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The Ohio State University

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A COMMUNITY APPROACH TO THE PREVENTION OF CHILD ABUSE AND NEGLECT

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in the Graduate School of The Ohio State University

By

Sandra G. Bricker, B.A., M.A.

****

The Ohio State University

1986

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DEDICATION

For my parents, James and Geneva Goode who sacrificed to educate five children and who instilled in me a lifelong respect for education.

For my husband, Doug, whose love, support and quiet confidence in my abilities is always present.

For my children, Derek, Beau, and Alejandra for the inspiration provided by their presence, as well as their potential.
ACKNOWLEDGMENTS

My appreciation to:

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GREGORY TRZEBIATOWSKI, a major influence in my life, whom I hold in highest esteem as supervisor, colleague, adviser, and friend.

FRANK BANKS, colleague and friend of highest caliber whose guidance, personal and professional camaraderie I cherish.

THE AHEC STAFF: Sharon Ware, for those long hours after work helping to produce the final document, whose sensitivity and keen perception make an invaluable employee and friend; Annette J. Oren, a classmate, colleague and a friend for unflagging support and encouragement; to Jean Lewis for dedication and support on a daily basis; and to Al Emery for timely commiseration and assistance.
FRAN VEVERKA, an Ohio Tri-County Health Commissioner for Delaware, Morrow and Union Counties, her staffs, and especially her assistant, Nancy Shapiro; Dr. Jacy Showers, educator, researcher and expert in child abuse prevention; Dr. Steve Schuler and Dr. Charles Johnson, pediatricians; and the many other health and human services professionals participating in this study, without whose concern and dedication to the prevention of child abuse and neglect, many more children would be victims than those who are.
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CHAPTER I
INTRODUCTION

The Problem and Its Significance

A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone, attend to those things which you think are important. You may adopt all the policies you please, but how they are carried out depends on him. He will assume control of your cities, states and nations. He is going to move in and take over your churches, schools, universities, and corporations. . . . the fate of humanity is in his hands. . . . Abraham Lincoln

This study focuses on the prevention of child abuse and neglect, a problem that strikes at the root of a nation's striving for its best future. A midwestern American community has been selected for in-depth study of the problem at a local level.

The intent of the research is to develop and apply a model for a community approach to the prevention of child abuse and neglect. The model assists in analyzing the problem within three contextual frameworks, i.e., (1) the past history of the problem in this country, and specifically in the study of the community; (2) the
current status of the community and the problem; and, (3) a possible strategy for the community to address the problem in the future. Four data sources, coupled with appropriate qualitative analytic strategies, were utilized: (1) taped interviews of 44 health and human services professionals within the community, (2) an analysis of 31 community organizations and programs related to child abuse and neglect, (3) public records and research documents, and (4) an analysis of present policy and the need for new policy for future action and study.

Child abuse and neglect is an enormous problem around the world. Statistics suggest that the United States is no exception. One expert declared that in the U.S., "as many as 10,000 children are severely battered each year; at least 50,000 to 70,000 are sexually abused, 100,000 are emotionally neglected; and another 100,000 are physically, morally, and educationally neglected." (Fontana, 1973)

More recent data from a 1979 American Humane Association "National Study on Child Neglect and Abuse Reporting," show a total of over 711,000 reported cases of child abuse and neglect. Of the approximately 213,000 cases which were broken down by type in this report, almost 59,000 were abuse cases; 111,000 were neglect cases; and 43,000 were both abuse and neglect.

Statistics from the National Center on Child Abuse and Neglect reveal that approximately one million incidents of abuse and 700,000 cases of neglect occur each year in the United States. Four to five thousand children die each year from abuse or neglect. In Ohio alone
there were 25,000 incidents of child abuse reported in 1983, and 1985 figures are estimated at an average of 900-1200 reports per week, a figure that does not account for the hundreds of cases that are not reported (ODH, 1984).

These figures are appalling for several reasons. First of all, the fact that so many children throughout this country are being abused and/or neglected is shocking; even worse, these cases represent only a fraction of the total estimated cases of abuse and neglect. However, perhaps the most disconcerting fact is that despite these ignominious statistics, it appears that parenthood has not yet been taken seriously within this country as an occupation that affects the present, as well as the future health of the nation.

Purpose of the Study

The purpose of this research is to develop and apply a model for a community approach to the prevention of child abuse and neglect. Integral to the purpose of the study are the following objectives: (1) to describe and analyze the problem of child abuse and neglect within the selected community, as well as within the broader context of the country, (2) to analyze the major community resources/networks in the context of their past, present and future, and (3) to derive policy implications and suggestions for future action and study.
Justification for the Study

A survey of how this country is organized to deal with the problem of child abuse and neglect has revealed that the Federal and State governments have traditionally passed responsibility for the problem to the local level, specifically the county and ultimately the community. It is in this local arena that resources are dispensed, organizations are mobilized and most of the activities in reporting, prevention and intervention take place. Yet, the literature reveals that very few "community" studies have been conducted to determine how communities are managing their resources and approaching the problem. Moreover, there has yet to be developed a model for a community approach to the problem that would begin to "break the chain" of abuse and neglect.

In fact, most studies of child abuse and neglect at the community level have been conducted for purposes of evaluating on-going programs. Several of these studies have been sponsored by national organizations dedicated to study and intervention of child abuse and neglect. One such study appearing in the literature was reported by the National Center of Child Abuse and Neglect (NCCAN) in the Children, Youth and Families' Bureau, via a grant with the National Committee for the Prevention of Child Abuse. The study evaluated a community-based prevention program for the purpose of learning more about abuse. Although this was primarily an impact
study of prevention demonstration projects (sponsored by NCCAN), the findings revealed that community networking and organization techniques were significantly effective in altering the health care delivery system (Gray, 1981). If anything, the findings of the NCCAN Project serve as a strong recommendation for conducting studies of natural community systems in anticipation of developing hypotheses about community child abuse prevention activities that may have universal application.

In 1982 the National Committee for the Prevention of Child Abuse (NCPCA), in cooperation with the Johnson Foundation, published the results of two national research conferences on child abuse prevention convened in 1978 and 1981. "Representing the many different disciplines and areas of expertise concerned with child abuse, participants at these meetings analyzed what is known through research about preventing abuse. From their findings they identified community programs that if they were available ... would contribute to child abuse prevention." Cohn (1983, p. iv.)

The experts were in agreement that the earlier support can be provided the better. However, they also acknowledged that for child abuse to be prevented, families need support at many different times. They identified educational support programs directed toward each phase of the life cycle, beginning with the prenatal period and continuing through the child's school years. The NCPCA describe these programs as a comprehensive community approach to prevention. Yet, as they state, the NCPCA recognizes many different viewpoints on child
abuse and child abuse prevention. It concludes that its community
approach represents but one of these viewpoints.

It is a contention of this study that, although assembling
national child abuse experts who contribute their best advice and
ideas for programs is an excellent beginning, there are several other
factors to be considered in developing a practical, usable community
model for prevention. It is proposed herein that a crucial
ingredient, thus far missing in the study of this problem, is a model
for prevention that assists a community in visualizing a long-range
plan. For example, as a living, dynamic system, a community should
be able to arrive at solutions and programs through a model that
recognizes its past, formulates its present resources and needs, and
projects future strategies based on these understandings.

The research that most closely approaches such a model is a
national study conducted as a sample of communities by Nagl (1977)8.
Nagl looked at child maltreatment and its prevention from a very
"personalized" community approach. In fact, his approach suggests a
framework for a model community approach to prevention planning.
Nagl's research design was based upon a stratified probability sample
of 8090 household units located within 1680 sampling segments
representing the nation. Seven types of agencies and groups of
respondents within communities were sampled: Child Protective
Services; Juvenile and Family Courts; Police and Sheriff's
Departments; Public Health Nursing Agencies; School Systems; Hospital
Medical Personnel; and Hospital Social Service Departments. Although
similar in terms of types of data sources proposed for the present study, Nagl categorized his research data in three "Interlocking segments". The first segment involved intense interviews with 1696 health and human service professionals; the second was a survey based on 1760 responding organizations and programs related to abuse and neglect; and the third segment concerned the formulation of recommendations for policy and program planning.

In comparison, the proposed study is an intensive qualitative analysis of one selected community using an analytic model as its conceptual basis. Although no attempt has been made to validate this model, this study should be viewed as an exploratory investigation toward this validation.

An interesting similarity between Nagl's study and this study are the proposed policy implications. It is planned to compare the two sets of findings, given that ten years have elapsed since Nagl's study.
Scope and Limitations of the Study

The proposed study is a dynamic analysis of a selected United States community formulated out of qualitative research methodology utilizing four main data sources and analytic strategies: (1) taped interviews of 44 community health and human services professionals, (2) an analysis of 31 community organizations and programs related to child abuse and neglect, (3) public records and research documents, and (4) an analysis of policy and policy implications for future action and study. The methodology, which is discussed more completely in Chapter Three, focuses on examining the problem of child abuse and neglect in the context of the community’s historical origins, its current state-of-affairs, and its futuristic potential. Therefore, three types of analysis are proposed to assist in comprehending the community as a living system:

(1) A retrospective analysis of the historical origins of the problem within this country and the community selected for study, as well as the history of the community (THE PAST);

(2) A descriptive analysis of the current status of the community, including the forces which power it as a system and the current status of the problem (THE PRESENT); and

(3) A projective analysis of the future status of the community and its ability to address the primary prevention of child abuse and neglect (THE FUTURE).
The major limitations of this study are:

1. A limited span and amount of time, which did not permit longitudinal analysis of the community, and limited the total number of research participants to a convenience sample of 44. Attempt was made to represent the key types of forces in the community, but there was no attempt to represent these forces proportionately, or in a probabilility-sampling sense.

2. Since this study entails a topic with sensitivity to the community, the majority of the participants, who were health and human service professionals, requested that families identified as abusers, and those participating in a recently piloted parenting program be excluded from the study. Therefore, families were excluded from interview; however, families are discussed as a general subject in regard to child abuse and neglect. This exclusion obviously eliminates an important source of information and documentation of this study. Nevertheless, this limitation was accepted as a condition for being permitted to conduct this study within the selected community.

3. The community chosen for this study was selected for its availability and convenience. However, it did meet basic criteria for selection. It is a small American community with a population of 19,000; its economic base lies in farming and small industry; it has typical county and city governments; it has a hospital and an average number of health and human services professionals; it has an active Children's Services Division of Welfare, and a County Health
Department; it has an average number of schools, civic and public service associations; and it has had an increase in reporting of child abuse neglect, which is a trend across the country.

**Definition of Terms**

Operational definitions of terms used in the proposed study are presented below. In some instances the definitions are quoted from Ohio law.

**Change** - An alteration in procedure, program, policy, relationships, or structure of the community selected for study.

**Child Abuse** - The Ohio Revised Codes provides definitions that must be used in determining the validity of a report of abuse or neglect. An abused child includes any child who:

1. Is the victim of "sexual activity" as defined under Chapter 2907, of the Revised Code, where such activity would constitute an offense under that chapter, except that the court need not find that any person has been convicted of the offense in order to find that the child is an abused child; (B) Is endangered as defined in section 2919.22 of the Revised Code, except that the court need not find that any person has been convicted under that section in order to find that the child is an abused child; (C) Exhibits evidence of any injury or death, inflicted other than by accidental means, or an injury or death which is at variance with the history given of it, except that a child exhibiting evidence of corporal punishment or any other physical disciplinary measure by a parent, guardian, custodian, person having custody or control, or person in loco parentis of a child is not an abused child under this division if the measure is not prohibited under section 2919.22 of the Revised Code. (Section 2151.031)

**Child Neglect** - A neglected child includes any child; (A) Who is abandoned by his parents, guardian, or custodian; (B) Who lacks proper parental care because of the faults or habits of his parents, guardian, or custodian; (C) Whose parents, guardian, or custodian
neglects or refuses to provide him with proper or necessary subsistence, education, medical or surgical care, or other care necessary for his health, morals, or well being; (D) Whose parents, guardian, or custodian neglects or refuses to provide the special care made necessary by his mental condition; (E) Whose parents, legal guardian, or custodian have placed or attempted to place such child in violation of sections 5103.16 and 5103.17 of the Revised Code. A child who, in lieu of medical or surgical care or treatment for a wound, injury, disability, or physical or mental condition, is under spiritual treatment through prayer in accordance with the tenets and practices of a well-recognized religion, is not a neglected child for this reason alone. (Section 2151.03)

**Communication** - A system for sending and receiving messages.

**Community** - The condition of living with others, ranging from a geographically bounded social unit to society in general.

**Educational Ethnography** - Active participation in the life of the observed in order to provide descriptive data about the contexts, activities and beliefs of participants in educational settings.

**Emic** - A method of analysis in which the subjects' own perceptions and motivations become the basis for analytical conclusions.

**Ethnomethodology** - An organizational study of a member's knowledge of ordinary affairs, and of organized enterprises, where that knowledge is treated as part of the same setting that it also makes orderable.

**Etic** - A method of analysis that depends on the analyst's perception of conditions, and relationships.

**Field Study** - Active participation in the life of the observed.

**History** - A recording, analyzing, correlating and explaining of past events.
**Model**—A symbolic representation of the various aspects of a complex event or situation, and their interrelationships.

**National Center on Child Abuse and Neglect**—The Child Abuse Prevention and Treatment Act, 1974, provided for the establishment of a National Center on Child Abuse and Neglect for the purpose of gathering information, conducting research, providing technical assistance, developing a clearinghouse on all programs for the prevention, identification and treatment of child abuse and neglect, and preparing studies of incidence. (Federal Report, No. 81-272, 1981)

The Child Abuse Prevention and Treatment Act, 1974, —Established a non-profit, private organization, the National Center for the Prevention of Child Abuse (NCPA), founded in 1972 for the prevention of child abuse in all its forms. NCPA is dedicated to working with citizens in actions to prevent child abuse and neglect.

**Prevention**—An intervention to keep a certain phenomenon from happening.

**Primary Prevention**—An intervention to keep a certain phenomenon from happening before it occurs.

**Public Policy Making**—A purposive course of action followed by public decisions, laws or set of actions dealing with a problem or matter of public concern.

**Secondary Prevention**—An intervention to keep a certain phenomenon from happening before it occurs to a serious degree.

**Status**—The existing, or current, state of affairs.
**Tertiary Prevention** - An intervention to keep a certain phenomenon from happening, after it has occurred to a serious degree.

**Qualitative Research** - A method of study which allows the researcher to obtain first-hand knowledge about an empirical social world. It is essentially an inductive process with theory being extrapolated from grounded events.
CHAPTER II
CONTEXT OF THE PROBLEM

The severity and prevalence of the problem of child abuse and neglect, and the desire to formulate alternative solutions beyond those currently offered, prompts an attempt to place the problem within the context of its total environment:

- abused or neglected children, are part of
- families, residing in
- communities/counties, which are part of a
- state or territory, in a
- country or society, (in this case the USA) whose economic, political, and cultural makeup is indeed equal to and affected by the sum of its parts.

These statements, or "truism," while in themselves reveal nothing new, serve to reinforce the fact that a societal problem such as child abuse and neglect, (a) does not occur in isolation from its social contexts, and (b) because of its prevalence, is not a problem that can be ignored or treated indifferently in any of the contexts in which abuse or neglect occurs.
It is in fact a problem of such magnitude and with such far-reaching effects on each of the collective units of society that one might readily conclude that it must be "owned" by society at large.

It is appropriate at this point to examine the problem of child abuse and neglect within the contexts in which it occurs. The presentation that follows will begin with the context of the country as a whole and proceed toward the more immediate contexts of the state, the community/county, the family, and the abused/neglected child. Also crucial to the exploration of context is public policy making. The final segment of this chapter will be devoted to policy making and the status of child abuse on the agenda of public policy.

The Country (USA) - Federal Activities

An historical overview reveals that the largest motivating force in the prevention of child abuse and neglect at the national level has been the federal government. Even so, the government of this country did not get involved in child welfare until 1912 when Congress passed a bill to create the United States Children's Bureau. This bill was signed into law by President Taft and authorized the creation of a special bureau to do research and provide information about children. Twenty-three years later the federal government became more directly involved in child welfare services when the Social Security Act was passed. This Act permitted grant monies to
be made available for, "the protection and care of homeless, delinquent and neglected children, and children in danger of becoming delinquent." Jones (1981, p. 7)

Fifty years after the first federal legislation in 1912, amendments to the Social Security Act were passed in 1962 requiring each state to make child welfare services available throughout the state to all children, and to provide coordination between child welfare (Title IV-B) and the social services provided under Aid to Families with Dependent Children (AFDC) Program (Title XX). These 1962 amendments included specific reference to the prevention, or remedying of, child abuse. Since 1962 most federal funding for child protective services has been spent by the States under these two federal matching programs. Jones (1981, p. 8)

Thus, through the late 1960's, federal legislative activity in the area of child abuse and neglect was concentrated on providing financial assistance to the States for child welfare and social services. Until the 1970's, the federal government had not enacted legislation regarding child abuse or similar family problems, apparently believing those subjects to be more properly under the jurisdiction of the states. Jones (1981, p. 7)

In the early 1970's, however, perhaps because of increasing awareness of the incidence of child abuse and the resulting public outcry, a number of bills were introduced in Congress concerning mandatory reporting requirements and the creation of a National Center on Child Abuse and Neglect. On January 31, 1974, one of these
bills (S.B. 1191), entitled the Child Abuse Prevention and Treatment Act, was enacted. (P.L. 93-247) Jones (1981, p. 9)\textsuperscript{13} (See Table 1 for an outline of the Federal Programs Providing Financial Assistance for Child Abuse and Neglect Prevention and Treatment.)

In 1978, P.L. 95-266 amended and extended the 1974 Act, and as late as 1981, authority for some of the activities under the Act was extended through FY 1983 via the Omnibus Budget Reconciliation Act of 1981. (P.L. 97-35) Jones (1981, p. 13)\textsuperscript{14}

Certainly, the federal government appears to have taken a lead in secondary prevention of child abuse and neglect by passing laws, by granting funds to the states, and by establishing a National Center that serves as a clearinghouse, conducts research, provides technical assistance, and keeps records of the incidence of the problem across the country.

**State Activities**

All 50 states now (1986) have some form of child abuse statutes. In addition to laws in all States requiring professionals to report suspected abuse to authorities, many States have enacted criminal statutes to punish those who abuse children. Most have also established and/or strengthened protective services for children. Jones (1981, p. 7)\textsuperscript{15}
TABLE 1
Federal Programs Providing Financial Assistance
For Child Abuse and Neglect Prevention and Treatment*

<table>
<thead>
<tr>
<th>Authorizing Legislation</th>
<th>Type of Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Security Act</strong></td>
<td></td>
</tr>
<tr>
<td>a. Title IV-B</td>
<td>Provides grants to the States for child welfare services. Defines child welfare services to include &quot;preventing, remedying, or assisting in the solution of problems which may result in the neglect, abuse, exploitation or delinquency of children.&quot; No income eligibility requirement.</td>
</tr>
<tr>
<td>b. Title IV-E</td>
<td>Provides financial assistance on behalf of children removed from low-income families as a result of a court determination that continued residence in the home of such family would be contrary to the welfare of the child (AFDC-Foster Care). Also provides financial assistance to parents who adopt such children, if the child is designated &quot;hard-to-place,&quot; i.e., if the child is older, part of a minority or sibling group, or is mentally or physically handicapped (Adoption Assistance program).</td>
</tr>
<tr>
<td>c. Title XX</td>
<td>As of October 1, 1981, operates as a social services block grant to the States, with no eligibility or matching requirements. Funds are distributed to the States on the basis of population. Funds may be used for the provision of any social service or combination of services to anyone. Child abuse prevention and treatment services may be offered, at State discretion.</td>
</tr>
<tr>
<td><strong>Child Abuse Prevention and Treatment Act</strong></td>
<td>Provides Federal financial assistance for the identification, prevention and treatment of child abuse and neglect. Provides for the establishment of a National Center on Child Abuse and Neglect to gather information, conduct research, provide technical assistance, develop a clearinghouse on all programs for the prevention, identification, and treatment of child abuse and neglect, and make a full and complete study of the incidence of child abuse and neglect. Includes provision of grants for programs and projects which are directed at research, treatment, identification or prevention of child abuse and neglect and child sexual abuse. Also provides for grants to eligible States to provide these services.</td>
</tr>
</tbody>
</table>

The degree of immunity given to professionals, and the laws which make reporting mandatory, vary from State to State. In many States, there are penal sanctions for failure to report, most of which involve financial penalties, but few States have criminal penalties.

Various legislative models have been proposed, without success at this point, to bring some common base to this variance in reporting statutes. Groups proposing the models include the United States Children's Bureau, the Council of State Governments, the American Humane Association, and the American Medical Association. Jones (1981, p. 7)16

Thus, it appears that state governments have actually taken on roles similar to that of the Federal Government; for example, they have enacted legislation, they dispense resources to local (county or city) organizations that are earmarked for the welfare of the child and the family, and they keep records of incidence. (See Table 2 for selected Ohio Child Abuse Statutes.)

The Community/County - Local Activities

Child abuse and neglect must generally be reported to the County Children's Services Agencies or the local law enforcement agencies. The responsibilities of the county agencies, outlined in Table 3, include investigating reports, recording reports and sending them to the Ohio Central Registry, submitting reports to the police, making
Selected Ohio Child Abuse Statutes

CHILD

2151.03 Neglected child defined.
As used in Sections R.C. 2151.01 to R.C. 2151.54, inclusive, of the Revised Code, "neglected child" includes any child:

A. Who is abandoned by his parents, guardian, or custodian;

B. Who lacks proper parental care because of the faults or habits of his parents, guardian, or custodian;

C. Whose parents, guardian, or custodian neglects or refuses to provide him with proper or necessary subsistence, education, medical or surgical care, or other care necessary for his health, morals, or well being;

D. Whose parents, legal guardian, or custodian neglects or refuses to provide the special care made necessary by his mental condition;

E. Whose parents, guardian, or custodian have placed or attempted to place such child in violation of Sections R.C. 5103.16 and R.C. 5103.17 of the Revised Code.

A child who, in lieu of medical or surgical care or treatment for a wound, injury, disability, or physical or mental condition, is under spiritual treatment through prayer in accordance with the tenets and practices of a well-recognized religion, is not a neglected child for this reason alone.

2151.04 Dependent child defined.
As used in Sections R.C. 2151.01 to R.C. 2151.54, inclusive of the Revised Code, "dependent child" includes any child:

A. Who is homeless or destitute or without proper care or support, through no fault of his parents, guardian or custodian;

B. Who lacks proper care or support by reason of the mental or physical condition of his parents, guardian, or custodian;

C. Whose condition or environment is such as to warrant the state, in the interests of the child, in assuming his guardianship.

*Provided by Franklin County Children Services*
TABLE 2 (continued)

PERPETRATOR

2119.22 Endangering children.

A. No person, being the parent, guardian, custodian, person having custody or control, or person in loco parentis of a child under eighteen or a mentally or physically handicapped child under twenty-one years of age, shall create a substantial risk to the health or safety of such child, by violating a duty of care, protection, or support under this division when the parent, guardian, custodian, or person having custody or control of a child treats the physical or mental illness or defect of such child by spiritual means through prayer alone, in accordance with the tenets of a recognized religious body.

B. No person shall do any of the following to a child under eighteen or a mentally or physically handicapped child under twenty-one:

1. Torture or cruelly abuse the child;
2. Administer corporal punishment or other physical disciplinary measure, or physically restrain the child in a cruel manner or for a prolonged period, which punishment, discipline, or restraint is excessive under the circumstances and creates a substantial risk of serious physical harm to the child;
3. Repeatedly administer unwarranted disciplinary measures to the child, when there is a substantial risk that such conduct, if continued, will seriously impair or retard the child's mental health or development.

C. Whoever violates this section is guilty of endangering children, a misdemeanor of the first degree. If violation of this section results in serious physical harm to the child involved, or if the offender has previously been convicted of an offense under this section or of an offense involving neglect, abandonment, contributing to the delinquency of, or physical abuse of a child, endangering children is a felony of the fourth degree.

2151.41 Abusing or contributing to delinquency of a child.

No person shall abuse or aid, abet, induce, cause, encourage, or contribute to the dependency, neglect, unruliness, or delinquency of a child or ward of the Juvenile Court, or act in a way tending to cause delinquency or unruliness in such child. No person shall aid, abet, induce, cause, or encourage a child or a ward of the court, committed to the custody of any person, department, public or private institution, to leave the custody of such person, department, public or private institution without legal consent. Each day of such contribution to such dependency, neglect, unruliness, or delinquency is a separate offense.

2151.47 Who must report suspected abuse.

A. Any attorney, physician, including hospital intern or resident, dentist, podiatrist, registered or licensed practical nurse, visiting nurse or other health care professional, licensed psychologist, speech pathologist or audiologist, coroner, administrator or employee of a certified child care agency or other public or private children services agency, school teacher or school authority, social worker or person rendering spiritual treatment through prayer in accordance with the tenets of a well recognized religion, acting in his official or professional capacity, having reason to believe that a child less than 18 years of age or any physically or mentally handicapped child under 21 has suffered any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect, shall immediately report or cause reports to be made to the children services board or peace officer in the county in which the child resides or in which the abuse or neglect is occurring or has occurred.

B. Any report made under this section is confidential, and any person who permits or encourages the unauthorized dissemination of its contents is guilty of a misdemeanor of the fourth degree.
TABLE 3
Description of County Children's Services
Abuse and Neglect Procedures

Who Must Report

Any physician, including hospital intern or resident, dentist, podiatrist, practitioner of a limited branch of medicine or surgery (also, registered nurse, school authority, social worker, or person rendering spiritual treatment through prayer in accordance with the tenets of a well recognized religion), acting in his/her official or professional capacity. Failure of these persons to report child abuse is a misdemeanor of the fourth degree. Even though the aforementioned persons are mandated by law to report child abuse, it should be looked upon as everyone's moral responsibility to report.

Reports are based upon "reason to believe" that a child has suffered any wound, injury, disability or condition of such nature as to reasonably indicate abuse or neglect. Any person making such a report shall be immune from any civil or criminal liability that might otherwise be incurred or imposed as a result of such action. Another important factor to keep in mind is that any report made shall be kept confidential, and any person who permits or encourages the unauthorized dissemination of its contents is guilty of a misdemeanor of the fourth degree.

How to Report

Reports should be immediately made to the County Children's Services agency or the local law enforcement agency. Reports should contain: the names and addresses of the child and his parents, person or persons having custody of such child; the child's age and the nature and extent of the child's injuries or physical neglect, including any evidence of previous injuries or physical neglect; and any other information which might be helpful in establishing the cause of the injury or physical neglect. Any person making a report need not give their identity; the agency will investigate anonymous reports.

Provided by the Ohio Department of Public Welfare, Columbus, Ohio, 1985.
recommendations to the county prosecutor, and arranging protective or emergency services on behalf of the child. Harvey (1985)17

Communities appear to have the widest range of professionals and resources available to combat child abuse and neglect. For example, communities get involved via law enforcement; the judicial system, hospital, emergency and medical services, rehabilitative and home care follow-up services; county health departments (in terms of counseling and limited education); schools offer counseling, limited education and some school nursing services; churches mainly provide meeting places, and some limited counseling and education; a host of civic and service organizations are concerned generally with the welfare of the citizens of a community or local area with some being concerned specifically with children; and a variety of "other" health and human services professionals are brought into child abuse cases to provide assistance to the child and/or the family of the child.

The Family - Abusers and the Abused

The framework of efforts to deal with child abuse and neglect that has been constructed thus far began with the largest social unit (the country or society at large) and has moved toward a focus on the smallest functioning social unit, where abuse or neglect actually occur, that is, the family.

At this point it is pertinent to the overall description of the problem to briefly explore family characteristics, responsibilities
and some of the causes of family violence. Two basic roles of the family have been identified by Glenn (1981)\textsuperscript{18}; (a) families typically have been the primary support system to which individuals turn for basic needs, and (b) families are the essential mechanism by which a child is born with nothing and develops capabilities to survive and function in society. Several researchers dealing with the family unit, Curtis (1963)\textsuperscript{19}, Parnas (1970)\textsuperscript{20}, Boudouris (1971)\textsuperscript{21}, and Gelles (1977)\textsuperscript{22} agree that the family, especially those where abuse occurs, is a potential "storm center" where stress and behavioral patterns lead to regular occurrences of violence. One national survey in the United States uncovered an astonishing frequency of family violence, i.e., "between one and two million children between the ages of 3-17 were kicked, bitten or hit by their parents during one year alone." Gelles (1979, pp. 15-39)\textsuperscript{23}
Glenn (1981, p. 9), points to at least seven steps significant in the development of individuals who are capable of mature, non-violent management of problems and stresses:

1. Identification of viable role models.
2. Identification with and responsibility for family processes.
3. Faith in personal resources to solve problems.
4. Adequate development of inter-personal skills.
5. Adequate development of intra-personal skills.
6. Development of systemic skills.
7. Development of judgmental skills.

