FORUM II

A Model Child Abuse Prevention Program

SANDRA JAFFA

Her father, mother, and older sister regularly beat her as a child. She retaliated by beating her younger sister. Now herself a parent, she has beaten her own daughters, and the daughters in turn often strike each other. Her husband controls her with threats of violence and warns her never to reveal the "family secret." She is a 42-year-old Reform Jew from an upper middle-class family. . . .

She has tried to stop hitting her children, attending therapy sessions with her husband, but she is afraid to say too much out of fear that her husband will not return to the sessions or that he will throw her out of the house, leaving her without economic support and social status. When asked whether family violence was a problem among Jews, she said no. She was not aware of a single Jewish family in which violence was a problem (Giller & Goldsmith, 1983/84).

Despite our understandable reluctance to confront these issues, incest, child sexual abuse, and physical abuse *are* Jewish problems. Child abuse and family violence are not limited to any race, religion, or social class. They occur in Jewish families, and the violence is passed on from one generation to the next. Both the victim and the abuser need help.

According to the 1990 report by the U.S. Advisory Board on Child Abuse, approximately 5,000 children die of child abuse or neglect each year in this country. Of course, death is the most extreme outcome of child maltreatment. Although most children who are abused or neglected live through it, they may feel the effects of their abuse for the rest of their lives. Research suggests that child abuse is a powerful contributing factor in crime and drug addiction. Many adults who were sexually abused as children suffer severe bouts of depression and self-destructiveness. Others resort to drug and eating addictions. Most have low self-esteem.

Recognizing the destructive effects of family violence and that it indeed was a Jewish problem, the Jewish Family Service (JFS) of Metropolitan Detroit in 1987 requested that the nonsectarian Skillman Foundation fund an intensive family intervention program to prevent child abuse. That initial request for $190,000 was granted in November 1987; in succeeding years, the funding for the Child Abuse Prevention (CAP) program has grown to over $300,000. Through a range of specialized services, this program helps both children and adults recognize the inappropriate ways that they have used to cope with the stresses in their lives so their relationships with others can be enhanced, they can feel some pleasure in their family life, and the children can avoid those negative experiences as they grow up. Currently, a staff of three full-time equivalent social workers and 7.5 full-time equivalent homemakers serves 76 families.

INDICATORS OF DOMESTIC VIOLENCE

Family members who are prone to commit domestic violence share certain basic characteristics. Although these factors are neither exhaustive nor necessarily indicate abuse, combinations of these are used as criteria for referral by JFS staff to the CAP program.

- parents who were themselves abused as children
- previous incident of neglect or abuse
- low self-esteem

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- rigid impulsive personality (often manifested in religious fundamentalism)
- social isolation
- unrealistic expectations of children
- lack of empathy
- stressful economic or family changes or death in the family

CHARACTERISTICS OF FAMILIES IN THE CAP PROGRAM

Of the 76 families served in the program in its first years, 30 were new to JFS. In over two-thirds of the families, the mother initiated the referral, although some were referred by teachers and physicians. The average number of children per family was 2.4, and the mean age of the mother was 34 and the father 38. Sixty-seven percent of the fathers and 65% of the mothers were Jewish. Over 60% of the fathers and 42% of the mothers had some degree of college education. One-quarter of the families were supported by Aid to Families of Dependent Children grants, and another 52% lived on incomes of less than $20,000 a year.

Several kinds of maltreatment were found in these families: physical abuse in 35%, sexual abuse in 18%, neglect in 22%, and potential abuse in 56%. The most recent statistics indicate a greater incidence of sexual abuse, with about half of the families experiencing sexual abuse. In 42% of the families the father was seen as the perpetrator of the maltreatment, and in 54% the mother was so seen.

COMPONENTS OF THE CHILD ABUSE PREVENTION PROGRAM

Community Education

Prevention and early detection of family violence through community outreach and liaison services form the cornerstone of the CAP program. Outreach is a two-pronged approach. The first heightens the awareness of educators and health care professionals of the symptoms of child abuse and neglect and of the services available to victims of family violence so they can make appropriate referrals to the program. In Year I of the program, staff made personal contact with principals and school guidance personnel of both public and parochial schools, workers from the Protective Services Division of the Department of Social Services, day care center staff, hospital emergency room personnel, social workers from nonsectarian and other sectarian family service agencies, and court system personnel. These contacts have borne fruit in succeeding years, as evidenced by the growing number of referrals to the CAP program.

