

PREVENTION OF CHILD ABUSE AND NEGLECT IN HIGH-RISK
POPULATIONS: DEVELOPMENT OF THE
HOME-HELP PROGRAM

By

BARBARA PERCIVAL MURRAY

Bachelor of Arts

Fairleigh Dickenson University

Madison, New Jersey

1973

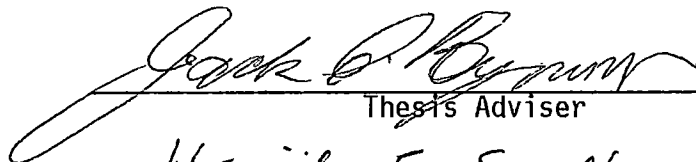
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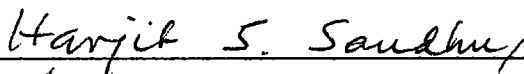
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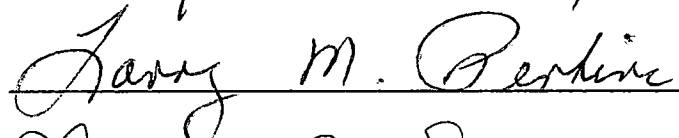


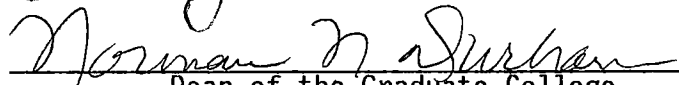
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Thesis Approved:



Thesis Adviser






Dean of the Graduate College

1251328

PREFACE

The HOME-HELP PROGRAM, a program of secondary prevention which seeks to prevent child abuse and neglect in high-risk populations, was designed and pretested by the author in Stillwater, Oklahoma, January, 1985, through February, 1986. I am proud to report that the HOME-HELP PROGRAM has been adopted by The Parents Assistance Center of Stillwater, although there have been some ill-advised changes in the program philosophy and model of service delivery. I would like to thank the following people for their contributions to the success of the HOME-HELP PROGRAM:

Kathy Stinson of the Payne County Health Department, who helped me out at a time when I could have used the services of a HOME-HELP PROGRAM;

Susan Welliver, former director of the Parents Assistance Center, for giving me a chance to put my knowledge and experience to practical use;

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The many volunteers who gave selflessly of their time, money, and compassion; and

Heartfelt thanks to all the HOME-HELP families. You are special, each one of you.

For their help in preparing this thesis I would like to thank:

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Last, but certainly not least, I would like to thank my sons, Brian, Jesse, and Joshua, who endured varying amounts of neglect while their mother was busy researching that very topic.

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CHAPTER I

INTRODUCTION

It is generally assumed that a parent's function is to nurture, protect, and socialize its young. However, many children suffer abuses at the hands of their parents, abuses which oftentimes result in severe physical impairments, emotional difficulties, and sometimes even death.

Severe mistreatment and neglect is unsanctioned by all social communities. There are vast cultural differences in the types and severity of disciplinary practices; however, there are standards and limits set by all social groups that regulate and set limits on such behaviors.

In the United States today, there are an alarming number of children who suffer maltreatment at the hands of their caretakers that clearly violate and surpass any humane and just reasonable limits.

Scope of the Problem

The scope and statistics of child abuse and neglect (CA/N) are alarming. Each year in the United States of America approximately 1,250,000 children are abused. Each year approximately 2,000 children die as the result of abuse and/or neglect. In 1985 in Oklahoma, over 7,200 children were abused or neglected; and 16 died from such causes (Fact Sheet Oklahoma Office of Child Abuse Prevention, 1986). Alarmingly, it has been estimated (Fontana, 1979) that child abuse and neglect is the number-one killer of children under three years of age. Clearly, the very serious

social problem of child abuse and neglect is not getting the attention it needs and deserves.

Currently, most of the work being done on CA/N takes place after the fact. Last year over 2 billion dollars were spent on programs that treat abuse after it has occurred. This works out to about \$12,000 per case for investigation and family support. Sadly, less than half of these programs can be deemed successful. Within six years, the abuse is likely to recur.

In the literature on CA/N much attention is focused on types and incidences of abuse. Government funding is often allocated for statistical surveys of incidences that have been repeatedly recorded (Blumberg, 1980). The child-abuse literature rarely examines the nature or circumstances in which the abusive incident occurs, beyond describing the abusive act and the physical and/or mental effect on the child (Herrenkohl, 1983). More attention needs to be paid to the risk indicators that can be seen to contribute to the problem, and more regard must be given to prevention and intervention/treatment programs.

Objectives

We must turn our attention to preventing abuse from occurring. To do that we must be able to recognize (1) signs and indicators that may point to a propensity toward abusive interactions and (2) which of these indicators will be most amenable to preventive interventions.

To date, there are no single definitive predictors for determining which child and which families are at risk for possible child abuse and neglect before the first incident has occurred. This is due to the fact that CA/N is the result of a complex combination and interaction of

contributing factors (Davis, 1983). A variety of factors have been observed more frequently among samples of abusing families than among families where abuse has not been a problem. However, abusive families are quite heterogeneous, making it unlikely that any one variable will consistently be found as a predictor for future CA/N.

The problem of child abuse and neglect is not one that will lend itself easily to a single causative factor. The problem is many faceted with biological, psychological, and sociological correlates. Each of these areas of correlation can also be interpreted as being either a problem with the child, a problem with the parent, or a problem having to do with the social climate within which the family lives.

Biological Correlates

Biological correlates are risk indicators that are related to the child. Theoretically, some children, by virtue of their biological makeup, are more prone to suffer from abusive behavior. Thus, the child is in a high-risk category. A child is said to be biologically at risk for possible CA/N when it is in any way atypical. Prematurity, low-birth weight (Murphy, 1981; Dillard, 1980), and any physical and/or mental abnormality (Holaday, 1981) make a child "other than normal." These atypical infants generally require more care and more specialized care than a "normal" baby. Compounding the problem is the fact that they are often developmentally unable to interact with the environment around them. Lack of positive reciprocal interaction may, in some cases, invite or provoke abusive behavior.

Psychological Correlates

Psychological correlates are risk indicators that are related to the parent. Theoretically, child abuse may occur because of some problem in the psychological makeup of the parent. In a psychological model, some parents may be more prone to abuse or neglect their children because of some deep-seated psychological problem. The parent is in a high-risk category. Psychological indicators relating to the parent that place them at a high risk for potential CA/N include a history of abuse; that is, they report being abused themselves as children (Swartz, 1981), a lack of knowledge about what they can realistically expect of their children (Twentyman, 1982), a lack of basic parenting skills (Love, 1981), and being overburdened with too many children and/or responsibilities (Shorkey, 1980).

Sociological Correlates

Sociological correlates to child abuse and neglect are the situational risk indicators that are related to the social climate in which the family lives. Situations such as social isolation (Salzinger, 1983), socioeconomic stress (Dill, 1980), and poor living conditions (Cazenave, 1979) are seen, in the sociological model, as being very important risk indicators. In this model parents may be seen as unable, rather than unwilling, to effectively nurture their young. Constant interaction with an environment that is seen as hostile or unresponsive may lead some parents to adopt an attitude of "learned helplessness" (Seligman, 1974). Theoretically, when animals or humans are trapped in situations in which

they are powerless to avoid harm or threat, they develop a sense of helplessness.

Perspectives

It is clear that the problem of child abuse and neglect is a very complex one. Cultural factors, personality variables of the parent, biological determinants of parent-child interaction, situational crises facing parents, and sociological factors such as unemployment and the resulting low socioeconomic status and social isolation are all strongly associated with CA/N. In order to form a complete understanding of the problem, we must examine it from each perspective. Quite often, problems in CA/N arise when there is an unfortunate pairing of two or more risk indicators from across the various perspectives.

By looking at the clusters of risk indicators associated with CA/N, we may be able to find meaningful predictor variables that can be isolated. From here we may move toward questioning which of these variables would best lend themselves to preventive interventions. We must not discount any of the risk indicators; however, we may weigh them differently in terms of importance and applicability to preventive measures. Biological and psychological risk indicators are indeed contributing factors; however, the sociological risk indicators may be seen as determining factors. I believe we can isolate meaningful predictor variables from among the sociological risk indicators, i.e., social isolation and socioeconomic stress.

Any work done in prevention programs, therefore, should be primarily aimed at alleviating the stresses and strains brought on by the sociological risk indicators. Preventive intervention at the sociological

level will necessarily affect both the psychological and, in part, the biological correlates of CA/N.

As an example, imagine a case where a child is born with Downs Syndrome. This is purely a biological risk indicator that places the child in a high-risk category. Any parent with a "less than normal" baby goes through a period of disbelief and mourning. If this period interferes with the bonding behaviors (Klaus, 1982) of mother and child, the parent may be unable to properly nurture that infant. This is a psychological risk indicator as a direct result of a biological risk indicator. This family may or may not fall into a pattern of abusive and/or neglectful interactions. The deciding factor will be what the social environment of the family is.

In one case, with adequate support from a network of family and friends, the family would be counseled, guided, and encouraged in their task. They may, perhaps, be involved in some group for exceptional children and their parents. This family will learn to deal realistically with what limitations their child may have, while accepting and loving him for what he is.

In another case, where the family, for any variety of reasons, is not embedded in a social network, the outcome will often be set patterns of abusive and/or neglectful behaviors. Without a network of supportive friends and family, without the help of professional intervention, the parents may be unable or unwilling to form a close positive attachment to their "less than perfect" child; and child abuse and/or neglect may follow.

It is from this unfortunate pairing of infants who need the most care, and the most specialized care, with those parents who have the

fewest resources that the serious social problem of child abuse and neglect rises. Preventive intervention at the sociological level cannot do much to alter biological risk indicators; however, if a parent is enabled, with a supportive network, to better nurture that child, the psychological risk indicators are mitigated. This is the philosophy behind intervening at the sociological level.

In this thesis I will look separately at each category of risk indicators: biological, psychological, and sociological. Throughout the following chapters, each area will be explored in turn, with both a literature review and a discussion of the applicability of prevention measures.

Readers will be introduced to the HOME-HELP PROGRAM, a preventive outreach program which was pretested January, 1985, to February, 1986. The HOME-HELP PROGRAM sought to prevent incidences of child abuse and neglect in high-risk populations. The philosophy behind the HOME-HELP PROGRAM and the PROGRAM PLANS have been developed with a sociological perspective. Thus, much of the interventions are attempts to alleviate the strains of social isolation and socioeconomic stress.

Before we move on, however, we must take a closer look at the problem of child abuse and neglect and the philosophy of prevention.

CHAPTER II

CHILD ABUSE AND NEGLECT

History

Child abuse and neglect is a universal problem that has been documented as early as 2000 B.C. Advice of religious medieval authorities supported and reinforced harsh treatment of children. Children were seen as inherently evil, and folk wisdom echoed Biblical advice: "Foolishness is found in the heart of the child, but the rod of correction shall drive it from him" (Proverb 22:15), and "Withhold not correction from the child. If thou beatest him with a rod, he shall not die" (Proverb 23:3).

Infanticide has been practiced in almost every nation, both civilized and uncivilized. Biblical and mythological examples bear this out. Abraham was willing to sacrifice his son; and King Nemurold of Babylon, when told by an astrologer that a first-born son would grow up to declare war on him, ordered all the first-born sons of all families killed. In Germany, it was an accepted practice to plunge newborn babies into icy rivers to test their hardiness. Some Native American Indians threw newborn children into a pool of water and only saved those that rose to the surface and cried (Fontana, 1972).

During the 19th century, child-labor laws under the apprentice system, workhouses and industry brutalized children. Young children worked long, hard hours under deplorable conditions, sometimes while shackled to

prevent their running away. Saddest of the lot were chimney sweeps who were purposely kept small and thin so they could crawl through narrow soot clogged chimneys (Fontana, 1972).

National attention was not focused on the plight of these and other abused children until 1875 with the dramatic case of Mary Ellen. Here was a poor child who was being cruelly beaten and neglected by the people who were supposed to be her guardians. There was not one social agency under which her sad and desperate plight could be recognized. Concerned citizens took the case to the Society for the Prevention of Cruelty to Animals. This organization brought Mary Ellen to court as an "animal" that was being mistreated. The case was accepted, Mary Ellen was afforded protection, her guardians were sent to prison, and the Society for the Prevention of Cruelty to Children was organized (Fontana, 1979).

Laws

In 1909 a White House Conference on Children changed the philosophy of how to deal with abuse cases. Formally, protective services were secured for the children, and the parents were sent to prison. Now, working with the child and the whole family unit is seen as the best way to prevent further abuse and neglect.

In 1912 the National Children's Bureau, now part of the Department of Health, Education, and Welfare, was formed to provide leadership and national planning on child-related issues. By 1968 all fifty states had enacted some form of law requiring the reporting of child-abuse cases. In 1974 the Child Abuse Prevention and Treatment Act (PL 93-247) defined child abuse and neglect as follows:

Child abuse and neglect means the physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate the child's health or welfare is harmed or threatened thereby.

The problem of child abuse and neglect is a very complex issue that, perhaps erroneously, is lumped together under the general heading of child abuse and neglect. Certainly the circumstances surrounding physical abuse, acts of commission, are different than the circumstances surrounding acts of omission, the physical neglect of children. Emotional abuse is yet another category that has been assumed to have common causes and origins, as is emotional neglect. Sexual abuse of children is, again, different from all the rest.

Facts

The very definition of CA/N is problematic. Different studies have used different theoretical definitions; and it is difficult, and in many cases erroneous, to compare their findings. Some things we are sure of however:

1. Approximately 1,250,000 children are abused each year.
2. Approximately 2,000 children die of abuse and neglect each year.
3. One in three to four girls will have been sexually abused by age 18.
4. One in six to ten boys will be sexually abused by age 18.
5. Ninety percent of sexual abuse perpetrators are known to the child.
6. The average age for the onset of a sexually abusive relationship is 6-8 years.

7. The average age of when perpetrators of sexual abuse begin is 14 years.
8. The average perpetrator will abuse between 200 and 300 times before being caught (Fact Sheet, 1986, Oklahoma Office for Child Abuse Prevention).

To be able to come to a full understanding of the problem we must separate, in our minds, in the definitions, and in the literature, the different types of child abuse and neglect. They can be roughly grouped into the following four categories: (1) physical abuse, (2) neglect, (3) emotional abuse, and (4) sexual abuse.

Definitions

Physical abuse includes any nonaccidental injury caused by another. It may occur as a single incident or as one of several episodes. Abuse may result from overdiscipline or from punishment that is too severe. It occurs when a parent or other guardian willfully or maliciously injures or causes a child to be injured, tortured, or maimed, or when unreasonable force is used upon a child. Nonaccidental physical injury may include severe beatings, burns, human bites, strangulation, or immersion in scalding water, with resultant bruises and welts, broken bones, scars, or serious internal injuries.

In cases of neglect, a neglected child is a person who has been deprived of living conditions sufficient to provide the physical and emotional needs essential for safety and health. Neglect is characterized by omission rather than commission, as in physical abuse. The definition of neglect is influenced by community and cultural norms, and it is seen on a continuum ranging from mild to severe. Physical neglect is the

withholding of or failure to provide a child with the basic necessities of life: food, clothing, shelter, medical care, attention to hygiene, or supervision needed for optimal growth and development.

Emotional abuse is a pattern of parental behavior which may or may not be accompanied by physical abuse or neglect and which causes emotional and mental injury to the child, produces observable, abnormal behavior in the child and which, if unchanged, will permanently impair the child's ability to function normally. Emotional abuse includes excessive or unreasonable parental demands that place expectations on a child beyond his or her capabilities. Emotional abuse can show itself in constant and persistent teasing, belittling, or verbal attacks. Emotional abuses also include failures to provide the psychological nurturance necessary for a child's psychological growth and development.

A sexually abused child is a person who has been sexually stimulated and/or exploited by exposure to noneducational, sexually-oriented language, literature, pictures or films, improper nudity, or physical touching of the genital or near genital areas of the body. Sexual abuse is the exploitation of a child for the sexual gratification of an adult. It may range from exhibitionism and fondling to intercourse or the use of a child in the production of pornographic materials. Incest is sexual abuse which occurs between family members who are not married.

Problems With Definitions

It should be clear that the circumstances surrounding incidences of the different types of CA/N may vary considerably. Theoretically (Herrenkohl, 1983), the different types of maltreatment may differ in temporal aspect. Physical abuse may occur in isolated incidences of

parent-child interaction. The circumstances surrounding emotional abuse/neglect may be of a more chronic nature and reflect a pervasive sense of interpersonal conflict, apathy, or irresponsibility.

Consequently, intervention measures must, at the onset, have in mind just what area their focus will be on; and this should be fully explained in the literature. To do otherwise will be to render some model programs erroneous from the start. According to Herrenkohl (1983), services should be focused on different aspects of the family system in accordance with what type of CA/N is involved. In cases of physical abuse, the focus should be on improving parent-child interactions. For treatment of emotional abuse the focus should be on improving adult interactions and reducing the amount of friction between the adult care givers. In cases of neglect, there is a need for long-term emotional, financial, and social support.