According to Glenn if one or more of these attributes is seriously lacking in a parent, any stress or problem could trigger an emotional or violent response resulting in a child being abused or neglected. Table 4 sets forth a definition of child abuse and neglect, and outlines some characteristics of abusive parents and the abused or neglected child. ODW (1985)

Most experts agree that it is the family in this society which typically has the most sustaining influence upon the development of the child, whether it be supportive or destructive. These same experts have also determined that the family often doesn't have the skills, strengths, or resources to deal with stresses, crises and problems. Region II (1982)

Many abusing parents, even after going through therapy, continue to abuse. Their problems often are defined and labelled in terms that have little or no meaning to their reality. Treatment, when
<table>
<thead>
<tr>
<th>Characteristics of the Abusive or Neglectful Parent</th>
<th>Characteristics of the Abused and/or Neglected Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following characteristics have been taken from studies where abusive parents seemed to have common traits, but this is not to say that individuals who display these characteristics are or will be bettering parents.</td>
<td></td>
</tr>
<tr>
<td>Depression (unfulfilled, feeling of having been unloved, loneliness, tendency towards isolation).</td>
<td></td>
</tr>
<tr>
<td>Rigidity and Compulsiveness (possessing very few alternatives at command in regards to accepting, loving and disciplining; treat the child the same as they were treated as children - most abusive parents were abused themselves as children).</td>
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</tr>
<tr>
<td>Self-Centered (focus is on the parents needs, not the child; cannot tolerate any frustration to the gratification of their needs).</td>
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</tr>
<tr>
<td>Hostility and Aggressiveness (possessing a sort of continuous anger; see the world as hostile; project source of troubles on the child; have deep-seated feelings of hate and aggression which go back to childhood where hostility and violence were acceptable).</td>
<td></td>
</tr>
<tr>
<td>Poor Relationships and Lack of Warmth (inability to set up a genuine relationship with others; unable to feel love and protectiveness for the child; not able to trust in others; expects rejection and hypersensitive to criticism).</td>
<td></td>
</tr>
<tr>
<td>Immature and impulsive (these parents have never grown up and often are involved in &quot;role reversal&quot; where the parent has to get his/her needs met by the child. Most being unaware of appropriate behavior at any given age for the child, demand high performance of the child—often beyond the capacity of the child).</td>
<td></td>
</tr>
<tr>
<td>Dependent-Insecure (rarely had security in their own childhood; dependent on abusive spouse; poorly developed self-image; filled with personal failure).</td>
<td></td>
</tr>
<tr>
<td>Hard to Care For (failure to respond, thrive or show normal growth and development).</td>
<td></td>
</tr>
<tr>
<td>Tend to be depressive, hyperactive, destructive, fearful, withdrawn, bed-wetters, truants and fire-servers.</td>
<td></td>
</tr>
<tr>
<td>Represent negatives of the self or a significant other person (transference).</td>
<td></td>
</tr>
<tr>
<td>Physically handicapped.</td>
<td></td>
</tr>
<tr>
<td>Retarded or brain damaged.</td>
<td></td>
</tr>
<tr>
<td>Wrong sex.</td>
<td></td>
</tr>
<tr>
<td>Intelligent, curious (this could be threatening to the parent with low self-esteem).</td>
<td></td>
</tr>
<tr>
<td>The child who simply does not know how to meet the parents' needs through no fault of his own.</td>
<td></td>
</tr>
</tbody>
</table>

*Provided by the Ohio Department of Public Welfare, Children's Protective Services, Columbus, Ohio, 1979.*
available, seldom takes into consideration multiple other familial factors, such as socioeconomic status, or the availability of ongoing support systems. Gentry (1982)

Even though there is increased emphasis on prevention of child abuse and neglect, partially as a result of the number of cases being revealed through reporting, it seems that protecting children has to involve concerns that go beyond reporting, documenting, and referring families, i.e., parents and children for treatment. On a nationwide basis, treatment has been successful only about 40 percent of the time, leaving the unsuccessful cases, as well as the unknown cases, in a very costly category, both in dollars and in the consequences of failure. Region II (1982)

Public Policy Making and the Problem of Child Abuse and Neglect

James Anderson, a scholar of public policy making offers a definition of policy as "a purposive course of action followed by an action or set of actions dealing with a problem or matter of concern." Anderson (1979, p. 3) Anderson also proffers a definition of a problem as it relates to policy, "a problem is a condition or a situation that produces needs or dissatisfactions on the part of people for which relief or redress is sought." Anderson (1979, p. 52) Anderson continues the task of defining public policy making by specifying the characteristics or qualities that make a problem public, i.e., "those that have a broad effect
Including consequences for those not directly involved." Anderson (1979, p. 53)

Certainly child abuse and neglect is a problem of great concern that has received widespread public attention. Health and human services professionals, legislators, law and judicial officials and others are recognizing that the problem has far-reaching consequences.

The facts are available on the millions of children in the United States who are seriously abused by their parents or guardians, and the thousands who die from abuse. The National Committee for the Prevention of Child Abuse reports that the United States spends hundreds of millions of dollars locating abused children and providing them with medical and protective services. "The institutional costs are great, as are the social and emotional costs of separating children from their families. Also great are the hidden costs of child abuse seen generations later when abused children become abusers." Cohn, (1983, p. 1)

Even though the problem has evoked the attention of policymakers to the extent laws have been passed in every state making abuse a crime, and even though children's protective services has been designated by public policy to investigate reported cases, and to intervene in substantiated cases of abuse, the issue that has not received rigorous research attention, and certainly has not reached the stage of becoming public policy, is primary prevention. Primary prevention has been defined as education and training in such skills
as problem-solving, decision-making, conflict resolution, stress-management and parenting. These skills have been identified through study and by the health and human services professionals participating in this research as crucial to the control of stress and violence-producing situations in the family.

From the perspective of the policy scientist, it is not so unusual that even though our society has had major breakthroughs with this problem, not only have the new policies themselves created problems, but new aspects of the problem are being revealed.

Anderson comments in *Public Policy Making* (1979, p. 62) that when government acts on a problem it helps create demand for additional action. The problem is not solved but is publicized and given respectability. The public then learns that something can be done to alleviate the problem. Moreover, when agencies are established to administer programs, they develop vested interests in drawing attention to programs. This in turn may lead to development of group support for the problem, institutionalization of concern, and a continuous demand for action. Finally, the problem is likely to remain on the policy agenda for years to come.

Milstein (1976, p. 17) describes policy making in the public sector as a process that usually occurs in a fairly predictable series of stages through which desired changes move. However, he also describes the process as risky, with only a small
fraction of issues emerging as policy or law. Since child abuse has made it through the process once, and laws have been passed, child abuse issues currently remain on the policy-making agenda, waiting for additional refinement. Nevertheless, although the path has been opened, the process of refinement and producing additional policy and laws will undoubtedly take a considerable amount of time for several reasons. One reason, mentioned previously, has to do with the fact that very little rigorous research has been performed in primary prevention of the problem, and secondly, primary prevention is directly linked with education, which in part suggests some major changes in educational systems by incorporating prevention education in the curriculum of the schools.

In regard to educational policy making, Milstein, in Educational Policy-Making and the State Legislature (1973), as well as in Impact and Response (1976, p. 17), emphasizes that it is a complex process.

In part, this is because many individuals and groups take part in it, but it is also because educational policies are established at all three levels of government. In the early years of our nation, local communities made practically all decisions required to maintain the schools. But, by the opening of the twentieth century, support for education had become an endeavour shared between states and communities...
Nagl, a sociologist and researcher of child maltreatment, summarizes the discussion of policy makers regarding the complexity of social policy making. He observes that because of the complexity, policy and program decisions are often made without the full realization of their secondary effects. He states that "as inadequacies and negative effects of earlier actions become apparent, new decisions and actions become necessary." Nagl (1977, p. 149)37

One could assume that since child abuse has achieved a national agenda and the attention of lawmakers in every state, that the experts contention that previous action enlightens new information and new decisions, is true of the current status of abuse as a policy issue. Such interpretation, however, is reserved for Chapter Five, where the subject will be explored in light of the results of the present study.
Summary

By reviewing the linkages among the societal components that constitute the total context for the problem of child abuse and its prevention, several trends have been established:

1. Our society, via our national and state governments, recently (last ten years) has taken an active part in the prevention of child abuse and neglect, vis a' vis (a) laws that have been passed, and (b) resources that have been allocated to prevention activities.

2. The Federal and State laws and resources affect social units at the level of the community by: (a) requiring that reports be made of suspected child abuse and neglect, and (b) involving county services organizations (judicial and law enforcement officers, public health agencies, hospitals, and a variety of health and human services professionals and other types of civic and service organizations) primarily in intervention and secondary or tertiary prevention.

3. The families where child abuse and neglect is occurring continue to experience problems because the parents (a) have not broken behavioral patterns established since they were children, or (b) lack skills and resources to cope with stresses and problems which lead to abuse or neglect.

4. Society at all levels in this country has exhibited increased awareness that child abuse and neglect is occurring at unprecedented
rates, and that there are laws which provide for reporting and retribution.

5. Society as a whole has made significant progress toward recognizing and intervening in child abuse and neglect, primarily at secondary and tertiary levels.

6. Society has made little progress in preventing child abuse and neglect before it occurs, i.e., in the area of primary prevention.

Establishing the context of this problem has served to reinforce its severity as a social and health problem. However, perhaps a single outstanding factor of import is that the laws and the resources from federal and state efforts ultimately impact at the local, community level. Policy, funds, and the major portion of responsibilities for working with children and families is passed down the line to local communities. Few parents and children in trouble have the resources within the isolated family environment to deal with their problems. It is the community that ultimately must mobilize its resources to provide parents and children with alternatives. It also becomes the responsibility of the community to understand itself and its own unique character, problems and assets, in order to "break the chain" of abuse and neglect by providing effective education for its citizens, before such problems occur. Unmeasured at this point is the extent to which communities in general recognize the importance of primary prevention and are able to institute it, along with whatever changes might be necessary to
Improve intervention. Also unmeasured is the extent to which communities realize their potentially powerful role in the solution of a problem such as child abuse and neglect vis a vis an active role in public policy making.
CHAPTER III

DESIGN OF THE STUDY

Conceptual Framework

Introduction

As the purpose of this study is to derive a community approach that will have significant application to the problem of child abuse and neglect within community settings, it is proposed that the conceptual framework for such an approach must evolve out of a recognition of the community as a living, dynamic, complex system. It is the recognition of this complexity that prompts an attempt to simplify it for study. The technique utilized to accomplish the task in this study was the development of a model. The proposed model is an outcome of the discussion in this chapter defining the type of modeling and systems approach used in its formulation.

Since a model was specifically formulated for this research it would be remiss not to include a definition of the type of model used herein and the principles on which it was formulated.
Borko (1967, pp. 39-40) began to loosely define a model as "...an approximation, usually a simplification, and hopefully an aide to insight." Morris (1970) promotes the notion that skill in modeling involves a sensitive and selective perception of situations. Lippitt (1973, p. 2) offers a more specific definition of a model as "a symbolic representation of the various aspects of a complex event or situation, and their interrelationships." He elaborates on this definition by observing that a model is by nature a simplification, and thus may or may not include all the variables. It should include, however, all those variables that a model-builder considers important; in this sense, models serve as an aid to understanding the event or situation being studied.

The true value of a model lies in the fact that it is an abstraction of reality that can be useful for analytical purposes. According to Lippitt, in a way, models are analogies which problem-solvers use to clarify their thinking about a relatively complex situation. Lippitt states that it is through the use of a model that problem-solvers can predict performance under predetermined conditions or evaluate the consequences of various alternatives before committing themselves to a particular change plan or course of action.

Lippitt also contends that the primary concern of persons trying to change the behavior of others, or to solve a complex problem is to consider both the needs and perceptions of the people involved. To effectively cope with change Lippitt recommends Kurt Lewin's formula:
B=f (PE). This formula states that "behavior (B) is the function (F) or result of interaction between person (P) and environment (E)." Lippitt (1973, p. 3) If we want to understand, explain, predict, or change human behavior we need to take into account the person and his environment. Lippitt believes that we will make mistakes in the change process and in the development of helpful models if we do not correctly understand the behavior of the person, or accurately project the multiple complexities of the environment in which he, or his group, or his organization finds themselves.

Lippitt views modeling as a way to enhance one's awareness and insight into these complexities by improving the way that one perceives or sees the change situation. Since we tend to think visually, modeling is a logical means to reinforce the perceptual process so essential to man's thinking and acting.

Unless a planned change effort is organized in forms so simple and clearly related to each other that the mind can grasp them, it will frequently remain incomprehensible to those involved in the change situation. It is this contribution to visualization, conceptualization, thinking and problem-solving that makes modeling an essential tool in the planning of change. Lippitt (1973, p. 11)

The model developed for this study was constructed on the principles described by Lippitt. It is a symbolic representation of a complex setting offered as a dynamic model for problem-solving and change.

The second technique utilized to reduce the complexity of the problem and its environment was a systems approach. F.E. Emery
(1960, pp. 83-97) refers to the process of analyzing systems as having strategic significance for furthering the understanding of specific problems. He points out, for example, that the more one knows about a system, the more one is able to identify components and forces within a system which are relevant to a particular problem, and the more likely one will be able to detect or uncover related problems that tend to be missed in the conventional framework of problem analysis.

System analysis permits a dynamic analysis of complex organizations. It can shed light on the significant forces that have affected and will affect organizations, and can suggest positive denouement for change. The value of studying systems has been demonstrated by the empirical studies of Blau (1955), Gouldner (1955), Jaques (1951), Selznick (1948), and Warner (1947). Many of these studies were informed by a broadly conceived concept of bureaucracy as a complex social system, concerned less with the individual differences of the components, than with the roles they perform within the system.

Granted the importance of system analysis, there remains the question of whether a community, such as the one under study, should be viewed as a closed or an open system, that is, relatively closed or open with respect to its external environment. Von Bertalanffy (1950, pp. 23-29) first introduced this general distinction in contrasting biological with physical phenomena. Emery and Trist, (1969, p. 281) in a paper on "Socio-Technical Systems," observe
that in the realm of social theory there has been a tendency to study complex organizations or settings, such as communities that have certain defined boundaries, as relatively closed systems. They state that social scientists defend the notion that complex systems are sufficiently independent as to allow a problem to be analyzed with primary reference to internal structure, without discounting external forces.

With respect to the present study, the design emanates from these views on systems which support researching the problem of child abuse and neglect within the context of a community, with that community being defined as a living, dynamic system, relatively, but of course not completely closed to outside influences. The focus in this study is on a single community selected for its availability for in-depth analysis, and its representativeness of American communities. In studying this community, it is proposed to examine its historical development, its significant components and their respective roles, the forces impinging upon the components and resulting from them, and the developmental potential for its future, all in regard to the problem of child abuse and neglect.

A system could be defined as having three major facets or dimensions pertinent to the analysis of its problems: (a) its historical or past origins, (b) its present status, including the components and forces which power the system, and (c) its ability to promote a healthy life for the future. These three dimensions of a living system serve as a major focus for this study.
Durana (1980, pp. 28-29), in *Teaching Strategies for Primary Health Care*, comments on the importance of "understanding" the community as a living system. Such a reality brings with it its duality and the attendant sources of conflict, i.e., persons working in health-oriented positions are members of two communities (a) the health care **providing** community and (b) the health care **consuming** community. Health care workers are simultaneously providers and consumers. It is important to "know" and "understand" both aspects.

Durana (1980, p. 19), goes on to state that:

much preventive and promotive health care requires action in the present which substitutes for more serious future actions. If for example, a culture reveres the traditions of the past, the concept of future planning may be difficult to accept. On the other hand, a future-oriented culture might have difficulty in undertaking the 'mundane'.

Durana offers a simple figure to depict what she calls understanding a community's perceptions of time. See Figure 1.
FIGURE 1
A Community's Perceptions of Time

Ines Durana, Teaching Strategies for Primary Care (New York: The Rockefeller Foundation, 1980, pp. 28-29.)
In research conducted by Fitzsimmons and Freedman (1981), of the impact of social action programs upon a community, they viewed the relationship between the community and its components in terms of three types of interactions:

1. **The community as an independent variable to the program (or problem).** (Changing the community will affect the problem.)

2. **The community as a dependent variable.** (Changing the problem will affect the community.)

3. **The community as a mediating variable.** (Getting the community to change the outside forces will affect the problem.)

This orientation to community study, assists in identifying, sorting, and analyzing the types of structures, power sources, and communication networks that currently exist within a community. It further helps identify the role of the community in relationship to each of these elements, whether that be independent, dependent, or mediating. See Figure 2 for a modeling of the orientation proposed.

Using Durana's, and Fitzsimmon's and Freedman's concepts as baseline orientation, it is proposed that this study expand upon their views by introducing a more detailed and theoretically supported framework developed for the purpose of examining a community and the problem of child abuse and neglect. The proposed conceptual framework for this study is based upon the following:

(1) **a retrospective analysis** of the problem within the historical contexts of the selected community;

(2) **a descriptive analysis** of the current community structures;
Community as an Independent Variable

Community as a Dependent Variable

Community as a Mediating Variable

FIGURE 2

Modeling of a Community Study Orientation

*Stephen J. Fitzsimmons and Abby J. Freedman, Rural Community Development, A Program, Policy and Research Model (Cambridge; Abt Books, 1981); Graphic Representation, S. G. Bricker (1985).*
their influence on the problem and their interplay; and

(3) a projective analysis of the desired goals, and the effectiveness of change strategies on achieving them.

Within this section a rationale is presented for examining each of these three facets of the community in the context of the problem under study. Figure 3 displays a graphic representation of the model developed for this study of a problem in a complex setting.

Descriptive Analysis of the Present

"The aims of social science with respect to human organizations are like those of any other science with respect to the events and phenomena of its domain." Katz (1972)\textsuperscript{54}, promotes the social scientist as one who desires to understand human organizations, and to describe what is essential in their forms and functions. He also desires to explain their effects and their effectiveness. If one applies Katz's thinking to the community, then the community becomes a very complex organization, the understanding of which requires viewing it as a system with multiple influencing forces. In order to achieve this kind of understanding, one needs to be able to describe the components of a system, its dynamic movements, and its sources of power.

The purpose then, of conducting a descriptive analysis of the current status of the community, and its relationship to a problem, such as child abuse and neglect, is simply to generate a better
FIGURE 3

Model of a Community Approach to the Prevention of Child Abuse and Neglect

aModel Developed by Sandra G. Bricker, 1986.
understanding of the total system. Current status is defined to include data pertaining to community groups that provide its major structures, the sources of power and influence inherent in them, and the networks by which they interrelate.

One technique that assists in identifying structures and sources of power within a community is a model proposed by Lasswell (1971). Lasswell classifies structures into eight categories: (1) Rectitude (Religion); (2) Skills (Public Services); (3) Enlightenment (Education); (4) Respect (Civic Groups); (5) Wealth (Economics); (6) Power (Judicial/Law Enforcement); (7) Well-being (Health); (8) Affection (Families).

Lasswell stresses that:

for many scientific and policy purposes the position of individuals and groups can be described according to their share in the values shaped during any given period... Information about current levels of value shaping and sharing makes it in principle possible to calculate gross and net changes in aggregate or particular value status. Lasswell (1971, p. 39)

Obviously value shaping and value sharing are activities that define both substance and direction of a society. Thus, sorting out the values domain of a community is indigenous to an analysis.
However, Lasswell contends that within current societal structure, values cannot be separated from an analysis of structures or "Institutions." Lasswell observed that Institutions:

are the patterns that are relatively specialized to the shaping and sharing of a principal category of values. 

Contextual analysis implies that every Institution influences and is in turn influenced by every Institution specialized to its value sector...Institutions (or structures) refer to the same events that are designated by value. Every individual, as well as Institution, is to some extent a value shaper and sharer in social process. Shapers of power also share power, and power comes from the values a society places. All of this takes place within a context. Therefore, when one investigates problems of society (or a community), one can come rapidly to the conclusion that the world is not only interdependent, but that realistic and selective awareness of it's structures, Institutions, Individuals, values and power...are indispensable to enlightened public policy. Lasswell (1971, p. 39)\textsuperscript{57}

This study includes a description of the structures and sources of values and power in Regionville, utilizing Lasswell's categories. See Figure 4 for the adaptation of Lasswell's categories to the structures and sources of power in the community under study.

To further enhance the understanding of the current status of the community under study, a "network" concept will be applied. Froland and Pancoast (1979)\textsuperscript{58}, in a monograph, "Networking, What's It All About?", define the term "network" and discuss the utility of examining networks as part of the process of analyzing communities and preventing such problems as child abuse and neglect. They define the network concept very simply as chiefly a way of looking at relationships.
FIGURE 4

Structures and Sources of Power in the Communitya

Graphically, a network may be depicted as a set of points connected by lines, wherein the points are individuals or organized groups, and the lines represent continuing relationships or specific exchanges. Again, Froiland and Pancoast emphasize that the network perspective is one which "prompts attention to the patterns formed by these relationships," Pancoast (1979, p. 2) By using a network perspective one can identify the relevant actors and determine relationships among them. When these two essential aspects are defined the network can be mapped.

In order to expand the idea of networks into complex settings (organizations, communities, etc.) Schon (1977) describes organizational networks as one way of addressing issues in which clear or explicit prescriptions for building a community system are neither feasible nor appropriate because of political barriers, limited resources, cultural, or other factors that suggest using an informal approach. Many times networks exist in abundance informally, even though many professionals participate in them, they may not recognize them as such.
Schon has cataloged a number of networks that can be discovered in and around organizations. His definition of these networks follows:

**Movement networks** underlie most efforts at social reform in which people who share a political philosophy or who desire a common end (for example, increase funding for community-based care or politics regarding children's rights) band together to form powerful lobby or interest groups that represent any number of organizations. **Invisible colleges** are instrumental in the exchange and development of knowledge and information about particular subjects, with members informally linked through a shared interest. Many of these surface now and again in the form of institutes, research projects, task forces, or other formal groups, but continue after such groups disband. **Practitioner networks** exist both within and among organizations to form support systems for their work with clients. Many of these are familiar as informal referral arrangements among a number of practitioners who trust each other or believe in a certain way of treating clients. **Program networks** are similar to practitioner networks but focus on connecting formal governmental programs of intervention. Links among various offices of a state agency providing social services to families, federal demonstration projects in community child abuse services, or family crisis agencies serving adjacent geographical areas, exemplify the variety of relationships that may arise because of a similarity in task or program. (Schon 1977)

The commonality of these network approaches is that they depend on informal personal contacts and the need to do something that is not handled well via formal structure or procedure.

Both formal and informal network concepts will be applied to the health and human services professionals/organizations within the community under study to assist in identifying their relationships and interactions that take place in regard to child abuse and
The aims of a descriptive analysis of the present status of a community are as follows:

1. To generate an understanding of the current community as a complex system, and its approaches to a social problem.

2. To utilize two concepts from experts in examining the major components of the community (system).
   
a. To use Lasswell's concept of structures and power to organize these factions of the community, and to understand terms of their interdependence and impact on the problem.

   b. To also use a network concept from Schon in order to catalogue types of informal networks as movement, invisible college, practitioner, or program. Formal networks will also be identified.

3. To apply network concepts to health and human services professionals/organizations within Regionville to assist in identifying relationships and interactions that take place with respect to the problem.

Retrospective Analysis of the Past

There are obvious limitations to an examination of a social problem such as child abuse and neglect when limited to current contexts. The current manifestations of the problem have their basis in the history of the community and call for a retrospective analysis. It is important to establish the problem not only within
the current "fabric" of the subject community, but also to recognize that the makeup of this fabric has historical origins. It is in the retrospective analysis of the problem that its true context and points of reference are identified. It is contended that a retrospective analysis of the community is an important part of understanding the problem of child abuse and neglect and proposing a solution to it.

The typical interpretation of history is one in which the aim is to give concrete descriptions of particular events, things and peoples, located in time and place. Many anthropologists, including Hoebel (1966)\textsuperscript{62} and Radcliffe-Brown (1952)\textsuperscript{63} have discussed the inclusion of history in anthropological research by adding another dimension. For example, in field research "historical description has come to be recognized as a highly selective process in which observations are ordered in terms of some theoretical frame of reference." Pelto (1978, p. 19)\textsuperscript{64}, "Pure" science does not dispute either definition. Nagel (1961)\textsuperscript{65}, for example, in The Structure of Science, lists four principal modes of explanation employed in scientific discourse, generally, one being: genetic or historical explanations that set out the major events through which some earlier system has been transformed into a later one.

As an anthropologist, Pelto (1978, p. 20)\textsuperscript{66} makes the point that the "logic of scholarship," as it pertains to historical origins, is the same for scientists in the traditional mode, as well as for
Historians or anthropologists, the difference lies in the "canons of evidence."

The "canons of evidence" proposed to be of import in the historical data pertaining to the problem of child abuse and neglect in the subject community are:

(1) the history of community involvement (incidence, interventions, impacts) with the problem of child abuse and neglect, and

(2) its socio-economic resources, cultural traditions, and/or political forces.

It is anticipated that a retrospective analysis will provide an historical context for the problem of child abuse, while also providing insight into critical structural and functional characteristics of the community; and finally, help identify planning strategies needed for effective change in the prevention of child abuse and neglect.

Projective Analysis of the Future

A significant portion of this research is devoted to an exploration of the ability of the community under study to recognize the problem of child abuse and neglect in terms of recognizing needs, setting goals and projecting solutions for an improved future. It is proposed that the data necessary for making a statement about how prepared a community is to create solutions for an improved future
can be derived from an exploration of the dynamics of change. In this study, change is examined within the context of a community's perceptions of activities pertinent to the prevention of child abuse and neglect.

Examining change in the manner proposed introduces the problem of deciding from whose perspective, the analyst's or the participant's, the detection and description of change will be conducted. Occasionally, the discrepancy between what the people themselves characterize as happening, and what the analyst views as taking place, is a focus of the analysis (Leach, 1967). According to Bee (1974, p. 18) it is entirely possible that the analyst may base his analysis on his subjects' conceptions of what is changing and what is not. Chin (1961, p. 297) notes that:

all practitioners have ways of thinking about and figuring out situations of change. These ways are embodied in the concepts with which they apprehend the dynamics of the client-system they are working with, their relationship to it, and their processes of helping with its change.

Harris (1968 pp. 568-585) has used the terms "etic" and "emic" to refer to two distinct perspectives of analysis. "Emic" approaches are those in which the subjects' own perceptions and motivations become the base for analytical conclusions. "Etic" approaches, on the other hand, depend on the analyst's perception of conditions, relationships, etc. The conclusion that change may occur or has occurred, is not based on the subjects' perceptions, but on his own. Ultimately, the researcher's perceptions are verifiable through
analysis by fellow scientists, rather than by the informants in the
culture he is studying.

In a field study such as this, the participants inform the
researcher about their life-ways. In this case, they reveal their
perceptions of change and potential for change. This kind of "emic"
data was collected within the community via a field interview guide
on the dynamics of change. In order to identify factors relating to
change, especially within the context of community efforts (or needs)
to prevent child abuse and neglect, the researcher chose to interview
health and human services professionals about the following issues:

1. Knowledge and skills bases in "change" pertinent to health
   and human services professionals.
2. Major constraints to change.
3. Changes currently in progress.
4. Changes, typically planned or unplanned.
5. Changes that are planned, and the predicted outcomes.
6. Factors affecting the process of change.
7. Changes, success or failure.
8. Change "internal" or "external" to the system
10. Need for change in the prevention of child abuse and
    neglect.

While the "emic" perspective of data analysis is critical to
a qualitative field-study, this study will not only include, but go
beyond the "emic" approach to the etic dimension, allowing the researcher to summarize the data within the context of selected change typologies.

Warren Bennis et al., (1969, p. 2) presents the notion of "planned change" as the only feasible alternative to the extreme positions of non-intervention (from natural law, laissez-faire doctrine), and radical intervention (Marxian Theory). Bennis describes planned change as "a method which self-consciously and experimentally employs social technology to help solve the problems of men and societies." Chin and Benne suggest that analysis of planned change is based on three types or groups of strategies:

1. **Empirical-Rational Strategies:**
The fundamental assumption is that humans are rational and will follow rational self-interest once it is revealed to them. For example, change is proposed by some person or group which knows of a situation that is desirable, effective and in-line with the self-interest of the person, group, organization or community which will be affected by the change. Because the person or group is rational and moved by self interest, they will adopt the proposed change.

2. **Normative Pre-Educative Strategies:**
Are built on assumptions about human motivation different from empirical-rational strategies. Although rationalizing and intelligence are not denied, patterns of action and practice are supported by "sociocultural" norms and commitments to these norms. The norms are supported by the attitude and volume systems of individuals normative outlooks which undergird their commitments. Change in a pattern of practice or action, according to this view, occurs only as the persons involved are brought to change their normative orientations to old patterns, and develop commitments to new ones. Changes in normative orientations involve
changes in attitudes, values, skills and significant relationships, not just changes in knowledge, information or intellectual rationales for action and practice.

3. **Power Strategies:**

Power strategies are based on application of power in some form, political or otherwise. The influence process involved is basically that of compliance of those with less power to the plans, directions and leadership of those with greater power. Often the power to be applied is legitimate power of authority. Thus, the strategy may involve getting the authority of law or administrative policy behind the change to be effected. Some power strategies may appeal less to use of authority power to effect change than to the massing of coercive power, legitimate or not, in support of change sought. (Chin and Benne 1969, p. 34)

The three types of strategies proposed by Chin and Benne, and described herein, will be utilized in this study to group participant responses pertaining to their orientations to change.

In attempting to analyze complex organizations or settings (i.e., communities) simplification of variables, sometimes even over-simplification is desirable and almost inevitable. An analyst almost has to choose a limited number of variables which are recognized as dynamically interdependent and then try to work from there toward a more accurate understanding of reality. Benne, et.al. (1969, pp. 113-123)

In this vein, Bennis and Barnes construct a typology of seven other change styles, in addition to planned change. They differ according to power distribution, goal setting and change implementation. They are:
1. **Indoctrination Change.** Mutual and deliberate goal setting but under unilateral power.

2. **Coercive Change.** Unilateral goal setting with deliberate intentions using unilateral power. Coercive change would be exemplified by Chinese "brainwashing" and through control practices.

3. **Technocratic Change.** Unilateral goal setting but shared power. One party defines the goal; the other party helps to reach that goal without question as to the goal's value.

4. **Interactional Change.** Shared power under conditions where goals are not deliberately sought.

5. **Socialization Change.** Unilateral power but collaborative goal implementation; e.g., small children develop under the influence of parents who unilaterally define the goals.

6. **Emulative Change.** Unilateral power without deliberate goals. This is found in formal organizations where subordinates "emulate" their superiors.

7. **Natural Change.** A residual category. Shared power with nondeliberate goal setting; i.e., changes are due to accidents, unintended events, etc. Bennis and Barnes (1967 pp. 81-82)
This typology suggests that change can be initiated by using various power distributions, which may be as important as the variables themselves in determining outcomes.

Lewin (1951) developed the concept of force field analysis as an illustration of "how" and "why" a system might or might not change. Lewin describes change as a three-step procedure of unfreezing, moving and refreezing a system. Heuse (1975, p.50) discusses Lewin's concept:

Unfreezing might be accomplished by introducing new information or information which shows discrepancies; a decrease in the strength of current values, attitudes, and behaviors resulting from new experiences or information confirming the perception of the organization, the individual, or other subsystems within the organization. Next, the organization, or one of its subsystems, is moved to a new level, L2. This step usually involves the development of new values, behaviors, or attitudes through internalization, identification or change in structure. The third step in the change process, refreezing, involves stabilizing the change at a new "quasistationary equilibrium" through the use of supporting mechanisms, e.g., changes in organizational culture, changes in group norms, or modification of organizational policy structure.

