue to serve the abused and neglected child.

Helping Parents and Family

Although it is the role of the social service agency to treat the
parents, the child's teacher can also be of great help. Approaching the
parents in a noncondemnatory manner, regardless of personal feeling; assuring the parents that the school is aware of their love for their child and their concern for their child's future; recognizing the difficulty they have in this situation will go a long way to allay fears and hostility and may create the feeling in the parents that they have an ally (Tower, 1987).

The parents may need specific instructions about how to help their child. Epanchin and Rennels (1989) found that parents need training and help in understanding the meaning of their child's behavior, independent from their own feelings. If parents are able to respond more empathetically to their child's behavior, they may be more effective in their parenting role, which may help them feel more empowered and less depressed themselves.

Pellegrin and Wagner (1990) found that there remains a need for intervention strategies that will increase the mother's belief of their child and compliance with treatment. The mother's belief in the presence of abuse is a necessary ingredient in remediation.

From an ecological perspective, teacher awareness of parent and family needs is crucial to helping the child. Problem behaviors involve conflicts between children and individuals from their various environments, making it essential that professionals be more aware and responsive to unique home issues (Simpson, 1988).

Avison, Turner and Noh (1986) found that clearly identifying
significant risk factors can not be overemphasized. “What is needed is an effective screening instrument that can be applied in community health and social program settings and which is also benign with respect to the labeling issue.” (p. 163). Resnick (1985) suggested that individuals who would be targeted as being at-risk for psychosocial problems be provided with programs geared toward enhancing specific competencies. An improvement in relevant skill areas may serve to inoculate the individual against the detrimental effects of ongoing life stressors.

In fact, Englund, Jacobvitz and Stroufe (1988) found that abused mothers who were not abusing their children had an awareness of their own past history of abuse that was integrated into each mother’s view of herself. They recognized the effects parental abuse had on them, as well as its potential effects on current child-rearing patterns. Thus, despite the strong impact of early relationship experiences, change is possible with intervention.

Parent education programs offered through the parent-school organization can assist families in need of both information and role models of appropriate intrafamilial contact and relations. Educators may need to more routinely inform parents and families about available service options as some parents may not recognize either their own needs or comprehend the range of services offered. Parent participation in assertiveness training
programs and training in behavior management are needed (Simpson, 1988). Sessions on community resources and agencies available to families are encouraged, as the school is not usually equipped to provide such specific or in-depth services. Parent support groups may emerge from these programs. The most promising solutions to the problem of child abuse have come from actions of parents, such as Parents Anonymous Organization (Clarizio & Mc Coy, 1983).

Workshops for parents must focus on raising standards of awareness. They should provide information on detection and intervention in suspected cases of abuse, and reporting procedures as well as appropriate disciplinary patterns and parenting skills (Berrick, 1988).

Parent education programs can serve as a preventive measure as well as an intervention approach. But perhaps the target audience that benefits most from parenthood programs are the school-age students, who become potential parents. Additionally, units in life skills such as coping with stress, developing self-sufficiency, and locating community resources can be effective in reducing victimization (Quast-Wheatley, 1988).

Chapter 6

Prevention Programs

Growing concern about child abuse has lent considerable impetus to the development of programs designed to prevent child abuse. A prevention
approach to sexual abuse stresses the importance of equipping children to deal more effectively with issues of a sexual nature that they may be forced to confront. The goals of a preventative sexual abuse curriculum include sensitizing children to issues involving touch, feelings about sexual assault, assault by strangers as well as persons known to the child, and strategies for protecting oneself and coping with the situation (Vernon & Hay, 1988).

Prevention also empowers children to protect themselves. Those who are assertive and who learn to say no will not be easy prey for the child molester. Whether victims of sexual abuse or physical abuse, children who are taught that they have a right not to be hurt will be better able to ask for help. Part of prevention is teaching children not only how to recognize that they are being exploited, abused, or neglected, but also whom to tell when they feel in need of help. Such information broadens children's conceptions of the resources available and may help them in other instances as well (Tower, 1987).