Simultaneously, it should be understood that the different types of CA/N do not neatly segment themselves into distinct categories. The physical abuse of a child may or may not be accompanied by physical neglect and/or emotional abuse. Consequently, interventions for any specific purpose may necessarily effect other areas. With this in mind, I have used the term "child abuse and neglect" (CA/N) throughout this thesis; however, the focus of the HOME-HELP interventions was the prevention of child neglect.

Based on experience gained through the HOME-HELP PROGRAM and a review of the literature, it would seem that the issue of neglect can further be broken down into subcategories of criminal neglect and situational neglect. Criminal neglect would be categorized by the deliberate and malicious lack of nurturing. This may include the withholding of

food, the failure to provide adequate clothing, and the failure to provide a safe and stimulating environment. HOME-HELP has not been involved in any cases which would be classified as criminal neglect. Situational neglect occurs when, as the result of a variety of interconnecting factors, a parent is unable rather than unwilling, to adequately nurture their child. All the cases HOME-HELP have been involved with could be categorized as situational neglect.

It bears repeating that while the primary emphasis of HOME-HELP interventions are aimed at the prevention of child neglect, it is assumed and expected that the interventions will have some lasting effect in all areas of parent-child interaction. It is for this reason that the author will continue to refer to the whole problem with the use of the generic CA/N.

Note also that the emphasis is on the prevention rather than the treatment of child neglect. For this reason, before an introduction is given to the HOME-HELP PROGRAM, we will take a closer look at the philosophy of prevention.

CHAPTER III

PREVENTION

The following chapter on prevention will be based closely on a model of prevention as set forth by Caplan (1964) in his book Principles of Preventive Psychology. Caplan's primary focus was the prevention of mental illness in our society. I will begin with an explanation and illustration of Caplan's model and end with an adaptation that is currently being used in the area of prevention of child abuse and neglect.

Prevention Model

A philosophy of prevention is radically different from a philosophy of treatment. Treatment philosophies are rooted in the microlevel of private clinical practice and, as such, are reactive in nature. In contrast, prevention philosophies and programs are macroscopic in scope and proactive in design. Prevention moves away from private clinical practice aimed at individual change towards concern for community-wide problems and the issues involved in their solution. The focus then is off the individual patient and shifted beyond to the community-wide problems that effect all individuals.

Caplan (1964) borrows the term "host factors" from the epidemiologists and defines host factors in terms of prevention as ". . . the qualities of the members of a population which determine their invulnerability or resistance to environmental stressors" (p. 27). He further

states that these qualities are made up of two groups of attributes. In group 1 are such attributes as age, sex, ethnic group, and socioeconomic class. These attributes are seen as fixed and cannot be manipulated in that they involve factors of individual fate. The attributes of group 2, ego strength, problem-solving skills, and the ability to tolerate frustration and anxiety, are seen as currently fixed but could have been altered in the past. Here this author would interject that these attributes could also be altered through future preventive interventions, and it is on these attributes that the HOME-HELP PROGRAM seeks to effect changes.

Writing in terms of the preservation of mental health, Caplan (1964) asserts that people need to be assured of an adequate "provision of supplies" and he categorizes the supplies into physical supplies, psychosocial supplies, and sociocultural supplies.

Physical supplies are such things as water, food, and sensory stimulation. Psychosocial supplies include stimulation of cognitive and effective development and personal interaction with significant others. Sociocultural supplies include those influences exerted by the customs and values of a person's cultural milieu.

According to the Caplan model (1964), mental health will be impaired when the "provision of supplies" is inadequate in any one area. Prevention programs are aimed at fostering the provision of supplies and altering any adverse circumstances that interfere with their provision. Caplan (1964) suggests that prevention programs can be classified into three types: primary, secondary, and tertiary programs of prevention.

Primary Prevention

Primary prevention is what Caplan (1964) terms a community concept, and in his suggested model the focus is on lowering the rate of new cases of mental disorder by counteracting the harmful social circumstances that seemingly cause the disorder to begin with. In terms of physical supplies, primary prevention works to foster the provision of basic supplies (food, water, clothing, shelter) and counteract influences that interfere with their provision. The central issue in primary prevention, as it relates to the provision of physical supplies, is safeguarding the health and safety of the fetus and newborn. Supplemental feeding programs for women, infants, and children are programs of primary prevention.

In terms of the provision of psychosocial supplies, primary prevention programs recognize that the most important of the psychosocial supplies are provided through family relationships. The aim of primary prevention here is the safeguarding of the integrity of the family system. Community programs on parenting, such as Parent Effectiveness Training (PET), could be classified as primary prevention programs.

In terms of the provision of sociocultural supplies, primary prevention programs work to combat problems of social isolation and closed family systems (Deutch, 1982, authors addition). Primary prevention programs seek to influence the provision of sociocultural supplies in community-wide programs. Most of the efforts towards this end are worked through the educational system.

Programs of primary prevention do not have individuals or even specific groups of individuals singled out as beneficiaries of their programs. Rather, the focus is on community-wide reformation.

Secondary Prevention

Programs of secondary prevention narrow the focus of their efforts from community-wide influence for the common good towards lowering the disability rate in a community brought about by mental illness by lowering the prevalence of the disorder in the community. Caplan (1964, p. 89) points out that this can be done in one of two ways:

1. The rate of new cases may be lowered by altering the factors that cause mental illness, or
2. The rate of cases may be lowered by shortening the duration of existing cases through early identification and intervention with high-risk groups.

Secondary prevention programs are those which focus on the second of the two interventions, although in this model it is understood that programs of secondary prevention also include aspects of primary prevention.

Programs of secondary prevention work to shorten the duration of existing cases through early identification and intervention and, towards this end, often make use of screening instruments for early diagnosis and early referral. Such programs must involve themselves with the logistics of the maximum use of resources and workers so the greatest number of people will profit in the most economical way. Secondary prevention programs, rather than focusing on intimate involvement with a few individuals, focus on peripheral involvement that impacts on many. Ideally, secondary prevention programs would offer short-term treatment to those people who have a good prognosis for recovery.

Tertiary Prevention.

Tertiary prevention programs, which encompass aspects of both primary and secondary prevention, have their efforts aimed at reducing the rate of residual effect of a malady on a community, such as the mentally ill's reduced capacity to beneficially contribute to society. Tertiary prevention programs are also focused on large-scale coordination for community-wide efforts. Work towards this end may include work to counteract alienation due to prejudicial attitudes towards mental illness, the maintenance and formation of social networks (both formal and informal), and programs which guarantee the provision of effective follow-up and support-group services. Towards this end, community-agency interaction and coordination is of paramount importance.

In summary, Caplan (1964) presents a model of prevention which includes primary, secondary, and tertiary prevention programs. Primary prevention programs are those which seek to eliminate a social malady by altering the circumstances that gave rise to it in the first place. The goal of primary prevention is community-wide reorganization.

Secondary prevention programs, which are understood to encompass some aspects of primary prevention, narrow the focus a bit towards shortening the duration of a social ill through the use of screening instruments for early diagnosis, early referral, and early intervention.

Programs of tertiary prevention, which encompass aspects of both primary and secondary prevention, concentrate their efforts on reducing the residual effect on the community that results from any social ill. This is accomplished through large-scale community agency coordination and interaction to insure effective follow-up and support-group services.

Adaptation of Prevention Model

An adaptation of Caplan's (1964) model of prevention is currently being put to use in programs aimed at the prevention of child abuse and neglect. In this case, programs of primary prevention are programs/services that promote the general health and well being of families and children. Much of the work done at the primary level concentrates on educating both the public and the educators to foster a greater community-wide awareness and sense of social responsibility for this very serious social problem.

Programs of secondary prevention focus on preventing abuse in cases where there is a known high risk for possible CA/N. Secondary prevention programs make use of some form of screening, either formal as the Child Abuse Potential Inventory (Milner, 1980) or informal, such as risking newborns at the hospital level by inquiring how many children and/or bedrooms a family has (Milner, 1985, Public Presentation).

Tertiary prevention programs are those which work with known cases of CA/N with the aim of preventing the abuse from recurring.

The Developmental Model (Gallmeier, 1986), presented in Appendix F and used with the permission of the Oklahoma Office of Child Abuse Prevention, illustrates a continuum of child abuse prevention programs that is based on the Caplan Model.

The HOME-HELP PROGRAM is a program of secondary prevention. HOME-HELP works in homes where there is an identified high risk for possible CA/N with the expressed goal of preventing the abuse from ever occurring. Risk is indicated informally, with the bulk of referrals coming from Department of Human Services child welfare workers and Public Health nurses.

The following chapter will introduce the HOME-HELP PROGRAM, its history, and the philosophy behind the program plans. In addition, the reader will be presented with some composite case history examples gleaned from the files of the HOME-HELP PROGRAM.

CHAPTER IV

THE HOME-HELP PROGRAM

History

The HOME-HELP PROGRAM was initially begun as an internship project by the author in 1984 and pretested between January, 1985, and February, 1986. The idea and rationale stemmed both from personal experience (see Appendix A, Devlin, 1985) and consequent later research.

Literature Review

Much of the preliminary research included topologies of abusive families, and many were quite similar in their attributes. Examples would include Burch (1980) who characterized abusive families as tending to be isolated, tending to lack knowledge about normal child development, tending to be under a disproportionate amount of stress which hinders their coping ability, and as tending to have had abusive and/or non-nurturing childhood histories. Unger (1980) reports that families who abuse are characterized by high levels of stress, social isolation, and inadequate support systems. In a Parent Profile of the Abuser Rugar (1982) notes that abusive parents often have, or have had, discontinuity in relationships, premature independence, feelings of powerlessness and low self-esteem, a history of abuse in their childhoods, tendencies towards self-destructiveness, and suffer feelings of loneliness and isolation.

Breton (1981) writes that abusive parents tend to have gaps in their knowledge about child development, child management, problem solving, and stress reduction.

The attributes attributed to abusive/neglectful families that surface again and again are high levels of stress, often brought about or compounded by low socioeconomic status and social isolation.

Interventions, therefore, should be aimed at alleviating the stress-producing conditions, if possible, or at the very least bringing about a reduction in the resultant stress. Borrowing from Unger (1980), programs must decide whether to approach the problem with an "open" or "closed" system of family support. In a closed system the interest is on the personal attributes of individual family members. While these factors are certainly important, they tend to cloud the overall view and may lead to "blaming the victim." In contrast, proponents of an open system emphasize the family's embeddedness in the social environment and see this as a major influence on family functioning.

On the relationship to treatment Unger (1980) notes that the relationship between social networks and adaptation to stress has major implications for the design and delivery of services to families under stress. There is, he notes, an emerging paradigm with a socioecological perspective whose proponents see services within the family and community context to be superior to an individualistic perspective of services to isolated individuals in institutional settings.

Realizing that social isolation can be operationally measured as absence of both telephone and automobile access, it becomes apparent that a large majority of the population that need the intervention services of such groups as Parents Assistance Centers or Parents Anonymous Groups

lack both the information of their availability as well as any means to make use of the services had they learned of them.

Program Design

The HOME-HELP PROGRAM was therefore designed as a preventive outreach program that would work directly in the homes of families informally categorized as being at risk for possible incidences of child abuse and/or neglect. The primary objective of the HOME-HELP PROGRAM would be to counteract the harmful influence of social isolation by providing a volunteer in the home as a supportive, nonjudgmental role model or informal mentor. Volunteers were asked to commit at least three hours a week to be spent as a parent aid. In this capacity, volunteers would lend a sympathetic ear, suggest possible solutions to pressing problems, and provide practical assistance as needed, such as providing transportation to grocery stores and clinic appointments.

It was felt that working directly in the home was not only practical (i.e., "serve them where you can service them") but also extremely logical. One of the main attributes a volunteer must possess is the ability to form an empathic understanding of the problems and stressors their client experiences everyday. The home environment is naturally the opportune place to base interactions to foster empathic understanding and awareness.

Peterman (1981) notes that in working with those experiencing difficulty in their parenting role it is important that a worker be aware of environmental factors including such variables as space, entrance and retreat paths, access to privacy, and family and neighborhood use of networks and resources.

A high rate of volunteer turnover and questionable program impact led to a reevaluation and redesign of the basic program format. Sensing a need for a more cohesive framework for the benefit of both clients and volunteers, HOME-HELP reorganized into a program built around weekly group activities in addition to the individual, in-home parent support and education.

HOME-HELP emerged as a social interactional approach to the prevention of child abuse and neglect in high-risk populations, perhaps what Laughlin (1981) would term "outpatient milieu therapy." Ultimately the basic goal of the HOME-HELP PROGRAM has become the development of a group that can assist persons locked into dysfunctional interactions with their children and their environment. The group would offer a nonthreatening, nonjudgmental atmosphere where members could share concerns, experiences, and alternatives that may enable parents to better cope with their children within their social milieu. The weekly planned group activities were expressly designed to foster an informal social support network. Chapter VIII will present an indepth explanation of the program plans, and we will turn our attention now to the role of the volunteer.

Volunteers

Volunteers form the backbone of the HOME-HELP PROGRAM, for it is the volunteers who are in the homes acting in the role of service provider. In the beginning phases of the HOME-HELP PROGRAM volunteers were recruited by word of mouth and did not receive any training other than weekly roundtable discussion with the program director and fellow volunteers. A high rate of volunteer turnover, lack of commitment, and the ever present threat of volunteer burnout pointed up a need for aggressive

recruitment (see Appendix C) and training of volunteers (Appendix D). HOME-HELP has gratefully utilized the services of students, housewives, mothers, and paid workers. Most volunteers have been female; however, HOME-HELP has utilized male volunteers when they avail themselves. Being located in a college community has brought the program quite a number of volunteers seeking field experience in such fields as sociology, psychology, community counseling, and family relations and child development. HOME-HELP has begun to actively recruit senior-citizen volunteers to form a symbiotic relationship with inexperienced, socially isolated young mothers.

The basic role of the HOME-HELP volunteer is that of a supportive friend, and the primary mission is to go into the home and "mother the mother." A firm belief of the HOME-HELP PROGRAM is that a mother will be able and willing to meet the needs of her children only when her own needs are met. The ultimate goal is to insure that child a nurturing environment, but the philosophy is that you must work through the mother to accomplish this. You must reach the mother if you are ever to touch the child. Therefore, the primary allegiance is with the parent, not the child or any allegations of child abuse and/or neglect. When the subject is discussed, it is always reframed as having been caused by situational variables rather than any inherent problems of the parent.

The mothers' needs, wants, wishes, desires, and ambitions are the primary focuses of conversation. At times the children or the immediate crisis facing the family may be the topic of conversation, but it is always at the mother's lead. The volunteer acts as an active listener as the mother speaks and may do little more than listen for quite a few visits. In time, the mother is asked a question typically phrased: "If you

could start to change just one thing right now, what would it be?" This is where the work begins, and its direction depends on what each mother answers. HOME-HELP is an individualistic use of Reality Therapy (Glasser, 1965) with individualistic goal setting between the mother, the volunteer, and the HOME-HELP PROGRAM director.

The volunteer acts as an enabler assisting a mother in taking care of needs that the mother deems important. The volunteer does not "do for" a mother, but she is an important link to the various social services and assists the mother with knowledge of the services available and transportation to required appointments.

As much responsibility as can be handled is put on the mother to set up appointments and gather the necessary paperwork. It is stressed to volunteers that if they "do for" a mother, it is oftentimes easier and less time consuming; but they then have effectively robbed that mother of some of her role, while our whole purpose is to empower her in that role. As an enabler, a volunteer teaches, helps guide and encourage the mother, but she does not "do for" her.

Volunteers are matched, one to one, with mothers who have been informally classified as being "at risk" for possible child abuse and/or neglect. The bulk of the referrals come from Public Health nurses at the County Health Department followed by the Child Welfare workers at the Department of Human Services, and some referrals have come from the public school system.

During the pretest period, the HOME-HELP PROGRAM worked with 14 families. There have been 18 adults and 25 children served. The majority of families were headed by single parents, nine single mothers and one single father. Of the 25 children, eight were babies (under one year

old), seven were toddlers (1 to 4 years), six were school age (5 to 12 years), and four were teenagers (13 to 19 years). Of the 15 families only three had access to transportation and telephone services. All the families were socially isolated to varying degrees. In some cases, the HOME-HELP volunteer was the only person the mother interacted with on a regular basis.

All the families were experiencing great financial hardship. Two of the married families had a household provider, all other income was from welfare assistance except in one case where child support was provided by an ex-spouse. All the families received some combination of the following: welfare benefits, food stamps and/or supplemental feeding programs, energy and/or rent assistance, social security, disability and unemployment insurance. Any one of these assistance programs require mountains of paper work by both providers and recipients of the aid. A large portion of a volunteer's efforts were often devoted to transporting people around to a never-ending series of appointments and screenings and assisting parents, some of whom cannot read, with all the necessary paperwork.

The following three composite case history examples are provided as a means to familiarize readers with the typical family HOME-HELP works with. All names have been changed to insure anonymity, and the composite nature of the case histories further protects client confidentiality.