Heuse (1975, p.52) also recommends that Lewin's force field analysis can be used very effectively as a diagnostic tool. He suggests simply diagramming forces for and forces against change, as a means of identifying the forces and spotting problem areas.

An analysis projecting the future potential of the community under study will include use of both emic and etic perspectives; a diagnostic view of change based on three groups of strategies
outlined by Chin and Benne for "planned" change; a typology by Bennis and Barnes that assists in identifying at least seven types of change other than "planned" change; and Kurt Lewin's force field analysis, a method of diagramming forces for and forces against change in the community.

Methodological issues

Introduction

Descriptions of field study have remained unchanged for decades. One can select readings from almost any decade in the 1900's, and the definition of field studies remains essentially the same. A classic description is offered by Golden, (1976, p. 16)78:

There is maximum concern (in field study) with understanding the patterns of interaction within a particular context. Because the objective is to study, in all of its complexity, the behavior of real actors in actual settings, such approaches are strong on realism. The researcher tries to interfere as little as possible with ongoing behavior, and to understand as fully as possible the interaction of the many variables in the particular setting.

Golden notes that a sociologist interested in the dynamics of a particular community would likely use the field approach.

Even though field study has remained basically the same, there are several terms used to describe the methodologies of field study that are of more recent vintage, i.e., (a) qualitative research, (b)
ethnomethodology, and (c) educational ethnography. The following
discussion delineates these methodologies and defines them for
purposes of this research.

**Qualitative Methodology**

Rist (1975, p. 44) states that qualitative methodologies assume
there is value to an analysis of both the **inner** and **outer** perspective
of human behavior. This inner perspective, or understanding, assumes
that a complete and ultimately more truthful analysis can only be
achieved by actively participating in the life of the observed and
gaining insights by means of introspection.

Flistead (1970, p. 6) has noted that qualitative methodology
refers to those research strategies (such as participant observation,
In-depth interviewing, and total participation in the activity being
investigated) which allow the researcher to obtain first-hand
knowledge about the empirical social world in question. The process
of analysis of qualitative research is essentially inductive, with
theory being extrapolated from grounded events. Glaser and Strauss
(1967) discuss the concept that the qualitative researcher does not
begin with models, hypothesis or theorems, but rather with the
understanding, of episodes or interactions that are examined for
broader patterns and processes. It is from an interpretation of the
world through the perspective of the subjects, that reality, meaning,
and behavior are analyzed.
Ethnomethodology

Also important to this study is a definition of the term ethnomethodology. Garfinkel (Hill, 1968)\(^2\) claims authorship of the term. He defines it as "an organizational study of a member's knowledge of his ordinary affairs, of his own organized enterprises, where that knowledge is treated by us as part of the same setting that it also makes orderable." Turner (1974, p. 18)\(^3\) in the purest sense, Garfinkel is using ethno as a prefix to methodology in order to describe the phenomena of life knowledge, or "common-sense" knowledge of a person about his/her society. It is this life knowledge about the community that this study examined via personal interview. This method was selected to generate data about the community and its health system that have not been recorded.

Educational Ethnography

Equally pertinent to the proposed community study is the methodology of educational ethnography. Goetz and Le Compte (1984)\(^4\) contend that the purpose of educational ethnography is to provide rich descriptive data about the contexts, activities and beliefs of participants in educational settings. The results are usually examined as a part of the whole phenomenon, with isolation of outcomes being rarely considered. The method has been used for
evaluation, descriptive research and theoretical inquiry.

Educational ethnography is multimodal, allowing corroboration from multiple data sources. Representative studies vary widely in focus, scope, and methods of execution. Again Goetz and Le Compte (1984, p. 17) cite examples of such studies as being characterized by:

1. The Investigation of a homogeneous and geographically bounded study site;
2. Use of participant observation, supplemented by a variety of ancillary techniques;
3. Creation of a data base from field notes;
4. Preoccupation with the interpretive description and explanation of the culture, life ways, and social structure of the group under investigation;
5. Use of inductive, generative and subjective data and a judicious balance of objective and subjective data to reconstruct a social world;

By definition, this community study of child abuse and neglect is a field study, incorporating aspects of all three of the preceding methodologies. The research approach is a blend of qualitative, ethnomethodologic, and ethnographic techniques, which resulted in a study conducted as follows:

1. A geographically bounded community was selected as the study site;
2. Techniques ancillary to participant observation within organizational settings were utilized;
3. The data base was created from field notes, public records
and documents;

4. The analysis of the data is inductive, focused on interpretive description and explanations of the culture, life ways and structures of the community and the health and human services system under investigation;

5. The data is characterized by both objective and subjective components;

6. The sampling techniques (discussed in the next section) are appropriate to social field research.

Sampling Techniques

Other experts in social research, i.e., Gold (1969) and Babble (1979) address the issue of sampling in field study. Babble notes that field researchers attempt to observe everything within their field of study, thus in a sense they do not sample at all. In reality, of course, it is impossible to observe everything. Gold suggests that researchers in fact observe a de facto sample of all the possible observations that might be made.

Babble supports McCall and Simmons (1969) who suggest at least two types of sampling methods specifically appropriate to field research:

1. Snowball Sampling- In studying a loosely structured group (or network) one identifies the influential members of the group. As each one is interviewed he or she is asked who they
believe to be the most influential, and/or who contributes significantly to the network or the group. In each of these examples, the sample "snowballs" as each of the interviewees suggests others.

2. **Deviant Case Sampling** - Often, understanding patterns of attitudes and behaviors is further improved through the examination of cases that do not ordinarily fit into the group.

In this field study of a community health and human services network, these two types of sampling were utilized. Individuals typically involved in health and human services prevention activities were chosen from six types of organizations: (a) Health, (b) Education, (c) Judicial System, (d) Law Enforcement, (e) Religion, (f) Public Service, and (g) Civic Groups.

To initiate the process of snowball sampling key individuals were identified for interview within each of the types of organizations. By asking those individuals to identify other members of the community network, the researcher utilized the snowball sampling technique, whereby selected interviewees recommended others.

Finally, deviant case sampling was also used when the interview process revealed a person, or a professional type, who does not usually participate in the community network on a routine basis. If the person(s) named only occasionally, participated in community activities, or if an Individual was identified who was at a very
distant point in the network (such as a government employee with the state or federal government), then that person was included in the interview process for the purpose of enriching the data base.

Figure 5 displays graphically how the sampling worked. The researcher approached key individuals in four major organizations: (18 in Figure 5) a social worker at the Welfare Office, Adult and Family Services (Children's Protectives Services); (20) the commissioner for health at the city/county health department and her project administrator; (26) a minister at a local church; and (27) a principal at a local high school.

Those initial key individuals recommended others involved with child abuse and neglect whom they felt would be essential to interview. The persons recommended were sometimes within the same organization as the individual making the recommendation. However, many times new and separate individuals and/or organizations were identified. The deviant cases included persons with the state department of health, a city manager, a psychologist, a former minister now directing an open shelter in a nearby city, an historian, a former dean of a theological seminary and a director of a child abuse league in another city.
The numbers in the circles (1-31) represent the organizations sampled. A numerical listing of the organizations is displayed in Table 10.

"DC" represents the deviant cases identified through the sampling.
Professionals interviewed within the system included physicians, nurses, social workers, ministers, health administrators, counselors, educators, law enforcement and judicial officials, and public services and civic association directors, employees and volunteers.

The interviews with the participants were taped and supplemented by notes. The interview guides were used to ask questions. The interviews averaged more than an hour in length.

Although a significant strata of individuals were identified for interview, they were not selected in a proportionate manner, nor do they represent a probability sample, as they were not randomly selected.

Study Procedures and Data Sources

Introduction

The data for this study were collected and sorted along the three dimensions described previously as comprising the conceptual framework, i.e., (a) Retrospective Analysis of the Past (b) Descriptive Analysis of Present Status, (c) Projective Analysis of the Future. This section deals sequentially with a discussion of study procedures pertinent to the three dimensions, followed by a description of the methods of data analysis used in the study.
History

Researching the history of a community makes it possible to test the proposition that history can help comprehend the present and the future potential for program implementation and effectiveness within a particular setting.

Assumptions about the gathering of historical information in the subject community are set forth as follows:

1. The health care delivery system is affected by "nonhealth" characteristics of community life.

2. The effectiveness of a prevention program in child abuse and neglect may be enhanced, or constrained, by these characteristics.

3. The history of a community may reveal patterns that have influenced community development, thereby affecting the development and implementation of a prevention programs in child abuse and neglect.

The socio-economic, cultural and political history of a selected community was investigated. Two methods for collecting the data were utilized: (a) Public Records and Documents, and (b) Interview. Interview questions selected as pertinent to history are presented in a data collection guide, Table 5.
TABLE 5

History, Current Status and Interaction Field Interview Guide

1. What are some of the most important recent (25 years) economic, social, cultural and political characteristics of the community?

2. What are the current, significant characteristics of the community?

3. What significant events have occurred that have had lasting impact on the community?

4. What patterns of social stratification have emerged in the community; what are the dominant institutions?

5. What cultural and social traditions have emerged? How have these traditions influenced, or been influenced by, the world outside the community?

6. What is the make-up of the health care delivery system? What linkages are there with other systems; health and human service delivery organizations, institutions, or health professionals? What is the history of the community in the treatment and prevention (primary, secondary and tertiary) of child abuse/neglect?
Current Status

As in the techniques to gather history on the subject community, two methods were selected for collecting data on the current status of the community: (a) Records (current statistics where available) and Documents; and (b) Interview (Community participants were asked to describe the current health system and the problem of child abuse and neglect.) Field research questions pertaining to status are included in the data collection guide, Table 5.

For the purposes of this study, procedures for analyzing data pertinent to the current status of the community include (a) identifying and grouping the major structures and sources of power in the community (and those impinging upon it) by using a modification of Lasswell's categories to identify organizations, leaders, gatekeepers and influential groups; and (b) diagraming networks and patterns of interaction in regard to the problem. The types of interactions focused upon were those relevant to the health and human services groups in the community, and their activities in the prevention of child abuse and neglect. A modification of Lasswell's model used in this study may be found displayed in Figure 4.
**Future**

This segment of the research contains a description of the dynamics of change found within the health and human services components of the community under study. The primary method of data collection was via a field interview guide, Table 6. The guide was designed to be used by the interviewer in its entirety if a participant was able to respond to all of the questions, or partially, according to the limitations of an individual's experiences or knowledge.

The researcher drew upon the data collected via interview, as well as an analysis of the current status of the community to study its future potential and ability to address the problem of child abuse and neglect:

1. Identify and analyze the dynamics of change within the community under study.

2. Present recommendations for effecting change in the community's approach to the prevention (and intervention) of child abuse and neglect.

3. Make recommendations for future study.

The result of a study of the future of the community will be a projective analysis. The analysis will be comprised of the following:

1. A discussion of the Emic and Etic Approaches to Analysis.
TABLE 6

Field Interview Guide
The Dynamics of Change in a Community for the Prevention of Child Abuse and Neglect

1. Under ideal conditions what changes would you like to make in order to better achieve primary prevention of child abuse and neglect in this community/county?

2. What are some of the problems in developing an improved system in the primary prevention of child abuse and neglect?

3. Briefly describe the kinds of changes you have attempted, or are currently attempting to make in the system in order to achieve greater success in the primary prevention of child abuse and neglect.

4. Are changes normally planned, or do they happen? Explain.

5. How much control do you believe you have over changes that take place within your community (in the primary prevention of child abuse and neglect)?

6. Are most changes the result of (a) community team effort, (b) the effort of individuals acting alone within the system, or (c) the result of outside forces?

7. What constraints do you believe prevent you from being successful as an individual implementing change?

8. In general what influences you to (a) propose a change; (b) to participate in a change; and (c) to direct a change? Which role do you usually play?

9. If you desired to suggest a change that you felt would improve primary prevention of child abuse and neglect within your community, who would you approach?

10. How does change generally affect the clients in your system? The parents? The children?

11. What causes change to succeed within this community health network? Example of a positive, successful change.

12. What causes change to fail? Example of a negative attempt to introduce change.
2. Process analysis utilizing three strategic groupings proposed by Chin and Benne: (a) Empirical-rational, (b) Normative, Re-educative, and (c) Power Strategies.

3. A typology presented by Benne and Barnes, outlining seven change styles, in addition to planned change. (This typology is helpful in identifying differences in strategies, i.e., means of power distribution, goals setting, and change implementation.)

4. A diagnostic tool conceptualized by Lewin and used in this analysis as a method of diagramming community forces predisposing and/or indisposing change.

Summary

The objectives that guided the development of the study procedures utilized in this study are summarized below:

1. Construct a history of child abuse and neglect within the context of a selected community and the relevant world of the problem (both inside and outside the community).

2. Identify significant individuals, structures, power sources, networks, and resources in regard to the problem within the selected community, as well as within the relevant "world" of the problem;

3. Assess the need and the potential for change in the community from the history and the current status of this problem, within the context of the community and the relevant "world" of the problem;
4. Perform retrospective, descriptive and projective analyses of the problem of child abuse and neglect within the selected community, and for the current status of the problem.

5. Based on data from the study, discuss policy implications and suggestions for future action and study in the prevention of child abuse and neglect.

Figure 6 illustrates the steps utilized in the study procedures.
Study Procedures for a Community Approach to the Prevention of Child Abuse and Neglect
CHAPTER IV
PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

Introduction

For the purpose of protecting the citizens who cooperated in this study, and in an effort to preserve their anonymity, a pseudonym for the community has been borrowed from a similar study conducted in the 1940's by a researcher named Earl Koos. Also for the sake of anonymity, he called the community he studied, "Regionville, USA." (1954)89 His account of the field research he conducted on the health of Regionville inspired the production of the current research in much the same rich, descriptive style that he used.

This chapter is devoted to a retrospective analysis of the historical origins of the community, a descriptive analysis of its current status, and a projective analysis of its future. The focus of all three analyses is on the community and its approach to the problem of child abuse and neglect.
If one's wish were to take a walk down the picturesque, maple-lined streets of a typical, rural community in mid-western United States, then there could be no choice more representative than the community under study which shall henceforth be called "Reglonville." A county seat with a population of 19,000, Reglonville offers the friendly faces and century old homes of a small town, and a history that competes with the most interesting. In fact, a strong sense of history remains today in Reglonville, a town which traces its beginnings to the opening of the Northwest Territory and claims among its native sons, a United States President.

It must be pointed out, however, that Reglonville is definitely not a dying community, and its citizens do not live in the past. There is a strong belief in the future of the community and every evidence of its future vitality. For example, Reglonville is a community with a central location in the state with respect to metropolitan centers. It has access to all major Interstate highways, and it has an international airport located less than 30 minutes away in the state's second largest city and state capitol. It has a rich cultural and educational heritage afforded through a university located in the community, and a theological seminary located within the county.

Reglonville is also a growing recreational area with a state park and water sports available on nearby rivers and four lakes in the county. A dash of excitement was added to the community with the advent of Grand Circuit Harness Racing. In fact, Reglonville hosts
one of the sport's biggest events.

However, in order to confirm the historical origins of Regionville, and to discern their effect on the current status, as well as the future of the community, one must step back in time to the year 1801 when the first settlers arrived by wagon from Chenango County, New York.

PAST Origins of the Community

The purpose of this section, dealing with past origins of the community of Regionville, is to present a general retrospective view of the early history of child abuse and neglect, and the early development of Regionville in terms of its socio-economic structures, its politics and power sources, and its culture or networks and traditions.

In view of this purpose, the description will include not only major events in the general history of the community, but will also present an in-depth review of three factors of early development which emerged as most prominent and influential in the present day make-up of the community, i.e., medicine, religion and education. Finally, a retrospective analysis of the historical origins of
Reglonville will be provided.\textsuperscript{90} Tables 1-5 and Table 7 display data pertinent to the history of the problem, as well as to the community.

**Early Development of the Community**

The land was rich and untouched except by the native Indians living there. In traditional pioneer style, the first settlers built crude log cabins, hunted and farmed the land. The county was first organized in 1808 with three county commissioners, a treasurer, recorder, and a surveyor. A court was formed with a judge as president and two associate judges, a prosecuting attorney, a sheriff and a clerk. The first census, taken in 1810, counted a population of 2,000.

The size of the county was originally much greater. By 1850 a great deal of land had been taken away to form other counties, and the present county area was fixed at 459 square miles. The boundaries of Reglonville were set at 9.5 square miles and the town had become the county seat. The population in 1850 was 21,817.

The year 1804 marked the arrival of a man who was perhaps to contribute more to shaping the community and the county during early years than any other. The man was Colonel Moses Byxbe, a tavern owner.

\textsuperscript{90}Information pertaining to early Reglonville was derived from a history of the community written by Buckingham. Ray E. Buckingham *Delaware County. Then and Now* (Delaware, Ohio: Historybook, Inc., 1976).
<table>
<thead>
<tr>
<th>Time Period</th>
<th>Events</th>
</tr>
</thead>
</table>
| 1600's      | - Colonial America  
|             | - Paternal rule of family  
|             | - Child commonly indentured servant  
|             | - Law  
|             | - Distinction of Apprenticeship  
|             | - Servitude  
|             | - Laws Prohibiting Blinding out of Infants  
|             | - 1639 - Earliest recorded trial case of child abuse (master and apprentice)  
|             | - 1645 - A master was executed for causing death of a servant  
|             | - 1655 - Master tried and goods confiscated for abuse  
|             | - Children were occasionally removed from unsuitable home environments (1675, 1678)  
|             | - City-Children were put in Aleas Houses with adult beggars, thieves, paupers  
| 1700's      | - Courts allowed parents their own disciplinary discretion  
| 1800's      | - American Society for the Prevention of Cruelty to Animals (ASPCA) founded  
|             | - Virginia passed law protecting servants  
| Early (1900-1950's) | - 1922 - There were 57 societies for prevention of cruelty to children, 30 humane societies for child welfare  
|             | - (This number diminished greatly with advent of laws)  
| Later (1940's-1980's) | - Second decade - U.S. began to intervene in cases of parental neglect  
|             | - 1912 - Bill federal government authorizing creation of special bureau for children  
|             | - 1935 - Social Security Act - Federal grants for protection and care of homeless dependent neglected children  
|             | - Orphanages were instituted  
|             | - 1960's - Social Security Amendments passed requiring each state to make child welfare services available in the States  
|             | - Late 1960's - Financial Assistance to the States for child welfare and social services  
|             | - 1970's - 1974 - Child Abuse Prevention and Treatment Act  
|             | - 1975 - Ohio's Child Abuse Statutes were passed  
|             | - 1980's - Daycare centers began recording reports of child abuse and neglect  
|             | - 1980 (293)  
|             | - 1981 (329)  
|             | - 1982 (359)  
|             | - 1983 (574)  
|             | - 1984 (808)
and store-keeper who had come into possession of a great number of land grants in the county. Byxbe, a man of exceptional energy, force of character and decision, organized a colony of emigrants who in 1804 arrived and laid out the first town in the county, another present day community. The Colonel had hopes this first town would become the county seat and possibly the State Capitol. However, in 1808 he changed his mind and turned his interests to establishing the "Regionville" which became the county seat.

Moses Byxbe was the guiding spirit in the initiation of many of the organizations and services that have survived in some form to the present day. He was the first postmaster and owner of a tavern and a store. He was an associate judge in the court. He promoted the building of new roads and established the first grist and sawmill in the town.

While Regionville was developing in the early years, the capitol of the state had been located in a number of southern towns. However, with the spread of population northward it became advisable to select a more central and permanent location. In the end, the choice seemed to lie between Regionville and the city that eventually became the capitol. The loss of the capitol was damaging to Regionville and the county, and its immediate prosperity. Property values dropped, and the attraction to settlers was reduced producing a depression that required many years from which to recover. It was said that Moses Byxbe, who had led the petition to make Regionville the capitol, was never the same after this defeat and disappointment.
The present newspaper in the community was founded in 1818 by town ministers Reverend Jacob Drake and Reverend Joseph Hughes. The paper had several names and several publishers until 1836 when Abram Thomson became the sole owner and adopted the present name. It has continued to be published by the same family to the present time.

The advent of the railroad aided the county in many ways, but eventually spelled defeat for the stagecoaches. The railroad, now known as Conrail, began running trains in about 1850; the first train came into Regionville in 1852. This line was extended to Cincinnati and in a few years railroads, later known as the Pennsylvania and the C & O, were built. The latter two lines also passed through Regionville, bringing with them much commercial activity and new inhabitants.

In 1842 a Methodist affiliated University was founded in Regionville. Originally a men's school, it was organized largely through the foresight and efforts of Reverend Adam Pow, who was then the Minister at a Methodist Church. In 1877 a women's college united with the university, and it became co-educational.

In a documented history of the community/county under study, Buckingham (1976), reveals fascinating information about early medicine, religion, and education that highlights these institutions as the most influential in the shaping of the community. The following is a summary of the early history of these three facets of Regionville.
Before Moses Byxbe, the only "medicine" was practised through traveling medicine men with their wagons of bottles. During Byxbe's era, he induced the first "real" doctor, Reuben Lamb, to set up practice in the community. Dr. Lamb traveled over three counties on horseback to bring relief to the sick. He opened the first drug store and was elected first recorder. He also shared a very profitable whiskey-making enterprise with the father of a future president of the United States.

Another physician, Dr. Noah Spaulding, was enticed to the town in 1809 by Byxbe. An Episcopalian by religion, he organized the county's first Sunday School. Several other doctors passed in and out of the community without significant influence until a Dr. George Smith came and introduced quinine.

Dr. P.A. Willis was the first county native to graduate from the Starling Medical College (1862).

Dr. M. Gerhard was the first physician in the county to use chloroform. He married the granddaughter of Dr. Lamb, the first physician.

Dr. J. H. White, another graduate of Starling Medical College was, at his death in 1907, the oldest practising doctor in the county.
Dr. E. H. Hyatt was one of the county's most prominent physicians and was also very well-known around the state. He became a leading citizen of the county. He helped organize and establish the Columbus Medical College. For twenty-five years, he was chief surgeon for the CCC and St. Louis Railroad. He also served as president of the Ohio State Medical Society.

Doctors William and Edward Merrick were graduates of the university in the community. Their uncle was president of the university, and their father was head of the chemistry department. Both graduated from Miami Medical College and practiced with outstanding success in the community.

Also, noteworthy was Dr. J.K. James who came to the community in 1890. He was a graduate of the Columbus Medical College, and a talented musician.

Dr. Francis Marion Murray formed a partnership with J.D. Knowles in 1892 and started the third daily newspaper in town.

Dr. Abraham Blyner came to the community in 1840 when milk fever was on the rampage. He introduced calomel as treatment with great success. He helped no less than 40 young doctors obtain their degrees through gifts of money and equipment. He was elected three times to office in the Ohio State Medical Society.

Dr. Laurence Marion Ihle graduated from The Ohio State School of Medicine in 1933 and set up a practice in a nearby town. He became track physician at a famous nearby Ohio race track, and was reported to have delivered 4,000 babies in and around the community under
study. In 1974, the town where he lived dedicated the village square to him.

Dr. Silas Fowler, who graduated from the Jefferson Medical College of Pennsylvania in 1871, practised in the community for 36 years. He was a writer who twice represented Ohio as a delegate to the International Medical Convention.

Dr. L. A. Bumstead founded a sanitarium in the community in 1913.

Dr. Emerson Victor Arnold, a graduate of the Ohio State University School of Medicine, 1931, became chief of staff at the only hospital in the community (which also serves the county). As president of a civic organization, he originated the Annual Community Christmas Ball which has raised thousands of dollars for charity. He died in 1966.

Dr. Tennyson Williams, a family doctor who practised in the community for twenty-two years, became the Chairman of Family Medicine at The Ohio State University College of Medicine in 1974.

Currently twenty-eight physicians, including six osteopaths, provide medical services through private practice and/or affiliation at the local hospital.

The only hospital for the county and the community had its origin in 1904 when the Jane Case estate (Case was a prominent widow of a physician from a nearby metropolitan area) was purchased. The hospital opened its doors in 1906 and also offered a three year training program for nurses.
By 1928 a new, larger hospital was needed and the present site was purchased (a different location than the first). In the early 1970's, the Mary Grady estate was secured for the hospital. Consequently, the name was changed to Grady Memorial and a five million dollar expansion was added bringing the bed capacity to 150.

Religion

Colonel Moses Byxbe, whose name has become almost synonymous with the name of the community, and so many of the institutions that have been sustained in the community, was also the man who brought the first practicing minister to the town in 1810, the Reverend Joseph Hughes, a Presbyterian. Reverend Hughes helped found the first newspaper, known as the Gazette and Religious Informer.

As was very typical with rural communities all over America, early religious institutions ruled with an iron hand. They made their own laws and meted out punishment to those who violated them. In fact, for several years various church groups met at the courthouse on a rotating schedule, until the middle of the 1920's. At that time many houses of worship sprang up and perpetuated the strong religious atmosphere in the community that still prevails today.

It is important to note that the Willliams Street Methodist Church, which exists today, was built on a site in 1810 donated by
Moses Byxbe. The father of a future U.S. President, donated fifteen gallons of whiskey from his still to the building of the church. Reverend Adam Poe became a minister at the Williams Street Church in 1840. It was his idea to establish a Methodist College to replace a local seminary which was on the verge of bankruptcy. Thus the currently successful Wesleyan University was born.

Many other churches trace their historical origins to the town's earliest years. Of the 70 churches currently existing throughout the county, at least fifteen were established in the 1800's. Presently, there is a predominance of Methodist and Presbyterian churches although most protestant denominations are represented, as are the Catholic and the Unitarian faith.

As the churches grew in number and the community made advances, some of the churches became more community-minded and charitable. The first notation of community-spirit came with reference to assistance by the churches in war-related efforts. In the 1950's the first Presbyterian Church became famous for hosting and serving meals to the football fans of nearby Ohio State University who would stop for a meal before the game.

St. Paul's Methodist Church has maintained a close and extensive relationship with the university in the community, and has had five university presidents as active members. In 1958 St. Paul's merged with the Stratford Methodist to become the Stratford St. Paul. The church has a reputation for hosting community activities.

The Grace United Methodist (1860) is also known for being
community-spirited and mission-minded. St. Peter's Episcopal (1817) is noted in history books as consistently demonstrating an interest in social concerns and solutions from a religious standpoint. The Seventh Day Adventists (1947) have obtained an outstanding reputation as a community service and distribution center for clothing, food, and books. St. Mary's Catholic Church (1856) maintains a school for approximately 300. St. Mark's Evangelical Lutheran (1821) is noted as being one of the strongest and most effective leaders in the community. Both Williams Street Methodist and Asbury Methodist (a spin-off from Williams Street) have exerted strong influence over the religious life of the community.

The community still maintains several churches for the Negro population: the African Methodist/Episcopal (1845), the Faith and Trinity Methodist (1891) and the Second Baptist.

Perhaps the most outrageous, and at one time most successful, church in Reglonville was established by the Reverend LeRoy Jenkins, an evangelical faith healer who describes himself as a poor boy from Georgia. His early church services were conducted from a tent. He started a Boys Ranch which was later condemned and closed. Then a flood wrecked his tent, and he proceeded to purchase the estate of a former local physician. Reverend Jenkins has molded the estate into a religious complex with a gift shop and snack bar. His church is commonly called "The Church of What's Happening Now." Jenkins himself espouses the belief that the only laws he must obey are God's laws.
Education

Education emerged on the scene in Reglonville when Miss Sophia Moore (Sister of General Sidney Moore) built an Orphan's home and school in 1821. She ran the school until she married in 1825. At that time Richard Murray, a teacher at the same school, took over until he married. Joan Hills taught at the school for the next 45 years, mostly in her own home. Even after some semblance of state school laws were adopted in 1825, private schools were still in vogue. In 1832 two Irish ladies, Mrs. Howison and her daughter, Miss Johnson, and a Miss Meeker opened a girl's seminary in the Moses Byxbe home. The venture proved short-lived and Miss Meeker used her talents to establish and operate a successful Infant's school.

The first public school, built under the School Law of 1825 was a one room structure of stone. Soon afterwards a frame school was erected on a corner of the courthouse lot. Eliza Thompson, who later became Mrs. William Carson, was the first to teach in the district schools. In the summer months, she organized and taught in a "select" school.

In 1834 a group of concerned citizens organized a private school. A two story building was erected in the south of town to provide adequate accommodations. The school continued to operate until 1841 when lack of funds closed the doors. For a brief time, the school
building was used as a ladies school, then the city school board purchased it for use as a ward school. It was torn down in 1879.

In 1847 the State Legislature enacted an improved school law, under which the town became a school district. However, since the state laws setting requirements for obtaining teaching licenses were lax, many unqualified persons became teachers. In order to combat this, the county judge appointed a County Board of Examiners for screening and testing teaching applicants. From this came a City Board of Examiners with authority to test applicants.

After the Civil War and in the years of prosperity that followed, the City School Board had to provide for a population explosion. In rapid succession, new school buildings were constructed in all directions. In a physical way, the die was cast for the current format of the city's school locations.

Before school legislation was passed, education was "catch-as-catch-can." The early schools were one-room, log cabin types built by citizens on public land. There were no blackboards and no equipment. The curriculum consisted of the basics; i.e., reading, writing, spelling and arithmetic. The New Testament was widely used as a text. The famous McGuffy textbooks were to come in later years. School terms lasted only a few months, or as long as there was pay for teachers, generally given in merchandise or service.
In 1825 the Ohio School Law was passed, permitting townships to organize school districts and to support them by taxation. Definite improvements in education then began to emerge.

By 1852, teachers were required to pass exams, and by 1904 they received a salary of $40/month. The school year was generally set at 32 weeks.

In the early 1900's there were 134 grade schools, 10 high schools, 224 teachers and 5,272 pupils in Regionville and the surrounding county.

**Early History of Child Abuse and Neglect**

Although one of the purposes of this study is to discuss the history of child abuse and neglect in Regionville, there are no records or even references to the subject in the early history of the community. In fact, the early history of education contains the only references that can be found pertaining to the welfare of children. For example, the concern for children seems to have been reflected only through the school laws that were passed to educate children, and the fact that an orphan's home was established in the early history of the community.