The second component of the outreach effort is designed to raise the general community's awareness of family violence. A family educational forum held in the fall of 1990, which was co-sponsored by B'nai B'rith Women and attracted 300 participants, helped legitimate the discussion of family violence within the Jewish community. The forum not only publicized the services of CAP but also emphasized the need for community members to be the "eyes and ears" for victims of family violence, those who may not be in a position to help themselves. By bringing the subject of Jewish family violence into the open, the forum encouraged Jewish organizations and synagogues to examine this issue further; thus staff continues to make educational presentations to those groups.

To reach schoolchildren and young adults, program staff have used the videocassette on child abuse, "Breaking Silence," in presentations to school classes and youth groups.

Clinical Interventions

Therapeutic intervention is a second major component of the Child Abuse Prevention program. Each family member is a client, whether he or she is seen on a regular basis. The plan for each family is based on the diagnosis of each individual in the family, as well as of the family constellation. It is then designed in relation to the needs and capabilities of each family.

A variety of interventions are offered

through a range of treatment methods. Therapeutic services include individual therapy, conjoint marital therapy, family therapy, conjoint parent/child therapy, children's group therapy, adult group therapy, group therapy for mothers and young children in the same group, and men's and women's incest groups.

Individual and Family Therapy

Individual and family therapy provides formal treatment within a supportive counseling framework. In many instances, the counseling relationship offers parents their first sustained, constructive adult relationship. The clinical social worker also coordinates the many services offered through CAP and provides assistance to help clients gain access to legal resources, vocational guidance, public assistance, health care, and recreational or educational programs. The worker monitors the treatment plan through interviews with parents and children (separately or together as appropriate) and through regular telephone contact.

In the first years of the CAP program, engaging families into treatment was sometimes problematic. Many families were more interested in obtaining concrete services from the agency than in any clinical involvement. Many did not make initial appointments for counseling or remained reluctant to involve themselves in therapeutic work. This lack of engagement contributed to therapist burnout. To address this problem, expectations for families entering the CAP program are now clearly spelled out. In addition, concrete service needs are explored with clients in terms of how they affect their perception of the program and the therapy. As a result, engaging families into treatment has become more productive.

Group Therapy

Group therapy sessions bring together groups of parents and children to examine their feelings, attitudes, self-images, and behavior patterns. Using group treatment and self-help techniques, participants learn to modify their destructive behavior patterns and to develop alternative responses to situations that previously precipated abuse. They gain insight into their relattionships and receive emotional support at the weekly group sessions.

Currently, these groups are being offered: mothers together with their young children; girls, which includes discussion of sexuality; 5- to 6-year-old boys and 7-to 9-year-old boys; women incest survivors; and "out-of-control" men.

Although these groups are useful in reducing emotional isolation of family members and helping them develop social skills, often a family is not ready to participate in family or group therapy when it first joins the CAP program. Individual psychotherapy is often necessary to address some of the underlying needs and pathology of the family members. Therefore, individual counseling is used in combination with group work.

One byproduct of both individual and group therapy has been the building of a support network by the adult clients, which has reduced the social and emotional isolation experienced by many of these families. However, sibling rivalry issues between client families have arisen as this isolation has broken down. This rivalry has been explored and interpreted by the group leaders, who encourage the group members to express their anger and hurt feelings. In addition, group leaders help the parents learn to set appropriate boundaries and limits on what they allow others to demand of them and what they ask of others. It is not surprising that many of these clients with borderline and narcissistic personalities see their interactions in extremes, often making excessive demands of other group members or finding themselves the objects of such demands. The group is the arena in which they learn limit setting.

Environmental Services

Homemaker Service

The centerpiece of the environmental services component of the CAP program is the homemaker service, which is offered to families on an as-needed basis. Many of these families have seriously disorganized households. Often, the mother is overwhelmed by the responsibility of managing a household and reacts either by withdrawal or neglect or by venting frustration and dissatisfaction through aggressive hostility. The homemaker is therefore an important positive influence in establishing external controls in the household and, in so doing, serves as a model and source of emotional support to both the adults and the children in the family. The homemaker also teaches principles of nutrition and often helps buy groceries and transports children and parents to the agency for therapy. Another important function of the homemaker is to serve as the social workers' "eyes and ears" within the home, providing feedback on the family's home life. In so doing, they enable the social workers to respond quickly to situations that may escalate to abuse.