Composite Case History Number 1

Sharon, 16 years old, is one of the teen mothers involved in the program. Sharon is married to Rodger, who just turned 20, and they have an 11-month-old daughter, Debbie. Sharon became pregnant when she was 15

years old and did not receive any prenatal care. The pregnancy estranged Sharon from her family, and she does not get along with her mother-in-law. Rodger works long shifts at a factory, and Sharon stays home alone all day with her baby. Friends she used to have are busy with school activities and boyfriends.

Debbie was born three months early in the back seat of a Dodge and had many medical complications, including prematurity, low birth weight, congenital heart problems, and hydrocephalus. As a result of her many medical complications, Debbie spent the first few months of her life in an intensive care neonatal nursery and even upon release was an extremely fragile child with an easily overstimulated, immature nervous system. Debbie would have been a difficult baby to care for in the best of circumstances, but paired with an immature, impulsive, and generally uneducated and socially isolated mother, the stage is set for some faulty mother-child interaction.

Debbie required some very special handling, and yet Sharon was extremely rough with her. The referral from a Public Health nurse was for just that reason. While feeding the baby, Sharon kept up a constant barrage of tickling, pinching, poking, and general rough behavior. In addition, Sharon seemed to delight in teasing her baby by pulling the nipple suddenly out of her mouth. When Sharon burped Debbie, the baby's little arms would fly outwards from the force. It did not take the baby long to equate its mother with some very unpleasant sensations; and, consequently, Debbie began to cry as soon as Sharon approached her. It also did not take Sharon long to decide that her baby did not like her. She began to prop the bottle, feeding Debbie on her stomach, facing away towards a wall. Mother and child missed out on some very important

interaction time together, and both have suffered. Debbie is almost one year old now and still functions at less than a two-month level. She does not hold her head up, does not interact at all with her mother, and cannot even establish eye contact. Debbie has recently been diagnosed as having cerebral palsy and being severely mentally retarded. There is not much implication that Sharon or Rodger fully understand the medical implications of all this. Lately they have been thinking about having another baby, a "good one."

Composite Case History Number 2

Nancy is a single mother with three children: Shelly (9 years), Jim (8 years), and Mary (9 months). Nancy separated from an abusive husband while carrying Mary and was referred to the HOME-HELP PROGRAM at the time of birth by a Public Health nurse who felt that Nancy, who had been clinically diagnosed as schizophrenic, may be overwhelmed with responsibilities. The first visit with Nancy yielded evidence of her confused state. Nancy's feet were swollen to almost twice their normal size from edema, a complication of pregnancy. She was sitting with her feet propped up on pillows and was crying uncontrollably, all the while professing to the HOME-HELP volunteer that everything was just fine. Nancy not only felt overwhelmed with responsibilities, she was also obsessed with the fear that someone would take her children from her. These fears were not groundless. Her older daughter has some serious mental disturbances that have in the past necessitated placement in psychiatric care hospitals and specialized foster care. In addition, Nancy had within the last two years lost a previous baby to Sudden Infant Death Syndrome. Apparently

Nancy had put her 5-month-old son to bed one evening and found him dead in the morning of no apparent cause.

Nancy had started college to earn a degree in commercial design; however, the birth of Mary left her with a low-grade infection which sapped her energy for months, and Nancy dropped out at midsemester with incompletes in all her classes.

Nancy does not have a car or a telephone and is periodically estranged from her parents. For support she turns to various churches who provide all kinds of aid ranging from transportation to temporary housing. Nancy and her family are currently living in a nice three-bedroom apartment, the rent of which is being paid by the current church she is affiliated with. Nancy reports that she is beginning to feel "spiritually blackmailed."

Composite Case History Number 3

Jane is a single mother of three children: Suzi (9 years), Jim (8 years), and Cassie (3 years). Jane does not work, and the sole source of income is regular child-support payments made each month by the father of the children or his mother. However, there is no contact between the children and their father. Jane has an old car that runs, but there is never enough money for gas. There is no telephone. The family lives in a small, unkempt trailer. In exchange for rent, Jane helps with the groundskeeping in the small trailer part. The referral in this case came from a public school official who reported that the older two children came to school unwashed, unkempt, and had been stealing food. Work with Jane is slow and unpredictable, and small changes, such as pulling open the blankets and towels that block the windows, are cause for celebration.

Visits to the home, which are often for naught because Jane will sometimes refuse to answer the door, explain some of the school's observations. The whole place is a terrible mess. The kitchen cabinets, the doors of which are all broken or missing, are empty except for roaches and rodents, and the place is so like an icebox with no insulation and the winter wind whipping through that if the children did bathe they would surely become chilled and ill. Intervention involves the whole family because all are equally guilty of creating the squalor they live with. This family does not have a trash can in the kitchen, assuming the floor is fine. However, amid the filth and squalor that this family calls home there are open and spontaneous displays of affection among all family members. After working with this family for over a year, the last visit to their trailer yielded the sounds of a television being hastily switched off and the assorted sounds of different family members hushing each other while they all crowded around on the opposite side of the door peeking from behind the towels. The door was not opened.

Summary

These three composite case histories not only exemplify many of the HOME-HELP families, they are also illustrative of the three risk areas that were pointed out in Chapter I; that is, the biological, psychological, and sociological risk indicators that may point up an increased risk for incidences of child abuse and/or neglect.

In composite case history number 1 there are definite biological risk indicators. The baby, Debbie, was born prematurely to a teen mother who had no prenatal care. The ensuing complications and medical abnormalities yielded a special-needs baby who required a special type of

care, and who at the same time was physiologically unable to interact with her mother. A scenario such as this would be hard in the best of situations, however, the unfortunate pairing of a baby who needs the most care with a mother who is unable or unwilling to give even minimum care puts this family at high risk for possible incidences of child abuse and/or neglect.

Composite case history number 2 illustrates a psychological risk indicator with a mother who has been clinically diagnosed as being manic depressive, meaning that she is subject to extreme mood swings. Again, under the best of circumstances with model, healthy children, that may be a handicapping condition for a mother. In this case with this psychologically strained mother, the children are harder to care for. The older daughter requires placement in a psychiatric care setting, a child has been lost to Sudden Infant Death Syndrome, and the new baby has been diagnosed as "failure to thrive," that is, for no apparent biological reason this baby is not developing in terms of size or maturity level as she should. Psychological risk indicators place this family at a high risk for possible incidences of child abuse or neglect.

In composite case history number 3 we are presented with a very closed family system (Deutch, 1982) of low socioeconomic status in which all members of the family cooperate in effectively isolating themselves from interaction with most outsiders. Social isolation and socioeconomic stress are sociological risk indicators that place this family at a high risk for possible CA/N.

These composite case histories will serve as a basis for some theoretical discussion in the following three chapters which will explore the various risk indicators. Chapter V will examine those risk indicators

that are related to the child, the biological risk indicators. Chapter VI will look at those risk indicators associated with the parent, psychological risk indicators, and Chapter VII will explore the all-important sociological risk indicators that are related to the social environment within which the family lives.

CHAPTER V

BIOLOGICAL RISK INDICATORS

Biological risk indicators, those risk indicators that are related to the child, can be separated into two categories: (1) those characteristics known to have existed prior to the abusive incident and which may have had some causal effect on it; and (2) mental, physical, and/or behavioral characteristics that may have existed prior to the abusive incident or may have resulted from it (Berger, 1980). Characteristics known to have existed prior to the abusive incident include prematurity, low birth weight, premarital conception, illegitimate birth, and congenital defects. There is ever-increasing evidence that these characteristics may have dysfunctional effects on parent-child interaction.

Characteristics of the second group, those risk indicators which may have existed prior to the abuse or may have resulted from it, include mental retardation, physical handicaps, and behavioral deviations. It is often unclear whether these conditions are causes or consequences of abuse, but it is clear that they most definitely effect the nature of the parent-child relationship. This chapter will examine select relevant characteristics with specific references to the first composite case history presented in the previous chapter.

Premature Birth

Premature and unhealthy infants are over-represented in the population of abused and neglected children. Crawford (1982) notes that the relationship between a premature infant and a mother starts out with an infant that is physiologically immature and a mother who may be unprepared, psychologically and practically, for the birth of her infant. Additionally, such infants are harder to care for, regardless of the level of skill and/or motivation of the caretaker. Egeland (1981), writing about bond formation, noted that these "special needs" infants may well frustrate attempts to provide adequate care, with the result that the parents come to dislike them.

This has clearly been a problem in the case of Sharon and her prematurely born daughter, Debbie. As the result of a premature nervous system, Debbie was biologically prone to overstimulation and required specialized handling and extremely gentle care. At the same time, her teenage mother, because of her immaturity, because of her inexperience, because of her general demeanor, handled her fragile child with as much care as one would show a sack of potatoes. In sad reality, Sharon became to her own baby the most noxious of stimuli, and Debbie would protest loudly whenever her mother approached. This rejection response deeply troubled Sharon, and it precipitated her consequent neglect of her infant.

Interventions included careful modeling behavior and the formation of a symbiotic relationship between Sharon and Nancy (the mother in composite case history number 2) who is fastidious enough over the handling of her baby that she will rearrange the baby's socks so as not to leave

creasing on her little feet. Interventions in this case must be carefully modeled to avoid any "teaching atmosphere" that may alienate Sharon. In her own estimation Sharon is, after all, "all grown up at 16 and certainly knows how to be a mother to her own child." Realizing that Sharon's own parents were so against the pregnancy that they terminated their relationship with their daughter, realizing that the mother-in-law (herself the mother of a 16-month-old child) constantly belittled Sharon's mothering abilities, and that ultimately it must have seemed to Sharon that her own baby shared that negative view of her, HOME-HELP's primary concern was to heavily reinforce whatever nurturing behaviors Sharon did display while simultaneously, and almost covertly, modeling more appropriate behaviors. If nothing else has worked, thankfully little Debbie has grown bigger and stronger and can now better undergo periodic attacks of mothering.

Low Birth Weight

Premature birth and low birth weight are rather confounded since most premature babies, having been born too soon, are very small. The low birth weight, however, has implications that extend beyond the early arrival, and low birth weight is often the condition that requires specialized care. Smaller babies can physiologically handle only small amounts of food and/or stimulation at a time; and since the immediate aim is to cause the baby to gain weight, they must be fed smaller amounts more often, at times as much as every hour around the clock. Sometimes feeding is awkward or unpleasant, as with Debbie who, because of congenital defects, had to be fed through a surgically implanted tube in her stomach for the first few months of life.

Because prematurity and low birth weight are confounded in the literature, the area of biological risk factors often take both conditions into account. Immediately after birth these biologically-at-risk infants are routinely whisked away for the specialized treatment that their conditions require. There is some speculation (Klaus, 1982; Egeland, 1981; Stacy, 1980) that this may interfere with important bond formation between mother and child. Theoretically, there is an opportune time immediately after birth when intimate skin-to-skin contact between a mother and her newborn baby will facilitate a feeling of closeness and attachment between the two--a bond between mother and child. Whenever a special-needs baby is separated from the mother, as they must often be for health and safety considerations, this bonding behavior is thwarted.

Crawford (1982) in a longitudinal research experiment with full-term and premature infants concluded that preterm infants often develop disturbed attachments to their caretakers. Premature, low-birth-weight babies were seen as more fretful, less vocal, and more passive in their interactions with their environment. The premature, low-birth-weight infants became more like their full-term counterparts as they grew, so it is a condition the child may grow out of; however, Klaus (1982) points out that the faulty interaction patterns between mother and child may persist.

In a discussion of the infant characteristics that may contribute to child abuse and/or neglect, Frodi (1981) points out that the premature, low-birth-weight infant violates the parent's expectations in several ways. The premature, low-birth-weight baby is typically small, unattractive, and developmentally retarded. This type infant typically requires more care, more specialized care than the average newborn, and is

typically unable to interact positively with the environment. Sharon's baby was over eight months old before she smiled at her mother, and even now at one year Debbie can only establish fleeting eye contact.

The premature, low-birth-weight infant is characterized by an incessant high-pitched, arrhythmic cry that is grating and irritating to the senses. In a unique experiment that auditorially and visually mixed the sounds and appearances of premature and full-term infants for rating by abusive and nonabusive control parents, Frodi (1981) found that all groups rated the cry of the premature infant as stress producing and reported that it was especially irritating when matched with the pinched, often painful expression of the premature, low-birth-weight baby.

Physical/Mental Defects

In much the same way that a parent's expectations are violated by the birth of a premature baby, the birth of a child with any observable physical and/or mental defect places that baby biologically at risk for possible incidences of child abuse or neglect.

Researchers such as Diamond (1983) writing of CA/N in the cerebral palsied population, Rose (1981) studying the abused mentally retarded child, Holaday (1981) who studied maternal responses to their critically ill infants, and Carreto (1981) who reviewed the literature on maternal response to infants with cleft lip and palate, all concur that anything that makes a child different or makes that child harder to care for puts that child in a high-risk category. Following along this line of reasoning, while realizing that the birth of twins is not a defect, twins are quite naturally more difficult to care for. Robarge (1982) and Leonard (1981) found increased risk of child abuse and neglect and postpartum

depression among mothers of twins. In summary, Stacy (1980) notes that infants can significantly effect the immediate course of personal interactions through their constitutional and behavioral characteristics. Certain children tend to elicit neglectful or abusive responses from parents who find them difficult, provoking, and unmanageable.

O'Brien (1980) outlines some myths associated with the abused and neglected child. Relevant to this discussion is the "Gerber Baby Myth" which says that all babies are born cute, healthy, and loveable. The birth of a baby with observable physical and/or mental defects violates the parent's expectations from the onset. Routinely, such babies are whisked away for special treatment and may not be released to the parents care for days, weeks, or in some cases, like Sharon's, for months. Due to a lack of transportation and funds, Sharon and Rodger were seldom able to visit their baby in the neonatal unit of a distant city. A full four months after her birth Debbie was released to the home where she was, at best, a distant memory. Compounding the problem, Debbie was still not the "Gerber Baby" that parents are socialized to expect. She was still dangerously underweight, was covered with scars from her numerous operations, had half her head shaved as a result of the intravenous feeding through her scalp, and had a tube protruding through her abdomen through which she would now be fed. Debbie was not pleasant to look at and not pleasant to hold as she would go completely limp in her mother's arms. She was difficult and awkward to feed, and any type of stimulation would set her off wailing that distinctive high-pitched cry that her mother felt powerless to control.

Because of her many physical problems and her profound mental retardation, Debbie requires hourly therapy on a strict schedule. This Sharon

refuses to do both because she does not "believe in" schedules and because there would be no time left for her own interests. Intervention included making sure Debbie got to thrice weekly infant stimulation classes and modeling positive interaction with the baby whenever possible. Every visit to the home would invariably reveal a mother watching television in the midst of piled-up laundry, dirty dishes and general filth, and the baby lying on her stomach, off by herself and facing away from the room. HOME-HELP had been experimenting with bibliotherapy as we had obtained a copy of the book Sonrise (Kaufman, 1976) for Sharon to read. The book details how one family lovingly and completely restructured their lives for the benefit and cure of their autistic son. It is hoped that this will be a safe intervention as it may point out to Sharon the crucial importance of scheduled stimulation while it in no way attacks her present mothering abilities or motivations.

The HOME-HELP PROGRAM cannot prevent the biological risk indicators that place a child at a high risk for CA/N. This is the area of primary prevention; and programs that provides optimum prenatal care in the form of medicines, supplemental foods, or ultimately birth-control education are programs which can be conceived as preventing CA/N by minimizing the at-risk population by preventing congenital birth defects.

The role of the HOME-HELP PROGRAM is to offer supportive guidance while linking a family with appropriate helping agencies. In this composite case history, for example, Debbie goes three times a week to infant stimulation classes, Sharon and Rodger receive counseling, both personal and budgetary, and they have recently been put in touch with two local self-help groups of parents of exceptional children.

In the future HOME-HELP would like to see linkages with area hospitals so that volunteers would immediately be available to visit and offer assistance, guidance, and compassion when parents are blessed with a less than perfect infant. It is believed much of the risk can be mitigated through such supportive intervention, but this intervention takes place in the sociological sphere rather than in the biological.

The following chapter will examine the psychological risk indicators with specific references to composite case history number 2.

CHAPTER VI

PSYCHOLOGICAL RISK INDICATORS

There are five major psychological risk indicators related to the parent: (1) a history of abuse, (2) lack of knowledge and/or skills, (3) unrealistic expectations, (4) being overburdened with too many children and/or responsibilities, and (5) a sense of "learned helplessness" (Seligman, 1974). This chapter will take a detailed look at each of these psychological risk indicators with specific references from composite case history number 2 outlined in Chapter IV.

History of Abuse

It is sad and ironic that the majority of abusive/neglectful parents report that they themselves had been mistreated in their childhoods. Swartz (1981) points out that parents use their own parents as role models and are thus prone to parent as they were parented. It is the only role they are familiar with. In concordance with the literature, the majority of parents involved with the HOME-HELP PROGRAM often speak of what must be particularly painful childhood memories.

Nancy, the mother in composite case history number 2, was physically and emotionally abused by her stepfather, a man much older than Nancy's own mother. It may be worth noting that Nancy grew up to marry a man forty years older than herself (whom she refers to as "Papa"). This man has physically, mentally, and sexually abused both Nancy and the children

and, incredibly, had many years previously been implicated in a case of sexual abuse with Nancy's own mother being the childhood victim. It has long been acknowledged that incidences of family violence tend to be cyclical through generations of families. This applies not only to child abuse and neglect but spouse abuse as well.