In a search for clues as to "why" there are no early public records in Regionville on the subject of child abuse and neglect, a general early history is established herein for child abuse in the United States.
Child Abuse: History, Legislation and Issues

A report on "Child Abuse: History, Legislation and Issues, (1981)" originally written by Jean Jones, and edited by Jan Fowler, for the U. S. Division of Social Legislation, Education and Public Welfare, notes that "Ironically, it may very well be the abhorrence of child abuse which originally made it such a slow-moving area of both Federal and State legislation." The very idea that a parent, who is supposed to love and protect his/her offspring, could be responsible for his or her child's physical injury, or even death, is so repulsive that many are reluctant to believe it. Our courts and legislatures have a long history of being reluctant to get involved in internal family government, preferring to let families determine their own laws and punishments. This "hands-off" policy to a great extent is due to the close association of the laws of this country with English common law. Under this common law, the right of the father to custody and control of his children was considered virtually absolute, even where this was at odds with the welfare of the child. This has carried over to some extent in our own legal system.

In colonial America, the father ruled both his wife and his children. Parental discipline was severe, and parents, teachers and

93 The information on the history of child abuse and neglect in the United States found within this section was derived from the government report prepared by Jones. Ibid.
ministers found justification for stern disciplinary measures in the Bible. Legally speaking, the early American child was, in fact, little more than the property of his parents. It was not unusual for a child to be bound out to other households as an indentured servant apprentice. The shortage of labor in colonial America, as well as the strongly pervasive puritan work ethic, was reflected in early laws. In 1642, a Massachusetts statute required parents and masters to provide for the "calling and employment of their children."

Early laws made a distinction between apprenticeship and servitude (the former requiring training in a trade), but this was not always followed. Eventually, two forms of apprenticeship evolved. Under a voluntary apprenticeship, the child and his parents entered into an agreement on their own initiative. The other form, compulsory apprenticeship, resulted from the practice of binding out dependent children who had little or no say in the choice of their master or trade. As time went on, laws were passed prohibiting the binding out of infants, but the practice of binding out children beyond infancy continued.

The earliest recorded trial involving child abuse occurred in 1639. In Salem, Massachusetts, a master by the name of Marmaduke Perry was arraigned for the death of his apprentice. The evidence given stated that the boy had been ill-treated and subjected to "unreasonable correction" by his master. However, the boy's own charge that his master had been responsible for the fracture of his
skull (which ultimately resulted in his death) was called to question by testimony that he had told someone else that the injury was the result of falling from a tree. The defendant was acquitted.

In 1643, a master was executed for causing the death of his servant boy, and in 1655, in Plymouth, a master was tried and was subsequently found guilty of manslaughter and ordered burned in the hand and all his goods confiscated. Other early recorded cases show the masters of servant children being admonished for abuse, and, in some cases the children being freed from indenture because of ill treatment. In 1700, Virginia passed specific laws for the protection of servants against mistreatment.

As demonstrated above, most of the early recorded cases of child abuse were specifically related to offenses committed by masters upon servants and did not reflect any movement toward protecting children from abuse by their own parents. Court action involving family matters was limited to the removal of children from "unsuitable" home environments. "Unsuitable" usually referred to the parents not providing their children with a good religious upbringing, or refusing to instill in them the value of the work ethic. There were two cases in Massachusetts in 1675 and 1678 in which children were removed because of "unsuitable" homes. In the first case, the children were removed because the father refused to see that they were "put forth to service as the law directs." The second case gave similar justification for the removal of the children, with that offense being compounded by the refusal of the father to attend
church services.

The removal of children from such "unsuitable" home environments did not reflect any concern about the physical abuse of children and, in fact, may have been responsible for putting them into a more potentially dangerous environment. It was a common practice for children who were dependent upon public support to be bound out. These children would be auctioned off to the lowest bidder, who would then accept his payment from public funds and take the child as a servant or apprentice.

In the larger cities where the problem of poverty was greater, dependent children were put into alms houses. Conditions in these public poorhouses, where children were thrown in with adult beggars, thieves, and paupers, were deplorable. It was not until the beginning of the nineteenth century that major efforts were made to provide separate residences for children, and it was not until then that public recognition of the abuse of these children in institutions was noted.

In 1840, there was a criminal case in Tennessee which involved parental prosecution for excessive punishment. The evidence showed that the mother struck the child with her fists, and had pushed her head against a wall, and that the parents had whipped her with a cow skin, tied her to a bedpost with a rope for two hours, and switched her. The court reversed the parents' conviction, holding that whether punishment was excessive was a question of fact for the jury to decide rather than a question of law.
The dearth of recorded family child abuse cases in early American history suggests the general tendency of the courts to permit parents their own discretion in determining the kind and degree of home discipline. Parents were considered immune from prosecution unless the punishment was beyond the bounds of "reasonableness" in relation to the offense, or excessive, or the child was injured permanently.

It was not until the second decade of the nineteenth century that public authorities in the United States began to intervene in cases of parental neglect. Most of the reform movements were directed toward children in institutions, however, and were aimed at preventing a neglected child from entering a life of crime.

Probably the most significant and helpful of all reform campaigns for child protection was that launched by the American Society for the Prevention of Cruelty to Animals (ASPCA). In 1874, a church worker sought the help of the President of the ASPCA on behalf of an abused child. The case concerned a ten-year old foster child named Mary Ellen Wilson who was the victim of child abuse. At that time there were laws which protected animals but, no local, State or Federal laws to protect children. The case was presented to the court on the theory that the child was a member of the animal kingdom, and therefore entitled to the same protection which the law gave to animals.

In the aftermath of public indignation over the case, Elibridge T. Gerry, the lawyer who represented the ASPCA, founded the New York Society for the Prevention of Cruelty to Children. It was originally
organized as a private group and later was incorporated. Legislation was soon passed in New York, and cruelty societies were authorized to file complaints for the violation of any laws relating to children. Law enforcement and court officials were required to aid the societies.

Similar societies were soon organized in other cities throughout the country, and by 1922 there were 57 societies for prevention of cruelty to children and 307 humane societies concerned with the welfare of children. With the advent of government intervention into child welfare the number of these societies has declined.

The Federal Government did not get involved in child welfare until 1912, when, after considerable debate, Congress passed a bill to create the United States Children's Bureau. This bill was signed into law by President Taft on April 9, 1912, and authorized the creation of a special bureau to do research and provide information about children. In 1935, with the passage of the Social Security Act, the Federal Government became more directly involved in child welfare services. Grants were to be used for "... the protection and care of homeless, dependent, and neglected children and children in danger of becoming delinquent" (now Title IV-B).

Retrospective Analysis

Examination of the historical origins of Regionville reveals a rather simplistic, conservative, rural community, typical perhaps of
many other sister communities similar in size throughout the predominately rural state of Ohio. Like most other communities, it was strongly influenced during its early development by perhaps the most common influencing structure and power source in small American communities, that of religion. There was very little else in the community for years after it started to develop, except a family "doc," country stores, taverns, grist and sawmills, a schoolhouse, and eventually a jail, a sheriff, and a judge.

All appearances of this community over time point to the fact that it had even more than its share of powerful, well organized churches that ruled with an iron hand. The dominant churches in this community are Lutheran, Presbyterian and Methodist known for their strong organizational structure, their detached emotionalism, and their organizational influences within communities.

A factor in this community that at one time put it in contention as capitol of the state, and created an atmosphere of growth and class that attracted well educated people, was its incredible founder, Colonel Moses Byxbe. Byxbe had an uncanny ability to lure upper class citizenry to early settlement, especially medical doctors, religious leaders and educators, and that status quo has continued to perpetuate itself.

The advent of the Methodist-sponsored university and the hospital marked major contributing factors to the advancement of the community. The establishment of the university greatly enhanced its redevelopment as a center of culture. In fact, the university and the
town became known nationally in the field of arts and letters.

The influx of medical doctors of considerable influence, many of them trained at medical schools in a nearby city, seems to have been a key factor in developing the affluence of the community. For instance, several large estates were donated to the building of the hospital in the early 1900's, and to the multi-million dollar expansion of the hospital in the 1970's.

During the mid-1950's light industry began moving in, bringing jobs and new talents to the area that have blended well with the culture of the community/county. It should be noted that heavy industry has not yet moved into the county.

Finally, and most importantly, the following data were revealed through research into the historical origins of the community:

1. There are neither records nor reports of child abuse and/or neglect within Regionville from any known source through the 1970's.

2. Based on research into the early history of child abuse and neglect, one can assume records and reports do not exist in Regionville because no one judged the conditions to be a social problem. Parental discipline was allowed to be severe, and parents, teachers and ministers found justification for stern disciplinary measures in the Bible.

3. The very structures to which society is beginning to look as protectors of the child, were indeed supporters of severe discipline, if the child needed it to keep him or her "in line." Religion in the community was an especially compelling early force which upheld
the puritanical mores that children are to be seen, not heard and that whatever happened in the home was the business of the parents.

4. The early history of this country's involvement, or acknowledgement of child abuse and neglect issues reflects a very slow progression toward social policy for the protection of the child. Table 7 demonstrates the position of the child in colonial America, when children were often indentured servants, to the first laws protecting servants; in the 1800's when the American Society for Prevention of Cruelty to Children was founded; and in early 1900's when the United States began intervening in cases of parental neglect. The chart shows good reason why early Reglonsville (even through the early 1900's) does not have recorded history of child abuse or neglect.

5. In early rural America, family doctors, known and trusted by their clientele, wouldn't dream of challenging parents' rights to discipline to the point of physical injury. Nor was a parent's account of injuries challenged, even if it were suspicious.

6. One can also assume that child abuse and neglect occurred consistently throughout the early and even more recent history of communities like the one under study.

7. Even some of the earlier reforms did not filter down to the relatively "closed" rural community systems ruled by the biases and the "norms" of their leaders.
8. The economy of early Regionville was based on agriculture and a few small businesses and industry.

9. Medicine, education and religion were the prime organizational influences on the early development of Regionville.
Present Status of the Community

As discussed in the study design presented in Chapter III, the research strategy followed in this study requires a description of the problem of child abuse and neglect within the context of a community. The task is to identify the community's major structures, probe into its power sources, and describe its networks.

To begin, the incidence and severity of child abuse and neglect in Regionville will be documented. Then, Lasswell's model will be used to assist in identifying the type of community structures involved with the problem, the sources of their power and effectiveness in dealing with the problem. In addition, a study of network mechanisms will be employed to ascertain patterns of agency interaction. Finally, the descriptive analysis will of necessity deal with the strengths and weakness of the community in terms of its approach to the problem of child abuse and neglect.

This section of Chapter IV on the present status of the community, is organized as follows: (a) the problem of child abuse and neglect in Regionville, (b) community structures dealing with the problem, (c) sources of power and effectiveness, (d) networking mechanisms employed by Regionville agencies, and (e) a descriptive analysis of the strengths and weaknesses of Regionville's approach to the prevention of child abuse and neglect. Data are presented and discussed in eleven tables (Tables 5 and 8-17).


The Problem of Child Abuse and Neglect

It is difficult to describe the present status of a community without reviewing its public records. A careful study has revealed that records, or even references to child abuse and neglect were nonexistent in early Regionville. By reviewing the early history of the country as it related to the problem, probable reasons for absence of records began to unfold: (a) child abuse was not considered to be a problem, and (b) parental discipline was a private, family matter. Society found justification for stern to severe disciplinary measures in the Bible, as well as support within the cultural standards of the times. However, upon reviewing the current status of Regionville, and realizing that statistical reports on the incidence of child abuse and neglect were not kept until 1980, it was necessary once again to establish a current history of the problem by looking beyond the community to the recent events in child abuse and neglect around the country.

For example, an important event occurred in 1962 when Social Security Amendments required each State to make child welfare services available throughout the State to all children and to provide coordination between child welfare services (Title IV-B) and the social services provided under the Aid to Families with Dependent
Children (AFDC) program\(^4\) (This social services component became Title XX.) This requirement was to be accomplished by making maximum use of child welfare staff in providing consultation and services for children in families receiving public assistance. The 1962 Amendments also revised the definition of "child welfare service" to include specific reference to the prevention or remedying of child abuse.

Since 1962, most funding for children protective services has been spent by the States under the two Federal matching programs described above: 1) the child welfare services program (Title IV-B), the major portion of which is typically spent on foster care (often considered a protective service); and (2) the social services program (Title IV-A and the later Title XX, effective October 1, 1975, which, until 1981, funded the States to provide services primarily for families on welfare. In 1981, the Title XX program was amended to transform it into a social services block grant to the States, thereby giving the States more discretion in what types of social services to fund, and for whom. Child abuse prevention and treatment services, however, remain an eligible category of service.

Thus, through the later 1960's, Federal legislative activity in the area of child abuse (with the exception of legislation for the District of Columbia) was concentrated on financial assistance to the

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\(^4\)The funding history provided in this section was derived from the government report prepared by Jones. Ibid.
States for child welfare and social services. The Federal Government traditionally had stayed away from specific legislation regarding child abuse or similar family problems, believing them to more properly be under the jurisdiction of the States.

In the early 1970s, however, perhaps because of increasing awareness of the incidence of child abuse and the resulting public outcry, a number of bills were introduced in Congress concerning mandatory reporting requirements and the creation of a National Center on Child Abuse and Neglect. On January 31, 1974, one of these bills (S. 1191), entitled the Child Abuse Prevention and Treatment Act, was enacted (P.L. 93-247).

All 50 states now have some form of child abuse laws. In addition to laws in all states requiring professionals such as physicians and social workers to report suspected abuse to authorities, many states have enacted criminal provisions to punish those who abuse children. Many have also established or strengthened protective services for children.

One of the primary reasons for the lack of prosecution in child abuse cases has been the difficulty in determining whether the physical injury was, in fact, a case of deliberate assault or an accident. In recent years, however, doctors in the area of pediatric radiology have been able to determine the incidence of repeated child abuse through more sophisticated developments in x-ray technology. These advances have permitted radiologists to see more clearly such things as subdural hematomas (blood clots around the brain resulting
from blows to the head) and abnormal fractures. This has brought about more recognition of the widespread incidence of child abuse, and public reaction has been on the rise.

Despite mandatory reporting requirements in all states, it is estimated that there are thousands of cases of child abuse which remain unreported every year. The problem is difficult to solve merely through legislation. The reluctance of people to get involved, and the possibility of civil suits against them if they do, seems to remain a deterrent even though all the states have passed some form of immunity legislation.

The degree of immunity given and laws making the reporting of child abuse mandatory vary from state to state. In many states, there are penal sanctions for failure to report. Most of these involve financial penalties, although a few states have enacted criminal penalties. Because of the variance of reporting laws, legislative models have been proposed by such groups as the United States Children's Bureau, the Council of State Governments, the American Humane Association, and the American Medical Association.

Even though Ohio's Child Abuse Statutes were passed in November, 1975, records on the incidence of child abuse and neglect in Regionville (See Table 7) were kept in 1980 when 293 general complaints were recorded. Again, in 1981 and 1982 only general complaints were recorded at totals of 329 and 369, respectively. It was not until 1983 that a different method of recording,
investigation, and confirmation was instituted. In 1983, 189 cases of abuse were reported and 107 were confirmed through investigation; 320 instances of neglect were reported, and 165 were confirmed; 65 dependency cases were reported and 40 of those were confirmed. The total overall figure reported for 1983 was 574, of which 312 were confirmed. The latest available figures for 1984 reveal 236 cases of abuse reported, and 123 confirmed; 370 cases of neglect reported and 186 confirmed; the total number of cases reported was 606, the total confirmed was 309. Thus, the 1984 figures show an increase in reporting from 509 in 1983 to 606 in 1984, or an increase of 19%.

In an attempt to expand the data base on child abuse and neglect, health and human services professionals were interviewed about the problem. Their responses are presented in detail in Table 8, "Summary of the Effect of Intervention on Clients (Abused or Abusers)." The following is a summarized, point-by-point discussion of the responses in Table 8, which are categorized by respondent types:

1. **Educators** commented on foster home placement, stating that such action typically has a negative effect on the parents. Parents who abuse need to be re-educated, but they usually do not cooperate with any available education, even when it is court-ordered. Educators also stated that children are more responsive than adults to education intended to teach them how to cope with stress or conflict. At least one school principal expressed concern that there are no foster homes in his school district. Therefore, a child who
**TABLE 8**

Summary of the Effect of Intervention on Clients (Abused or Abusers)\(^a\)

<table>
<thead>
<tr>
<th>RESPONDENT</th>
<th>Effect of Current Interventions in the Community Typically Used with the Abused or Abusers</th>
</tr>
</thead>
</table>
| **HEALTH AND HUMAN SERVICES** | Negatively, the way is handled currently.  
- Very little.  
- Once a kid or parent becomes a client it's not very easy to change their behaviors without a major investment of time and money.  
- Direct clinical treatment (NIC) usually results in positive, short-term effects.  
- Parents will not attend parenting classes.  
- One-on-one counseling, after extensive work can usually see positive results.  
- There is a serious lack of coordination of services and treatment for clients once they enter the system.  
- Child rehabilitation track record is much better than with parents.  
- Feedback and communication among agencies is very poor.  
- Employee assistance treatment (education) through industry is very successful program for reaching adults and treating family problems. |
| **PUBLIC SERVICE** | Intervention is ineffective because of a lack of overall coordination and follow-through.  
- Low cost day care accompanied by education and guidance is very successful in the lives of the young parents who bring their children here, many of whom are abusers out of ignorance, not because they are basically mean or violent.  
- The short-term intervention is helpful temporarily but not effective in the long run.  
- Intervention at the political level is slow to affect clients, but does eventually affect them (i.e. the law for reporting.)  
- It is both positive and negative to place clients in court-ordered counseling. |
| **EDUCATION** | Abused children are placed in foster homes much too long. Such treatment usually affects parents negatively.  
- If one can provide behavioral and attitudinal re-education for both parents and children, then removing the abused from the home may help when child goes back. However, most parental abusers will not cooperate with education.  
- Children are much more responsive than parents to education teaching them how to cope with stress and conflict. Cannot reach or change most parents. |

\(^a\)Question 10 from the "Field Interview Guide on Change".
TABLE 8 (continued)

Summary of the Effect of Intervention on Clients (Abused or Abusers)\textsuperscript{a}

<table>
<thead>
<tr>
<th>RESPONDENT</th>
<th>Effect of Current Interventions in the Community Typically Used with the Abused or Abusers</th>
</tr>
</thead>
</table>
| JUDICIAL         | • People who become clients via the judicial system are often too scared or too deeply in\
|                  | trouble with the law for rehabilitation to be very effective.\
|                  | • Intensive education and counseling is needed which is very expensive and time-consuming.\
|                  | • Working directly in the home setting for rehabilitative education and change is very\
|                  | successful for the whole family, but, the Home-Based Care Program is not supported for\
|                  | expansion. (Home-based family care)\
|                  | • People don't know how to manage their lives or change their situations, i.e., manage, money,\
|                  | stress, etc. They abuse out of stress and ignorance. Home-based family care is a hugely\
|                  | successful method of client intervention.\textsuperscript{b} |
| LAW ENFORCEMENT  | • Most abusers are lost causes. The children are sometimes salvageable,\
|                  | sometimes not, via foster care and intervention from social services.\
|                  | • Treatment for kids who have been sexually abused is nonexistent in this community. They\
|                  | have to go outside for care which is very traumatic.\
|                  | • There isn't a law on the books that protects the very young sexually abused child. |
| RELIGION         | • We are generally not part of the system for dealing with child abuse and neglect.\
|                  | • Clients and cases do not generally surface for treatment in the church. |

\textsuperscript{a}Question 10 from the "Field Interview Guide on Change".\textsuperscript{b}Key response from the judicial system.
must be placed in a foster home is also removed from his or her school.

2. **Health and Human Services Professionals** observed that once an abusive parent becomes a client it is difficult to change his or her behavior without a major investment of time and money. They noted that parents usually will not attend parenting classes. On the other hand, one-on-one counseling, child rehabilitation, and employee assistance education is reported to be more successful. The most serious problem noted by this group was lack of coordination of services and treatment for clients, and duplication of services.

3. **Law enforcement and judicial officials** expressed concern over availability of treatment for the sexually abused. Not even the law protects the very young sexually abused child. Clients of the judicial and/or law enforcement system have not responded well to current rehabilitation efforts. Intensive education and counseling is needed but is very expensive and time-consuming. A program that has shown some promise is home-based family care. Trained workers go into the homes of clients and work with them on a daily basis, teaching them how to manage money, stress, etc. It appears to be a very successful means of client intervention.

Current intervention lacks overall coordination and follow-through; short-term intervention is helpful temporarily, but not effective long-term. Intervention resulting from the law which requires reporting has not proven to be effective in "preventing" further abuse.
4. Religious leaders responded that clients or cases do not usually surface for treatment via the church, and ministers are not generally part of the system for intervention in the problem.

5. Public service professionals were positive about the effects of low-cost day care (and education) on the lives of parents and their children. Many parents exhibited substantial improvement when given an opportunity to work and when offered help with managing stress and their children, so as to enable them to work.

The Community Structures, Power Sources and Networks

The purpose of this section is to identify and group major structures and sources of power in the community that impinge upon the problem of child abuse and neglect, and to describe their networks and patterns of interaction.

Structures

A survey of the community reveals thirty-one organizations that deal in some manner with child abuse and neglect. Each organization is categorized in terms of the eight sources offered by Lasswell and modified by Bricker: (1) Health, (2) Education, (3) Judicial/Law Enforcement, (4) Economics, (5) Religion, (6) Public Service, (7) Civic Groups, and (8) Families. Table 9 displays a matrix of community organizational types versus the types of community
<table>
<thead>
<tr>
<th>Community Organizations</th>
<th>Activities of Community Organizations Grouped According to Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health</td>
</tr>
<tr>
<td>Health</td>
<td>15,16.</td>
</tr>
<tr>
<td></td>
<td>20b,25a</td>
</tr>
<tr>
<td></td>
<td>25a,27a</td>
</tr>
<tr>
<td></td>
<td>31a,31b</td>
</tr>
<tr>
<td>Education</td>
<td>4, 27a</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Judicial/</td>
<td>17</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td></td>
</tr>
<tr>
<td>Economics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>9, 26</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Service</td>
<td>3,10,11</td>
</tr>
<tr>
<td></td>
<td>14,16.</td>
</tr>
<tr>
<td></td>
<td>18a,20b</td>
</tr>
<tr>
<td></td>
<td>20c,20d</td>
</tr>
<tr>
<td></td>
<td>20e</td>
</tr>
<tr>
<td>Civic Groups</td>
<td>1,13</td>
</tr>
<tr>
<td>Families</td>
<td>C</td>
</tr>
</tbody>
</table>

Note: a In order to determine specific organizations and their activities, see Table 10 for the numerical coding of the organizations. b The categories used to "type" the structures in the community are those proposed by Lasswell, 1971.39 c Families are involved to greater or lesser degrees in community activities.
activities in which organizations participate. This particular table discloses organizational patterns of activity. Closer inspection of the table identifies the following:

1. Fifteen, or approximately one-half of the organizations are active in child abuse and neglect through public service, (including a very active children's services department).

2. Five organizations are civic groups.

3. Three are related to the problem only through an economic base.

4. Two are educational two are judicial or law enforcement, and two are religious.

5. Only one major organization can be classified as strictly related to health (the local/county hospital) although health professionals are employed in many places other than the hospital. Other organizations devoted to health are public and/or private health clinics or programs.

Table 10 further defines Regionville structures by listing the thirty-one organizations that are currently involved in some aspect of child abuse and neglect. Also described in the table are the activities of each organization, and the type(s) of approach to child abuse and neglect (prevention or intervention) which is employed by each. Following the table is a discussion of the organizations and their activities grouped within the professional categories identified earlier.
<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>ACTIVITY(S)</th>
<th>PREVENTION</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Touchstone</td>
<td>• Assistance to teens with conflicts at home, school, drug and alcohol problems, personal, social and emotional difficulties.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Family Counseling and Crittendon Services</td>
<td>• Family Life Education Program for parents (5 week course).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Community Action</td>
<td>• Private, non-profit organization for mobilization and utilization of resources, public and private. To fight poverty and to help a community alleviate its problems.</td>
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<td></td>
</tr>
<tr>
<td>4. Head Start</td>
<td>• Community program developed to meet present and future needs of 3-5 year old children and their families.</td>
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<td></td>
</tr>
<tr>
<td>5. Children's Coalition</td>
<td>• An interagency consortium which meets to discuss problems and identify needs for children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. CHART (Community Habilitation Action and Resource Teams)</td>
<td>• Community educational organization dealing with substance abuse.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. CASA Workers</td>
<td>• Juvenile Court appointed advocates for children who gather facts on families and children for court cases.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. EAP (Employee Action Program)</td>
<td>• Program that works with a &quot;problem&quot; employee to discover causes of problems and to counsel and guide the person and his/her family.</td>
<td></td>
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</tr>
<tr>
<td>9. Senior High Ecumenical Youth Group</td>
<td>• Youth from various churches in the community meet, discuss problems, solutions, prevention activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. H-MNAS</td>
<td>• Teach families better ways to manage their household, organize tasks, learn new parenting skills. (Funded by Title XX of SS ACT, Title III of Older Americans Act - Central Ohio Area Agency on Aging, United Way, community services and private contributions.</td>
<td></td>
<td></td>
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<tr>
<td>11. Cooperative Extension</td>
<td>• Education (Prevention, Health Promotion).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Indicates that an organization places greater emphasis on one type of approach as opposed to the other.*
<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>ACTIVITY(S)</th>
<th>PREVENTION</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Parents Anonymous</td>
<td>- Support group for parents if they think they are potentially abusive. (Receives administrative money from the city/county health department.)</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>13. Quest</td>
<td>- A program that teaches living, coping and emotional skills.</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>15. Central Ohio Mental Health Clinic and Guidance Center</td>
<td>- Outpatient children and adult services include individual, family, and group counseling, testing and evaluation, drug abuse prevention and treatment. Consultative/Education Programs.</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>16. Franklin House</td>
<td>- &quot;AFTERCARE&quot; program designed for adult clients with chronic problems.</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>17. Law Enforcement</td>
<td>- Prevention Education in the schools.</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>19. County Children's Trust Fund Advisory Board</td>
<td>- Receives funds from the state to dispense to local projects related to children.</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>20. City/County Health Department</td>
<td>- Parenting skills, education.</td>
<td>♦</td>
<td>♦</td>
</tr>
</tbody>
</table>

* Indicates that an organization places greater emphasis on one type of approach as opposed to the other.
### TABLE 10 (continued)

Current Organizations (Structures and Services) Participating in Child Abuse and Neglect, Related Activities, and Approaches

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>ACTIVITY(S)</th>
<th>TYPE OF APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. CFHS</td>
<td>- Provides child health care system.</td>
<td>♦ Prevention</td>
</tr>
<tr>
<td></td>
<td>- (Child and Family Health Services)</td>
<td>♦ Intervention</td>
</tr>
<tr>
<td>d. NIC</td>
<td>- Provides clinic care, nutritional counseling and food supplements for pregnant or breastfeeding women, with babies less than 6 months, or child up to 3 years.</td>
<td>♦ Prevention</td>
</tr>
<tr>
<td></td>
<td>- NIC: Non-Infectious and Allergy Program</td>
<td>♦ Intervention</td>
</tr>
<tr>
<td>e. Nursing</td>
<td>- Public Health Nurses provide in-home assessment, counseling.</td>
<td>♦ Prevention</td>
</tr>
<tr>
<td></td>
<td>- (Child and Family Health Services)</td>
<td>♦ Intervention</td>
</tr>
<tr>
<td>21. Turning Point</td>
<td>- Shelter house for battered women and their children with a Child Advocate on staff who deals with needs of children through counseling, play therapy and follow-ups. The organization also provides &quot;Outreach,&quot; a method of prevention, one goal of which is to inform women about their alternatives and to increase awareness of referral resources.</td>
<td>♦ Prevention</td>
</tr>
<tr>
<td>22. Liberty Community Center</td>
<td>- Low income day care (same prevention education).</td>
<td>♦ Prevention</td>
</tr>
<tr>
<td>23. HELP Anonymous</td>
<td>- CRISIS INTERVENTION (Suicide prevention, community education, child assault prevention).</td>
<td>♦ Prevention</td>
</tr>
<tr>
<td>24. People in Need (PIN)</td>
<td>- CRISIS INTERVENTION (Emergency response to needs, food, money, etc.).</td>
<td>♦ Prevention</td>
</tr>
<tr>
<td>25. a. Grady Memorial Hospital</td>
<td>- CRISIS SERVICES (Counseling, newly formed child abuse team, Home Care Services).</td>
<td>♦ Intervention</td>
</tr>
<tr>
<td></td>
<td>- Education Services (Grady Center for Health Promotion-Personal Stress Management).</td>
<td>♦ Intervention</td>
</tr>
<tr>
<td>26. Churches</td>
<td>- Use of church facilities for meetings.</td>
<td>♦ Intervention</td>
</tr>
<tr>
<td></td>
<td>- Initial support to Liberty Community Center.</td>
<td>♦ Intervention</td>
</tr>
<tr>
<td></td>
<td>- Food, clothing, general assistance to families with problems, stresses.</td>
<td>♦ Intervention</td>
</tr>
</tbody>
</table>

♦ Indicates that an organization places greater emphasis on one type of approach as opposed to the other.
TABLE 10 (continued)

Current Organizations (Structures and Services) Participating in Child Abuse and Neglect, Related Activities, and Approaches

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<tr>
<th>ORGANIZATION</th>
<th>ACTIVITY(S)</th>
<th>TYPE OF APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>27.</strong> a. Public Schools Counseling and Guidance via School Counselors and School Nurse</td>
<td>Guidance and education to youth and families with problems.</td>
<td>⬤</td>
</tr>
<tr>
<td><strong>28.</strong> STATE (outside)</td>
<td>Funding.</td>
<td>⬤</td>
</tr>
<tr>
<td><strong>29.</strong> FEDERAL (outside)</td>
<td>Block grants.</td>
<td>⬤</td>
</tr>
<tr>
<td><strong>30.</strong> OTHER (Inside (taxes, etc) (Outside)</td>
<td>Funding.</td>
<td>⬤</td>
</tr>
<tr>
<td><strong>31.</strong> Health</td>
<td>a. Public Services (Medical/Clinical Treatment). b. Private Clinics (Referrals).</td>
<td>⬤</td>
</tr>
</tbody>
</table>

*Indicates that an organization places greater emphasis on one type of approach as opposed to the other.*
Health

Reglonville is the location for the only hospital in the county. "Memorial Hospital", with roots in the early history of Reglonville, now has in its employment thirty-one active physicians and thirty-four consulting physicians, both generalists and specialists. The hospital, which recently underwent a $6 million dollar expansion (1976), has 136 beds, 20 bassinets, and provides medical, surgical, pediatric, full maternity, coronary and emergency care. The ancillary services and out-patient clinics include thoracic and vascular, orthopedic, chemotherapy, ear, nose, throat, dermatology, neurology, urology, neurosurgery, laboratory, radiology, physical therapy, cardiopulmonary, recovery room, pharmacy and out-patient surgery. The hospital is accredited by the Joint Commission on Accreditation of Hospitals and is a member in good standing of the American and the Ohio Hospital Associations.