Special training was offered to these homemakers, most of whom had previously worked with aged clients. They were not accustomed to dealing with children, to being in one household for 3 to 5 days a week, or to working with hostile or chaotic families who often thought they were intrusive. Their training incorporated social work principles and focused on child development, methods of discipline, and such practical issues as cardiopulmonary resuscitation for young children.

Special Friends

The Special Friends Program is operated through the JFS Volunteer Services program. Special Friends are caring, interested adults who provide a positive role model for neglected and abused children. They also work with the family as needed to provide valuable concrete assistance, such as check writing or transportation services.

Vocational Assistance

Once clients are emotionally ready to accept and use vocational guidance, they are referred to the Jewish Vocational Service where their job-seeking skills are enhanced or they receive retraining. However, to date, these services have been needed by only a small minority of the clients in the CAP program.

Financial Assistance

Financial assistance on a limited basis and directed to specific, temporary needs is also provided by JFS to families in difficult financial circumstances. Some families receive aid on a weekly or monthly basis; others only receive it as needed. This aid has been used to purchase clothing for camp, to pay for rent or food on an emergency basis, and for camp or school tuition when it has been determined to be therapeutically appropriate.

Camping Experiences

For many of the children and single parents in the CAP program, leaving the pressured environment of their everyday lives for the fun of a safe family or individual camping experience is a rare opportunity. These camping experiences have become an integral part of the CAP program. Children and their parents are given the opportunity to attend synagogue nursery day camps, day camp at the Jewish Community Center, overnight camp at the federation-sponsored Fresh Air Society camp, and specially arranged experiences at Silverman Village, a camp for emotionally impaired children.

A unique feature of the CAP program is family camp, a 3-day overnight summer camping experience that last year was attended by ten families and all the CAP

program staff. This experience provides the clients an opportunity to develop their relationships with the staff, to learn from their modeling behavior, and to have parent/child interactions in a pleasurable rather than a stressful setting. This is particularly important for many families whose home lives are joyless. Family camp reinforces the treatment process and contributes to increasing self-esteem and decreasing isolation.

Legal Aid

Many families in the CAP program experience legal difficulties, whether around divorce, separation, or child custody; landlord/tenant difficulties; or when the parent is accused of physical or sexual abuse. These overwhelmed clients who lead chaotic lives have great difficulty mustering the resources needed to deal with their legal problems. In addition, many do not qualify for legal aid provided through government agencies or the local Women's Justice Center. Therefore, clients in the CAP program are referred to attorneys who provide advice and consultation to clients on a pro bono basis.

Referral to Other Services

The CAP program takes full advantage of the wide range of Jewish communal services in the Detroit area. When appropriate, referrals are made to the Fresh Air Society, which provides Jewish residential camping experiences; the Jewish Community Center, for its recreational activities, as well as day care, nursery school, and summer day camp; the Jewish Vocational Service; and Sinai Hospital.

The CAP program staff maintains a collaborative relationship with the Protective Services Division of the local Department of Social Services. Since child abuse is a crime, the threat of imprisonment sometimes keeps families in treatment or provides the impetus for them to join the CAP program. In addition, the director of the CAP program is a regular participant in the Oakland County Child Abuse Council, thereby staying abreast of community resources and trends.

CASE STUDY

To illustrate the comprehensive approach taken by the CAP program to the problem of family violence, a composite case illustration of a family in transition is presented.

When Mrs. Z called Jewish Family Service, she told the intake worker how her 12-year-old daughter Sharon was acting out in school; her grades were slipping, her circle of friends was changing, and she was suspended for smoking cigarettes on school grounds.

The intake worker conceptualized Sharon's problems as symptomatic of the family pathology. Mr. and Mrs. Z had been separated on and off for the last year, and Mr. Z had physically abused her throughout the marriage. Bobby, the Z's 7-year-old son, had also been sexually abused by an older adolescent male. Given the abuse and the multiproblem status of the Z's, this case was deemed appropriate for the CAP program.