HOME-HELP interventions consist mainly of lending a sympathetic ear and allowing some amount of catharsis for the client.

Lack of Knowledge/Skills

Lack of knowledge and/or skills can be roughly categorized as (1) lack of child-rearing skills and (2) lack of housekeeping skills. Problems in both areas are especially prevalent among the teen mothers of the HOME-HELP PROGRAM who lack even a general education, having dropped out of high school to have a baby. Lack of knowledge/skills in child rearing is particularly a problem for mothers whose children, because of their biological risk indicators, may be harder to handle than most children. HOME-HELP interventions include modeling appropriate caretaking behaviors whenever a situation presents itself to do so. For example, the volunteer would often offer to feed a baby while in the mother's presence and thus model appropriate nurturing behaviors.

Lack of knowledge/skills in terms of housekeeping is a definite problem among all the HOME-HELP families. In some cases it is a genuine lack of knowledge; in many others it seems to be more a lack of desire. The depressed state in which most of them live seems to be exemplified in their lack of care about the tidiness or cleanliness of their surroundings. Interventions here are kept to a minimum with the assumption that when a mother begins to feel better about herself and more in control of

her life, she will spontaneously begin to take pride in her surroundings. When interventions are attempted, they are done in a "fun" cooperative way that involves the whole family. By cultivating the mother as an ally in the task, the HOME-HELP representative lessens the risk of her being offended by the intervention. An illustration from composite case history number 3 will help explain this rationale.

Jane and her family, like the majority of the families involved in HOME-HELP, seemed quite content to live in a house that was in total disarray. The children were certainly at fault for creating the majority of the havoc as they would drop toys, books, clothes, or food wherever they happened to be through with them. This resulted in a floor that was, quite literally, a foot deep in litter.

HOME-HELP began intervention by initiating a conversation with Jane about how hard it was to keep things organized if you did not have bookshelves, dressers, or closet space (all of which were lacking in the trailer). In the ensuing discussion, it was mentioned by the HOME-HELP volunteer that even large boxes from the grocery store would be better than nothing. The same idea was reintroduced some minutes later with the added suggestion that they take a ride right then and look for some. Because most of the families are housebound due to lack of money and/or transportation, any suggestions to go anywhere are met with enthusiastic approval, and it was no different in this case. The HOME-HELP volunteer and Jane went to a local discount store for four large boxes, a red magic marker, and a sheet of bright orange (Jane's choices on everything) poster board. They went back to her trailer, and Jane labeled the boxes and lined them up in the front room. One box would be for shoes, one for coats, one for toys, and one for clothing. HOME-HELP talked to Jane

about a plan to make a chore list on the poster with the children's names listed down one side and the days of the week with specific chores across the top. Every day when a child completed the assigned chore, he or she would be able to mark a star in the appropriate box. As they made the poster, it was conspiratorially remarked to Jane that they should add her name and daily chores to the poster so that when the children saw their mother doing her job and marking it off, they would be more likely to follow the example. In this way, the HOME-HELP intervention caused Jane to consciously account for her housekeeping each day, while the focus was allegedly on the children, not on Jane. The functional effectiveness of the strategy waxes and wanes, but the bright orange poster remains the one touch of bright color in an otherwise dark and drab interior.

Unrealistic Expectations

It has been my experience through the HOME-HELP PROGRAM that teenage mothers especially harbor extremely unrealistic expectations of their children's development. For some little-understood reason, very young mothers seem to want their babies to roll over, sit, talk, be toilet trained, and obedient months before such behaviors can be mastered. The author has personally been witness to a "brag session" in which one young mother insisted that her four-month-old baby could talk.

Unrealistic expectations are not limited to the teen mothers with very young children as an example from composite case history number 2 will illustrate. In this case Jim, the only son and the only male in the home, was cast in the role of family guardian, irregardless of the fact that he was only eight years old.

Since the family lacked transportation, HOME-HELP provided weekly trips to the grocery store and laundromat. On these excursions the money and the house key were always held by Jim. Jim seemed to be on a constant watch over his mother and strived to anticipate her needs. Before leaving the house, it would be Jim that would remind his mother to take a bottle, extra diapers, and a blanket for the baby; and it was Jim who would be sure the door was safely latched and secure. Nancy has made it a habit to discuss in his presence and with Jim her various personal problems and budgetary concerns. While the HOME-HELP volunteer repeatedly pointed out to Nancy that Jim should not be expected to deal with adult concerns, she continued to show a serious lack of empathic ability to see Jim as the child he is. Many times the HOME-HELP volunteer has been witness to Jim calming and soothing his mother; Jim is clearly taking on the nurturing role.

Overburdened With Responsibilities

The majority of the HOME-HELP families were headed by single females, the majority of whom were teenagers. Socioeconomic status was invariably low and stress-producing conditions were invariably high. Many of these mothers had "special-needs" children who required extra and special treatment, serious budgetary concerns, and in many cases uncertainty about future living arrangements. Any or all of these concerns would be a burden on any family, and when they are the concerns of poor, single young mothers, it is clear that they are overburdened with responsibilities. To compound the problem, these mothers also have very limited options or resources.

Learned Helplessness

This unfortunate combination of many responsibilities and few options or resources often results in a sense of "learned helplessness" (Seligman, 1974). Theoretically, when humans or animals are trapped in situations in which they are powerless to avoid harm or threat, they develop a sense of helplessness or powerlessness over their lives or situations and give up trying to exert any change. This situation is exemplified in the general lack of housekeeping efforts among the majority of HOME-HELP families. Some specific examples from composite case history number 2 will aid in further discussion.

Much of Nancy's problem revolves around her social isolation, i.e., she has no car and no telephone. The two situations combine to make any effort towards resolving her predicament very difficult. A simple phone call must involve dressing and transporting the baby, on foot, for over a mile.

One of the first interventions of the HOME-HELP PROGRAM in this case involved securing for Nancy's use a Sudden Infant Death (SIDS) monitor that would sound an alarm if her baby stopped breathing during sleep. Because Nancy had lost a baby to SIDS in the past, her new baby, Mary, was a risk to suffer the same disorder. The SIDS monitor is made available through a local civic group, but Nancy ran into some initial complications and after about three phone calls gave up on the whole matter. The situation was brought to the attention of the HOME-HELP PROGRAM by a Public Health nurse who felt the baby's life was truly in danger. HOME-HELP had a SIDS monitor in the home before Mary's next nap.

The problem that had frustrated Nancy's effort turned out to be that the civic group had a form to be filled out that would absolve the group of any responsibility if the monitor malfunctioned. Each time Nancy called she was told that the person who had the monitor did not have "the paper" and would not release the monitor without it. This stumbling block was enough for Nancy to give up on something that may have made a life-or-death difference to her baby. Because of her sense of "learned helplessness," Nancy did not even attempt any alternate responses. HOME-HELP interventions involved taking Nancy and the baby directly to the person with the monitor and offering to have a notarized statement drawn up that would clear the group of responsibility. The suggestion met with approval, and the monitor was secured that same day.

Another somewhat more dramatic example also involves Nancy of composite case history number 2. Nancy's older daughter, Shelly, requires periodic placement in psychiatric care facilities. Lacking both a car and a telephone, it is easy for Nancy to lose track of her own daughter. In one particular instance Nancy revealed during a home visit that the police had come and taken Shelly five days previously, and Nancy still did not know where Shelly was located. It so happened that on that very afternoon Nancy had an appointment with her daughter's psychologist. It was suggested to Nancy that she speak to the doctor about Shelly's placement and make plans to get in touch with her. On a subsequent visit the following week, the HOME-HELP volunteer inquired as to the whereabouts of Shelly, and Nancy said that she still did not know. Nancy reported that she had asked Shelly's doctor but was told the doctor did not know where Shelly was placed. Again, because of a sense of "learned helplessness," Nancy lacked both the initiative and the wherewithal to find out just who

would know. Her daughter had absolutely disappeared as far as Nancy was concerned, and Nancy was impotent to find her. HOME-HELP brought Nancy to a telephone and after a few phone calls had Nancy speaking first with Shelly's new doctor and then with Shelly.

Neither of these HOME-HELP interventions was grand in scale or brilliant in design. They were, after all, only alternative solutions and involved merely asking the same question to a number of people until the situation was resolved. The ability to see alternative courses or to follow-up on initially negative responses was lost to Nancy through her perceived sense of "learned helplessness." Nancy's personal history of moving from church to church when she, quite literally, wears out her welcome is further evidence of her perceived helpless role.

HOME-HELP interventions at the psychological level are a direct result of the interventions at the sociological level. Certainly HOME-HELP could not hope to prevent the psychological strains that may place a parent in a high-risk category for abusive/neglectful behaviors. HOME-HELP does, however, attempt to neutralize the damaging effects by offering a supportive role model whose main mission is to power the mother in her role. This is precisely why HOME-HELP offers any and all aid possible short of "doing for" that parent. HOME-HELP volunteers teach, help, guide, and encourage a mother in her task, and she is given increasing amounts of responsibility as she is able to handle it. By putting increasing amounts of responsibility on a mother in her own behalf, such as having her set up necessary appointments and waiting for her to take the initiative to arrange transportation, a mother is slowly empowered in her role, and the damaging consequences of "learned helplessness" are lessened.

The following chapter will examine the all-important sociological risk indicators with specific references to composite case history number 3.

CHAPTER VII

SOCIOLOGICAL RISK INDICATORS

The sociological risk indicators of child abuse and neglect, those risk indicators related to the social environment of the family, include social isolation and socioeconomic stress. All of the families in the HOME-HELP PROGRAM were socially isolated to varying degrees. Most did not have access to a car or a telephone, and in some cases the HOME-HELP volunteer was the only person the family interacted with on a regular basis. All of the families also suffered socioeconomic stress with the majority relying solely on government subsistence programs for their income. This chapter will examine each of the sociological risk indicators with a review of the literature and relevant examples from composite case history number 3.

Social Isolation

Of all of the indicators that place a family at a high risk for possible child abuse and neglect, social isolation is the most fundamental. Social isolation magnifies the effect of all the other risk indicators and, by definition, limits access to any support systems that may be available.

Literature Review

Salzinger (1983) presents a behavioral model of parents who mistreat their children. In a study that compared the social networks of 32 abusive mothers with a demographically similar control group, it was found that the abusive mothers were both more isolated and more insular in their network connectiveness. Abusive/neglectful families have smaller networks which may reflect a lack of basic social skills, and the networks that do exist consist primarily of family members rather than peers. This may present additional problems when it is considered that the mostly familial network will, in all likelihood, hold similar views on appropriate discipline and child care practices. Networks of abusive/neglectful families were also found to be more insular with less interconnectiveness between the different network members. This insularity may negate the effects of any other existing networks.

Unger (1980) writes in terms of "open" and "closed" family systems. The open family system has adequate support from various and interacting social networks. This embeddedness in the social environment has a major effect on family functioning. The interacting network can provide a family with three types of aid: (1) instrumental, (2) emotional, and (3) referral. Instrumental aid is defined as material goods and services provided a family in need to alleviate financial stress or provide needed transportation. Emotional and social support by network members gives a parent a sense of competence and self-esteem, and referral and information services can link a family with existing services that may help them. Social networks provide needed emotional and material support as well as help in finding information and needed services.

The closed family system is characterized by high levels of stress, social isolation, and deficient social support systems. Their deficient network systems fail to provide parents with successful parenting models, appropriate feedback, or positive reinforcement.

Polansky (1983), writing on social distancing and the abusive/neglectful family, proposes that some families may be doubly isolated, both from within and without. Inadequate social skills and low self-esteem may cause a parent to isolate themselves out of a sense of incompetence or shame. They may additionally suffer from social distancing by their neighbors who may shun them because of different lifestyles and/or child rearing practices.

In a study of the human ecology of high-risk families, Garbarino (1980) used the neighborhood as a unit of analysis. It was found that high-risk families tended to cluster together forming high-risk neighborhoods. These high-risk families tend to cluster either because their personal histories inclined them to or because political and economic conditions forced them into the same area. In either case, the resulting neighborhood homogenization works against the high-risk families.

It was found that in low-risk neighborhoods families were basically self-sufficient with each family meeting its own basic needs. The neighborhood was described as being "free from drain," meaning that its inhabitants took care of their own needs rather than looking to the environment for aid. Residents of the low-risk neighborhood could, however, list many people they would be able to count on if the need arose, and the majority of people listed were peers rather than family members.

In contrast, high-risk neighborhoods were characterized by more unsettled families who were having trouble meeting their own basic needs.

Each family was less self-sufficient, and there was consequently less reciprocal exchange and generally less adequate child care. Additionally, families in the high-risk neighborhood could not list as many people that they could turn to in a crisis, and those listed were more often than not members of the mother's immediate family. Families in the high-risk neighborhood were found to be struggling, and their lives were being threatened from within and without. Family problems were compounded rather than mitigated by the neighborhood context, dominated as it was by other needy families. No one in the high-risk neighborhood was "free from drain." None could afford to give to others because none had enough to start with. These very needy families cluster together to form high-risk neighborhoods where they must compete for scarce resources. Naturally, the high level of needs compounds the problem of low resources.

Under these circumstances, social support networks are the most needed; under these circumstances, social support networks are least likely to operate. Families in the low-risk neighborhoods were more likely to take advantage of any support systems available in a context of lesser need, while families in the high-risk area were less likely to have or to utilize any support systems available to them in the context of a greater need. Additionally, when social services were involved for the high-risk families, it was in terms of treatment rather than prevention.

Polansky (1983) also addresses the issue of how the neighborhood can either help or hinder child care. When there are adequate neighborhood networks, they can function as a mutual support group that offers both affective aid, i.e., buffers against loneliness and effective aid such as emergency loans, child care, and transportation assistance. Additionally,

a neighborhood network functions as a modeling or reference group and exerts some amount of social pressure to adhere to accepted norms of child care.

Crockenburg (1981) has found that the social support available to the mother has a clear and consistent relationship to a securely attached, i.e., easier-to-handle, child. Conversely, low social support is associated with a high resistance, high avoidance, and anxious attachment, i.e., a difficult-to-handle child.

The social networks of a family always either directly or indirectly effect the child through the mediating influence of the parent. The link between the parents' social support and their responsiveness to their child is congruent with the general theory of altruistic behavior (Berkowitz, 1971), that is, a parent will be more aware of and more responsive to the needs of their child only when their own needs have been met. Other than that, a social support network may be able to mitigate the effects of an unresponsive caregiver by providing an easily accessible substitute.

Limited social support networks of the parents necessarily limits the amount and kind of social contacts for the child who is thus deprived of any positive role models for effective nurturing and parenting roles. In this way, the problems of child abuse and neglect are self-perpetuating through generations of troubled and socially isolated families.

The family depicted in composite case history number 3 can be described as a socially isolated family living in a high-risk neighborhood. The whole family is what Unger (1980) would term a "closed family" and cooperated in effectively isolating themselves from social interaction.

The interaction that did occur is limited to others in the same high-risk neighborhood. It was nearly impossible for any of these families to give aid to each other because they could barely manage to keep their own needs met. The family had a car but no money for gas, and there was no telephone so interactions were necessarily limited to the immediate neighborhood, dominated as it was by other needy, high-risk families.

Socioeconomic Stress

The literature reveals that socioeconomic stress and life stress in general are compounded in the realities of the high-risk populations. The lives of people in the lower socioeconomic strata are constantly bombarded by frequent and varied stressors. It is increasingly being realized that maltreatment of children results, in part, from stress. Child abuse and neglect may be viewed as a symptom, rather than a case of faulty family functioning.

Literature Review

On the individual level, maltreatment of children is more likely to occur among families experiencing unemployment (Gil, 1971). On an aggregate level, it has been shown (Garbarino, 1980) that overall rates of child abuse and neglect are higher in areas characterized by low-income families. A cross sectional approach is, however, inherently unable to reveal causal direction.

In an effort to overcome this limitation, Steinberg (1981) in a study which employed an aggregate longitudinal approach, monitored two Standard Metropolitan Statistical Areas over time using the month as a

unit of analysis. The following causal pattern was used as a working model:

Net job loss at the community level leads to actual or anticipated individual job loss and increased parental stress. This stress, in turn, may lead to increased child abuse. . . . Job loss and attendant material deprivation and loss of social status may produce feelings of frustration and anger which may be displaced onto the child (Steinberg, 1981, p. 976).

A clear and consistent relationship was found. Net job loss at the community level led to an increase in reported cases of child abuse and neglect (CA/N). Increased unemployment in a community was shown to endanger the health and well being of the children of that community, theoretically, as the result of increased stress.

Dill (1980) conducted a study to see how the environment impacted on the efforts of low-income mothers in dealing with the stress in their lives. It was found that the social environment impacts on a person's coping ability at four different points.

1. Environments differ in the nature and frequency of threats to an individual's well being,
2. The context in which the threat arises is important in determining how the threat will be perceived,
3. Environments differ widely in the range and amount of options available for coping efforts, and
4. The environment may respond to the coping effort in ways that ignore or negate that effort (Dill, 1980, p. 508).