Paramedics from the Delaware City Fire Department and the county emergency medical service provide emergency treatment and ambulance service. The hospital offers at least two new services that relate to child abuse and neglect (1) crisis services offering counseling and home care services and a newly formed child abuse team; and (2) education services for health promotion, and personal stress management.

Other agencies providing direct health care are:

1. The City/county health department through a prenatal clinic, a
Women, Infant's and Childen (WIC) nutrition clinic, and the services of public health nurses, and health sanitarians.

2. The Central Ohio Mental Health Clinic and Guidance Center:

Wayhouse - outpatient children and adult services, including individual family and group counseling, testing and evaluation, drug abuse prevention and treatment, and consultative/education programs.

Franklin House - Aftercare for adults with chronic problems.

Education

Educational opportunities in the community/county run the full range from pre-kindergarten through graduate school. Several nursery schools and day-care centers are available.

The county has three local school districts and the city schools operate within the city limits. The four districts cooperate to form a vocational school.

Alternative educational opportunities are offered by several parochial schools, a school for retarded children, and a sheltered workshop for retarded adults.

The school system has earned a reputation for sound fiscal management. Since 1964, all new construction, land acquisition and renovation has been paid for with current building levy funds. The last bonds were retired in 1980 and the system currently is debt free.

Approximately fifty percent of city school graduates go to
college. The ACT scores of college-bound seniors consistently have been two full points above the national level. A program for the gifted and talented is available from kindergarten through grade 12.

The city schools have 200 certified staff and nearly 100 support staff members. Eighty of the professional staff members have master's degrees or more. More than half of the teachers have taught more than 10 years.

In 1974, the city and county boards of education established a Joint Vocational School (JVS). The curriculum includes agriculture, business office education, distributive education, cosmetology, child care, diversified health occupations, horticulture, auto mechanics, trade and Industrial education and equestrian science. The JVS also offers many courses to adults designed to meet specific and immediate employment needs. Industries are urged to contact the JVS to establish such cooperative programs. The school also has agreements with several technical schools in the area to provide college credit based on proficiency tests following completion of JVS courses.

The university is an independent, liberal arts college which is highly rated. In a recent study of all the private undergraduate institutions in the United States, the university ranked 13th in number of graduates later earning Ph.D.s. Enrollment is about 2,000, with a full time faculty of nearly 160. The university employs some 500 people and has a payroll of more than $9 million, most of which goes directly into the area economy.
The university's school of nursing has upperclass students taking clinical work at a number of area hospitals, including Regionville's hospital and the county health department. Students in all fields develop projects to improve the quality of area life, from land use planning and housing development to blood drives and tutoring programs.

Many of the facilities on the 200-acre campus are open to the public. The 400,000-volume library, for example, is one of the finest private college collections in the country and the second largest in Ohio.

A Methodist Theological School began classes in 1960. Its 69-acre campus is in the rolling, wooded countryside just south of Regionville. A faculty of about 25 educate approximately 250 students for master of divinity, master in religious education and doctor of divinity degrees.

The city schools offer a brief introduction to stress management, conflict management, and problem-solving which can be construed to be a primary prevention of child abuse and neglect. The school counselors provide guidance and education to youth and families with problems. The school nurse makes home visitations in some cases of suspected abuse or neglect.
Judicial/Law Enforcement

The juvenile court becomes involved in cases of child abuse and neglect, usually through referral from the Welfare Department and/or law enforcement units. The court has begun a relatively new program whereby court-appointed advocates for children gather facts directly from families and children for presentation in litigated cases. The program has been very successful in a limited, pilot-test stage. Currently there are insufficient funds to support an expansion. Law enforcement investigates reported causes of abuse.

Economics

Industry in the area has grown and changed from the old grist and sawmills to a modern industrial Park and planned development of a light industrial area. Today, more than 50 manufacturers and processors produce a variety of products ranging from racing sulkies to transit buses.

Industrial development took on new impetus in 1963 with the opening of the Industrial Park on the city's southwestern edge. Major factors influencing such development were the convenience of a municipal airport, with runways capable of handling company jets, and the proximity of an International Airport (about a half-hour away) to handle broader company transportation needs.
Agriculture continues to be important to the local economy. In 1980, county agriculture yielded revenue in excess of $44 million. The 1978 Census of Agriculture reported 1,010 farms in the county, slightly fewer than a census reported four years earlier. Farms occupy sixty-eight percent of the land in the county or approximately 198,700 acres. Livestock and dairy farms are declining but grain farming has grown. In a recent census, 495 farm operators reported farming was their principal occupation. Most farm land is family owned.

The biggest local cash crop is soybeans, which makes up about 46 percent of the dollar total, followed by 27 percent in corn and 20 percent in livestock. About 80 percent of the farm income comes from grain. Approximately 154,000 acres are harvested annually.

Agricultural agencies serving the country include the Cooperative Extension Service, the Soil and Water Conservation Service, the Agricultural Stabilization and Conservation Service and the Farmers' Home Administration.

The Soil and Water Conservation District has served the county since 1944. Nearby Urban Production Credit and the Federal Land Bank provide needed credit to farmers, as do local credit institutions. The County Farm Bureau Federation is the major farming organization serving the county, with Granges being active in some areas. The National Farmers Organization also has a county unit.

About 100 active 4-H clubs serve the city/county. Agricultural education programs are conducted by the vocational departments in
each of the four high schools in the county and at the Joint Vocational School. Each vocational agriculture department also has an active Future Farmers of America chapter. Adult and young farmer programs, as well as Extension education programs, are available to farmers and prospective farmers.

A major activity contributing to the economy of Regionville is harness racing. Racing fever arrives each September with the opening of the county fair, the world's only county fair to offer grand circuit harness racing. The half-mile track on the fairgrounds, known as the country's fastest clay track, was designed by a longtime local resident. New records are set each year. The highlight of racing is a race known as the Kentucky Derby of the harness world, with a purse of more than $200,000. Named for an outstanding pacer of an earlier day, the race regularly draws crowds of more than 40,000 from throughout the U.S. and Canada.
Religion

There are thirty-three Protestant churches and one Roman Catholic Church in Regionville. Most had their roots in the early history of Regionville and were very influential and powerful in the early development of the community. Their effects are still felt in the conservative, basically religious community of today.

In spite of their early and powerful influence in government, and the socio-economic affairs of the citizens of Regionville, the religious institutions have not sustained that power into this modern age. In fact, a survey of health and human services professionals reveal that religious institutions make only very minor contributions to the prevention of social problems such as child abuse and neglect. They are on the periphery of a rather large prevention/intervention network. In what would appear to be a setting that is nurturing to religious power, i.e., a rural, basically agricultural and small business/industrial community. However, they have made little contribution to any of the current agencies or groups involved with the problem.

Public Service

Fifteen public service organizations have been identified as being involved with the prevention and/or intervention into the problem of child abuse and neglect. They are the most numerous type
of organizations dealing with the problem. Collectively, they have a relatively stable financial base, mostly from governmental funds. The import of public services to the problem will be revealed to greater extent in the discussion of power and networks.

Included in the following section is a brief discussion of some of the "other" types of services active in Regionville, i.e., those that are not currently involved in the problem, but which are important, as they provide part of the structural backbone for the community.

Community Services

Regionville operates with a council-manager form of government with three commissioners elected at large every four years. The remaining four are elected from wards, also on a four year cycle. They city's budget in 1982 was $11.5 million, with about $3.6 million in the general fund income received from a 1% income tax and 2.7 mills in property taxes.

The county is governed by a three member Board of Commissioners (who serve four-year terms), and a full-time administrator. The county's annual budget in 1982 was $5.9 million for the general fund and an additional $2.1 million for construction and maintenance of an extensive county road system which covers nearly 500 miles. General fund revenue comes from a 2.9 mill real estate tax, fees for various services and a 0.5 percent permissive sales tax. A profile of the
county and city governments is presented in Table 11.

The community's relatively new water treatment system is adequate to meet projected needs for some time in the future. A modern sewage system is in operation and is being expanded to meet growing needs. A reservoir will provide the city with an adequate water supply well into the future. A county water system has been constructed and outlying portions of the county are making plans for expanding or updating their system or tying into the new county system.

Access to major highways is one the community's greatest assets. State Route 23 is a four lane highway which provides a half-hour commute for the many residents who work in the near-by state capitol. State Routes 36 and 37 provide four-lane access to Interstate 71.

The county's rating for insurance gives residents one of the lowest rates in the state for automobile coverage. The city has been assigned a Class 4 fire rating by the Insurance Service Office, one of the few cities of its size to have such a favorable rating. The rating recognizes the protection of all areas of the city by a well-trained, well-equipped fire department. The department also carries on an extensive fire training program in all industrial plants in the city as well as safety programs in schools.

A wide range of mental health services are available locally. The services are funded, in part, by a local levy. Services for the mentally retarded are available through public schools and a school and workshop and semi-independent living apartments for adults.
<table>
<thead>
<tr>
<th>Description</th>
<th>Elected Officials</th>
<th>Appointed Officials</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>County Government</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The county is governed by a commission type of government with a Board of County Commissioners and a County Administrator</td>
<td>- 3 person Board of County Commissioners - 4 year term</td>
<td>- County Administrator (appointed by commissioners)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- County engineer - 4 year term</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- County Clerk of Court - 4 year term</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- County Recorder - 4 year term</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Judge of Probate and Juvenile Court - 6 year term</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- County auditor - 4 year term</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- County Treasurer - 4 year term</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Judge of Common Pleas Court - 6 year term</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- County Prosecutor - 4 year term</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>City Government</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The city is governed by seven politically non-partisan councilmen</td>
<td>- Seven councilmen - 4 year terms</td>
<td>- City Manager (Appoints all city employees except Finance Director)</td>
<td>- Fire department personnel</td>
</tr>
<tr>
<td></td>
<td>- Municipal Court</td>
<td>- Director of Public Works - Supervises refuse, water, sewer, and street department.</td>
<td>- Police department personnel</td>
</tr>
<tr>
<td></td>
<td>- Judge - 6 year term</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Data from Regionville's Chamber of Commerce*
Among other local service agencies are the Cancer Society, Heart Fund, Easter Seal Society for Crippled Children and Adults and other national health agencies.

Many national and international services, community and patriotic organizations are active in the county, including Kiwanis, Rotary, Lions, Jaycees, Optimist, Altrusa, Professional Secretaries International, American Association of University Women, League of Women Voters and Business and Professional Women's clubs, to name just a few. Veterans organizations include the American Legion, Veterans of Foreign Wars, Amvets, Veterans of World War I and their auxiliaries.

**Civic Groups**

Of the many civic groups, only five are active in the prevention of child abuse and neglect. None of them have stable financial support, but are sometimes very successful at fund raising for a cause. All can be characterized as informal groups having a common interest in children and the problems of children and families.

**Families**

The community of Regionville has a population of 19,186. A community population profile [1910-1984] is exhibited in Table 12.
<table>
<thead>
<tr>
<th>Year</th>
<th>City</th>
<th>County</th>
<th>$ white</th>
<th>County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1910</td>
<td>9,075</td>
<td>27,182</td>
<td>97.7</td>
<td>90.6</td>
<td></td>
</tr>
<tr>
<td>1920</td>
<td>8,756</td>
<td>26,103</td>
<td>2.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1930</td>
<td>8,675</td>
<td>26,016</td>
<td>2.3</td>
<td>9.4</td>
<td></td>
</tr>
<tr>
<td>1940</td>
<td>8,944</td>
<td>26,780</td>
<td>1.0</td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>1950</td>
<td>11,804</td>
<td>30,278</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1960</td>
<td>13,282</td>
<td>36,107</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1970</td>
<td>15,000</td>
<td>42,903</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1980</td>
<td>18,780</td>
<td>53,840</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1983</td>
<td>19,186</td>
<td>55,640</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1984</td>
<td>19,531</td>
<td>57,285</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Median School Years Completed

<table>
<thead>
<tr>
<th>Year</th>
<th>City</th>
<th>County</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>18,780</td>
<td>53,840</td>
<td>12.3</td>
<td>12.3</td>
</tr>
<tr>
<td>1983</td>
<td>19,186</td>
<td>55,640</td>
<td>11.2</td>
<td></td>
</tr>
</tbody>
</table>

*From Regionville's Chamber of Commerce*
There are 17,624 households in the county and 6,647 households in the community. The median family income is $21,000. The per capita income is $8,400. Ninety-seven and seven-tenths percent of the population is white (versus 90.6% statewide in Ohio), and 2.3% is non-white.

Of those who work in the city or the county, most work in service agencies, small business, light manufacturing, and/or agriculture. Although a statistical figure was not available, some citizens commute to a nearby, large urban area to work. See Table 13 for statistics on the labor force in Regionville, 1982-1984.

**Power Sources**

In this section, power will be discussed in terms of Regionville's resources and its sources of influence to address the problem of child abuse and neglect. In a commentary on power, Lasswell (1971, pp. 44,45) has intimated that to receive power is to be supported by others; to give power is to support others. It is this social interpretation of power that is most meaningfully applied to the social problem of child abuse and neglect.

Again, the modified Lasswellian categories of structure and power provides a framework for the following discussion of power in Regionville. See Table 14 for a matrix of the positive and negative sources of power, classified within each of the social categories suggested by Lasswell and modified by Bricker. (The Interpretation of
TABLE 13


<table>
<thead>
<tr>
<th></th>
<th>Labor Forceb</th>
<th>Employed</th>
<th>Unemployed</th>
<th>Ratec</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982</td>
<td>28,296</td>
<td>25,509</td>
<td>2,787</td>
<td>9.8</td>
</tr>
<tr>
<td>1983</td>
<td>28,124</td>
<td>25,783</td>
<td>2,341</td>
<td>8.3</td>
</tr>
<tr>
<td>1984</td>
<td>28,857</td>
<td>26,830</td>
<td>2,027</td>
<td>7.0</td>
</tr>
</tbody>
</table>

a These estimates are prepared by the Labor Market Information Division of the Ohio Bureau of Employment Services in cooperation with the Bureau of Labor Statistics, U.S. Department of Labor.
b The civilian labor force equals employment plus unemployment.
c The rate represents unemployment divided by civilian labor force.
<table>
<thead>
<tr>
<th>Sources of Power</th>
<th>Public Service</th>
<th>Judicial/Law Enforcement</th>
<th>Health Human Services</th>
<th>Economics</th>
<th>Civic Groups</th>
<th>Education (Adult and Child)</th>
<th>Religion</th>
<th>Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laws</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Funds</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Intent of the Organization</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Influence</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Education</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Familial Ties</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Ownership of the Problem</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td></td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Ability to Change</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Time</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Resources</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
</tr>
</tbody>
</table>

A power source is rated as positive or negative depending on its effect on the organization in terms of preventing or intervening in child abuse or neglect.
positive or negative is relative to whether the power source is judged to have a positive or negative effect on the organization in terms of preventing or intervening in child abuse and neglect.)

As previously in the paper, the Lasswellian categories for community structure and power will be used to organize the following discussion of power in Regionville.

**Public Services**

Although there is not always strength, or power in numbers, an analysis of the "make-up" of the largest category of organizations, that of public service organizations, reveals that they have a strong base of resources and of power and a core of resources:

1. Adult and Children's Services is responsible by law for receiving, recording, investigating and confirming reports of child abuse and neglect.

2. The County Children's Trust Fund Advisory Board, was recently formed (1985) via a bill that gives annual support to its current chosen function (prevention of child abuse and neglect).

3. The Employee Action Program (EAP), is State funded and cost-shared with employees. Its purpose is to discover causes of problems with employers and their families.

4. The Cooperative Extension Service- An organization with a longstanding historical base of support and success in local, community work. In this community the service provides some limited
education in the areas of prevention and health promotion related to the problem of child abuse and neglect.

5. United Way - A clearinghouse with a reputation for being able to generate significant financial support for community services, in this case many of which are involved directly in child abuse and neglect intervention.

6. Two Central Ohio Mental Health Clinics and Guidance Centers. These organizations receive financial support from the state and from other granting sources. They offer services for adults with problems that extend to the family, and of course, many times to families who abuse.

7. The City/County Health Department - Although this public department generates its support primarily through tax levy, it also receives funding from other sources. It offers a wide range of services that impinge on the problem of child abuse and neglect, i.e., parenting classes, prenatal clinic services, Child and Family Health Services, a WIC program, and public nursing home-care services.

8. The Community Center - a low income day care center that offers prevention education.

9. Several other organizations deal with crisis intervention, from substance abuse, battered persons, to food, clothing or shelter crises.

In summary, public service organizations form the strongest base in number, as well as activities devoted to child abuse and neglect.
Power sources come from consistent funding (government and local), and the law (Ohio law and the judicial system) which gives authority and responsibility to Children's Protective Services primarily. Children's Services also works closely with families and their children. They have the "right" to remove a child from its parents and place it in a foster home. They have the responsibility for intervention and rehabilitation of problem situations. All of the service organizations have contact in some way with families and children to provide crisis intervention, guidance, therapy, counseling, and/or rehabilitation.

Most of these service organizations are actively providing intervention into the problem of child abuse and neglect at secondary and tertiary levels. Some of them also perform minor prevention services via some form of education, although much of this type of service is not labeled or recognized as primary prevention. Rather, it either exists under the rubric of intervention, or simply is known as a public service.

Civic Groups

Other community organizations, especially civic groups involved with some form of crises intervention, or even primary prevention education, would not typically be associated with to child abuse and neglect. For example, one civic group deals with teens and their problems at home or school, etc. with drugs, personal, or social
difficulties. The group naturally gets peripherally involved with situations of neglect or abuse, but does not refer to their efforts as prevention of child abuse and neglect.

Even some civic groups offering parenting courses do not think of them as primary prevention of child abuse and neglect, while others claim to teach living, coping and emotional skills without purposefully relating their efforts to a program of primary prevention of child abuse and neglect. Sources of power emerge from their interprofessional qualities, common interests and understanding of social problems, and their willingness to give of time and energy. They have weak bases of financial support.

Judicial, Law/Enforcement, Education

Three other types of professional groups, although few in numbers, low in resources, and essentially not very active in actual prevention of child abuse and neglect, are at the same time performing intervention at varying levels of intensity. Human service professionals in the judicial system, law enforcement and education areas seem to be painfully aware of the problem, as well as the need to "break the chain" of abuse and neglect. Yet, they are unable to change, or are uninformed as to how to change, their organizations to become more active in regard to child abuse and neglect prevention education.

In spite of their lack of resources, the judicial and law
enforcement systems have possession of a single factor that gives them power for intervention of child abuse and neglect, the Law.

On the other hand, education is the richest in resources for prevention, and has a mandated responsibility for reporting suspected child maltreatment, but has very little power to perform intervention or prevention. A very "tight," tradition-bound system in education, and very complex politics, makes the educational and financial doors difficult to open new curricula which might teach youth management of life skills, stress management, conflict-resolution, problem solving decision making, and parenting. These skills become major prevention tools for managing and raising a family.

Health

The only major organization that can be clearly classified as "health" is the community/county hospital. A 136 bed facility with 31 active physicians, the hospital recently completed a multi-million dollar expansion at a time when many similar community hospitals are closing their doors. The power base for the hospital is threefold: (1) its financial storehouse, (2) the health professionals who are its employees, and (3) an extensive network of other professionals and business supporters. The following two services have recently
been made available:

1. **Crisis Emergency Services** - The hospital has a newly formed child abuse team; it also offers counseling and home care services to families in trouble, and a twenty-four-hour emergency room.

2. **Education Services** - The new Center for Health Promotion is planning courses in personal stress management.

Unlike many other community hospitals, this one has a strong economic base emanating out of a long history of financial support from a large contingent of health professionals, businesses, and private endowments. The hospital has also demonstrated a recent interest in community service by creating an abuse and neglect team and other in-home and educational services to assist parents and children.

**Religion**

Finally, although the religious community cannot be described at the present time as being "actively" involved in prevention or intervention of child abuse and neglect, it is aware that the problem exists. Of the thirty-one churches in Regionville, some generally offer use of their facilities for public meetings pertaining to the subject. They also give financial support to some organizations active in child abuse and neglect, and to families in need of food, clothing or assistance. Ministers seem very seldom to be involved directly in intervention. Some, however, participate in peripheral
prevention education through supervision of teen or family problem-solving groups and some occasional consultation with parishioners.

The power base in religion is very strong, and virtually untapped. Thirty-one churches and their respective people, financial resources, and potential for collaboration in prevention education, in coalition to prevent child abuse and neglect could be a very powerful force.

**Economics**

The largest financial contributor to the prevention and/or intervention into the problem of child abuse and neglect are the State and Federal Governments, which primarily support health department and mental health activities, children's protective services activities and a few public services. Even though these are the greatest source of funds, they are not enough. The institutions funded by the government are understaffed and over-worked with few extra resources to perform anything beyond basic intervention.

**Families**

It is not known, through this study, the extent that families in Regionville are aware of the magnitude of child abuse and neglect, or generally educated to become active in prevention efforts. Families
hold the ultimate positive power of affection and nurturing of a child. If instead they abuse or neglect, they hold the ultimate negative power.

Local sources of revenue help support some information and education activities for parents. A few community organizations are able to generate limited funds for program activities. The financial support for this problem, as it relates directly to parents, appears to be very weak.
Networks

By design, the intent of this section on community networks is to apply both formal and informal network concepts to health and human services organizations within the community to identify their relationships and the types of interactions that take place in regard to child abuse and neglect. Once again, the adapted Lasswellian categories are used to classify the organizations. Network diagrams are presented for each organization within each of the Lasswellian categories. The diagrams may be viewed in Appendix A. A description of the organizational types will be delineated into four types of informal networks: (a) movement, (b) invisible colleges, (c) practitioner, and (d) program.

Formal networks will also be identified and discussed. Formal organizational networks are those with defined roles, rules and procedures. Informal networks depend upon contacts or groups which do not necessarily have defined roles, rules or procedures, but which do share a sense of purpose, values, needs and/or mutually derived benefits. Table 15, "Community Networks," groups organizations according to whether they are formal or informal. (To decode the numbers assigned to the organizations, see Table 10.)
<table>
<thead>
<tr>
<th>Community Organizations</th>
<th>Formal a</th>
<th>Informal b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Movement</td>
<td>Invisible College</td>
</tr>
<tr>
<td>Public Services</td>
<td>10,11,14,15</td>
<td>2,11,14,15a-c, 20a-e,23,24</td>
</tr>
<tr>
<td>(15)</td>
<td>16,18a,19</td>
<td>18a,b,c,20a</td>
</tr>
<tr>
<td>Civic Groups</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economics</td>
<td>14,28,29</td>
<td>30</td>
</tr>
<tr>
<td>(30)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judicial/Law Enforcement</td>
<td>7,17</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>4,27a,b</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>15,16,20b,d</td>
<td>20,b,d</td>
</tr>
<tr>
<td>(25a,b,31a,b)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a Formal networks are those with defined roles, rules and procedures.

b Informal networks depend upon contacts or groups which do not necessarily have defined roles, rules or procedures, but which do have a shared sense of purpose, values, needs and/or mutually derived benefits.

c Family networks were not specifically investigated. However, families are part of all these networks through the same routes as designated in this chart, either through formal contact, or informal, depending on the type of organization.
Public Services

Fifteen organizations in Regionville have been identified as public service types involved with child abuse and neglect. This number represents approximately one-half of the total number of organizations that deal with child abuse and neglect. As with all other organizational types, public services have both formal and informal network participants.

Nine of the fifteen public services organizations can be defined as formal organizations with formal networks. For example, a Homemaker, Home Health Aide Service has been established through formal channels vis a vis funds from Title XX of the Social Security Act, Title II of the Older American Act, the Central Ohio Area Agency on Aging and United Way. Another long-time formally established rural organization with very large formal and informal networks is the cooperative Extension Service. This service works with the schools and various youth groups to teach prevention education and health promotion.

Yet another example of a widely recognizable, formal organization is United Way. It functions as a clearinghouse and fundraising program that helps support many local organizations that are active in some form of prevention or intervention of child abuse and neglect.

The most prominent public service organization in the community, and indeed the organization within which lies the focus of child
abuse and neglect secondary prevention and intervention activities, is the Welfare office, through its Adult and Family Services Division, Children's Protective Services. By law, this office, along with law enforcement, receives reports of neglect and abuse. It also records the reports, investigates, and confirms reports. Depending on the severity of a situation, a child may be removed from its home at the recommendation of a social worker, accompanied by a law officer. The cases are prepared in conjunction with law and judicial personnel, and when and if a child is returned to its home depends on the social worker's evaluation of an improved, safe environment to which a child may return. This agency also deals with school personnel, foster parents, other public service and or civic groups (often for education of parents, or other types of resources). Often a child must be examined or treated at the hospital, or other health clinics. These activities with other organizations and/or health and human services professionals are coordinated by a social worker. The Welfare Office, through formal channels, has the largest network of its type.

The most recently formed formal organization is a County Children's Trust Fund Advisory Board. This organization is funded from the state. It is comprised of a small group of interprofessional types. The purpose is to review and assess problems of children and to recommend guidelines for positive solution. The group is currently researching the problem of child abuse and neglect.
The second largest formal organization in the community that deals with child abuse and neglect is the city/county health department. This department works with a large network of health professionals, including physicians, public health nurses, social workers, nutrition counselors, psychologists, educators, etc. This agency also seems to have the greatest focus and largest network in the primary prevention of child abuse neglect.

Finally, a formally organized community agency with strong network roots in religion, charitable fund-raising, and other civic and public services agencies is the only low-income, day care center in Regionville. Many of the health and human services professionals interviewed spoke of the positive effect this center is having on young parents (many single parents) who have abused or neglected their child, and who have stress factors related to not being able to work. The center uses trained volunteers and a small staff of trained personnel. It supports itself through various formal and informal contacts both within and outside the community.

The six remaining public services organizations (including an employee action program, community action, battered women shelter, HELP anonymous, People In Need, and a family counseling service), that do not have a formal base, (along with some of those that do), typically use informal networks to achieve their purposes. None of them appear to be involved in a "movement" type network to achieve social reform. However, some of them exchange and develop knowledge and information utilizing a wide range of professional resources,
local colleges, school systems, and health organizations. Even though both welfare and the health department have large, formal networks, they too use informal networks.

More common to all health and human services professionals are *practitioner and program networks*. For example, most of them are quite accustomed to calling on other practitioners for assistance with clients, informal referrals, and general support. They are also attuned to informal programs and linkages for assistance with client crises.

Five civic groups are active in the prevention of child abuse and neglect. None of them are formal organizations, and only one is involved in more than one type of informal network, and that is an interprofessional children's coalition which meets to discuss problems and identify needs of children. This organization by its nature gets involved with social reform. It also is a medium for knowledge and information exchange, and could be a strong means of developing linkages with other practitioners, and a place where programs and projects are discussed and born. This organization, however, does not meet regularly.

The remainder of the civic groups fall into the *informal program network category*. They include a group that provides assistance to teens, another that deals with substance abuse, a parents anonymous group, and a program that teaches living, coping and emotional skills.
Although the 33 protestant (and one Catholic) churches are not active in the intervention or prevention of child abuse and neglect, some are more aware of the problem and their potential role than others. They do not appear to hold any key positions within either formal or informal networks. A few religious leaders offer their facilities for meetings related to the problem. Others might make individual contributions to meetings, or an occasional referral. They are on the outermost boundaries of any child abuse and neglect network. If anything, they participate in a low-key, informal, invisible college type network via the exchange of information or knowledge through the community.

A few organizations both within and outside Regionville (a total of four) exist for the purpose of the "formal" funding of efforts related to the prevention of child abuse and neglect. For example, United Way, already discussed as a public service agency, is also an agency that provides an economic base for some of the local organizations (programs and projects) pertaining to child abuse and neglect.

Funds also come into the community through formal state, federal and/or other sources. These funds provide the main source of revenue for child abuse and neglect. In terms of networks among these formal organizations, the linkages are through but a few gatekeepers and the networks are often small. Only one of these economic sources typically gets involved with informal networks, and that is one in the "other" category, which covers local sources of revenue, such as
taxes. Through interview, personnel at the city/county health department revealed that they use formal as well as informal networks to obtain support for tax levies for their department.

The judicial and law enforcement systems are formally organized and typically communicate very strictly through formal networks. Although law enforcement has an educational program that it takes to the schools, (teaching children how to cope with violence) the officers involved have little time for informal networking or support of their program. These two types of organizations are described more fully in their formal network roles with public services.

Education is also an area where the minute amount of prevention education that they do is presented to children and youth very formally via the classroom. Their communication with other professionals about child abuse and neglect, either formally or informally, is rare. In fact, one of the chief complaints of personnel in the school system about the community is that except for the counselors, or occasionally a principal, they are not included in the networking on this subject.

Finally, the health organizations (the hospital and various clinics) are all formally established with formal networks. Yet, they have programs and professional interaction quite often in terms of invisible college type networks. Also, via their work with families in crises, they participate in program networks for assistance with intervention. The most natural informal (perhaps because it has the longest history), practitioner network exists
among health and human services practitioners, and this community is no different.

**Descriptive Analysis**

The data on child abuse and neglect in Regionville (Table 7) indicate that reporting did not follow legislative expectations, as there appears to be a delay of five years from the time legislation was passed in Ohio, until the time the first figures were recorded. Secondly, there was an increased precision of data, from more global figures recorded 1980-1982, to more specific data beginning in 1983. In 1983, cases were not only recorded as reports, but were investigated and confirmed (or not confirmed).

Throughout the United States, greater numbers of reports are recorded each year, and greater numbers are being confirmed. In Regionville, the increase in reporting from 293 to 329 the first year was 36 additional reports, or 12%. In the second year the figures were 329 for 1981 and 369 for 1982, an increase of 40, still approximately 12% increase. For 1983, the reported figures totaled 509, which is a difference of 140 over 1982, or 38%. 1984 demonstrated another increase in reporting from 509 in 1983 to 606 in 1984, or 19%. See Table 16 for incidence of child abuse and neglect and dependency in Regionville (1980-1984).