There are three advantages of prevention education for parents. First, if parents learn to educate their own children, the repetition of information from a trusted source can be more effective than the isolated classroom experience. Secondly, if parents learn to recognize the signs, they may easily identify abuse if it occurs. Awareness about abuse and neglect helps parents recognize their need to better supervise children. At home, informed
parents can be alert to any clues that family members may exhibit by behaving strangely, or that a child may exhibit by becoming withdrawn and/or secretive. Third, parents may learn to react in more helpful ways to discovery of abuse. They need to know how to respond to a child's questions, correct a child's misconceptions, and avoid contradicting accurate information.

Trudell and Whatley (1988) support a "partnership" between school and community in child sexual abuse prevention, maintaining that parents and other adult caretakers can play a crucial role in such efforts if they are treated as partners with unique skills and not as unskilled pawns who function as means to predetermined ends. Budin and Johnson (1989) found in their interviews of inmates convicted of abuse, that these convicted child molesters indicated that parents could help prevent abuse and that they must be involved if programs are to be effective.

Despite progress in prevention efforts, however, there is a need for improvement. Attempts in the classroom to date, although a start, are inadequate in several areas. Prevention should cover all types of abuse and neglect, not only sexual abuse. School personnel alone cannot solve the problem of child abuse, but may serve as part of a larger network, including parents, that must function cooperatively and supportively to deal with this issue. Ultimately, all materials and programs should be viewed as temporary
efforts to help children resist and escape abuse until such time as other activities can be successful in changing the conditions which cause and support abuse of children. "The problem cannot be solved by teaching children to resist and escape; the real battle lies in making fundamental changes in a society that allows and even encourages child sexual abuse."

(Trudell & Whatley, 1988, p. 111).

Chapter 7
Conclusion

Child abuse and neglect is a significant social problem with long range effects in our society. Abused children can grow up to have severe adjustment problems as adults and often become abusing parents themselves, perpetuating the problem. The school's role has primarily been awareness of the problem of maltreatment, identification and reporting of suspected cases and the documentation of the injuries or neglect which have been observed. The school can be of greater assistance in the prevention and treatment of abuse and neglect than the limited role it has assumed in the past. The role of the educator in intervening and preventing victimization of children and youth is critical.

This paper was written in an attempt to make educators more aware of their responsibility and to encourage their active involvement in intervention and prevention. The significance of proactive as well as
reactive strategies that are school based cannot be emphasized enough. Other than family—and in the case of abused youngsters, the family is most often contributing to the problem rather than helping—the school setting is the contact of greatest time and concern to the child. The setting and curriculum of the school along with the teacher have unique contributions to make to the rehabilitation of the abused and/or neglected child.

Specific interventions that were presented here that can be of great help to the maltreated school-age child include stress management, anger control, interpersonal skills, problem solving, situational perception, moral reasoning, empathy, cooperation and recruitment of supportive models.

Present research in the area of child abuse tends to center on medical data. Most of the literature reports only on very severe cases of physical abuse or sexual abuse. Thus, only a limited portion of the problem has been examined. The more critical issues for educators may be in the less dramatic types of abuse which may be related to specific behavioral and learning problems. The literature has focused attention on medical symptoms and social services rather than prevention and individual treatment of the victim of maltreatment.

There is great need for systematic inquiry and documentation on treatment modalities focused upon the victims of abuse and neglect. Abuse has such a profound and scarring effect on a child's personal development
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and educational success that he, and often his brothers and sisters too, must be treated as soon as the abuse is discovered.

I believe the school should be alerted by government agencies that a child is at risk, when abuse or neglect has been cited by non-school based referrals. It is in the best interest of the child to focus all possible resources to meet his needs. Too often the abused or neglected child is not considered to be a school problem.

There is great need for systematic inquiry and documentation on treatment modalities focused upon the victims of abuse and neglect. To date, no formal school based programs have addressed the remediation of handicapping conditions caused by abuse or neglect. Child maltreatment is a problem educators and schools must share with the larger community.
References


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