In studying the responses to a Life Events Measure checklist, Dill (1980) found that the lives of low-income mothers are filled with stress-producing life events that are a potential source of threat. The mothers' responses to the threats are largely colored by their

perceptions of the environment as hostile and ever changing. Further compounding the problem is the overwhelming lack of social supports available from the environments of their high-risk neighborhoods. Whatever options may be tried are often met with indifference or negativity on the part of the environment. The environmental response is largely interpreted by the mothers to be a reflection of their own self-worth. The interplay of these forces leads low-income mothers to adopt a pattern of "learned helplessness" (Seligman, 1974), which was discussed in an earlier chapter. They learn repeatedly that their coping efforts are met with failure, and they soon give up trying. This attitude, or feeling, necessarily colors the way such a woman will interact with the larger environment around her and also has a dramatic impact on her ability to be a nurturing, competent parent to her own, often needy, children.

Farron (1980) studied the reciprocal influence in the dyadic social interactions of mothers and their three-year-old children from differing backgrounds. Twenty-minute nonstructured play sessions between mothers and children were compared. A significant difference was found in mother-child interaction patterns, dependent upon socioeconomic class. Middle-class mothers spent twice as much time in mutual play situations, while children from the lower social classes spent a good deal of time in unstructured play activities. Mothers from both groups initiated more activity than their children, but mothers of the lower socioeconomic class terminated activity more often. Mothers of the lower socioeconomic class appeared more comfortable to retreat into themselves. This behavior is congruent with the social isolation patterns which are also situational risk indicators.

In another closely related study, Farron (1980) compared, longitudinally, the interaction patterns of mother-child dyads of differing socioeconomic strata. Mother-child interaction was studied first when the child was six months old and again at twenty months. At six months there was no significant difference in the interaction patterns of the two groups. However, at twenty months, when the children, by virtue of age, began to put more demands on the parent, a significant difference was found. Mothers of the higher social class were seen to markedly increase their positive interactions with their children, while the interaction of the high-risk mothers with their children either remained constant or decreased.

Peterman (1981), discussing a Family Development Project which incorporated parent participation in self-help discussion groups, reports the continual emergence of themes related to isolation and unpleasant environmental factors. Crowding, lack of personal space, lack of privacy, and restricted territory (the inability to separate themselves from their children) are problems that are experienced more acutely among the poorer populations. Inadequate income forces many high-risk families to live in disadvantaged neighborhoods. These neighborhoods are characterized by poor living conditions, few resources, and social isolation. The end result is the high-risk neighborhood that Garbarino (1980) writes about.

In composite case history number 3 the sole source of income is child support that is regularly paid by the children's father. The family does receive food stamps. However, even with that amount added in the income for a family of four is less than \$400 a month. This mother has been faulted for neglecting her children's physical needs (i.e.,

clothing, health care, hygiene, and adequate diet), while her socioeconomic status effectively prevents her from doing any better.

The sociological risk indicators are the primary focus of the HOME-HELP PROGRAM interventions since it is these indicators which are seen as the most important, determining factors in whether or not a mother can or will adequately nurture her child.

Primarily, HOME-HELP sought to mitigate the damaging effects of social isolation by providing in the home a supportive role model, nurturer, and friend in the HOME-HELP volunteer. As a relationship is established and a mother began to accept and show response to the volunteer (this took anywhere from an hour to months, depending upon the family), she was encouraged to take part in the weekly HOME-HELP group activities. In this way her social horizons were broadened. There was a concentrated effort on the part of HOME-HELP to foster an informal social support network among all of the HOME-HELP families.

In terms of socioeconomic stress, HOME-HELP was unable to give direct financial aid. However, the program did provide ways for the client families to better utilize what resources they did have.

The following chapter will present a detailed look at the HOME-HELP PROGRAM plans as well as a rationale for their design.

CHAPTER VIII

HOME-HELP PROGRAM ACTIVITIES

This chapter will take a detailed look at the services and functions of the HOME-HELP PROGRAM as it sought to alleviate the stresses of social isolation and socioeconomic stress. In addition, this chapter may serve as a guide for anyone wishing to start such a program. HOME-HELP did not have sufficient time in the pretest period to do all of the activities listed, however, all activities planned are included to give future program planners additional ideas to work with.

The HOME-HELP PROGRAM worked to change the social isolation patterns of referred high-risk families, to take care of basic household and clothing needs inexpensively, and to provide a series of positive nurturing experiences for all family members. Realizing that individual interventions would not be sufficient to change behaviors/attitudes and to maintain that change without enriching the natural support networks, the HOME-HELP PROGRAM Plans were specifically designed to foster the formation of informal social support networks. The switch from individual-focused to group-focused interventions proved to be beneficial to both the client mothers and the HOME-HELP volunteers. Volunteers continued to spend between one to five hours each week in individual interaction with their client family, as well as participating in weekly group activities. The scheduling of the various activities was timed to coincide with some practical and economic considerations which will be cited, in turn, for

each activity. The HOME-HELP PROGRAM plans called for the following weekly group activities that proved to be enjoyable and beneficial for all concerned.

Bargain Hunters Group

The first Thursday of each month volunteers and mothers would meet together for a group shopping trip to the local thrift stores. The Bargain Hunters Group was scheduled to coincide with a monthly clothing giveaway at a local church. Baby-sitting was provided and served to give the mothers a much needed respite from their responsibilities. In addition, HOME-HELP established "charge accounts" at the thrift stores and solicited donations specifically for these accounts. Money was made available for mothers to purchase necessary items for her family. HOME-HELP tried to interest a sorority or local women's group to host a benefit, tongue-in-cheek fashion show highlighting outfits put together from the selections at the thrift stores. Proceeds would, of course have gone on the accounts. The managers of the thrift stores were very cooperative, generous, and effectively said, "You give us what you can, and we will give you what you need." These charge accounts allowed mothers to take care of some basic household and clothing needs inexpensively with the added benefit of the group interaction. The Bargain Hunters Group was easily the favorite among the HOME-HELP mothers who had great fun each month saying "charge it."

Family Fun Night

On the second Wednesday of each month the volunteers with their own families as well as their client families met to enjoy some reactional

activities. A group may play miniature golf, go bowling, or have a pot-luck picnic in a park. This part of the program allowed the client families to enjoy some positive interaction with their children as well as the other participants, which they would ordinarily not be able to do. In addition, the volunteers' natural interactions with their own families provided good modeling for effective parenting skills.

Treasure Hunters Group

On the third Saturday of each month HOME-HELP volunteers and the client mothers would meet early in the morning to shop at local garage sales and flea markets. The scheduling of this activity was dictated by the scheduling of a local flea market which was only open once a month. Baby-sitting was again provided, and the goals of this part of the program were much the same as those in the Bargain Hunters Group. Basic household and clothing needs were met inexpensively with the added benefit of group interaction.

Table Talk

On the third Thursday of each month volunteers and mothers would meet, on a rotating basis, at different participant's homes where the group would discuss smart shopping strategies. Baby-sitting was again provided to give the mothers the added benefit of a mother's day out. HOME-HELP made contact with the local high school to arrange a family living class to provide the baby-sitting while getting some very valuable "hands on" experience in child care. Since all the families received food stamps which usually came on the first of the month and since most families were also dependent on welfare benefits also received the first

week of the month, this part of the program was scheduled to introduce smart buying tips right before the majority of shopping was done. One of the first activities was to make a mock shopping list, complete with brand names of products normally used. Separating into three teams, the neighborhood grocery stores were visited, and the prices recorded for both brand name and generic brands of each item. After meeting again and comparing prices, it was clearly apparent that the base prices varied considerably among the stores. A smart shopper could buy breads and meats at one store but find dairy items and paper products, oftentimes of the same brand name, at lower prices elsewhere. The ability to "work the system" to find the best buys possible gave the mothers a sense of mastery and control over their environments that was sorely lacking. HOME-HELP tried to gain the cooperation of the local markets, but to no avail. HOME-HELP requested the store managers to release their sale ads in advance so HOME-HELP could work up sample menus and grocery lists built around sale items, but fearing undercuts by competitors, none of the managers would cooperate.

Volunteers are again the necessary ingredient for it is they who must be willing to transport the mothers to all the different stores. Shopping as a group proved to be helpful, rewarding, and well planned. Mothers would be encouraged in the Table Talk meetings to buy a month's supply of such items as bath, laundry, and dish soaps, toothpaste, toilet paper, and light bulbs at the beginning of each month while the money was available. Food stamps do not cover these items and living without them is particularly annoying and frustrating to a family. While light bulbs are not needed every month, they are included to point out an unusual phenomena among the HOME-HELP families. Light bulbs are not a priority

item when a parent must choose between bulbs and bread, especially since light bulbs are generally quite expensive. Consequently, many homes have some rooms in complete darkness as light bulbs are switched around to replace bulbs burned out in essential areas. Light bulbs are replaced when a time of almost total darkness coincides with a time of money coming in. Since all the bulbs are replaced at one time, they all tend to burn out at about the same time. It must be noted that replacing six or eight light bulbs is quite a cash outlay for these families, but their absence is quite a tangible display if not partly a cause of their depressed state.

The Table Talk part of the program could also include having speakers on various topics such as nutrition, meal planning, and couponing and refunding. Couponing and refunding, where a smart consumer clips and uses cents-off coupons and saves the Universal Product Bar Codes for consumer rebates, was ideal for the HOME-HELP mothers. All of the mothers had excess time on their hands in which to keep the necessary files, and the cash rebates in the mail were always welcomed. Again, knowledge and know-how such as this gave the mothers a sense of mastery and control over their environments.

It is hoped that this overview of the program plans gives the reader a good understanding of the HOME-HELP Interventions. Additional information about specific activities can be found in the monthly program reports in Appendix B, and we will turn our attention now to the very essential role the volunteer plays in the HOME-HELP PROGRAM.

Volunteers

Volunteers are the heart of the HOME-HELP PROGRAM. The volunteers work individually with their client families in whatever capacity is needed. Most of the help they give is of a practical nature, such as providing transportation to grocery stores and medical clinic appointments. In their interactions with their client families the volunteers always sought to model positive nurturing behaviors. Ideally, the volunteers should be lay professionals whose interventions would provide complimentary linkages between service organizations and the families who need them, as well as initiating services that would strengthen the families' use of existing services and social support networks. Unger (1980) terms such aid "directive aid" rather than direct aid. Since the volunteer serves such a central function in the HOME-HELP PROGRAM, the "type" of volunteer best suited to the job bears consideration.

HOME-HELP has welcomed the services of all types of people for volunteers and from experience has learned which type is most helpful and successful. Ideally, the best volunteer would be an older, experienced mother who is economically secure. Because HOME-HELP strives to develop an almost mentoring relationship between a client mother and the volunteer, the volunteer should be quite a bit older than the mother she is paired with. A volunteer needs to be financially able to donate both goods and services since gas money and optional gifts or lunches out with a client mother would be out-of-pocket expenses. In addition, a prospective volunteer must be willing to commit between three and seven hours a week for intimate contact with the client-mother. The commitment should be for at least nine months with a year being preferable, as it takes

time to build the trust and confidence that a mentoring relationships calls for.

HOME-HELP has been fortunate to have many college students who, while they do not fit the above criteria, volunteer their services to the program; and their help is always appreciated. There is always a need for such people to provide child care, on-call transportation assistance, and to plan and man fund-raising activities. For a one-on-one relationship with a young mother, however, a general rule may be "the older the better."

During the pretest period, the HOME-HELP PROGRAM recruited volunteers through word of mouth, through newspaper coverage, and through presentations to interested church and civic groups. However, word-of-mouth recruiting did not prove to be efficient enough to get the needed number of volunteers. Newspaper coverage of the HOME-HELP PROGRAM with an appeal for volunteers (Devlin, 1985, Appendix A) brought a tremendous response, although not all respondents were suitable. Quite a few of the responses to the newspaper coverage were from women who could have been labeled as "high risk" themselves. While it is certainly commendable for such women to want to help another even less fortunate mother, it is best to use their services in some way other than intimate, one-to-one contact with a client family. The reason for this is twofold; the first reason being purely economical. A person who does not enjoy a financially secure life is sometimes unable to serve when and where needed. Some of the HOME-HELP families in greatest need are in outlying rural locations so gas money is always an issue. More importantly, however, is that it could prove disadvantageous for everyone involved to have a person who may not have sufficiently worked through her own personal problems paired with

another who suffers from much the same problems. For this reason, careful screening of volunteers is essential. It is also for this reason that program presentations by the Program Director to interested civic groups have proven to be the best way to recruit volunteers, as the membership of these groups is made up largely of mature, financially secure, and settled women; and it is they who make the best volunteers.

Volunteer Training

Training of volunteers is essential if they are to develop an empathic understanding of the stresses and strains with which their client-parent is confronted. Appendix D shows an example of a volunteer training schedule. Volunteers must be taught to align initially with the parent and to focus on the parent's problems and concerns with special attention being paid to helping with concrete problems. Volunteers should try to immediately reverse the pattern of unmet needs and foster attitudes of strength and self-reliance. Breton (1981) points out that in order to resocialize abusive parents the volunteer must first nurture them, lending them ego strength. Volunteers must use their empathic understanding to help parents out of their helpless and hopeless role, and education primarily involves modeling appropriate behaviors.

A volunteer must constantly redefine a family's problems as being caused by sociological risk factors rather than inherent problems of the parent and must use every opportunity to reframe the client's life and situation in a positive way.

Ideally for a HOME-HELP PROGRAM to operate smoothly and effectively, it will need the following attributes:

1. A team of trained lay professionals experienced in making home visits,
2. A system of referrals to the community network of helping agencies,
3. A program of broad-based recreational/educational activities designed to alter the social isolation patterns by increasing social networks, and
4. A system of program evaluation with pre-, post-, and six-month follow-up measures.

Program Impact

Due to the qualitative nature of the HOME-HELP PROGRAM reports, it is impossible to quantitatively measure the program impact. However, a review of past program reports, conversations with volunteers, as well as intimate observation of the families involved makes the author assured the program had a beneficial impact that will endure over time. Confidence about a lasting impact comes from the very structure of the HOME-HELP PROGRAM which had its emphasis on building and strengthening informal social support networks. When a program teaches a mother the means and ways to utilize the social supports available to her, the mother will be able to prosper, indeed improve, after program involvement ends. This should be the goal of any HOME-HELP PROGRAM: to empower a mother in her role sufficiently enough that she no longer needs the program.

One of the most telling indicators of the program's success was the level of interaction attained once a mother became involved with HOME-HELP. In almost all cases there was an initial hesitance, sometimes an

unwillingness to become involved with other people. The HOME-HELP group activities admittedly got off to a slow start. As mothers built trust in the volunteer who visited her, she would in time agree to participate in a group activity. First efforts to involve a mother usually centered on the Bargain Hunters Group since the participating mothers all seemed to enjoy that the most. In addition, the "charge accounts" at the thrift stores enabled a mother to profit initially from her interaction since she was able to make some purchases. The first few group meetings were a disappointment when only volunteers were present, however, within a few months' time HOME-HELP was recording almost total participation in the group activities.

Two behaviors that were indicative of a mother's moving out of their helpless and hopeless roles were (1) active seeking of aid and (2) active willingness to help others. When a mother begins to contact her volunteer or the HOME-HELP Office to request help with a pressing need or transportation assistance, it is a sign that she is becoming empowered in her role. An active willingness to help others was heart-warmingly displayed when all the mothers got together shortly before Thanksgiving to help bake pies and cakes that were donated to a community Thanksgiving dinner. Giving the mothers the opportunity to help others less fortunate than themselves was a wonderful antidote to the "holiday blues" that had previously plagued them. A most important indicator of the program's success as well as a mother's acceptance and valuation of HOME-HELP, would be when a client mother either recommended the program to a friend or requested HOME-HELP to seek out someone they knew to be in need of assistance. This was not an uncommon occurrence. Since many of the families lived in which Garbarino (1980) termed high-risk neighborhoods, most

of the people they interacted with could also benefit from involvement with a HOME-HELP PROGRAM. This empathic reaching out to others is evidence that the serious problem of social isolation is easing.

In terms of child care and housekeeping, both behaviors showed marked improvement as a mother became empowered in her role--the result of both increased sense of self and the practical assistance of the HOME-HELP PROGRAM. It bears repeating that these mothers were more unable rather than unwilling to adequately care for their families. These were cases of situational not criminal neglect. The HOME-HELP "charge accounts" at the local thrift stores were invaluable for taking care of basic household and clothing needs inexpensively. It was always telling to see a mother shopping, not for her own needs, but for the children she was assumed to be neglecting.

These very qualitative assessments indicate that the HOME-HELP PROGRAM was both accepted, valued, and valuable to the families involved. The following chapter will offer a summary of this thesis, as well as recommendations for future quantitative evaluative studies.

CHAPTER IX

SUMMARY

This thesis has examined the serious social problem of child abuse and neglect (CA/N). The reader has been presented with an explanation of the various risk factors that place a family at a high risk to suffer incidences of abusive/neglectful interactions. The risk factors have been characterized as being either biological risk indicators, psychological risk indicators, or sociological risk indicators. The biological indicators were seen as factors related to a child's biological makeup that place a child in a high-risk category. The biological risk factors include premature birth, low birth weight, and physical and/or mental defects. Psychological risk indicators were seen as factors related to the parent that placed them in a high-risk category. Psychological risk indicators include a history of abuse, lack of knowledge/skills, unrealistic expectations, and a sense of "learned helplessness" (Seligman, 1974). Sociological risk indicators were seen as environmental variables that place a family in a high-risk category and include social isolation and socioeconomic stress.