Even though the passage of the abused and neglected child reporting law can be viewed as positive progress toward the
TABLE 16
Summary of Statistical Reports on the Incidence of Child Abuse and Neglect and Dependency In the Community/County Under Study (1980-1984)a

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>ABUSE</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>293b</td>
<td>239b</td>
<td>369b</td>
<td>189 reported</td>
<td>236 reported</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>107 confirmed</td>
<td>123 confirmed</td>
</tr>
<tr>
<td>NEGLECT</td>
<td></td>
<td></td>
<td></td>
<td>320 reported</td>
<td>370 reported</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>165 reported</td>
<td>186 confirmed</td>
</tr>
<tr>
<td>DEPENDENCYc</td>
<td>NOT REPORTED</td>
<td></td>
<td></td>
<td>75 reported</td>
<td>51 reported</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45 confirmed</td>
<td>27 confirmed</td>
</tr>
</tbody>
</table>

aQuestions 1 and 2 from the Field Interview Guide for History, Status and Communication.
b1980-1982 Statistics recorded only general complaints.
cDependency - cases that are not willful abuse or neglect.
protection of children, with more and more cases being reported, it certainly is not the answer to the problem. In fact, it appears to have created a new set of problems at the level of the community/county. For example, the law places responsibility for receiving reports on law enforcement, or the county department of welfare. The county department of welfare (children's services) has the additional responsibility for: (a) investigating the reports in cooperation with law enforcement officials, (b) confirming their legitimacy, and (c) placing the children and the family under one of several plans of treatment, which must be followed through by a social worker in children's services.

In Regionville these responsibilities have placed a tremendous stress on children's services. They are far too underbudgeted and understaffed to cope efficiently with the due process that must follow every report and/or confirmed case of child abuse and neglect (606 in 1984).

Some of the health and human services professionals in the community were critical of what appears to them to be inefficient management of cases, lack of coordination of services and treatment of clients, and duplication of services. They noted that children are often kept in foster homes far too long while these cases are being processed; or there aren't enough foster homes, (some school districts have no foster homes) and a child is disrupted from its school, as well as its home environment. Others (including social workers themselves) noted that not only has prevention education
proven to be ineffective with abusers, but it is a very expensive proposition to organize, teach, and work with abusers when many of them do not appear for instruction.

Even more expensive and time-consuming are one-on-one counseling, child rehabilitation, employee assistance education and home-based assistance. However, these are the interventions that seem to be most successful. While the community appears cognizant of the problems associated with intervention (after abuse has been committed) they haven't been able to organize a campaign for primary prevention before abuse occurs. Neither have they analyzed the current system to the extent that they are able to present problems to their state legislators, or other sources for solution.

It is clear through an investigation of the resources in Regionville, available to the problem of child abuse and neglect, that they are abundant in terms of structures, (thirty-one organizations) and less than adequate in terms of dollars.

Children's Services is understaffed and underbudgeted (even though they have the most stable funding dedicated to addressing the problem) to perform the job of intervention required of them. The county/city department of health currently offers some primary prevention education, not previously their role. The hospital has recently begun two programs that have potential, but tenuous support at this point. Education has assumed a very minimal role with regard to the problem, offering only brief high school courses which deal with the subject. The juvenile court's CASA program does not have
funds for expansion. For all practical purposes, religious institutions have no active involvement with prevention.

In spite of the lack of dollars for this problem, the county and the community is generally rated as having a stable economy with low unemployment. As discussed previously, there are several sources of untapped local wealth that might bolster the poor funding this problem currently receives. In addition, families usually exhibit strong community support exemplified in many ways, such as through a debt-free school district, participation in churches and civic groups, preservation of history and a clean, well-presented community.

The current sources of power in Regionville that combat child abuse and neglect lie in the following:

1. The law and its mandates for children.
2. Governmental funding and requirements.
3. Several organizations that are interested and active in prevention (mainly intervention) of the problem.
4. At least two interprofessional coalitions exist currently.
5. Professionals recognize the severity of the problem and seem willing to accept responsibility for protection of children.
6. A viable, interested hospital exists with a history of successful marketing and funding.

Perhaps the "richest" resources in the community are its networks. Professional and interprofessional groups overlay themselves through many types of formal and informal networks.
Social workers, physicians, public health nurses, counselors, educators, psychologists, and others are accustomed to communicating through practitioner and program networks, informal networks, and invisible college (information exchange) networks. However, there does not appear to be a "movement" or "reform" type network for this problem. The health and human services professionals do not appear to be able to organize large-scale social reforms. Neither do they appear to have the political, gatekeeper or private entrepreneurial connections to alleviate some of the more immediate problems with funds and/or community research. Network diagrams illustrating the interrelationships of community structures (and individuals) to each other, within the community, as well as to outside resources or structures are displayed in Appendix. Products of the relationships are also diagrammed.

An important activity at the conclusion of the descriptive analysis is to draw comparisons between modern-day Regionville and its early history. How does the past help in the understanding of the present? Certainly the community has changed, but how much of the past has it retained?

Religion played a very large role in the early development of the community and continues today to be predominant. However, religion remains uninvolved with the problem of child abuse and neglect. The religious leaders interviewed explained that it is because the problem doesn't "come to them," neither through religion family counseling, neither through religious family counseling, or through
mandated channels. Therefore, the resources of 31 churches remain essentially untapped in the prevention of the problem. Even though the churches do not rule families with an iron hand as in the past, religion has not become a public advocate for the child. However, this is not meant to suggest that it is impossible to involve churches in some positive way.

Education has been a mainstay of Regionville from early times and remains one of the prime institutions in the community. Yet, the educational systems in Regionville have simply not changed as rapidly as the times. Educators generally are aware of the problem of child abuse and neglect and appear willing to become more active in its prevention. However, as individual members of a large, slow-moving system, educators are not sure about what they can do, or what it would take to incorporate prevention education in the schools.

Medicine has also been a forte of the community. Since its early days, the community has been able to attract a very respectable medical and health related clientele. Medicine has been a strong resource for health as well as the economy. Unlike religion and education, medicine (and health) is making a valiant effort to keep abreast of the times, including the most recent activities focused on solution of the problem. Health personnel too, however, (with the exception of the hospital personnel) expressed a desire for a coordinating entity that might assist in aggrandizing the resources and the solutions to combat the problem.
Future of the Community and the Problem

Within this section three objectives are sought: (a) to describe current interventions into the problem of child abuse and neglect employed by Regionville, (b) to describe future interventions identified by respondents as ideal, and (c) to provide a projective analysis of Regionville and child abuse and neglect.

Current Interventions

Just as one has to look at the past to understand the present, one has to look at the past and the present to project the future. It is therefore imperative to describe Regionville's most current interventions into the problem of child abuse and neglect. In order to do so, five tables will be presented and discussed in this section (Tables 17-21).

Table 17 classifies recent interventions as successful versus unsuccessful and documents reasons for their success or failure. Commentary pertaining to this and the succeeding tables is organized by professional categories.

Educators are aware of, and have classified as recently successful, all of the civic groups currently active within the community which are dealing with some aspect of the prevention of child abuse and neglect. They also noted the success of an
<table>
<thead>
<tr>
<th>RESPONDENT TYPES</th>
<th>Reasons for Success</th>
<th>Reasons for Failure</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH AND HUMAN SERVICES</td>
<td>• Free or low cost programs</td>
<td>• Not being able to stimulate</td>
<td>SUCCESSFUL CHANGES</td>
</tr>
<tr>
<td></td>
<td>• Funds</td>
<td>• client interest or compliance</td>
<td>EAP-Employee Assistance</td>
</tr>
<tr>
<td></td>
<td>• Quality of programs</td>
<td>• Lack of marketing</td>
<td>CHART (Community Education on substance abuse)</td>
</tr>
<tr>
<td></td>
<td>• Broad base of support from large interest groups (i.e., state)</td>
<td>• Lack of money</td>
<td>Home Health Care (CASA)</td>
</tr>
<tr>
<td></td>
<td>• Community must appreciate the problem, understand the need for change</td>
<td>• Lack of support from key groups and individuals</td>
<td>Prenatal Clinic (free pregnancy exams, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Influence from key community groups</td>
<td>• Community doesn't value the cause</td>
<td>Tax levy passed for health department</td>
</tr>
<tr>
<td></td>
<td>• Freedom to effect change in all sectors where changes should be made</td>
<td>• Laborious court system</td>
<td>Abuse Team at hospital</td>
</tr>
<tr>
<td></td>
<td>• Knowing the makeup of the community</td>
<td>• Not doing needs assessments</td>
<td>PIN</td>
</tr>
<tr>
<td></td>
<td>• Frequent and consistent communication</td>
<td>• Not having grand strategy</td>
<td>Children's Coalition</td>
</tr>
<tr>
<td></td>
<td>• Education-community and professional</td>
<td>• Lack of understanding on part of client</td>
<td>WIC</td>
</tr>
<tr>
<td></td>
<td>• Creation of a community task force or strategic planning committee</td>
<td>• Lack of motivation and values</td>
<td>Rainbow Project</td>
</tr>
<tr>
<td></td>
<td>• Available, accessible services</td>
<td>• Poor communication</td>
<td>Help Anonymous</td>
</tr>
<tr>
<td></td>
<td>• Doing needs assessments</td>
<td>• Lack of professional motivation</td>
<td>Turning Point (Battered Women)</td>
</tr>
<tr>
<td></td>
<td>• Need is not enough, must have a strategic approach</td>
<td>• Tant protection</td>
<td>Community Center</td>
</tr>
<tr>
<td></td>
<td>• Having a plan to deal with each aspect of the problem</td>
<td>• Unavailability of services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Service tied to prevention</td>
<td>• Lack of training in change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Marketing</td>
<td>• Developing an idea in a vacuum</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Haphazard approaches from individuals, who do not appreciate the magnitude of the problem nor the need to work on it with other disciplines, groups.</td>
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<tr>
<td></td>
<td></td>
<td>• Lack of community-wide attempts to educate</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Ignorance of the issues</td>
<td></td>
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<td></td>
<td></td>
<td>• Lack of analyzing, evaluating, planning development strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Not having a product that meets the needs</td>
<td></td>
</tr>
</tbody>
</table>

*From questions 11 and 12 from the "Field Interview Guide on Change," i.e., "What causes change to succeed or fail? Give examples."*
### TABLE 17 (continued)

Summary of Professional Opinion as to the Reasons for Success or Failure Of Change Efforts Pertaining to the Problem of Child Abuse and Neglect*

<table>
<thead>
<tr>
<th>RESPONDENT TYPES</th>
<th>Reasons for Success</th>
<th>Reasons for Failure</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUBLIC SERVICE</strong></td>
<td>Know as many facts, issues as possible</td>
<td>Not being able to predict climate for success</td>
<td>SUCCESSFUL CHANGES</td>
</tr>
<tr>
<td></td>
<td>Knowing how to deal with people affected</td>
<td>Inability to research and plan</td>
<td>League Against Child Abuse (outside community-adjacent urban county)</td>
</tr>
<tr>
<td></td>
<td>Never proposing change without full support</td>
<td>Being blind to reality</td>
<td>Institute for Child Advocacy (urban county)</td>
</tr>
<tr>
<td></td>
<td>Resources - People and money</td>
<td>Thinking a change will succeed just because it is worthwhile</td>
<td>Interdisciplinary planning for a youth center</td>
</tr>
<tr>
<td></td>
<td>Knowing all aspects of planning</td>
<td>Not proving the worth of a program or plan to the community</td>
<td><strong>UNSUCCESSFUL CHANGES</strong></td>
</tr>
<tr>
<td></td>
<td>Gaining respect of the community</td>
<td>Introducing a change without the facts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of skills</td>
<td>Not being able to read public opinion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not being able to predict climate for success</td>
<td>Lacking powers of salaeanship</td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td>Will succeed if doesn't require research and development or materials</td>
<td>Lack of funds</td>
<td>SUCCESSFUL CHANGES</td>
</tr>
<tr>
<td></td>
<td>production or funding of any large proportion</td>
<td>Poor organization, communication</td>
<td><strong>UNSUCCESSFUL CHANGES</strong></td>
</tr>
<tr>
<td></td>
<td>Must have support of community leaders and funds</td>
<td>Poor leaders, no leaders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Influence of politics important</td>
<td>Poor planning, poor strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Programs that are practical, useful with no charge</td>
<td>Giving it the wrong label, inappropriate advertising</td>
<td></td>
</tr>
</tbody>
</table>

*From questions 11 and 12 from the "Field Interview Guide on Change," i.e., "What causes change to succeed or fail? Give examples."
### TABLE 17 (continued)

**Summary of Professional Opinion as to the Reasons for Success or Failure Of Change Efforts Pertaining to the Problem of Child Abuse and Neglect**

<table>
<thead>
<tr>
<th>RESPONDENT TYPES</th>
<th>Reasons for Success</th>
<th>Reasons for Failure</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JUDICIAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assessing needs, facts</td>
<td>Not identifying alternatives for people with problems</td>
<td>SUCCESSFUL CHANGES</td>
</tr>
<tr>
<td></td>
<td>Planning</td>
<td>Not planning ahead for development and funding</td>
<td>PIN</td>
</tr>
<tr>
<td></td>
<td>Interdisciplinary efforts</td>
<td>Not having skills</td>
<td>Parents Anonymous</td>
</tr>
<tr>
<td></td>
<td>Have to be a researcher, developer and salesman</td>
<td>Not doing homework</td>
<td>Children's Coalition</td>
</tr>
<tr>
<td></td>
<td>Intelligent dispensation</td>
<td>Poor administration, organization</td>
<td>CHART</td>
</tr>
<tr>
<td></td>
<td>Money</td>
<td>Not realizing that you can't affect major changes just with volunteers</td>
<td>Family Therapy Clinic (another county)</td>
</tr>
<tr>
<td></td>
<td>Realistically communciating with and understanding people who have the problem</td>
<td>Professionals do not know how to gather evidence, facts or change behavior</td>
<td>CASA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of staff training</td>
<td></td>
</tr>
<tr>
<td><strong>LAW ENFORCEMENT</strong></td>
<td></td>
<td></td>
<td>SUCCESSFUL CHANGES</td>
</tr>
<tr>
<td></td>
<td>Cooperation-working together in community</td>
<td>Turf fighting, stupidity, selfishness</td>
<td>Help Anonymous</td>
</tr>
<tr>
<td></td>
<td>Appropriate and/or adequate backing</td>
<td>Inability to face sexual abuse issues</td>
<td>Law Enforcement Education Association - educational programs in schools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inability to gather evidence</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>UNSUCCESSFUL CHANGES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cases thrown out of court because people didn't gather proper evidence</td>
<td></td>
</tr>
</tbody>
</table>

*From questions 11 and 12 from the "Field Interview Guide on Change," i.e., "What causes change to succeed or fail? Give examples."
**TABLE 17 (continued)**

*Summary of Professional Opinion as to the Reasons for Success or Failure Of Change Efforts Pertaining to the Problem of Child Abuse and Neglect*

<table>
<thead>
<tr>
<th>RESPONDENT TYPES</th>
<th>Reasons for Success</th>
<th>Reasons for Failure</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELIGION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Must be skilled researcher, administrator and leader</td>
<td>• Not having the skill and the persistence to push the change or the effort until it is part of the status quo.</td>
<td>• SUCCESSFUL CHANGES</td>
<td></td>
</tr>
<tr>
<td>• Know all you can know and use the knowledge wisely, strategically.</td>
<td>• Not knowing the character of a setting, or the people</td>
<td>• Senior High Ecumenical Youth Group (purpose to identify people in need and ways to help)</td>
<td></td>
</tr>
</tbody>
</table>

*From questions 11 and 12 from the “Field Interview Guide on Change,” i.e., “What causes change to succeed or fail? Give examples.”*
Introductory course recently offered at the high school on stress and conflict management for youth.

In terms of failures, they described a Big Brother, Big Sisters organization which, even though successful in concept, failed because of lack of funds. Also described as unsuccessful were several attempts by various service organizations to offer parenting classes.

Reasons given for the success of programs (or changes) were support of community leaders, funds, influence of politics, and programs that are practical, with little or no cost.

Reasons for failure include lack of funds, poor organization and communication, and poor leaders and planning, poor strategies.

Health and human services professionals do not differ greatly from educators in their responses except in giving reasons for success or failure of changes. They listed many other reasons and seemed to be more aware of the effects of programs on the community. In fact, whereas educator's work is directed toward their own organization (the students), most health and human services professionals by the nature of their jobs are very active in serving the public and working with other agencies.

Among reasons for success of current interventions, the following were listed: funds, free or low-cost programs, understanding the cause of the problem, agreement with a need for change and knowing the community, frequent communication, a strategic planning committee, and marketing. Reasons given for failure were poor communication, lack of professional motivation, turf protection, lack
of training in change, lack of community-wide attempts to educate, ignorance of the issues, lack of analyzing, evaluating, planning and development strategies, and not having a product that meets needs.

Judicial and law enforcement professionals were in agreement with health and education participants that most of the recently organized civic groups have been successful. Additions to the list of unsuccessful changes were programs offered through social services and cases that are thrown out of court because proper evidence was not gathered. As with the other groups, reasons for success were assessing needs, cooperation, planning, and funds. The rest of the list names new and different reasons for success, i.e., interdisciplinary planning, gathering facts, having researchers, developers and salespersons involved. Reasons for failure were not identifying alternatives for people with problems, lack of planning, lack of skills, poor administration and organization, not knowing how to gather facts or change behavior, and, turf fighting.

Religion identified a senior high ecumenical youth group as demonstrating success. They gave as reasons for success, being skilled in research and leading, wise use of a large base of knowledge, and ability to use strategies. Reasons for failure were given as not having skill and persistence to effect change, and not knowing the people and the community.

Professionals in public service noted the same type of successful change efforts with a couple of outside agencies identified by professionals as ideals, i.e., a league against child abuse and an
Institute for child advocacy, both in urban settings within other counties. They gave as reasons for success the usual resources, skills and planning. They also suggested that knowledge of social issues and social policy-making is important. Reasons for failure centered around inability to predict a climate for success; lack of research and planning. They also observed that not proving the "worth" of a program, and introducing a change without facts or support contributes to its downfall. (Table 8 contains a summary of the effect of current interventions on clients, the abused, as well as the abusers.)

Generally, the respondents within all professional categories, with the exception of religion (reportedly clients do not often surface in the church) were in agreement about the effect of recent interventions such as the abused and neglected child reporting law, foster home placement, prevention education, services and treatment. For example the following list summarizes a general consensus:

1. Foster home placements are too long,
2. There are no satisfactory sources of counseling, and behavioral/attitudinal re-education,
3. People are not being educated about parenting, stress and conflict management, problem-solving, etc.,
4. Most parental abusers will not cooperate with education.
5. Children are more responsive than adults to treatment.
6. Sexual abuse is becoming a problem of increased proportions.

Protective laws for the sexually abused child are not adequate.
7. Home-based family care is a very successful, but underfunded method of client intervention.

8. Low-cost day care appears to be a positive method of assisting parents, and rehabilitating them at the same time.

9. The law requiring reporting has worked positively to uncover abuse and neglect cases. However, once they are uncovered the system for handling them is overloaded.

Table 18 (Summary of Factors Affecting the Process of Change) looks at who within each of the professional categories initiates change, who controls change, and what some of the problems are in the development and implementation of current change.

Who usually suggests and who controls changes in Regionville? The answers were varied and usually specific to the professional "world" of the individual. Educators said there isn't much control, except in the classroom. They suggest that those in control of policy are principals, school board members, and sometimes, but rarely, teachers.

Health and human services types recognized that the individual person has more influence than control; that money gives control, and community groups with influence have a chance to control. According to these professionals, suggestions for change usually come from organizations (health civic and public service), as opposed to individuals.

Judicial and law-enforcement participants said that the law itself gives them control, but they have little control or influence
### TABLE 18

**SUMMARY OF FACTORS AFFECTING THE PROCESS OF CHANGE**

<table>
<thead>
<tr>
<th>Respondent Types</th>
<th>Initiation of Changes</th>
<th>Development and Implementation of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Origins of Change</td>
<td>Control Over Change</td>
</tr>
<tr>
<td>HEALTH AND HUMAN SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td>Community groups</td>
</tr>
<tr>
<td>Public Health Personnel</td>
<td></td>
<td>individuals have more influence than control</td>
</tr>
<tr>
<td>Medical School (development of criteria)</td>
<td></td>
<td>The individual professional has virtually no control over the larger issues, only one-on-one cases.</td>
</tr>
<tr>
<td>Children's Services</td>
<td></td>
<td>If you have money you control.</td>
</tr>
<tr>
<td>Major funding sources.</td>
<td></td>
<td>Individuals can be dedicated enough to start a whole movement (i.e., PIN).</td>
</tr>
<tr>
<td>Political Groups.</td>
<td></td>
<td>On the job.</td>
</tr>
<tr>
<td>Children's Coalition</td>
<td></td>
<td>As a president of a community board I have some influence and control.</td>
</tr>
<tr>
<td>Team of experts in change</td>
<td></td>
<td>Professional influence with some individuals and families.</td>
</tr>
<tr>
<td>Child abuse team (at hospital)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency with philanthropic base.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task force</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations such as League Against Child Abuse (another county)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

*Questions 2, 5, 6, and 9 from "Field Interview Guide on Change," i.e., challenges to developing an improved system in child abuse and neglect; control over changes; gatekeepers of changes; outcomes of change.*
<table>
<thead>
<tr>
<th>Respondent Types</th>
<th>Initiation of Changes</th>
<th>Control Over Change</th>
<th>Development and Implementation of Changes</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC SERVICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- A community health</td>
<td>- Community planning</td>
<td>- Need a staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>planning group</td>
<td>has a lot of control</td>
<td>- Funding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Philanthropic</td>
<td>- In case of this</td>
<td>- Lack of support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>organizations</td>
<td>problem would need</td>
<td>- Lack of cooperation among</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to fund education</td>
<td>to bring in</td>
<td>agencies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and services</td>
<td>health section</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Someone who has</td>
<td></td>
<td>- Lack of grassroots</td>
<td></td>
</tr>
<tr>
<td></td>
<td>answers</td>
<td></td>
<td>understanding that the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- An organization</td>
<td></td>
<td>problem is a social</td>
<td></td>
</tr>
<tr>
<td></td>
<td>devoted entirely to</td>
<td></td>
<td>problem, like substance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the problem</td>
<td></td>
<td>abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- A child advocate</td>
<td>- As a child</td>
<td>- Lack of coordinating</td>
<td></td>
</tr>
<tr>
<td></td>
<td>organization</td>
<td>advocate I don't</td>
<td>agency</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>control, I work with</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>those who do</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- &quot;How do you get</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>control over a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>problem as large as</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>this?&quot;</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUCATION</td>
<td>- Principal</td>
<td>- Not much as</td>
<td>- Funds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- School Board</td>
<td>individual</td>
<td>- Time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Children's Services</td>
<td>- Control when</td>
<td>- Lack of guidance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Teachers</td>
<td>working to change</td>
<td>counselor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>kids</td>
<td>- Not enough foster parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Have more influence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>than control</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- In the classroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Children's Services doesn't work with</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>or communicate with teachers, no feedback</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- No system for working together with</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>others in community</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Duplication of services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Poor economics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Unemployment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- No effective programs for stress</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Poor use of high school and middle</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>school</td>
<td></td>
</tr>
</tbody>
</table>

*Questions 2, 3, 6 and 9 from "Field Interview Guide on Change," i.e., challenges to developing an improved system in child abuse and neglect; control over changes; gatekeepers of change; outcomes of change.*
<table>
<thead>
<tr>
<th>Respondent Types</th>
<th>Initiation of Changes</th>
<th>Development and Implementation of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JUDICIAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>An organization that</td>
<td>Cell over drug and</td>
</tr>
<tr>
<td></td>
<td>doesn't exist devoted</td>
<td>alcohol abuse.</td>
</tr>
<tr>
<td></td>
<td>to the problem.</td>
<td>Need funds and programs in prevention.</td>
</tr>
<tr>
<td></td>
<td>A diagnostic and</td>
<td>Support for victims of sexual abuse.</td>
</tr>
<tr>
<td></td>
<td>treatment center</td>
<td>Need parenting skills</td>
</tr>
<tr>
<td></td>
<td>which this community</td>
<td>clinics.</td>
</tr>
<tr>
<td></td>
<td>doesn't have.</td>
<td>Social services</td>
</tr>
<tr>
<td></td>
<td>CASA, home based</td>
<td>Need an organization</td>
</tr>
<tr>
<td></td>
<td>Family Care Program</td>
<td>with a full-time staff</td>
</tr>
<tr>
<td></td>
<td>A coordinator of</td>
<td>Expanded support for</td>
</tr>
<tr>
<td></td>
<td>all activities</td>
<td>home-based care.</td>
</tr>
<tr>
<td></td>
<td>pertaining to the</td>
<td>Increased expertise</td>
</tr>
<tr>
<td></td>
<td>problem</td>
<td>in fact gathering.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LAW ENFORCEMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Service</td>
<td>Clients get lost in</td>
</tr>
<tr>
<td></td>
<td>Hospital</td>
<td>bureaucracy.</td>
</tr>
<tr>
<td></td>
<td>Someone to fund better</td>
<td>No way to deal with</td>
</tr>
<tr>
<td></td>
<td>programs</td>
<td>sexual abuse.</td>
</tr>
<tr>
<td></td>
<td>County health</td>
<td>No funding for prevention.</td>
</tr>
<tr>
<td></td>
<td>department</td>
<td>Police department needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>more funding for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>educational materials.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Turf fighting.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No system at hospital for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>dealing with child abuse,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>especially sexual abuse.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Need funding for evidence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>gathering, examination of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>victims.</td>
</tr>
</tbody>
</table>

*Questions 2, 5, 6, and 9 from "Field interview Guide on Change," i.e., challenges to developing an improved system in child abuse and neglect; control over changes; gatekeepers of change; outcomes of change.
<table>
<thead>
<tr>
<th>Respondent Types</th>
<th>Initiation of Changes</th>
<th>Development and Implementation of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELIGION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Get the support of the</td>
<td>Current system doesn't reach the poor who</td>
</tr>
<tr>
<td></td>
<td>community, then set up</td>
<td>are ignored by churches, schools, health</td>
</tr>
<tr>
<td></td>
<td>an organization as</td>
<td>care delivery;</td>
</tr>
<tr>
<td></td>
<td>key coordinator.</td>
<td>No one is interested in this problem who</td>
</tr>
<tr>
<td></td>
<td>Massive plan and</td>
<td>knows how to influence the political &quot;old</td>
</tr>
<tr>
<td></td>
<td>strategy for getting</td>
<td>guard&quot;.</td>
</tr>
<tr>
<td></td>
<td>support of gatekeepers,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>leaders and financial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>backing.</td>
<td></td>
</tr>
</tbody>
</table>

*Questions 2, 3, 5, and 9 from "Field Interview Guide on Change," i.e., challenges to developing an improved system in child abuse and neglect; control over changes; gatekeepers of change; outcomes of change.
over real changes in people's behavior or attitudes. Some control comes through the CASA workers. Social services, the hospital and the county health department usually initiate change.

One religious respondent suggested that only God has control, and as human beings they might have some influence. They too recommended that one key organization should be in charge of the problem as a social issue.

Public service groups talked about ultimate control of this problem being in community planning. One of the participants pointed out that with a problem this large no one has control. These professionals dream of a community health planning group to guide change, or one organization devoted entirely to the problem, i.e., a community center for prevention, similar to the National Center for the Prevention of Child Abuse and Neglect.

The same Table 18 also describes the development and implementation of changes relating to child abuse and neglect. Many of the problems enumerated are the same as those listed in other tables. Some new problems surfaced within the context of this issue. They are:

- Lack of feedback from Children's Services (CS) to the other professionals about reported and confirmed cases.
- No organized system for working with others in the community (lack of a forum for the problem; no coordinating agency).
- Duplication of Services.
- Unemployment.
• No effective education programs.
• Poor use of the school and its resources.
• Low Client Compliance.
• Services lack coordination and outreach.
• No support for victims of sexual abuse.
• Poor parenting skills programs.
• Not enough support for home based care.
• No funding for prevention education.
• No system at the local hospital for dealing with the sexually abused.
• No one knows how to influence the political old guards.
• Lack of grass roots understanding that child abuse is a large social problem.

Table 19 (Attitude, Knowledge and Skills Bases Pertaining to Change) documents the reasons participants gave for proposing changes, participating and/or directing change, their typical role in current change, and the constraints they feel to being a change agent.