A discussion of the various risk indicators led to the conclusion that while biological and psychological risk factors are contributing factors to the problem of CA/N, the sociological risk indicators may be the determining factors. Prevention, intervention, and treatment

programs should then be designed to impact on the very important sociological risk indicators, social isolation, and socioeconomic stress.

The reader was introduced to a philosophy of prevention and an adaptation of the Prevention Model (Caplan, 1964) that has been used in the prevention of child abuse and neglect.

The HOME-HELP PROGRAM, a supportive outreach program which worked to prevent child abuse and neglect in high-risk populations by intervening at the sociological level, was introduced. The HOME-HELP PROGRAM was pretested January, 1985, through February, 1986, in Stillwater, Oklahoma. Three composite case history examples, one highlighting biological risk indicators, one focusing on psychological risk indicators, and one emphasizing the sociological risk indicators were presented as illustrative examples. Each risk area was discussed with specific references to the corresponding composite case history examples. The applicability of the HOME-HELP interventions was discussed for each risk area. It was seen that while the HOME-HELP interventions were designed to impact on the sociological risk indicators, they also, as a consequence of intervening at the sociological level, impacted to a lesser degree on the biological and psychological risk indicators.

Lastly, the reader was presented with a detailed examination of the HOME-HELP PROGRAM plans and a discussion of the program impact in the hopes that others may recognize the need for a HOME-HELP PROGRAM in their communities and try to emulate it. With this hope in mind, this thesis will close with some recommendations for future HOME-HELP PROGRAM directors.

Recommendations and Qualifications

The HOME-HELP PROGRAM can operate almost anywhere on a very limited budget. In the entire pretest period of over one year, the HOME-HELP PROGRAM was run on about a \$300 budget. The bulk of the money was used for the thrift store charge accounts where a little money took care of a good many practical household and clothing needs.

The HOME-HELP PROGRAM, to be successful, must have a director who has a thorough understanding of the etiology of the problem of child abuse and neglect and the ability to empathically share that knowledge with the volunteers. A HOME-HELP PROGRAM director must have commitment and the ability to network and coordinate among the various social service agencies for the benefit of the client families served.

Another important aspect for the success of the HOME-HELP PROGRAM is the volunteer. To insure success, volunteers should be actively recruited, carefully screened, and thoughtfully trained. The most important attribute that a volunteer should have is the ability to foster an empathic understanding and respect for the mother she works with.

Interagency interaction and cooperation will also determine the success of the HOME-HELP PROGRAM. One of the basic goals of the HOME-HELP PROGRAM is to involve client families with the various social service agencies that may be of help. This will, of course, require a thorough knowledge of all the support services available, as well as cooperation and communication among the various program staff.

Evaluation Possibilities

The HOME-HELP PROGRAM was not formally evaluated during the pretest period but offers the following suggestions for future evaluative studies

on its effectiveness. In each case it would be wise to conduct a pretest at the beginning of program involvement, a post-test after one year of program involvement, and a follow-up test six months after program involvement terminates. The six-month follow-up measures will be the most important in determining the program's lasting impact.

The simplest and most obvious evaluation to be made would be to measure any increase in a mother's social integration in the community. This could be done quite easily by simply asking a mother to list all the people and organizations she could turn to for assistance in time of need. Ideally, there should be a steady increase in the number and range of options a mother sees as being available to her.

To measure a parent's psychological propensity to abuse, one could utilize Milners (1979) Child Abuse Potential Inventory (CAP). The CAP inventory is a 160-item, client-administered screening device that calculates a person's potential to abuse by measuring dimensions of loneliness, rigidity, personal problems, and locus of control.

To measure the social environment there is the Moos (1976) Family Environment Scale (FES). The FES measures such variables as cohesion, expressiveness, conflict, independence, orientations, organization, and control within a family.

The Home Observation for Measurement of the Environment (HOME) Inventory (Caldwell, 1984) measures the quality of the home environment, and the Instrument for Systematic Assessment of Parent Attachment Behaviors (Floyd, 1981) is an assessment guide for measuring the degree of parent-child attachment.

Correlations between two or more measures would also give relevant and valuable information on the etiology of child abuse and neglect. For

instance, one could administer either the HOME or FES Inventories in tandem with the Child Abuse Potential Inventory to more accurately assess the correlations between the quality of the home environment and the parents' propensity towards abusive behaviors.

Any and all of these measures would provide useful insights into the effectiveness of the HOME-HELP PROGRAM interventions.

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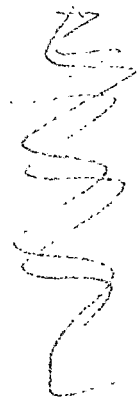
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APPENDIXES



APPENDIX A

NEWSPAPER COVERAGE OF THE HOME-HELP PROGRAM

Home Help Seeks Volunteers, Funds Locally

By Jean Devlin
Living Editor

Seven years ago, Barbara Murray had two premature babies, a toddler, a husband with a drinking problem, little money and even less hope.

Her babies were a reflection of the extremes of her life.

One healthy and plump who nestled against her breast with an eagerness for milk reminiscent of her own youthful lust for life.

The other a small infant who suckled listlessly and welcomed his mother with such anger that his little life almost slipped away. He would spend four months in a Tulsa hospital fighting for his life before returning home again.

"I remember opening the blanket one day," she says, "and his little body was just bones ... he looked like those starving children in Africa."

Although she was a college graduate, Ms. Murray admits, it took all her strength not to feel rejected by her sickly baby, when his brother was so open in his maternal affection.

Those years were hard ones for the young wife and mother.

Money became so elusive that she and her children sometimes had to go for days on corn muffins. There was always the stress of not being able to afford to give her sons the toys and clothes that came so easily to their friends. Going to the store became an ordeal, because she could rarely indulge the twins in foods most families take for granted, much less special treats like candy bars or pretty crayons.

And, of course, as a single-parent she had no one with whom to share her fears and concern.

There were times, she says,

when she sunk so low she didn't know if she would ever see the light again.

She had no family to turn to, and she is candid enough to admit that if it hadn't been for one Public Health nurse she might never have pulled herself out of that deep, dark hole.

"I'd still be there," she says, "but one person who cared about me came into my life."

That woman brought Ms. Murray back into contact with the "real" world. She offered moral support to a young mother struggling to deal with the demands of

twins and the stigma of being on welfare. She encouraged Ms. Murray to go back to school. And she offered her a glimpse of what her life could be.

It was a powerful lesson for Ms. Murray.

One that the young woman has adeptly mastered.

Ms. Murray is proof that a disadvantaged young person can become an advantaged adult.

Seven years later, Ms. Murray has her master's degree. She is an instructor at Oklahoma State University in the sociology department.

But, possibly, more

important, she is the founder of a local social service program designed to help people facing the same problems she did almost a decade ago.

She calls the program "Home Help."

Although, its stated mission is to nurture troubled adults so that they, in turn, can nurture their children, Ms. Murray admits, she hopes that the program's volunteers will turn out to be for others in need what that Public Health nurse was for her — "that one person who cares."

In nine short months,

Home Help has already worked with 11 local families. Each different. But still very much the same.

"These are socially isolated families," explains Ms. Murray. "They have no network of friends or family, no car, no phone. They're having trouble just taking care of the basic things in life."

She knows the realization that such people exist depresses some.

She also knows that many dismiss the number of such families as exaggerated, and that bothers her.

"We may have helped only

Ms. Murray says that Home Help pairs one caring person with one needy family. The volunteer provides basic support — transportation, a shoulder to cry on, babysitting — to the family. For people with less time, the program also needs volunteers to help do short-term general tasks.

"And of course," adds Ms. Murray with a grin, "we always could use funds."

A little money goes a long way with Home Help. Their only donation so far has been \$75 last March from a local church group, but that money bought many shoes, shirts and necessities from area thrift shops, says Ms. Murray.

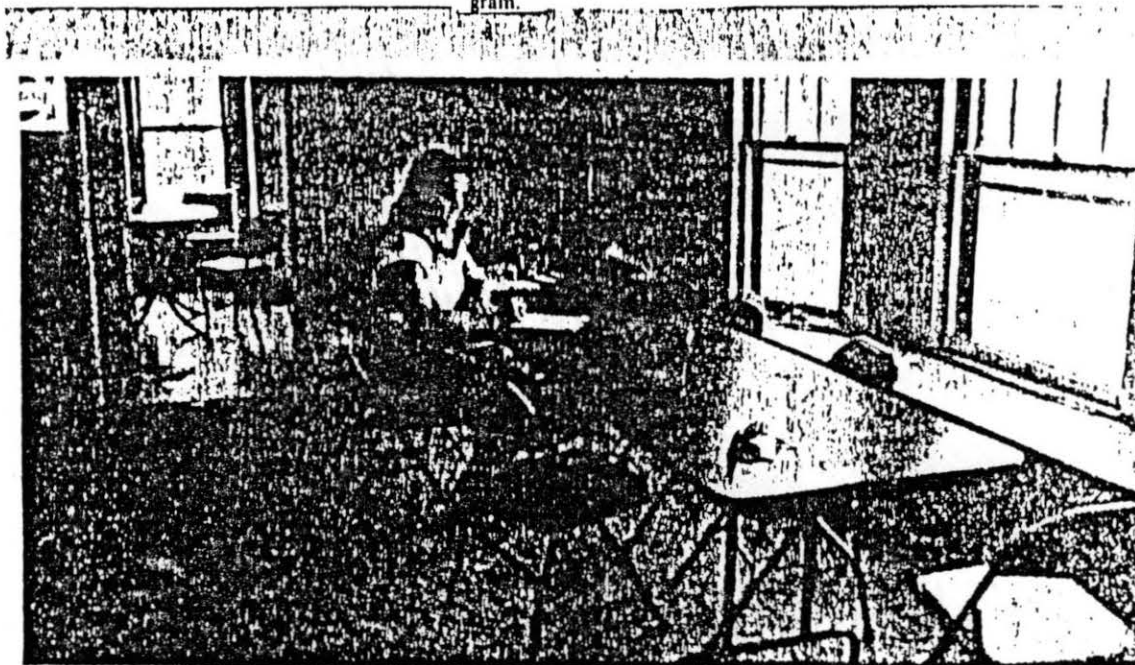
11 families so far," she says, "But there are many more we don't know about, and many more than we can help."

She can talk eloquently about a young couple, the wife a teenage mother, with a small, premature baby who has been pestered since birth by illness.

She can speak knowledgeably about families too poor to own a broom to clean their home; to shy about their condition to easily welcome strangers into their abode.

In the last nine months since she launched Home Help, she has become as well acquainted with local families in need as probably anyone in the county. And sometimes it seems, she says, that those who God has dealt the poorest hand are destined to always draw the lowest card of the deck.

Because she has experienced firsthand many of the frustrations of these people, she says, she is able to anticipate many of the things that might offend or insult. She hopes to pass that sensitivity on to the volunteers she will be training in the next few months for the local Home Help program.



BARBARA MURRAY PLANNING FOR VOLUNTEER TRAINING

Director's Past Spawned Home Help Idea

By Jean Devlin
Living Editor

The mission of Home Help is to nurture parents so that they, in turn, can nurture their children, says Barbara Murray, founder and director of the nine-month-old Home Help program.

It may seem a simple goal, but it's not.

According to Ms. Murray, who is also an instructor in the sociology department at Oklahoma State University, if adults have never been nurtured themselves, it may be difficult for them to extend a loving feeling to their children.

What often happens, she says, is a cycle of violence that often results in child abuse.

To some, it may seem an indirect approach to treat the parent instead of the abused child, but Ms. Murray couldn't disagree more. In her opinion, reaching the adult may be the only way to permanently stop a history of family violence.

"You must reach the parent if you're to ever touch the child," she says.

She says the Home Help program is based on that concept.

Because research shows that abused children, often become child abusers, Ms. Murray says, it is imperative that society begin to address the subject of the adult caregiver. Although some

Her own experience (See related story above) as an isolated mother with young children to raise with few if any resources taught her the importance of having a lifeline to the outside world.

adults may have problems with roots so deep that they could never be pulled free, Ms. Murray believes most troubled adults are just in need of "one person who cares about them."

A Public Health nurse was that link for her, she says.

It was that experience that sparked Ms. Murray seven years after the lowest valley of her life to author a

program aimed at helping socially isolated families. She began the Home Help program as an internship project in conjunction with her studies at OSU.

But it quickly grew to be more than just a homework assignment.

She began to realize, as others have before her, that there were certain common denominators among parents inclined to abuse and/or neglect their children.

Social isolation, low self esteem, feelings of hopelessness, a sense of incompetence, lack of basic parenting skills or low socioeconomic status in a family are like straw waiting for a match.

To compound the problem, these troubled families are often socially isolated from the very governmental services that are designed to help them. "These people often have no phone, no car," explains Ms. Murray. "They don't know how to reach the agencies that could help them."

Home Help is designed to provide that necessary link with the outside.

Persons interested in volunteering should call Ms. Murray at (405) 377-2344.

APPENDIX B

HOME-HELP PROGRAM MONTHLY REPORTS

HOME-HELP PROGRAM - REPORT TO THE BOARD
Barbara P. Murray, Program Director
September 4, 1985

History

The Home-Help Program of the Parents Assistance Center was started as an internship project by Barbara Murray, current program director. Previous research and personal experience both played a part in laying the groundwork for the program plans. The Home-Help Program would be a supportive outreach program with the goal of preventing child abuse and neglect in high-risk populations. In late December, 1984, I visited with Norma Martin of the Tulsa Parents Assistance Center. I spoke extensively with Norma about her work as a caseworker in the Tulsa PAC's home visitation program and accompanied her on some home visits. The Home-Help Program then started in January, 1985, with the organization of Stillwater's Parents Assistance Center.

Clients

In its first seven months of operation the Home-Help Program has worked closely with 11 families. There have been 14 adults and 20 children served. Of the families we have worked with, eight are headed by single mothers, one is headed by a single father, and two families are intact. All these families are experiencing serious financial difficulties, and all are severely socially isolated. Only two have use of a telephone. None report a network of friends and/or relatives that they can turn to in times of crisis. Quite often, the Home-Help volunteer is the only "friend" they have.

Volunteers

Volunteers are the heart of the Home-Help Program. The volunteers work individually with their client families in whatever capacity is needed. Most of the help they give is of a practical nature, i.e., providing transportation to grocery stores or clinic appointments. In their interactions with their client families the volunteers always seek to model positive nurturing behaviors. Home-Help has utilized the services of nine volunteers, six females and three males.

Interagency Interaction

The Home-Help Program has been incorporated into the network of community helping agencies. We have received referrals and/or worked with the following agencies: Department of Human Services, Payne County Guidance Clinic, Payne County Health Department, Stillwater Medical Center, Action Inc., Birthright, and The Family Resource Center.

* * * * *

The Problem

There are certain situational indicators that a parent may be at high risk to potentially abuse and/or neglect their children. Chief among these indicators are: social isolation, low self-esteem and feelings of hopelessness or incompetence on the part of the parent, lack of basic parenting skills, and low socioeconomic status.

The Purpose

Home-Help is the preventive outreach program of the Parents Assistance Center. The program works to prevent incidences of child abuse and neglect through in-home parent support and training. Volunteers work with families in what I call the TEAM approach. We reach our client families Through Education And Modeling.

The Goal

The Home-Help Program works to change the social isolation patterns of referred high-risk families, take care of basic household and clothing needs inexpensively, and provide a series of positive nurturing experiences that give warmth and acceptance to the parent, thereby enabling them to give warmth and acceptance to their children.

* * * * *

Future Plans

The Home-Help Program went so quickly from an idea to a reality that there has been a rather haphazard approach to the recruitment and training of the volunteers. This has led, unfortunately, to a high turnover of volunteers due to "volunteer burnout." This is unfortunate not only for the program, but more importantly, for the client families involved. Through the past summer the director of Home-Help has been working on a program to provide more extensive volunteer training, as well as more concrete program plans. It is hoped that these plans will provide more structure and group support for the client families and the volunteers who are paired with them.

Volunteer Recruitment and Training

Present plans are to have volunteer recruitment through the newspaper in the month of September. I would like to arrange weekly articles in the Family Living section on the problem of child abuse and neglect, the intervention provided by the Home-Help Program, and a plea for interested persons to sign up for the training program. The volunteer training would be held October 1 through October 24, Tuesday and Thursday 10:00-12:00 at the Parents Assistance Center. There will be a total of sixteen hours training. Ideally, each training session will present a guest speaker, a relevant film, and a handout of pertinent information. The training sessions will cover such topics as: a general overview of the problem, the dynamics of child abuse and neglect, and understanding of child abuse and neglect using the myths set forth by O'Brien in Child Abuse; a Crying Shame, child development, the Home-Help Program, available community resources, and confidentiality.

Types of Volunteers Needed

The Home-Help Program will seek to recruit three different types of volunteers:

1. We will be recruiting those who can make a firm commitment to work closely over time with one family. This type of volunteer will need to be able to commit four hours a week minimum with their assigned family.
2. The Home-Help Program will try to develop a team of interested people who would like to help but are unable to make the long-term commitment required for intimate contact with one family. Their services would be used for emergency transportation and/or child care as the needs arise.
3. The Home-Help Program will recruit people who would be willing to contribute funds for such items as are discussed below under "Need for Funding."

New Program Plans

In an effort to provide the Home-Help Program with more structure and group support, the following program plans have been developed. Each part of the program addresses different real needs of the people we work with, while at the same time, works to expand the important social networks that could support these families in times of stress. The program will be built on the following weekly group activities:

Bargain Hunter Group - The first Thursday of each month the Home-Help participants will meet and shop as a group at the local thrift stores. This part of the program will take care of some basic household and clothing needs inexpensively, with the added benefit of group

interaction. Home-Help will provide free child care (church sponsored) so the parents will also be able to enjoy a few hours free from responsibility.

Family Fun Group - The second Wednesday of each month the volunteers with their own families and their client families will all meet together in the evening for some fun-time activities. We may play miniature golf, spend the evening bowling, or have a potluck picnic. This part of the program will enable the families to enjoy some fun activities that they normally may not be able to do. The volunteers' natural interactions with their own families will provide some good modeling for effective parenting skills.

Treasure Hunters Group - The third Saturday of each month the volunteers and parents will meet early in the morning to search garage sales and scout the local flea markets. Child care will be provided by Stillwater's Young Volunteers in Action, and the goals for this part of the program are the same as those in the Bargain Hunters Group.

Table Talk - The fourth Thursday of each month the volunteers and parents will meet on a rotating basis at different participants' houses. Most families we work with receive food stamps, and this part of the program will help them make the most of their food dollar. We may have a speaker talk about how to save money through couponing and refunding. Another time we may have a butcher demonstrate how to buy meat economically. An added plus to this part of the program is that it may encourage the participants to take more pride in their homes, at least for the month we meet at their places.

Program Evaluation

Current plans are to have psychology graduate students, under the direction of Dr. Pamela Dorsett, conduct the evaluative studies. We will be wanting to measure the quality of the home environment and the degree of social isolation both before and after program participation.

Need for Funding

The Home-Help Program is seeking funds for the following priority items:

1. Transportation reimbursement. Presently the volunteers give not only of their time and compassion, but many have substantial out-of-pocket expenses. Gas money is always a problem as some of the families in greatest need are in outlying rural locations.
2. Monthly Gift Allowance. I would like the volunteers to have a monthly amount (perhaps \$25) for use in taking care of immediate needs or to just be able to take a parent out for a milkshake once in awhile. Many of the volunteers do this on their own, but I am only too aware that the more volunteers have to reach

into their own pockets, the greater the chance of "volunteer burnout."

3. Shopping Allowance. I would like to be able to supplement the amount families can get together for our bargain hunting forays. I would like to have enough funding to be able to open "accounts" at the local thrift stores.
4. Volunteer Recognition. I would dearly love to be able to have the funds available to reward the volunteers for their efforts. To be able to take them out to an awards dinner once or twice a year would not cost much and would be well worth the money. These volunteers give very selflessly and richly deserve to be rewarded for their efforts.

HOME-HELP REPORT TO THE BOARD
October, 1985

Statistics

7 volunteers: 7 hrs. home visits
12 hrs. Buddy Program
22 hrs. volunteer training

Client families served: 7 families
8 adults
14 children

Program Director's hours: 45 hrs. 45 min. office
12 hrs. 15 min. home visits
4 hrs. 30 min. volunteer recruitment,
fund-raising, publicity

Publicity

Home-Help was pleased with the publicity it received in the News-Press 10/6/85. I apologize for the perceived slight. In the future I will be sure Parents Assistance Center is mentioned. The article received a good response from the community, including two self-referred clients, seven volunteers, a donation of funds, and a promise of more.

Volunteers

Home-Help received applications for seven new volunteers. We are utilizing the services of five. Two are involved in the Buddy/Nurturing Program. One will be working on continued fund-raising. Home-Help welcomes back two former volunteers.

Volunteer Training

The volunteer training is being cut short one week due to poor attendance. Four of the seven volunteers are either full-time students or employees. I consider it a successful dry run. The curriculum was tested and the films reviewed for the next session (April 86). Thank you to Bud, Carol, Sam, and Godfrey for their assistance.

Fund-Raising

Home-Help received a \$100 donation from a private citizen in response to the NewsPress coverage. The sixth floor of Wentz Hall is planning a "dime a Day" for a Home-Help Christmas party. Mary Kitchel, a new volunteer, is in charge of continued fund-raising for Home-Help. Mary is already hard at work on Christmas, and we are really glad to have her help. Home-Help has applied for a \$3,000 matching grant from Project Home Town America sponsored by American Express. Home-Help has requested one of the free cars to be given away by SWBT. The car will be given to a client family.

Request for Funds

Home-Help would like \$40 to open "charge accounts" at the local thrift stores. Program plans to not formally start until January, 1986, however, some clients may need a "buffer" in the coming holiday season.

HOME-HELP REPORT TO THE BOARD
November, 1985

Statistics

3 volunteers: 10 hrs. home visits
12 hrs. fund-raising (Christmas Party)

Client families served: 6 families
8 adults
10 children

Program Director's hours: 16 hrs. office
7 hrs. home visits
11 hrs. other (meet with volunteers,
related Task Force, and Committee
meetings)

Activities

Thanksgiving - The ladies of the Home-Help Program baked pumpkin and apple pies for the Thanksgiving dinner at Action Inc. Groceries for the project were donated by Domestic Violence. This was the first time all the mothers and children were together, and it was enjoyable for everyone. The mothers had a chance to feel worthwhile by helping others.

Because of the generous help of many concerned citizens who donated dish stamps (promotion of IGA Supermarket), all the families of Home-Help celebrated Thanksgiving with new dishes at no cost to anyone.

Thrift Stores - "Charge accounts" have been established at the Salvation Army and St. Andrews thrift shops with \$20 on account at each location. Now when a volunteer sees an immediate need in a home, it can be taken care of quickly and economically. The Lieutenants and church women have been very cooperative in helping set up this very important part of the program.

Home-Help requests an additional \$40 for January 7, 1986, to replenish these accounts.

Fund-Raising

Home-Help is pleased to have had its \$3,000 matching grant application to Home Town America selected for further consideration. The

program will be reviewed on a national level, and the final application is due January 3. Because the deadline is so near, I request the Board's immediate consideration of the following items:

1. Letter confirming matching funds (see attached, 1g). My salary is approximately \$2,760 a year. A letter committing \$3,000 is over by only \$240 and would take care of the needed matching funds. In lieu of this, a letter confirming my salary alone would go a long way towards satisfying the requirements.
2. I need help on the attached (Section 5) Fiscal Agent Agreement. Please note (#2) that a separate account will need to be kept for Home-Help. A proposed budget is attached.

Project Hometown AmericaSM

Section 4

Budget Information

4 a What is the total current annual budget (if any) of the applicant group, excluding the money being requested from Project Hometown America? \$ _____
 List source(s) of this funding (government, grants, thrift shops, etc.): _____

4 b Specify how Project Hometown America funding dollars will be used by completing the Project Budget form listed below. *NOTE:* The funding period for Project Hometown America will be 2/1/86 to 12/31/86.

Budget for Project Hometown America Funded Project

	Project Hometown America Funds	Matching Funds	Other Funds	Total
Income	3,000	3,000		6,000
Expenses				
Salaries, employer share of benefits, payroll taxes, etc. (see question #4 e)		2,760		
Supplies (small supplies for PROJECTS)	480			
Telephone		120		
Postage and shipping	60			
Rent or mortgage and utilities				
Purchase or rental and maintenance of equipment (typewriters, computers, copiers, etc.)		120		
Printing/publication costs (design and printing of brochures, etc.)	120			
Travel (out of town and local, etc.) no reimbursement	360			
Major equipment or materials expenditures* (specify)				
Other (specify) List any major expense item not requested above.	1200 <small>Thrift Store Charge Accts</small> 300 <small>Crash-hand</small> 360 <small>Available for materials workshops</small> 240 <small>Volunteer Registration</small>			
Total Expenses	3,000	3,000		

*Please attach _____ for any major equipment or materials expenditures anticipated

HOME-HELP REPORT TO THE BOARD
December, 1985

Statistics

6 volunteers: 12 hrs. child care
4 hrs. home visits
6 hrs. fund-raising

Client families served: 6 families
8 adults
10 children

Program Director's hours: 12 hrs. office
16 hrs. home visits
6 hrs. related Task Force and related
Committee meetings

Activities

Two Home-Help families were helped to take advantage of the Christmas Store. Each worked four hours helping to set up the store and earned "points" to be spent there. The Christmas Store was a good experience that (1) got them involved with other people and (2) gave them a legitimate means to "earn their own way."

Home-Help enjoyed a Christmas party at the PAC house 12-17-85. We had an almost perfect turnout with many mothers bringing homemade treats to share. Thanks to the fund-raising efforts of Mary Kittchel and Brother and Sister Ramsey, all the Home-Help mothers received new coats, and the children got toys, hats, and mittens.

Fund-Raising

The final application for the Home Town America grant has been submitted. Deadline to receive notification of funding is 2/17/86.

Home-Help is in the process of developing a grant to be submitted to the Oklahoma Child Abuse Trust Fund. The grant will be for approximately \$5,000 and will be used to provide a \$25 per week stipend to senior citizen volunteers (from the RSVP program) to be paired with two Home-Help families at a time. I would like to foster a symbiotic relationship between seniors with time and affection to spare with young families who need both. Deadline for submission of this grant application is 2/17/86.

Home-Help has received word from Southwestern Bell that we will not be getting one of their giveaway cars (see Board Report of 10-85).

HOME-HELP REPORT TO THE BOARD
January, 1986

Statistics

6 volunteers: 12 hrs. child care
6 hrs. home visits

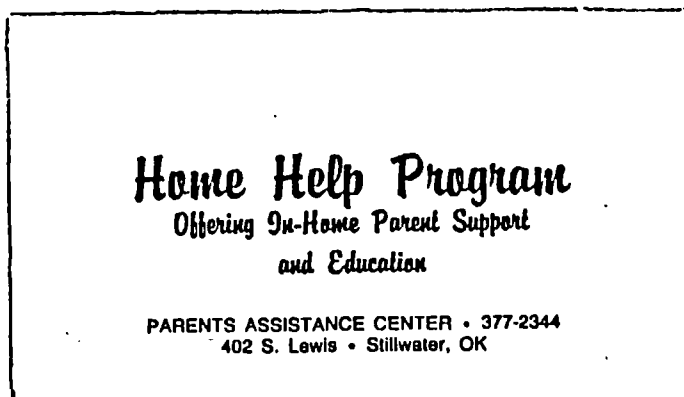
Client families served: 5 families
7 adults
8 children

Program Director's hours: 16 hrs. office
12 hrs. home visits
4 hrs. group activities
8 hrs. related Task Force and Committee
meetings

Activities

Home-Help had its first meeting of the Treasure Hunters Group 1-13-86. Three students from OSU have volunteered to regularly provide child care for this aspect of the program. Mothers and volunteers visited Mihura's Auction and The Cimmarron Ballroom Flea Market.

Home-Help has ordered business cards for the program. The thrift stores have requested we have something to distinguish the volunteers. (We will laminate them.) In addition, we will use the cards to set limits on purchases (i.e., we can write "up to \$5" on the back).



Fund-Raising

Home-Help has been given a \$100 donation to buy winter coats. As that need has already been taken care of through the thrift store charge accounts, the money is being used in the following way: (1) \$40 went to replenish the charge accounts, (2) \$50 is being used for the purchase of satin baseball jackets, and (3) the remaining \$10 will be used to have the children's names embroidered on their jackets. Because the majority of the Home-Help Program children's clothes are bought secondhand, it is felt that a personalized jacket will be a prized possession. The Home-Help Program Director is currently working on some "creative finance" with area stores to buy eight jackets for \$50.

APPENDIX C

VOLUNTEER RECRUITMENT PAMPHLET

Home Help Program

377-2344

OF THE

Parents Assistance Center
402 S. Lewis
Stillwater, Oklahoma

What you need to be a volunteer:

- Access to a car and telephone.
- Time for training, client contact and consultation.
- A degree in Caring.
- A firm commitment to help.

What you can accomplish:

In addition to the satisfaction that comes from knowing that you have made a difference in the future of a family, *Home Help* offers the volunteers:

- Quality training in communication skills, child abuse/neglect dynamics, community resources, child development and management.
- Job recommendations.
- Costs reimbursement.

Child Abuse and Neglect

is a

Serious Social Problem

Last year, in Oklahoma alone, over 18,000 children suffered.

YOU

can be part of the solution.

THE *HOME HELP* PROGRAM
OF
THE PARENTS ASSISTANCE
CENTER

offers training and support for volunteers interested in working with families under stress.

Correlates of Abuse

Social Isolation

Often, the families we work with have very limited social interaction. They have no relatives or friends with whom they visit. Often, there is no car or telephone.

Socioeconomic Stress

Many of the parents we work with are experiencing difficult financial problems. The consequences of this stress may be child abuse/neglect.

Lack of Knowledge/Skills

Often, families may not have basic housekeeping or child care skills. They may have unrealistic expectations of what their children can or should do.

Home Help Intervention

Social Isolation

Home Help works directly in the families home. Trained volunteers make regular visits and become a friend to someone who needs one. Home Help is a very flexible program. Our intervention strategies are dictated by the needs to be met.

Socioeconomic Stress

Home Help links families to various social service agencies that may be of help. Volunteers provide trans-portion and may help with paper work. With friendly advise, they may help a family make a workable budget.

Lack of Knowledge/Skills

Through the use of 'guided friendship' volunteers become role models for a family. We do not do for them, but we teach, help, guide and encourage. We help parents develop realistic expectations of their children.

Home Help Goals

Social Isolation

Home Help seeks to involve the families with social contacts. Our program plans offer many opportunities for group interaction and involvement.

Socioeconomic Stress

Home Help tries to help families make realistic and responsible plans to make the best possible use of what resources they have. The goal is to help families become self-sufficient.

Lack of Knowledge/Skills

Home Help wants parents to become competent and caring homemakers. We want parents to have realistic expectations of their children and to know effective parenting skills.

APPENDIX D

VOLUNTEER TRAINING SCHEDULE

HOME-HELP VOLUNTEER TRAINING PROGRAM
SCHEDULE OF EVENTS

October 22

Topic - Overview of Child Abuse and Neglect Statistics (Payne County)
Speaker - Dian England (DHS)
Film - The People Next Door (OSU)
Handout - My Neighbor Was Abusing Her Child

October 24

Topic - Dynamics of Child Abuse/Neglect, Difficulties in Defining
Speaker - Godfrey Ellis
Film - Ordinary People (from PAC of OKC)
Handout - Conspiracy of Silence

October 29

Topic - Understanding Child Abuse and Neglect (Shirley O'Brien Myths
from Child Abuse: A Crying Shame)
Speaker - Barbara Murray
Film - Cradle of Violence (from PAC of OKC)
Handout - The Pass-Along Problems of Parenting

October 31

Topic - Child Development
Speaker - Sherre Davidson (Payne County Guidance)
Film - Hello Baby (OSU)
Handout - Child Abuse That Scars the Spirit

November 5

Topic - Home-Help Program
Speaker - Barbara Murray
Film - Don't Give Up on Me (from PAC of OKC)
Handout - Young Mother Reaches for Help
Teaching Parents the Basics
Hawaiian Program Prevent Abuse Before Child Is Born

November 7

Topic - Community Resources
Speaker - Mary Lee Warren (Special Services Helpline)
Film - A Chain to be Broken (from PAC of OKC)
Handout - Natural Helping Networks

November 12 .

Topic - Role Play, Listening Skills
Speaker - Jane Vantyne (Stillwater Domestic Violence)
Film - Listening, the Problem Solver
Handout - Parent Support Groups to Prevent Child Abuse

November 14

Topic - Confidentiality
Speaker - Al Carlozzi (OSU FRCD)
Small Awards Ceremony Presenting Certificates of Achievement

APPENDIX E
GRANT PROPOSALS



Parents Assistance Center of Stillwater

402 South Lewis, Stillwater, OK 74074 Phone: (405) 377-2344

December 31, 1985

Project Hometown America
PO Box 19484
Alexandria, VA 22320

Gentlemen:

Enclosed is a final application for Project Hometown America funding. The Home Help Program is pleased to have been chosen for further consideration.

Attached also please find:

- 1) A letter of commitment for matching funds.
- 2) A Xerox copy of a letter to the IRS requesting proof of tax exempt status.
- 3) An example of the newspaper coverage of the Home Help Program.

Thank you for your kind consideration for this most worthwhile program.