Typically, the professionals said they must perceive a need or assess a problem before proposing change. Some said they would have to be backed by research or persuasive evidence; others introduced an additional element: they would have to have a commitment. A few stated they would not propose change, as it usually means trouble. Most felt comfortable with introducing small change, but not those of large-scale.
# TABLE 19
## Attitude, Knowledge and Skills Bases Pertaining to Change

<table>
<thead>
<tr>
<th>Respondent Types</th>
<th>Why Propose Change</th>
<th>Why Participate in Change</th>
<th>Why Direct Change</th>
<th>Typical Role in Change</th>
<th>Constraints to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH AND HUMAN SERVICES</td>
<td>Skill in dealing with violence.</td>
<td>Worthy cause.</td>
<td>As part of job.</td>
<td>Proposing, Directing</td>
<td>Lack of money.</td>
</tr>
<tr>
<td></td>
<td>Assessing a need or just cause.</td>
<td>Nature of job.</td>
<td>If law behind me.</td>
<td>Any role necessary</td>
<td>Lack of aggressiveness.</td>
</tr>
<tr>
<td></td>
<td>Backed by research.</td>
<td>Only if have to.</td>
<td>Only with clients.</td>
<td>Proposing, Directing</td>
<td>Not being able to do alone.</td>
</tr>
<tr>
<td></td>
<td>Backed by law.</td>
<td>Time</td>
<td>Only in emergencies.</td>
<td>Directing</td>
<td>Lack of supportive groups.</td>
</tr>
<tr>
<td></td>
<td>Part of job.</td>
<td>If law behind me.</td>
<td>Good at directing all others to change.</td>
<td>Proposing, Directing</td>
<td>Not having the professional reputation and respect to work with certain types of problems.</td>
</tr>
<tr>
<td></td>
<td>Backed by facts.</td>
<td>Only if must.</td>
<td>Love directing change.</td>
<td>Directing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improvement in health of clients.</td>
<td></td>
<td>I plan change better than direct.</td>
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</tr>
<tr>
<td></td>
<td>Skilled as change agent.</td>
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<tr>
<td></td>
<td>Assessment of problem.</td>
<td></td>
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<td></td>
<td>Lack of tolerance for problem.</td>
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<td></td>
<td>Persuasion of positive evidence for change.</td>
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<tr>
<td></td>
<td>A love for bettering anything.</td>
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</tr>
</tbody>
</table>

*Questions 7 and 8 from the "Field Interview Guide on Change," i.e. constraints to being a change agent; Why respondent proposed a change; participants in a change, and/or directs a change; typical role in change. The code is used to indicate the participants.*
<table>
<thead>
<tr>
<th>Respondent Types</th>
<th>Why Propose Change</th>
<th>Why Participate In Change</th>
<th>Why Direct Change</th>
<th>Typical Role in Change</th>
<th>Constraints to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC SERVICES</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>A sense of justice or a Via job and in</td>
<td>To improve a situation, to progress toward a positive goal.</td>
<td>Job calls for directing large impact change.</td>
<td>All roles (P51)</td>
<td>Lack of money.</td>
</tr>
<tr>
<td></td>
<td>justice is stimulated by misfortunes and mistreatments by society.</td>
<td>I am adept at proposing small changes, but not large scale change.</td>
<td>Direct change as administrator.</td>
<td>All roles (P52)</td>
<td>Lack of aggressiveness.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>My career is proposing change as an advocate for the child.</td>
<td>I have skills to direct change professionally.</td>
<td>All roles (P53)</td>
<td>Not being able to do alone.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Direct, but with backing by research.</td>
<td>All roles (P54)</td>
<td>Lack of supportive groups.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All roles (P55)</td>
<td>Not having the professional reputation and respect to work with certain types of problems.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>All roles (P56)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All roles (P57)</td>
<td></td>
</tr>
<tr>
<td>EDUCATION</td>
<td>See (assessing) a need</td>
<td>Believing a cause is worth time.</td>
<td>If no one else can or will.</td>
<td>Proposal &amp; Direction (E2)</td>
<td>Time</td>
</tr>
<tr>
<td></td>
<td>Judging need to be worthwhile (Better than status quo).</td>
<td>Having time and motivation.</td>
<td>If I have the authority or expertise</td>
<td>Direction (E3)</td>
<td>Money</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In the context of work, or at home</td>
<td>Participation (E4)</td>
<td>Not being a health professional.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Having time and motivation.</td>
<td>Direction (E5)</td>
<td>Not having knowledge of subject matter.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Proposal (E6)</td>
<td>Not being able to communicate or problem solve vary effectively with other professionals.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not being able to reach or change parents.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lack of cooperation from others in the system.</td>
</tr>
</tbody>
</table>

*Questions 7 and 8 from the "Field Interview Guide on Change," i.e. constraints to being a change agent; Why respondent proposed a change; participants in a change, and/or directs a change; typical role in change.
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</tr>
</thead>
<tbody>
<tr>
<td>JUDICIAL</td>
<td>Must be a need and I must have have commitment.</td>
<td>Must be motivated and have commitment.</td>
<td>Time, resources motivation.</td>
<td>All roles (J1)</td>
<td>Negative behaviors and problems.</td>
</tr>
<tr>
<td></td>
<td>Worthiness of change, value to me.</td>
<td></td>
<td></td>
<td>All roles (J2)</td>
<td>Boss and system work in.</td>
</tr>
<tr>
<td></td>
<td>Justification</td>
<td>Time</td>
<td></td>
<td>All roles (J3)</td>
<td>Other systems and lack of time and cooperation from them.</td>
</tr>
<tr>
<td></td>
<td>Receptiveness of others to idea.</td>
<td></td>
<td></td>
<td>Participation (J4)</td>
<td>Not having access to resources for clients.</td>
</tr>
<tr>
<td>LAW ENFORCEMENT</td>
<td>Believing should be a change.</td>
<td>If necessary.</td>
<td>Under the law.</td>
<td>Proposal (LE1)</td>
<td>Not being able to make people listen, care, cooperate.</td>
</tr>
<tr>
<td></td>
<td>Only if beneficial to me or if I have to.</td>
<td>Usually not in position to direct.</td>
<td></td>
<td>Participation (LE2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the change is a good one.</td>
<td></td>
<td></td>
<td>Participational (LE3)</td>
<td></td>
</tr>
</tbody>
</table>

*Questions 7 and 8 from the "Field Interview Guide on Change," i.e. constraints to being a change agent; Why respondent proposed a change; participants in a change, and/or directs a change; typical role in change.

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<th>Typical Role in Change</th>
<th>Constraints to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELIGION</td>
<td>To guide people into better attitudes, behaviors and outcomes.</td>
<td>If I or society is doing something harmful, then it is logical</td>
<td>As a gentle director of change from the pulpit, in the conference room, and with individual problems, although I am usually not approached with child abuse and neglect problems.</td>
<td>All roles (R1)</td>
<td>All roles (R2)</td>
</tr>
<tr>
<td></td>
<td>To improve the plight of others.</td>
<td>in a &quot;change&quot;.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I would participate for the same reasons I would propose change.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Questions 7 and 8 from the "Field Interview Guide on Change," i.e. constraints to being a change agent; Why respondent proposed a change; participants in a change, and/or directs a change; typical role in change.

The code is used to indicate the participants.
The responses to the question "Why would you participate in a change?" were very similar from type to type. They must have the time, motivation and commitment. . . otherwise, they usually only participate in small changes at home or at work.

To the question, "Do you ever direct change?" the majority of participants reluctantly responded, "If no one else will or can," "If I have the authority or expertise," "If I have the time and motivation," "As part of my job," "Only if required." Only a few indicated that they "like" directing change. A respondent from religion stated that he is a "gentle" director of change from the pulpit. It was only in public service that anyone was to be found who declared skill Is essential directing directing large impact change. That Individual happened to be the city manager.

The typical roles with which each professional type feels most comfortable is summarized as follows:

Educators- The majority are accustomed to proposing small scale change on a daily basis. They also are accustomed to being flexible and changing themselves, and/or directing small change.

Health and Human Services Personnel- Most jobs of this nature require the professional to perform all roles within the context of small scale changes. Only a few indicated experience or desire to assume these roles in large-scale change.

Judicial/Law Enforcement- Judicial officers generally perform well in all roles of change within their jobs; law enforcement
said they propose or participate in change, but don’t direct it.

Religion—Performs all roles within the profession.

Public Service—Also versatile, this group performs all roles.

The final item in Table 19 specifies the constraints to being a change agent as determined by the professionals. As with the other questions, there is greater similarity than difference in the answers across professional categories. For example, most said that time and money are the greatest constraints. Another common denominator is not being able to organize large-scale social changes; another is the magnitude and complexity of the problem. A response from religion was that (social) change should be considered carefully and undertaken only in cases where harm is occurring and will continue if a change doesn’t take place. The nature of the constraints indicates that all professionals approach a problem requiring major change, such as child abuse and neglect, very conservatively.

**Future Interventions**

Participants in this study supplied data in two areas that are especially pertinent to a projection of the future status of child abuse and neglect within the community of Regionville. The data are presented within two tables. Table 20 (Summary of Planned Versus Unplanned Approaches to Change) categorizes by professional type responses to the question, "Are changes generally planned or
<table>
<thead>
<tr>
<th>Respondent</th>
<th>Planned Change</th>
<th>Unplanned Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH AND HUMAN SERVICES</td>
<td>- Approaches to individual family problems, cases, client needs, budgetary and program changes, staff planning, departmental and organizational planning, better coordination of services, community strategic planning.</td>
<td>- No one has a grand scheme for planned change with a social problem like child abuse and neglect.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is difficult if not impossible for an organization to plan change outside traditional role.</td>
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<tr>
<td></td>
<td></td>
<td>- Someone needs to plan or organize a county/community-wide task force to tackle child abuse and neglect and sexual abuse.</td>
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<td></td>
<td></td>
<td>- Our organization/program has not been very effective in addressing the problem.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Big changes requires big efforts, big money.</td>
</tr>
<tr>
<td>PUBLIC SERVICE</td>
<td>- Yes, changes unplanned all the time. Some never get off the ground, some are implemented if the resources are available, some are only partially implemented. Most are small program or staff changes.</td>
<td>- Large scale change is not planned in regard to child abuse and neglect.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Planning alone is not enough.</td>
</tr>
<tr>
<td></td>
<td>- Large scale planning and fundraising is done by our organization issue by issue.</td>
<td></td>
</tr>
</tbody>
</table>

*Question 4 from "Field Interview Guide on Change, "Are changes generally planned or unplanned in this community."
### TABLE 20 (continued)

**Summary of Planned Versus Unplanned Approaches to Change**

<table>
<thead>
<tr>
<th>Respondent Types</th>
<th>Planned Change</th>
<th>Unplanned Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EDUCATORS</strong></td>
<td>Pertaining to curriculum (small changes) and teaching kids behaviors and attitudes.</td>
<td></td>
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<tr>
<td></td>
<td>For individual but not widespread change.</td>
<td></td>
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<tr>
<td></td>
<td>In regard to school nurse home visits changes will recommend for families.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Within concerned groups and certain classes, i.e., Home Economics.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>None are planned to deal with problem of child abuse and neglect on a large scale.</td>
<td></td>
</tr>
<tr>
<td><strong>JUDICIAL</strong></td>
<td>Plans for changing family behaviors end up succeeding in the battles, but losing the war.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How does one group interest others in a grand scale plan to change a problem like child abuse and neglect, when one doesn’t have the money, staff or time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Planning to prevent a large social problem is not effective in a vacuum.</td>
<td></td>
</tr>
<tr>
<td><strong>LAW</strong></td>
<td>Plans, but no money (educational program for schools on role of law enforcement in child abuse, neglect and sexual abuse).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No, for most part we don’t have time nor money to do very much planning in areas like this (child abuse).</td>
<td></td>
</tr>
<tr>
<td><strong>RELIGION</strong></td>
<td>Organized religion plans countless activities but because of lack of funds only a small portion is accomplished.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No plans in religion to deal with the problem of child abuse and neglect.</td>
<td></td>
</tr>
</tbody>
</table>

*Question 4 from "Field Interview Guide of Change," i.e., "Are changes generally planned or unplanned in this community."*
unplanned in this community." Table 21 (Summary of Changes Based on Perceived Needs) summarizes changes professionals would like to achieve in the prevention of child abuse and neglect.

Table 20 gives examples of planned or unplanned change currently related to child abuse and neglect. It appears that the participants do plan changes in their private lives, and even in their daily professional lives. They plan approaches to individual family problems, client problems, staff, program and job-related problems. Some even help plan solutions to community problems (i.e. community strategic planning). Without exception, Regionville has no large-scale plans for change in the current situation with child abuse and neglect. Most do not know what kind of change is needed. Neither does anyone appear to know how to initiate or direct such change.

Table 21 (Summary of Changes Based on Perceived Needs) summarizes changes recommended by the respondents based on their perceived needs of change, desired to better their approach to the prevention of child abuse and neglect. Although these same professionals said they wouldn't be able to direct any large scale changes or approaches to solve this social problem, they obviously have given thought to it. Most professionals appeared to be very concerned about the problem and had creative ideas for its solution. In fact, the responses to
<table>
<thead>
<tr>
<th>Respondent</th>
<th>Summary of Changes Professionals Would like to Achieve in the Primary Prevention of Child Abuse and Neglect</th>
</tr>
</thead>
</table>

**HEALTH AND HUMAN SERVICES**

1. Increased Resources
   - Money and staff and educational materials for community on the prevention of child abuse and neglect.
   - Establish health agency referral center with community health consultants.
   - Increase staff at social services (lack of adequate staff is a serious problem).
   - Need low-cost, day-care options for mothers and children (one year waiting list for only low-cost day care available).
   - Need money to train/educate hospital staff as a child abuse and neglect team.
   - Need to increase hospital social services staff and train in area of child abuse and neglect.
   - Need better coordination of service available to the community through the hospital.

2. Improvements in Health and Human Services Systems
   - Need a child abuse and neglect (including sexual abuse) task force for the county to study and propose better methods of intervention, education and prevention, types of services needed, etc.
   - Need education specifically on sexual abuse.

3. Improvements in Systems of Treatment
   - Need to keep people in this county/community here for services and treatment. Majority of cases are sent to Children's Hospital in an adjacent county. People often do not have money, time or transportation.
   - Need to be able to treat sexual abuse cases in this county/community.
   - Would like to see a hospital-based, mental health facility to deal with primary, secondary as well as tertiary cases of child abuse and neglect with an emphasis on prevention.
   - Would like to see a strategic planning process applied to all the current and various efforts to prevent or intervene in child abuse and neglect.

4. Improvements in Communication
   - Better organized more frequent communication about child abuse and neglect among professionals who deal with any aspect.
   - Need improved feedback and treatment plans on cases after they leave the hospital (they often show up again).

*Question 1 from "Field Interview Guide on Change," i.e., "Under ideal conditions what changes would you like to make in order to better achieve primary prevention of child abuse and neglect in this community/county?"
TABLE 21 (continued)
SUMMARY OF CHANGES BASED ON PERCEIVED NEED

<table>
<thead>
<tr>
<th>Respondent Types</th>
<th>Summary of Changes Professionals Would like to Achieve in the Primary Prevention of Child Abuse and Neglect</th>
</tr>
</thead>
</table>

HEALTH AND HUMAN SERVICES (continued)

5. Improvements in Court System
   - There is a serious lack of legal representatives for victims.
   - Impossible time constraints for handling child abuse and neglect cases.

6. Improvements in Education of Health Professionals
   - Criteria needs to be taught in health professions curriculum for making clinical judgements regarding child abuse and neglect.
   - Curriculum must include models for management of human relations, discipline, stress and conflict management.
   - Sexual abuse education seriously lacking.

7. Improvements for Consumers (the Public)
   - The public needs to be educated (awareness heightened) as to the theories behind prevention, stress and conflict management, techniques for discipline, etc.
   - Need to be able to serve more qualified people through services to low income people (WIC, etc.).
   - Mandatory education program for parents who are abusers.
   - Need education for general public about sexual abuse.
   - Agencies and others in community need to do more employee assistance programs tied to "Prevention" of problems, such as child abuse and neglect which is often tied to problems with other types of abuses.
   - Would like to see this community work with a League Against Child Abuse in an adjacent (more urban) county to establish a similar organization here.

8. Improvements for the Elderly
   - 50% of the elderly are of lower economic status (many on welfare); provide elderly with training and jobs to work with abusers and the abused.

*Question 1 from "Field Interview Guide on Change," i.e., "Under ideal conditions what changes would you like to make in order to better achieve primary prevention of child abuse and neglect in this community/county?"
TABLE 21 (continued)

**SUMMARY OF CHANGES BASED ON PERCEIVED NEED**

<table>
<thead>
<tr>
<th>Respondent Types</th>
<th>Summary of Changes Professionals Would like to Achieve in the Primary Prevention of Child Abuse and Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC SERVICE</td>
<td>1. Ability to Change</td>
</tr>
<tr>
<td></td>
<td>o Need to understand history of the community/county, the types of employment available, the population types. See quote below.</td>
</tr>
<tr>
<td></td>
<td>&quot;In order to make changes in child abuse and neglect you have to know, or an empowered group needs to know, the history of the community/county, the types of employment available, the population types. It is a place of extremes. It has the lowest unemployment rate in the state, yet it has only 18 employers who hire more than 500 employees. There are very wealthy farmers and well-off middle class who deliberately close their eyes to problems and people in need.&quot;</td>
</tr>
<tr>
<td></td>
<td>o Must have skilled people who use strategic planning that includes a thorough analysis of a community and its resources. &quot;This is the only type of planning that will begin to prevent a problem like child abuse and neglect.</td>
</tr>
<tr>
<td></td>
<td>o A community needs to own the problem of child abuse and neglect in order that more efficient resources and support and efforts to prevent it will be made available.</td>
</tr>
<tr>
<td></td>
<td>o Must affect changes in behavior of agencies as well as individuals toward providing support for programs for children.</td>
</tr>
<tr>
<td></td>
<td>o Must be able to influence legislative, litigative and administrative bodies to become advocates for the prevention of child abuse and neglect.</td>
</tr>
<tr>
<td></td>
<td>o Changes must be instituted and sustained through implementation and enforcement.</td>
</tr>
<tr>
<td></td>
<td>2. Improvements for Consumers</td>
</tr>
<tr>
<td></td>
<td>o Resources and support is needed for low income day care where child care is given so parents may work, parenting skills are taught, and services offered for analyzing problems.</td>
</tr>
<tr>
<td></td>
<td>3. Increased Resources</td>
</tr>
<tr>
<td></td>
<td>o Money for emergency services for domestic violence cases.</td>
</tr>
<tr>
<td></td>
<td>o More low income housing, more low income day care.</td>
</tr>
<tr>
<td></td>
<td>o Need more support and resources for child assault prevention workshops for parents, teachers and children.</td>
</tr>
<tr>
<td></td>
<td>o Increased support for Parent's Anonymous, CHART, and the Children's Coalition (Community organizations).</td>
</tr>
</tbody>
</table>

*Question 1 from "Field Interview Guide on Change," i.e., "Under ideal conditions what changes would you like to make in order to better achieve primary prevention of child abuse and neglect in this community/county?"
TABLE 21 (continued)  

SUMMARY OF CHANGES BASED ON PERCEIVED NEEDa

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<th>Respondent Types</th>
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</tr>
</thead>
</table>
| EDUCATION        | 1. Improve System for the Child
|                  |   o Prevent child from being victim of the system.
|                  |   o Reduce time to process a case.
|                  |   o More adolescent support groups.
|                  |   o Supervised recreation for youth (outlet from home).
|                  |   o Include courses and group activities in school curricula as means of release from problems for youth, and teaching/learning stress management, human relations and coping skills. |
|                  | 2. Improve System for Adults
|                  |   o Assist young parents with employment and economic problems.
|                  |   o HOT LINE information Bank for parents. |
|                  | 3. Improve System for Teachers
|                  |   o Need stress management training for teachers, who could then teach to youth and other adults. |
|                  | 4. Improve Communication Among Organizational Components
|                  |   o Not enough feedback from Children's Services
|                  |   o Lack of communication among physicians, case workers, foster families, social services and schools. |
|                  | 5. Improve Professional Standards at Children's Services |
|                  | 6. Expand Resources to Deal with Child Abuse and Neglect Technology, Structure
|                  |   o Educational materials. 
|                  |   o Funds
|                  |   o Time in curriculum to teach skills for future stress management conflict solution and avoidance, etc. 
|                  |   o Support from health and human services agencies. |

aQuestion 1 from "Field interview Guide on Change," i.e., "Under ideal conditions what changes would you like to make in order to better achieve primary prevention of child abuse and neglect in this community/county?"
TABLE 21 (continued)

SUMMARY OF CHANGES BASED ON PERCEIVED NEED*

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<th>Respondent Types</th>
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</tr>
</thead>
</table>

EDUCATION (Continued)

7. Expand Staff
   - Need additional guidance counselors to help children at school with problems of abuse and neglect are having at home.

8. Increase Number Of Caregivers (Foster Parents) and Insure Distribution to all School Districts

LAW ENFORCEMENT

1. Improvements in Systems
   - Eliminate turf fighting, reorganize responsibilities.
   - Grady Hospital needs to be able to deal with child abuse and neglect and sexual abuse cases as Children's Hospital in adjacent (urban) county.

2. Improvements for Consumer
   - Home Care Program needed.

3. Improvements for Professionals
   - Education in how to deal effectively with sexual abuse cases.

4. Increased Resources
   - Funding for examination of victims (no special funds available).

5. Improvements for Law Enforcement
   - System to keep law enforcement officials informed about follow-up to cases.
   - Education must be provided to parents and prospective parents.
   - A method(s) must be devised for reaching the public with education about child abuse and neglect.
   - Need a county-wide, flexible parenting skills program with classes day and night that is a system which will accommodate court-ordered cases.
   - Need home-based family care program (Children's Services does not have funding for this type program). Judicial system is currently running a small program.
   - Need a task force and research into how to provide "state-of-the-art" education on affecting and changing behaviors of parents and children to intervene in and prevent situations of abuse and neglect. (Must include education of professionals who would provide it).

*Question 1 from "Field Interview Guide on Change," i.e., "Under ideal conditions what changes would you like to make in order to better achieve primary prevention of child abuse and neglect in this community/county?"
TABLE 21 (continued)

SUMMARY OF CHANGES BASED ON PERCEIVED NEED^8

<table>
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<tr>
<th>Respondent</th>
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</thead>
<tbody>
<tr>
<td>JUDICIAL</td>
<td>1. Improvements for the Consumer</td>
</tr>
<tr>
<td></td>
<td>2. Improvements for the Judicial System</td>
</tr>
<tr>
<td></td>
<td>o Need a court diagnostic and treatment center model as one in an adjacent county (rural, similar to county/community under study).</td>
</tr>
<tr>
<td></td>
<td>3. Improvements for Health Professionals</td>
</tr>
<tr>
<td></td>
<td>o Children's Services needs to be trained in fact-gathering for court cases.</td>
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<td></td>
<td>o Health professionals who prepare child neglect and abuse cases need access to counsel. Adequate numbers of counsel are not available.</td>
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<td>o Education for health professionals in how to educate, analyze and work with parents and children in the prevention of child abuse and neglect.</td>
</tr>
<tr>
<td>RELIGION</td>
<td>1. Improvements for the Consumer</td>
</tr>
<tr>
<td></td>
<td>o Need to improve living standards and availability of resources and health care, and impart changes in attitudes and beliefs about parenting for the &quot;hidden poor&quot; (Migrant workers, Appalachian migrants) See quote below:</td>
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<td>&quot;There are two classes of people here, upper and lower. The upper class receives and has access to all services and benefits available; the lower class is essentially ignored until they enter the law enforcement, judicial and/or welfare systems where they are processed and moved on. In order to affect this lower socio-economic class you must find a way to reach them first, hopefully before they by happenstance enter a system with severe problems.&quot;</td>
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^8Question 1 from "Field Interview Guide on Change," i.e., "Under ideal conditions what changes would you like to make in order to better achieve primary prevention of child abuse and neglect in this community/county?"
this Interview Item were voluminous. Yet, the responses are important enough to abstract and summarize in the list format that follows:

**Education**

1. Improve System for the Child.
2. Improve System for Adults.
3. Improve System for Teachers.
4. Improve Communication Among Organizational Components.
5. Improve Professional Standards at Children's Services.
6. Expand Resources to Deal with Child Abuse and Neglect.
7. Expand Staff.
8. Increase Number of Caregivers (Foster Parents) and Insure Distribution to all School Districts.

**Health and Human Services**

1. Increased Resources.
2. Improvements in Health and Human Services Systems.
3. Improvements in Systems of Treatment.
4. Improvements in Communication.
5. Improvements in Court System.
6. Improvements in Education of Health Professionals.
7. Improvements for Consumers (the Public).
8. Improvements for the Elderly.

Judicial

1. Improvements for the Consumer.
2. Improvements for the Judicial System.
3. Improvements for Health Professionals.

Law Enforcement

1. Improvements in Systems.
2. Improvements for Consumer.
3. Improvements for Professionals.
4. Increased Resources.
5. Improvements for Law Enforcement.

Public Service

1. Ability to Change.
2. Improvements for Consumers.
3. Increased Resources.

Religion

1. Improvements for the Consumer.
**Projective Analysis**

**Planned Change**

The purpose of this projective analysis is to explore the ability of Regionville to analyze the problem of child abuse and neglect, set goals, and project solutions for an improved future. The dynamics of change will be utilized as a vehicle for discussion.

In order to organize a discussion relating to planned versus unplanned change, Chin and Benne's (1969) notion of analyzing planned change, based on three types of strategies, will be utilized. The strategies are:

1. **Empirical-Rational**—Suggestions for change that are rational, desirable, effective or in-line with the best interests of those involved generally will be adopted.

2. **Normative, Pre-Educative**—According to this view, change in a practice or action occurs only as the persons involved are brought to change their normative orientations to old patterns, and develop commitments to new ones. This involves changes in attitudes, values, skills and relationships, not just changes in knowledge or intellectual rationales.

3. **Power**—This strategy is based on application of power in some form to insure compliance with a change.
Other Approaches to Change

To assure a full discussion that includes other approaches to change, a typology proposed by Bennls and Barnes will be used to assist in describing types of change strategies other than those identified by him as "planned" changes.

Finally, Lewin's force-field analysis will be used as a diagnostic tool enabling the researcher to diagram forces for and forces against change.

By analyzing Regionville's current changes in child abuse and neglect, the following facts are revealed:

1. **Empirical/rational planning strategy**
   This strategy appears to be ineffective with this problem. For example, abusers that have surfaced through reporting have not been readily changed by being reported and sent to parenting classes, even though rationally it is in their best interest to stop abusing. Neither does this strategy seem to be applicable to community child abuse and neglect planning in general. Even though professionals are sensitive to this problem and are involved in many aspects of prevention, and even though they might recognize the need for change on a grander scale, this rational knowledge hasn't been adequate motivation.

2. **Normative, Pre-Educative Strategy**
   This appears to be an effective strategy with abusers. Two methods of change have been rated by the community professionals as most
effective with abusers; i.e., home-based care, and low-cost day care. These two methods involve one-on-one analyzing, training and direct application of knowledge to the actual problems of individuals and families. The response to this strategy also supports the notion that primary prevention education is a workable solution to child abuse and neglect.

Health and human services professionals in Regionville generally seem to be unaware that they too might need to undergo some change of attitudes, values, skills, or relationships in order to reorganize their collective approach to child abuse and neglect. A common assumption on their part seems to be that their knowledge regarding the subject (as little, or as much as it might be), and their intellectual rationales (as logical or as illogical they might be) are adequate to deal with the problem. In fact, many seem content blaming the ineffectiveness of current interventions on clients, or the system, without much thought of changing their own approaches to the problem.

3. **Power Strategy**

Social workers and other public and health services practitioners agree that abusive parents generally are not affected positively by current power strategies. For example, the law that permits removing the child from the parents, and punishing the parents, might temporarilily halt neglect or abuse, but generally has no long-term effects.
In summary, the "planned" strategies currently used are: (1) foster-home placement, (2) counselling, (3) court-ordered or public-service-coerced parenting classes, (4) home-based family care, (5) low-cost day cares, (6) sporadic educational offerings, and (7) informal discussion groups.

These are a mixture of power and normative/pre-educative strategies, with power through the law being the predominant strategy.

Of the seven "other" strategies outlined by Bennis and Barnes, in addition to those described by his "planned" change, four are suggested by the data as having potential use as future strategies in Regionville: (1) Indoctrination, (2) Technocratic, (3) Socialization, and (4) Emulative.

1. Indoctrination Strategy

Many professionals expressed a need to have a central coordinating agency dedicated to research, development, and diffusion of a long-term plan for the prevention of child abuse and neglect. Their interpretation of such an agency is that they would participate in mutual and deliberate goal setting, but under the unilateral power of a coordinating agency (Indoctrination).

2. Technocratic Strategy

Another implied model is one utilizing technocratic change; that is, unilateral goal setting, but shared power. This indicates an interprofessional model wherein all professional groups would define goals, while the responsibility for carrying them out would be
divided among them. This strategy might work if an interprofessional group were to assume a continuum of coordination.

3. Socialization Strategy

A socialization strategy is based on unilateral power and collaborative goal implementation. This model is typically used by parents who define goals which the family works toward achieving. As a community model this strategy involves parties such as professionals and/or other citizens who carry out goals identified as essential by a central power. (Similar to Indoctrination).

4. Emulative Strategy

Emulative change is a type of sub-strategy that should occur naturally, when and if goals are set and professional leaders are active in implementation. Thereby, the activities of the leaders influence others within professional groups or organizations to emulate them. This probably has the least chance to succeed if one of the other strategies is not also used.

Lewin's notion that change can be formulated by earmarking the "forces" in a system as either positive or negative (Force Field Analysis) has been tested. Lewin's force field analysis is applied to Regionville as a means of pinpointing the strengths and weaknesses of the community, and thereby its potential for addressing child abuse and neglect in the future.

Perhaps it is useful once again for purposes of discussion to attribute strengths or weaknesses of Regionville to its structures, power sources and networks. The following discussion of positive and
negative forces is organized by professional groups.

**Positive and Negative Forces**

**Health**

Regionville has an average number of health facilities. The hospital is the largest. There are also a few clinics. All of these have the potential of providing primary prevention education and counseling, along with the secondary and tertiary care of child abuse victims. The hospital has a large staff, potential for funding, sources of influence and power, and extensive community networks. It also has a current interest in child abuse and neglect.

**Education**

Counselors, principals and school nurses have an interest in the prevention of child abuse and neglect, but have limited time and lack of support from their organizations. Some of the counselors have attempted to include in the curriculum a brief course on stress management and conflict resolution.

On the negative side, the school system (including higher education, a college, a seminary, and a nursing school) has not addressed this problem as part of their responsibility. It appears that they do not interpret the problem in terms of "prevention," but
as many others, see its solution through intervention. The educational institutions are nonetheless rich in resources and, next to the family, have the greatest opportunity for influencing children and youth through primary prevention education.

**Judicial/Law Enforcement**

These two groups have a very powerful force for intervention into the problem through the law. They work well with children’s services and seem perceptive about the problems in overload, etc. They also are aware that there is a need for a broader community plan than the current one. They are aware of new and related problems; i.e., the increase of sexual abuse offenses.

These groups have limited sources of funding. In fact, they have two successful, (but limited) child abuse programs that are in danger of being eliminated because of lack of funds.

**Economics**

Generally, the whole area of child abuse and neglect has a weak economic base. Even Children’s Services and the City/County Health Department is underbudgeted for activities in this area, in spite of their more stable funding from government sources.

Business and Industry (over 50 in number in Regionville) have not been introduced to the problem. Only one Industry has a program that
"gets at" child abuse from the back door, i.e., an Employee Assistance Program. However, the economy of Reglonville is relatively stable with low unemployment. Services and education are readily supported by the citizens through tax levies. There are some strong connections with the world outside Reglonville. In general, many sources of support remain untapped.