Sincerely,

Barbara P. Murray
Home Help Program Director
Parents Assistance Center
402 South Lewis
Stillwater, Oklahoma 74074

03193

NO CRT Y

Project Hometown AmericaSM

BARBARA P. MURRAY
402 SOUTH LEWIS
STILLWATER, OK 74074

Project Information

- 1 a** Project Name: Home Help Program/Parents Assistance Center
- 1 b** Contact Person (Individual with authority to make commitments on behalf of program):
 Name Barbara P. Murray
 Address 402 South Lewis
 City/State/Zip Stillwater, Oklahoma 74074
 Telephone # (405) 377-2344
 Affiliation of contact person to applicant group: Program Director for Home Help Program
- 1 c** Applicant Group:
 Name Parents Assistance Center/Home Help Program
 Address 402 South Lewis
 City/State/Zip Stillwater, Oklahoma 74074
 Telephone # (405) 377-2344 Tax exempt # 73-1143623
 If group does not have tax exempt status, please fill out question #1 d below.
 If applicant group is tax exempt, attach copy of Internal Revenue Service letter confirming this status.
 Please see attached letter requesting same.
- 1 d** Fiscal Agent: Applicable only if applicant group does not have tax exempt status (see question #1 c).
 List non-profit group, community service agency, church, government office, school or other umbrella organization.
 Name _____
 Address _____
 City/State/Zip _____
 Telephone # _____ Tax exempt # _____
 Please attach completed Fiscal Agent Agreement (Section 5) and copy of Internal Revenue Service letter confirming tax exempt status.
- 1 e** Amount of funding requested from Project Hometown America: \$ 3,000
- 1 f** The funding period for Project Hometown America will be 2/1/86 to 12/31/86. We expect funds to be ready for release to approved projects on 2/1/86. If your project is selected for funding, date by which you can begin 2-15-86. Funds will be released shortly before start date of project. Expected completion date of project (if any) project will be ongoing
- 1 g** Are local matching funds for this project:
 Firmly committed? XX Attach commitment letter.
 Being sought? _____ From whom? Parents Assistance Center
 Note: In-kind contributions may not be used as source of matching funds. Monies in existing budget may be used if board of directors or authorized officer designates those funds. Please attach letter confirming this action.

Project Description**2 a** Describe your project.

Home Help is a preventive outreach program of the Parents Assistance Center. The program works to prevent incidences of child abuse and neglect by offering in-home parent support and education. Home Help matches volunteers one on one with client families in what we call the TEAM approach. We reach our client families Through Education And Modeling.

2 b Describe the pressing community problem that your project will address. Be specific and give examples. Include current data, if available. You may attach *one* newspaper article or other document verifying need.

Home Help works to support families under stress with the goal of preventing incidences of child abuse and neglect. It is our working philosophy that when a parent feels better about themselves they will be able to better nurture their children. Child abuse and neglect is a very serious, though unrecognized problem in our community. In 1983 the local Department of Human Services received 184 reports of child maltreatment. In 1984, there were 282 reports, and in 1985 there were over 356 reports. This is a dramatic increase in an already very serious social problem.

2 c Explain how your project is an innovative approach to solving this problem.

Home Help is innovative in its approach of working with families in their own homes. In working with families experiencing difficulty in their parenting role it is important to be cognizant of the environmental factors. Visiting with families in their home environment is crucial to developing an empathic and compassionate understanding of their problems. Additionally, the continued long term involvement with one family enables the volunteer to network the family through the existing helping agencies. This insures that the many, often unspoken needs, are met with little duplication of effort.

2 d List the specific measurable objectives of your project. Example: Project will reduce drunk driving by 15% by January 1, 1987.

Home Help will measure its success by quantifying such variables as the quality of the home environment (basic housekeeping, childrens needs being met, adequate diet, ect.), mothers degree of "social connectiveness" (how many people and/or agencies she can identify as possible allies in times of need), and mothers feelings of self esteem and sense of self worth.

2 e What is your project's plan for meeting these objectives? Give a rough timetable with key activities for the funding period.

Home Help program plans call for weekly group involvement to help combat problems of social isolation. Child care is provided by both young and older volunteers to give parents a much needed "mothers day out". Basic household and clothing needs are being met inexpensively through group forays to garage sales and local thrift stores where the Home Help Program maintains "charge accounts". Very basic needs are being met economically while the mothers and children benefit from group interaction and involvement.

2 f How will you measure whether your project has been successful in meeting these objectives?

Evaluation of the Home Help Program will be carried out by Oklahoma State University Psychology Graduate students under the direction of Dr. Pamela Dorsett. Specifically, we will be measuring the quality of the home environment, degree of social isolation, and mothers personal feelings of self worth, both before and after program involvement.

2 g Who will benefit from the services of your project? Be specific. How will they learn about and use your services?

Any parent experiencing difficulty in the parenting role could benefit from the Home Help Program. However, the typical client family consists of a very young, often single and economically disadvantaged mother, paired with a "special needs" child. The Home Help Program has formed important linkages with the local Department of Human Services, the County Health Department, and the Community Guidance Center, with many of our client referrals coming from these agencies.

2 h Describe how your project will serve needs not presently addressed in your community.

Our community is fortunate to have a wide variety of helping agencies that provide various services to people in need. Unfortunately, many of the people most in need of the services are unable to take advantage of them. The two biggest problems are lack of knowledge about the available aid and a lack of transportation to take advantage of it. Home Help volunteers provide the necessary linkages by making those in need aware of the available help, and providing transportation to the various agencies.

Community Involvement

3 a List the organizations and key individuals involved in your project. Describe the role that each will have in the project. Describe how the project will create new coalitions among these organizations and individuals.

Mary Lawler - President, Board of Directors of the Parents Assistance Center, Stillwater, Oklahoma.

Marsha Barnes - Executive Director, Parents Assistance Center.

Barbara Murray - Home Help Program Director. Author of program plans, responsible for volunteer recruitment, training and supervision.

Pamela Dorsett - in charge of evaluative studies.

Mary Kitchel - Fund raising chairwomen.

3 b What role will volunteers play in your project? To what extent will these volunteers be people who have never participated before in community service activities?

Volunteers are the heart of the Home Help Program. Volunteers work individually with their client families in whatever capacity is needed. Much of the help they give is of a practical nature, i.e. providing transportation to grocery stores and clinic appointments. In their interactions with their client families volunteers always seek to model positive nurturing behaviors. Home Help is beginning a program to use both young people (Stillwater Young Volunteers in Action), and older retired citizens (Retired Seniors Volunteer Program, RSVP) to provide child care on a weekly basis.

3 c Will your project involve the local business community? In what ways?

The local bussiness community has been very supportive of the Home Help Program and has consistently provided needed materials in response to specific requests. Home Help has the cooperation of the local thrift stores and the Salvation Army in maintaining "charge accounts" so volunteers can take care of immediate needs in a family as they arise. In the comming year Home Help will be working with retired telephone company workers on a program that would provide local telephone service to the Home Help clients. This will be important in combatting the problem of social isolation that is so prevelant among the client families Home Help works with.

3 d Outline how your project will stimulate local public awareness of the problem (e.g., via local newspaper and television coverage, brochures, strategically placed posters, or by contacting local politicians and community groups, etc.). Be as specific as possible.

Home Help has been fortunate to have the support and backing of the Living Editor of the local newspaper. Quality coverage of the program has brought much community support and networking opportunities. Home Help has developed an informational pamphlet which is displayed in various locations. Additionally, fund raising talks to local churches and civic groups help publicize the Home Help Program and, more importantly, stimulate public awareness of the pressing community problem of child abuse and neglect.

Project Hometown AmericaSM**Section 4****Budget Information**

- 4 a** What is the total current annual budget (if any) of the applicant group, excluding the money being requested from Project Hometown America? \$ 2,760.00

List source(s) of this funding (government, grants, thrift shops, etc.): _____

Current salary paid to the Home Help Program Director by the Parents Assistance Center.

- 4 b** Specify how Project Hometown America funding dollars will be used by completing the Project Budget form listed below. *NOTE:* The funding period for Project Hometown America will be 2/1/86 to 12/31/86.

Budget for Project Hometown America Funded Project

	Project Hometown America Funds	Matching Funds	Other Funds	Total
Income	3,000	3,000		6,000
Expenses				
Salaries, employer share of benefits, payroll taxes, etc. (see question #4 e)		2,760		2,760
Supplies	480			480
Telephone		120		120
Postage and shipping	60			60
Rent or mortgage and utilities		120		120
Purchase or rental and maintenance of equipment (typewriters, computers, copiers, etc.)				
Printing/publication costs (design and printing of brochures, etc.)	120			120
Travel (out of town and local, etc.)	360			360
Major equipment or materials expenditures* (specify)	1,200 (Thrift store charge accts) 300 (cash on hand)			1,500
Other (specify) List any major expense item not requested above.	240 (Volunteer recognition) 360 (available for attending related workshops)			600
Total Expenses	3,000	3,000		6,000

*Please attach estimates for any major equipment or materials expenditures anticipated.

- 4 c** If total expenses are more than the Project Hometown America grant and local match combined, how will the difference ("Other Funds" column of budget) be met?

The proposed budget and available funds are equal for the Home Help Program. Fund raising is an ongoing activity and any additional funds are used for "family fun nights" and special craft projects.

Currently, most of the contributions Home Help requests, and receives, are in-kind contributions from the local business community.

- 4 d** Will your project be needed within the community after the Project Hometown America funding period? If so, how will the project be supported once the Project Hometown America funds are exhausted?

The problem of child abuse and neglect is not going to go away. Alarmingly, it grows worse each year, and with the increase in teen births, it is likely to continue to increase.

The Home Help Program Director is currently involved in a state wide Task Force for the Prevention of Child Abuse and Neglect as co-chairman of the Home Visitation Committee. Oklahoma has recently passed a Childrens Trust Fund, whose monies will be made available to prevention programs in the area of child abuse and neglect. The Home Help Program Director will be writing grants for additional and ongoing funding.

- 4 e** Specify the projected staffing of your project.

	Full time	Part time	Volunteer
Number of professionals	_____	<u>1</u>	<u>The volunteer force varies</u>
Number of support staff (clerical and others)	_____	_____	<u>with the number of client families</u>
Total staff	<u>1</u>	_____	



Parents Assistance Center of Stillwater

402 South Lewis, Stillwater, OK 74074 Phone: (405) 377-2344

December 27, 1985

Project Home Town America
Post Office Box 19484
Alexandria VA 22320

To Whom It May Concern:

This is to verify that the Board of Directors for Stillwater Domestic Violence/Parents Assistance Center has committed monies from the existing budget to provide matching funds in lieu of funding from Project Home Town America for the Home Help Program.

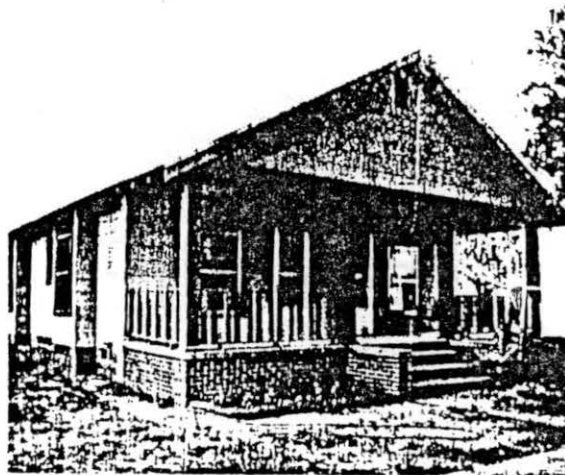
The Board of Directors passed and approved the matching funds on December 16, 1985 from our current budget. The Board stipulated that the matching monies be designated for a one year period only.

We look forward to hearing from you and welcome further inquiries. Thank you for your consideration of our request.

Sincerely,

Mary Lawler
Chairwoman
Board of Directors

ML: jv



APPENDIX F

DEVELOPMENTAL MODEL, CONTINUUM OF CHILD ABUSE
PREVENTION SERVICES

DEVELOPMENTAL MODEL
CONTINUUM OF CHILD-ABUSE PREVENTION SERVICES

Primary Prevention - Programs/services promoting the general welfare of children and families and preventing the first occurrence of child abuse and neglect in a family.

Secondary Prevention - Services/programs or professionals that identify children who are in circumstances where there is a high risk that abuse will occur and assistance, as necessary and appropriate, to prevent abuse or neglect from occurring.

Tertiary Prevention - Services provided after abuse and neglect has occurred which are designed to prevent the recurrence of abuse or neglect.

	<u>Primary Prevention</u>	<u>Secondary Prevention</u>	<u>Tertiary Prevention</u>
Prenatal and Neonatal Stage	<ol style="list-style-type: none"> 1. Childbirth Education 2. Childbirth & Neonatal Education for Fathers 3. General Media Information, TV, Radio, Newspapers, Books, Magazines 	<ol style="list-style-type: none"> 1. Medical and Health Professionals 2. Family Planning Clinics 3. Neonatal Nurseries 4. Homemaker Services 5. Adolescent Parent Education - Public Schools (Margaret Hudson Program) 	
Infancy (0-1 year year)	<ol style="list-style-type: none"> 1. ABC Mothers Group (After Baby Comes) 2. Infant Education Groups 3. General Media Information 4. Neighborhood Child Care Cooperatives 	<ol style="list-style-type: none"> 1. Medical and Health Professionals 2. Emergency Room Personnel 3. Maternal & Child Health Clinics 4. Guidance Centers 5. At Risk Clinic, Tulsa, OK 6. Mothers Day Out Programs 7. Crisis or Respite Care Programs or Shelters 8. Mothers of Twins Support Group 9. DHS/Child Welfare 	<ol style="list-style-type: none"> 1. Shelters 2. Foster Homes 3. Court Ordered Counseling/Therapy 4. Court Ordered Parent Education Groups - Nurturing Program 5. Possible Hospitalization 6. Community Multidisciplinary Sexual Abuse Projects

	<u>Primary Prevention</u>	<u>Secondary Prevention</u>	<u>Tertiary Prevention</u>
Toddler and Pre-school Child	<ol style="list-style-type: none"> 1. Parent-Child Education Program, i.e., P.E.T., S.T.E.P. or How to Talk So Kids Will Listen ... 2. Parent-Child Enrichment Program - Child Guidance Clinics 3. General Media Information promoting Parent-Child and Family Life 	<ol style="list-style-type: none"> 1. Parent Support Groups such as Parents Assistance Centers, Parents Anonymous 2. Parent Support Groups for Parents of Children with Developmental Disabilities 3. Preschool and Day Care Programs 4. Medical and Health Professionals 5. Domestic Violence Shelters 6. Crisis and Respite Care Programs 7. Mental Health Professionals 8. DHS/Child Welfare 	<ol style="list-style-type: none"> 1. Shelters 2. Foster Homes 3. Court Ordered Counseling/Therapy 4. Court Ordered Parent Education Groups - Nurturing Program 5. Possible Hospitalization 6. Community Multidisciplinary Sexual Abuse Projects
School Age Child	<ol style="list-style-type: none"> 1. Parent-Teacher Associations 2. Parent-Child Education Programs 3. General Media Information Promoting Family Life 4. Sexual Abuse Prevention Education Through Schools 	<ol style="list-style-type: none"> 1. Medical and Health Professionals 2. Mental Health Professionals 3. Public and Private School Professionals 4. Latch Key and After School Programs 5. Parent Support Groups 6. DHS/Child Welfare 7. Juvenile Justice System 	<ol style="list-style-type: none"> 1. Shelters 2. Foster Homes 3. Court Ordered Counseling/Therapy 4. Court Ordered Parent Education Groups - Nurturing Program 5. Possible Hospitalization 6. Community Multidisciplinary Sexual Abuse Projects
Adolescent Child	<ol style="list-style-type: none"> 1. Sex Education 2. Sexual Abuse Prevention Programs 3. General Media Information Providing Information on Adolescent Issues 4. Education on Child Development, Family Life Cycle, and Personal Life Skills 5. Parent-Adolescent Child Education 	<ol style="list-style-type: none"> 1. Medical and Health Professionals 2. Adolescent Clinics 3. Youth Services and Shelters 4. Mental Health Programs 5. Adolescent Parenting Programs 6. Public and Private School Professionals 7. DHS/Child Welfare/CRCS 8. Juvenile Justice System 	<ol style="list-style-type: none"> 1. Shelters 2. Foster Homes 3. Court Ordered Counseling/Therapy 4. Court Ordered Parent Education Groups - Nurturing Program 5. Possible Hospitalization 6. Community Multidisciplinary Sexual Abuse Projects

2
VITA

Barbara Percival Murray
Candidate for the Degree of
Master of Science

Thesis: PREVENTION OF CHILD ABUSE AND NEGLECT IN HIGH-RISK POPULATIONS:
DEVELOPMENT OF THE HOME-HELP PROGRAM

Major Field: Corrections

Biographical:

Personal Data: Born in Elizabeth, New Jersey, June 23, 1951, the daughter of Joseph W. and Evelyn R. Percival.

Education: Graduated from North Hunterdon Regional High School, Clinton, New Jersey, in June, 1969; received Bachelor of Arts degree in Psychology from Fairleigh Dickinson University in May, 1973; completed requirements for the Master of Science degree at Oklahoma State University in May, 1986.

Professional Experience: Teaching Assistant, Department of Sociology, Oklahoma State University, August, 1984, to May, 1986; Program Director, HOME-HELP PROGRAM, Parents Assistance Center, January, 1985, to February, 1986.