Religion

Religious organizations, even though a mainstay in the community from its early days, have not become involved. One assumption is that perhaps as the church left child-rearing to parents in the past, it is having difficulties stepping into a more active role with parents. The churches in Reglonville, thirty-one in number, are also a rich, untapped community resource.

Public Services

The most active with this problem, public services have small but relatively stable sources of funding. Children's Services has the law as a powerful support for intervention, but on the other hand doesn't have the resources to deal efficiently with the case load generated by the law.

The City/County health department also seems a logical organization to carry out social policy and primary prevention
education. They have a position of influence in the community. They also have sources of outside funding. They have a staff that is interested in primary prevention education, and are knowledgeable about prevention education. The health commissioner is a former employee of the state health department who has strong ties there. She is also a well-educated and capable individual who is commissioner for a three-county area. She ran a successful campaign recently that resulted in the citizens voting for a much needed tax levy for the health department. She has vital political and gatekeeper connections.

Civic Groups

There is strong, interprofessional support for civic groups. The members usually have common interests and common bonds. One also finds generosity of time and energy in civic groups. The civic groups in Regionville, involved in child abuse and neglect, however, have weak bases for financial support. There are many other civic groups which have not yet been involved with the problem, or in the support of change, who could be. Some of these are known for their ability to raise funds and to tackle community problems.
Families

Families hold the greatest resources for the future, that of children and youth. Families also hold great power and influence over the development of children who will become adult citizens and parents in the future. A healthy, nurturing family can be a most positive strength for the future of a community, or it can be the most negative force via states of violence, stress, conflict, ignorance, poor management and poor child-rearing techniques.

In summary, Regionville's potential for an improved future with this problem is very positive. It has an array of structures, power sources, networks, programs, and professionals that could be easily mobilized to deal with the problem. It's greatest weakness appears to be lack of a coordinating body devoted to solution of the problem: a formally established group that would assess needs, stimulate interest, supply enlightenment, vision and skill, and the means (financial and otherwise) to implement plans. A Big Order? Perhaps not in terms of its value to the future and to the eradication of the problem.
CHAPTER V

SUMMARY OF THE STUDY, POLICY IMPLICATIONS, AND SUGGESTIONS FOR FUTURE ACTION AND STUDY

Summary of the Study

The purpose of this study was to develop and apply a model for a community approach to the prevention of child abuse and neglect. Specifically, the objectives of the study were: (1) to describe the problem of child abuse and neglect within the selected community, as well as within the broader context of the country, (2) to analyze the resources and networks of the community selected for study within the context of the past, present and future, and (3) to derive policy implications and suggestions for future action and study.

This chapter presents a brief overview of the model developed for this study, along with a detailed discussion of policy implications and suggestions for the future based on the findings.
special attention is given to a comparison of the study with a similar study conducted a decade ago.

The dynamic model for problem-solving and change presented in this study guided analysis of the problem within three contextual frameworks, i.e., (1) the past history of the problem in this country, and specifically, in the study of the community; (2) the current status of the community and the problem and, (3) a strategy wherewith the community can address the problem in the future. Four data sources coupled with appropriate qualitative analytic strategies were utilized: (1) taped interviews of 44 health and human services professionals within the community, (2) an analysis of 31 community organizations and programs related to child abuse and neglect, (3) public records and research documents, and (4) an analysis of present policy and the need for new policy for future action and study.

Criteria for the proposed model, which was developed and then applied to the community selected for study, was aligned with what is purported to be the power behind any model, i.e., (a) that it be simple and easily understood; (b) that it be easily applied; (c) that it have the ability to explain events; and (d) that it have the ability to provide solutions. The model developed for this study was constructed on these principles described by Lippitt. As a dynamic model for problem solving and change, it serves as a symbolic representation of a complex setting.
The conceptual framework for the model evolved out of the recognition of the community as a complex, living, dynamic system. Systems experts identify three major facets as pertinent to analysis of problems: (a) historical or past origins, (b) present or current status, and (c) future. These parameters, transferred from systems theory to the model, translated into researching the three time dimensions of the community and the problem: THE PAST, THE PRESENT, and THE FUTURE.

Data Sources and Analyses

The next phase of the research was establishing a methodology for applying the model, as well as for analyzing the results.

Four data sources, coupled with appropriate qualitative analytic strategies, were utilized: (1) taped interviews of 44 health and human services professionals within the community, (2) an analysis of 31 community organizations and programs related to child abuse and neglect, (3) public records and research documents, and (4) an analysis of present policy and the need for new policy for future action and study.

Data was collected along the three time dimensions and analyzed via: (1) a retrospective analysis of the problem within the historical contexts of the community, its people, structures, power, politics and forces; (2) a descriptive analysis of the current community in relationship to the problem, again in terms of people,
structures, power, politics and forces; and (3) a projective analysis of desired goals, projected solutions, change strategies, and policy implications.

The retrospective analysis provided the historical context for the problem vis-à-vis investigation of public records, research documents and response from the participants. The analysis provided unique "canons of evidence" pertaining to the resources, cultural traditions, political forces and socio-economic trends of the past, many of which could be traced to the present day community.

The descriptive analysis of the status of the problem and the community was specifically structured around a current description of the community and the problem. A model by Lasswell (modified by Bricker) was used to identify community structures and their sources of power. The model includes eight categories of value, structure and power, suggested as indigenous to a community: (1) Health (well being), (2) Education (enlightenment), (3) Economics (wealth), (4) Judicial, Law Enforcement (Power), (5) Religion (rectitude), (6) Public Service (skill), (7) Civic Groups (respect), and (8) Families (Affection). Finally, networks were delineated utilizing four types of informal networks catalogued by Schon: (1) Movement networks (lobbying and interest groups); (2) Invisible college networks (exchange of knowledge and information), (3) Practitioner networks (support systems for work with clients), and (4) Program Networks (connections for formal programs of intervention, i.e., government). Formal networks were also identified through analysis of the
thirty-one organizations identified with the problem.

Examining the networks, or interactions among organizations and professionals is a complex activity, but well worth the effort. Through this exercise the researcher can distinguish formal from informal organizations and begin to understand patterns of communication and productivity. In the case of Regionville, more than half of the organizations could be classified as formal with formal networks. On the other hand, even though a smaller number use informal communication, health and human services professionals commonly use informal practitioner and program networks.

A projective analysis was utilized as a means of projecting the future of this problem. Just as one must look at the past to understand the present, one must look at the past and the present to project the future. Therefore it was imperative to accomplish at least two objectives: (1) describe Regionville's most current interventions into the problem, utilizing change theory from Bennis, Benne and Chin, on planned versus unplanned change, and Lewin's force field analysis (Identifying forces for and against change).

Because questions were addressed to the participants specific to change and change strategy, the result was data indicating which of the change strategies are currently in use, those that appear to be currently effective with this problem, and those strategies that might be needed for future achievement.
Lewin's force field analysis provided a very effective means of earmarking positive and negative forces for change in a system. This technique was pertinent to attributing strengths or weaknesses to Regionville, its structures, power sources and networks. An analysis was performed for structural types; health, education, judicial and law enforcement, economics, religion, public services, civic groups and families.

In brief summary, it was found that Regionville's potential is very positive for an improved future with the problem of child maltreatment. The community's array of structures, power sources, networks, programs and professionals could easily be mobilized to deal with child abuse and neglect. It's greatest weakness appears to be lack of a coordinating organization devoted to the problem. Other pertinent issues, strengths and weaknesses were discussed in detail in Chapter Four within the retrospective, descriptive and projective analyses. Additional issues are addressed in the following section on policy implications.
Policy Implications and Suggestions for FUTURE Action and Study

Policy Implications

Lasswell (1971, p.15)\(^96\) states that "the context in which... the policy scientist interacts is the social process, and... the social process context... is the globe. Hence the most generalized image of the whole must be formulated in such a way that it can be applied to the 'world' community, or to any territorial... context within the larger configuration." Lasswell also observes that the most basic representation of a social process emphasizes the participants, flow of interaction, resources, and environment. In other words,

> to be professionally concerned with public policy is to be preoccupied with the aggregate (the context, the system) and to search for ways of discovering and clarifying the past, present and future repercussions of collective action (or inaction) for the human condition.

Lasswell (1971, p. 14)\(^97\)

If preoccupation with the context of past, present and future is a prime concern of public policy makers, likewise it is also the basis for other problem-solving modes and has been a preoccupation of the model developed for this study. For example, studying a problem in terms of these dimensions is also promoted by systems theory, which defines three major facets in the analysis of its problems:
(a) Its historical or past origins, (b) Its present status, including the components and forces which power the system, and (c) Its ability to promote a healthy life for the future. Over and over, turning from one field of analysis to another, collecting data along these dimensions of time appears to be crucial to achieving the perspective one needs.

By continuing to maintain these dimensions of the proposed model as the format for this final discussion on policy implications and suggestions for future action and study, perhaps at least three objectives will be achieved in defense of the model: (1) The relationship of the dimensions will come into sharper focus, (2) The importance of the techniques utilized for analysis along each dimension will be emphasized, and (3) the usefulness of the model in actual application will be realized.

At least one additional exercise is proposed as useful, and that is to compare some of the major outcomes of the national study conducted ten years ago by Nagl, to the data collected within Regionville. Nagl's research is the most current, comprehensive study of child maltreatment within community settings. The comparisons will be made, again within the structure of the proposed model.
The Past

By studying the past history of the community, three of the eight Laswellian sources of power and influence were discovered, i.e., medicine, education and religion. The advent of a Methodist sponsored university was a major factor in the development of the community as a center of culture. Religion strongly influenced the early development of the community through a considerable number of powerful, well-organized churches. The community has had a steady stream of medical doctors, practicing health professionals, and a hospital since early days. A prime influence in bringing many doctors to the community during its early development was the founder, Moses Byxby. The health component in particular has been a source of affluence for the community with several large estates being donated in the past to the building and expansion of the hospital.

Also uncovered was information about the economics of the community, based in agriculture, and in the more recent past, in light industry.

In terms of the past history of child maltreatment, there were no early records, nor was any attention given to the subject. In fact, it was neither discussed nor defined as a problem. Parental discipline was private business and more than that, discipline of the parents choosing was supported by the society.
Finally, child maltreatment began to be noticed as a matter of public concern, at the national level, but was extremely slow to be defined and eventually classified as a problem. It was not until the early 1900's that the U.S. began to intervene in cases of parental neglect, and it was not until 1962 that amendments were passed requiring each state to make child welfare services available in the states.

Thus, one begins to get a perspective on the character of the community in the past, and on the problem through its history. Most importantly for the information of public policy makers, virtually all activity relevant to child maltreatment has occurred within the last 50 years. It was neither an issue nor a matter of concern in the early history of the community and the country.

Policy Implications

The relationship of the problem to this time dimension is extremely important background knowledge for the policy scientist. It reveals that the problem is not brand new, but has not advanced out of its early stages in the political arena. Also, the policy maker at the local level, having been alerted to some of the traditions and trends of the community under study is prompted to look for the evidence of their existence, and extent of their influence, as he analyzes the current status of the community. In any case, as one moves on to the exploration of current status a
critical question will be, "What evidence does one find in the present day, of the influences of medicine, religion and education on the resources and abilities of the community to deal with child maltreatment?"

The Present

During the early history of this country very little occurred to recognize or address child maltreatment. In the recent past, however, there has been considerable public attention to the problem. In fact, the 1960's saw the problem achieve a national agenda when the social security amendments required each state to make child welfare services available to all children, and to provide coordination between child welfare services and social services. Again, in the early 1970's child abuse and neglect was the subject of a number of bills introduced in Congress concerning mandatory reporting, and the creation of a National Center for Child Abuse and Neglect. Finally, in January, 1974, the Child Abuse Prevention and Treatment Act was enacted.

Presently, all fifty states have some form of child abuse laws requiring health and human services professionals to report suspected abuse to the authorities. More recently, because of the variance in reporting laws, legislative models have been proposed by such groups as the United States Children's Bureau, the Council of State
Governments, the American Humane Association, and the American Medical Association. In fact, ten years ago in his national study of child maltreatment, Nagl (1977) cited problems with reporting. Indeed, Regionville did not publish public records for child maltreatment reporting until 1980, even though Ohio's Child Abuse Statutes were passed in November, 1975. Once the process began, however, it has moved very rapidly into increasingly high figures around the country. Regionville, by example recorded 293 general complaints in 1980 which increased to 600 reported cases in 1984, with over half of these (309) confirmed.

Obviously, the reporting laws are having substantial effect all around the country. But even as soon as 1976, when Nagl conducted his study, the law was being associated with the creation of other problems. For example, Nagl reported that rates in reporting were positively associated with caseloads of personnel indicating that rise in case identification was not matched by an equal expansion in the staffing of these services. Nagl encouraged using residual or unmet demands for services as a strong argument for persuading political decision-makers to increase agency resources.
Policy Implications

Although many are concerned today about the professionals who do not report, it appears that other problems arising out of the reporting process present perhaps more pressing issues for policy agendas. Some of these problems, identified by Nagl, and confirmed ten years later by health and human services professionals in Regionville, are:

(1) Case overload in Children's Protective Services;
(2) Lack of sufficient funds for staff, therapy, education and treatment involved in the rehabilitation of cases;
(3) Need for interagency coordination;
(4) Need for coordination of primary and secondary prevention education;
(5) Lack of access to legal assistance; and
(6) Lack of a sufficient number of quality continuing education and training programs.

The need for new policy is clear. As noted in an earlier discussion, it is not unusual for policies to "begat" policies. Anderson, a policy scientist, commented that when government acts on a problem it helps create demand for additional action. The problem usually is not solved; rather, it is publicized permitting the public to participate in solutions. The result is a continuum of action.
For purposes of further elucidation of policy, a summary of the data base on child maltreatment in Regionville will be briefly presented, compared with Nagl's study of ten years ago, and discussed in terms of policy implications for the future.

Educators in Regionville are very cognizant of the need to educate abusive parents, but indicated poor organizational abilities to do so. Another concern of educators was the placement of children in foster homes, which often means they are removed not only from their homes, but from their schools. There are some school districts that do not have foster parents.

Educators also were aware of the need for primary prevention education. Other types of education available in the community include sporadic parenting classes, brief introduction to life skills to the freshmen in high school, and some limited continuing education for professionals.

In Nagl's research on child maltreatment, he noted that most efforts toward public education at the time of his study were concentrated on increasing awareness of the occurrence of the problem, and encouraging reporting of such cases. He noted that little had been done to develop or disseminate preventive information. Neither had the status of epidemiological knowledge allowed for the identification of a risk population on whom preventive efforts might be concentrated.
Continuing education of professionals was fairly prevalent at the time of Nagl's research. In many agencies training programs were mainly attended by heads of departments, or supervisors. Nagl's observation of available training was that it was at a low level.

Educational policy appears to be absolutely critical to resolution of child maltreatment. The enormous expense of intervention after abuse has occurred, emphasizes the need for primary prevention education in areas known, or believed to enhance an individual's ability to function in a healthy way within a family, and within society.

Education programs needed at the community level are: (a) re-education programs in parenting and life management skills for parents who abuse; (b) education for the abused; (c) education in how to avoid being abused, or in what to do if one is abuse; and continuing education and training for the persons involved publicly and/or professionally in any way with child maltreatment; and prevention education throughout the schooling years of children and young adults. Of all the policy issues related to child maltreatment, this could be the most troublesome and complicated. As discussed earlier, public educational policy is difficult to achieve. Communities must take responsibility for effecting educational policy within their own domains, as well as at state and national levels. Educational policy can be accomplished for solution of this problem, eventually, although grass roots support is indicated. In the meantime, there is critical need for rigorous research to establish
a curriculum for primary prevention.

Health and human services professionals in Regionville observed that once an abusive parent becomes a client it is difficult if not impossible to change their behavior without a major investment of time or money. One-on-one counseling, child rehabilitation, and employee assistance education was reported to be more successful in Regionville. The most serious problems noted by this group were (a) lack of coordination of services and treatment for clients, and (b) duplication of services.

Law and judicial officials expressed concern over the availability of treatment in Regionville for the sexually abused. They note that the law offers no real protection for the very young child. There is lack of availability of intensive education and counseling which is expensive, time-consuming and usually long-term. A successful means of client intervention noted by this group is home-based family care which suffers from lack of resources. Critical comments from these officials are that current intervention lacks over-all coordination and follow through; and, short-term intervention isn't effective over time. In their words, "Intervention from the law has not proven to be effective in preventing further abuse."

Religious leaders in Regionville responded that they generally do not become involved in intervention in the problem.

Public services professionals were positive about the effects of low-cost day care (in combination with education) on parents and
children. Many parents (many of them single) exhibit substantial improvement when given an opportunity to work, and when offered assistance managing stress and their children, as to enable them to work.

In summary, Regionville has demonstrated a need for policy concerning:

- Primary prevention education.
- Improved and increased secondary prevention education.
- Consistently produced, readily available education programs in parenting and life management skills for parents who abuse.
- Education for the abused.
- Continuing education and training for health and human services professionals.
- Grass roots support for public educational policy pertaining to child maltreatment.
- Increased support for counseling, child rehabilitation and employee assistance programs.
- Improved access to mental health services and long-term support services.
- Interagency cooperation.
- Coordination and follow-through with services and treatment.
- Elimination of duplication of services.
- Available treatment for the sexually abused in
Regionville.

- Increased protection under the law for the sexually abused child.
- Increased support for home-based family care.
- Increased involvement of educators, religious leaders.
- Increased support for low-cost day care and education.
- Increased number and more even distribution of foster parents.
- Funds to support the community's needs in the expansion of its effort to prevent child abuse and neglect.

The Future

In a projective analysis of the future the ability of Regionville to change was explored, i.e., to analyze the problem of child maltreatment, to set goals, and to project solutions for an improved future.

Regionville's potential for an improved future with this problem is very possible through its array of structures, power sources, networks and professionals. In the meantime, if the community is unable to adopt policy to address its greatest weakness, then the outlook is a future in which it is likely to continue to be plagued with many of the same problems it has currently. Regionville's greatest weakness is the lack of a coordinating body devoted to
solution of the problem. This coordinating unit would be a formally established group that would go about the daily business of assessing needs, stimulating interest, problem-solving and policy making in cooperation with the community; as well as supplying enlightenment, vision and skill, and the means to implement plans. The agency would be dedicated to research, development and diffusion of a long-term plan for the prevention of child abuse and neglect. Such an agency could take any one of several forms. For example, it could be sponsored by a granting agency for a short-term (3 to 5 years) for the purposes named above, in order to produce a plan for community take-over. It also could be sponsored for a longer, indefinite term by an endowed source. Another means of obtaining a coordinating body could be via an interprofessional task force that would perform needs assessments and produce a plan for establishing a long-term coordinating group and a plan for solution of the problem. Yet another solution is to obtain funding and staff in order to give an already established group the ability to coordinate.
Policy Implications

In view of the findings of this study, and recent significant others, the goals of a comprehensive community-based prevention strategy might be to:

- Educate children and youth in how to problem-solve, manage stress, resolve conflict and identify, manage, and use resources, primarily through the school system.
- Increase future parents' knowledge of child development and the demands of parenting, starting with children and youth in the schools and continuing to educate through young adulthood, etc.
- Increase parents' skills in coping with the stresses of infant and child care.
- Enhance parent-child bonding, emotional ties, and communication.
- Increase parents' skills in coping with the stresses of caring for children with special needs.
- Increase parents' knowledge about home and child management.
- Reduce the burden of child care.
- Reduce family isolation and increase peer support.
- Promote greater efficiency and increase access to resources within organizations.
- Develop strategies for involving community organizations (and their resources) in primary prevention.
Increase access to social and health services for all family members.

Reduce the long-term consequences of poor parenting.98

Although child abuse may never be eradicated, with appropriate prevention programs its incidence should be significantly reduced.

The development of new prevention programs may well require a community to inventory those collective community resources which can be assembled to address the problem. Some communities may find that their resources appear, to be scarce. Those communities might well benefit from considering the untapped potential discovered in Regionville and realize that a similar self-analysis might yield resources never previously considered to be assets.

In many communities, even where resources appear to be scarce, the task of developing new prevention programs may thus become just as much a process of reordering and reallocating existing resources, as one of obtaining outside financial assistance or expertise. A number of prevention programs can be implemented in any community, some within already existing organizations or structures (such as schools, churches, civic groups, public services, etc.).

98It should be noted that some of these recommendations which were also an outcome of this study, also have been identified by the National Center for the Prevention of Child Abuse (NCPCA) as priorities in prevention programs. Anne H. Cohn, An Approach to Preventing Child Abuse (Chicago, Ill.: National Committee for Prevention of Child Abuse, 1983), p. 25.
These particular programs and the development of natural helping networks, do not require a commitment of new resources, or reallocation of existing resources.

As another alternative, the community may want to investigate the potential of a program targeted to different populations which reflects phases of the family life cycle. This type of program has been described by Cohn for the National Committee for the Prevention of Child Abuse (NCPLS) (1983), 99 To cope successfully with their roles in the family, both parents and children require certain support, training, and information. Based on what is known or believed to enhance an individual's ability to function in a healthy way within a family, program areas that contribute to a strategy for prevention can be identified. These areas are:

- Support programs for new parents.
- Education for parents.
- Early and regular child and family screening and treatment.
- Child care opportunities.
- Programs for abused children and young adults.
- Life skills training for children and young adults.
- Self-help groups and other neighborhood supports.
- Family support services. Cohn (1983) 100

These recommended program areas begin with the prenatal period, furnishing prospective parents with information and skills related to child care and child development. They continue with services and support programs for parents of infants and young children, and
Include services for the child throughout the school years. Although a community may choose not to offer services in all program areas, as a group the areas respond to the needs of all family members.

A final additional recommendation for the solid enhancement of a community's prevention program of the future is that its professionals participate in an education program. Programs of this type are available through the American Association for Protection of Children (AAPC) (1984). Their curriculum is flexible and comprehensive with several methods of implementation. One involves three weeks of training over a three to four month period. After each week of training, staff return to their offices for approximately three or four weeks to allow for integration of the material covered in the previous session. This also minimizes agency description and helps insure coverage of ongoing organizational requirements. All programs are specifically tailored to meet the needs of the contracting agency.

Especially recommended is an educational program for educators. Any professional educator can testify to the negative consequences of severe family problems on a child's ability to learn. The largest percentage of these children will fall between ages of seven and seventeen - the school age years. For this reason it is imperative that educators at every level be made aware of this problem and the impact that it can have on the children they are trying to teach.

It is proposed that school personnel be educated about the problem of child abuse and neglect beyond their legal responsibility
to report for two reasons: (1) In order to be more efficient in their teaching and more supportive of children who are at-risk, or who are victims of child abuse, and (2) In order to be able to teach life-skills to children and young adults by incorporating it in the curriculum of the schools.

Suggestions for the Future

This study has presented methods to coordinate a large-scale prevention program and tailor it to the needs of a community. Policy implications to effect positive change in the prevention of child abuse and neglect have also been an outcome. Yet, at the same time this study has defined the need for the following future activities:

1. Controlled, rigorous research of the proposed community approach to the prevention of child abuse and neglect, i.e.:
   a. Identification of appropriate community-based coordinating agencies,
   b. Identification of targeted groups and potential resources,
   c. Inclusion of the family in a continued in-depth study of a community,
   d. Determination of effective and appropriate programs for a community.
2. Long-range evaluation of the effectiveness of the proposed community approach.

3. A concerted effort by communities, and especially their health and human services professionals, to conduct studies of their efforts to prevent child abuse and neglect, and to impress the results on public policy makers at local, state, and national levels.

In conclusion, if this study provokes but one thought it should be that child abuse and neglect must receive immediate, concerted attention for solution at the community level. If it provides but one inspiration, it should be for change toward an improved community approach for the prevention of child abuse and neglect. If it offers but one contribution, it is a simple, practical model to accomplish this.
FOOTNOTES


5 Ohio Department of Health, Division of Human Services, Bureau of Children's Protective Services, Statistics On Child Abuse and Neglect (Columbus: Ohio Department of Health, 1984), Passim, entire text.

6 Ellen Gray, "What Have We Learned About Preventing Child Abuse?" (paper presented at a meeting of the National Committee For Prevention of Child Abuse, Chicago, 1981), Passim, entire text.


9 American Association, Our Children, Our Future, unpaged.

11 Ibid., p. 8.
12 Ibid., p. 7.
13 Ibid., p. 9.
14 Ibid., p. 13.
15 Jones, Child Abuse, p. 7.
16 Ibid., p. 7.
17 Robert Harvey, Director of Children's Protective Services, Department of Welfare, Delaware County, Ohio, private telephone Interview, October, 1985.
22 R. J. Gelles, "Violence Towards Children In The United States" (paper presented at the Annual Meeting of the American Association For the Advancement of Science, 1977), Passim, entire text.
25 Ohio Department of Public Welfare, Children's Protective Services, Columbus, Ohio, private telephone Interview, April, 1985.


28Region II, Family Life Development, Passim, entire text.


30Ibid., p. 52.

31Ibid., p. 53.

32Cohn, Preventing Child Abuse, p. 1.

33Anderson, Public Policy Making, p. 62.


36Milstein, Impact and Response, p. 17.

37Nagi, Child Maltreatment, p. 149.


56. Ibid., p. 39.

57. Ibid.


59. Ibid., p. 2.


61. Ibid.


Chin and Benne, "General Strategies For Effecting Changes in Human Systems," in *The Planning of Change*, p. 34.

Benne, Chin and Bennis, "Science and Practice," in *The Planning of Change*, pp. 113-123.


90 See footnote In text at p. 80


92 Jones, *Child Abuse*, Passim, entire text.
93 See footnote in text at p. 93
94 ibid., p. 105
96 Lasswell, *Policy Sciences*, p. 15.
97 ibid., p. 14.
98 See footnote in text at p. 220
99 ibid.
100 ibid.
BIBLIOGRAPHY

Periodicals


NOTE: The circle in the center represents a health and human services organization (#15). The circles in the outer ring around organization #15 represent the other organizational types in the community (H=Health, J/LE=Judicial/Law Enforcement, PS=Public Service, R=Religion, F=Families, Ed=Education, CG=Civic Groups, Ec=Economics). The arrows indicate input or output of resources, products or services from one organization to another. The circles on the outer perimeter serve to clarify types of resources, products, or services.
Aftercare for Adults with Chronic Problems

NETWORK DIAGRAMS
HEALTH AND HUMAN SERVICES
NETWORK DIAGRAMS
HEALTH AND HUMAN SERVICES
NETWORK DIAGRAMS
HEALTH AND HUMAN SERVICES
NETWORK DIAGRAMS
HEALTH AND HUMAN SERVICES
NETWORK DIAGRAMS
HEALTH AND HUMAN SERVICES
NOTE: The circle in the center represents an educational organization (#4). The circles in the outer ring around organization #4 represent the other organizational types in the community (H=Health, J/LE=Judicial/Law Enforcement, PS=Public Service, R=Religion, F=Families, Ed=Education, CG=Civic Groups, Ec=Economics). The arrows indicate input or output of resources, products or services from one organization to another. The circles on the outer perimeter serve to clarify types of resources, products or services.
NETWORK DIAGRAMS
EDUCATION
NOTE: The circle in the center represents a civic group organization (#1). The circles in the outer ring around organization #1 represent the other organizational types in the community (H=Health, J/LE=Judicial/Law Enforcement, PS=Public Service, R=Religion, F=Families, Ed=Education, CG=Civic Groups, Ec=Economics). The arrows indicate input or output of resources, products or services from one organization to another. The circles on the outer perimeter serve to clarify types of resources, products, or services.
Inter-Agency Problem-Solving for Children

Community Education Substance Abuse

NETWORK DIAGRAMS
CIVIC GROUPS
Education, Living, Coping, & Emotional Skills

Abusive Potentially Abusive Parents

Network Diagrams
Civic Groups
NOTE: The circle in the center represents a public service organization (#2). The circles in the outer ring around organization #2 represent the other organizational types in the community (H=Health, J/LE=Judicial/Law Enforcement, PS=Public Service, R=Religion, F=Families, Ed=Education, CG=Civic Groups, Ec=Economics). The arrows indicate input or output of resources, products or services from one organization to another. The circles on the outer perimeter serve to clarify types of resources, products, or services.
NETWORK DIAGRAMS
PUBLIC SERVICES ORGANIZATIONS
NETWORK DIAGRAMS
PUBLIC SERVICES ORGANIZATIONS
Mental Health

Individual Family and Group Counseling
Education
Drug Abuse Prevention & Treatment

EAP

ED

CG

EC

H

PS

J/LE
NETWORK DIAGRAMS
PUBLIC SERVICES ORGANIZATIONS
NETWORK DIAGRAMS
PUBLIC SERVICES ORGANIZATIONS
NETWORK DIAGRAMS
PUBLIC SERVICES ORGANIZATIONS
NETWORK DIAGRAMS
PUBLIC SERVICES ORGANIZATIONS
Battered Women and Children
Temporary Refuge Counseling Education Therapy Child Advocate

Parents
Low Income Day Care Prevention Education
Children

NETWORK DIAGRAMS
PUBLIC SERVICES ORGANIZATIONS
NOTE: The circle in the center represents a judicial or law enforcement organization (7). The circles in the outer ring around organization #7 represent the other organizational types in the community (H=Health, J/LE=Judicial/Law Enforcement, PS=Public Service, R=Religion, F=Families, Ed=Education, CG=Civic Groups, Ec=Economics). The arrows indicate input or output of resources, products or services from one organization to another. The circles on the outer perimeter serve to clarify types of resources, products, or services.
NETWORK DIAGRAMS
JUDICIAL/LAW ENFORCEMENT
NOTE: The circle in the center represents an economics-oriented organization (#14, #28). The circles in the outer ring around organizations #14 and #28 represent the other organizational types in the community (H=Health, J/LE=Judicial/Law Enforcement, PS=Public Service, R=Religion, F=Families, Ed=Education, CG=Civic Groups, Ec=Economics). The arrows indicate input or output of resources, products, or services from one organization to another. The circles on the outer perimeter serve to clarify types of resources, products, or services.
ECONOMICS
NOTE: The circle in the center represents a religious organization (#9, #26). The circles in the outer ring around organizations #9 and #26 represent the other organizational types in the community (H=Health, J/LE=Judicial/Law Enforcement, PS=Public Service, R=Religion, F=Families, Ed=Education, CG=Civic Groups, Ec=Economics). The arrows indicate input or output of resources, products or services from one organization to another. The circles on the outer perimeter serve to clarify types of resources, products, or services.