When the Z family came to Jewish Family Service for the first time, the social worker noted a variety of dysfunctional behaviors. The parents seemed powerless and uninterested in the constant arguing between Sharon and Bobby. There was a disengaged quality about the Z's that concerned the worker.

A treatment plan was developed that took into account the needs of each family member, as well as of the entire family. Bobby was placed into a treatment group for latency-aged boys who had been abused and/or neglected. Sharon joined a treatment group for preadolescent girls. Marital therapy was not indicated because of the domestic violence occurring in the family (see article by Jacobs and Dimarsky in this issue). Instead, Mrs. Z began individual treatment, as well as attending a treatment group for mothers. Mr. Z was referred to another agency that was able to place him in a therapy group for men with power and control issues.

To make the home a safe place again and to model appropriate behaviors, a JFS-trained homemaker was assigned to work

with the Z's. By helping them organize their physical environment, the homemaker enabled the Z's to work more effectively on emotional and interpersonal issues in therapy.

Gradually, the Z family began to respond positively to treatment, with miminal regressions. They learned to confront their problems, rather than to miminize or deny them. They learned communication skills, how to identify feelings, that change was difficult, and that an expectation of a perfect family life was unrealistic.

After a year in treatment, the Z family had made considerable progress. Bobby no longer felt as scared of being revictimized because he knew his parents were there to protect him. Sharon came to realize that the problems in the family were between her mother and father, and she no longer needed to act them out. Mrs. Z's feelings of isolation and stigmatization were lessened. Mr. Z began to understand that his difficulty with power and control issues would not be "cured," but could be controlled. The family had learned how to accept and express sadness and fear, rather than labeling them as inappropriate.

After 2 years in treatment, the family began family and marital therapy as Mr. Z had successfully completed his program for batterers and Mrs. Z wanted to reconcile. The fear of violence that governed the house when they entered the CAP program no longer existed. New skills had been learned, limits were set, and boundaries were established so that the Z family could live a more fulfilling life together.

RESEARCH AND EVALUATION: EVIDENCE OF PROGRAM ACCOMPLISHMENT

An integral part of the CAP program since its inception has been a research and evaluation project conducted by two professors from the School of Social Work at the University of Michigan. It was designed to answer these questions:

1. What are the characteristics of the families served by the CAP program?
2. What kinds of problems, particularly those related to child abuse, did these families have when services related to the CAP program were initiated? Which of these problems were ameliorated by the end of their participation in the program and to what degree?
3. What kinds of services did these families receive from JFS?
4. What kinds of goals were established for service to these families, and to what degree were these goals attained?
5. What were the differences between those families who had made the most progress and those who had made the least? Were those differences related to the services provided and the goals sought, or were they related to the characteristics of the families themselves?
6. Did families who left the CAP program before the attainment of their goals differ in any way from these families who remained with the program?

The data used for this research were obtained from screening and assessment forms developed by the researchers in collaboration with CAP program staff.

Many of the families in the CAP program experience multigenerational dysfunction and have been struggling with very long-term and severe problems that have been addressed by a number of different services and interventions over many years. In addition to the emotional and interpersonal problems displayed by these families, a large proportion are also dealing with other challenges—physical handicaps or illness, financial hardship, and employment problems. It is difficult to demonstrate progress in such a client population. However, the research clearly shows evidence of such progress.

Initial Assessment

According to the research protocol that was used during the first 3 years in the first phase of the CAP program, the worker completed the Family-Child Assessment

Form after seeing the family at least three times; this form contained ratings on 40 scales representing such areas as housing, financial circumstances, marital relationships, parenting behaviors, physical and mental health, substance abuse, approaches to discipline, academic performance and delinquent behavior of children, and the child's mental health.

The initial assessment likely underestimates the severity of the problems experienced by the family because clients have not developed enough rapport with their workers to disclose sensitive information. However, it does provide a useful guide for treatment. The most problematic areas for parents were lack of knowledge about parenting, lack of social supports, poor relationships between the spouses, and low motivation for change. For children, the problem areas included lack of consistency of discipline, sexual suggestiveness of parents, inadequate protection from abuse, poor school performance, poor relationships with adults, and psychological distress.

As therapists continue to work with their clients, it has become clear that many parents are severely disturbed, exhibiting many characteristics of a borderline personality that inhibit their healthy attachment to their children, as well as to others.

Goal Attainment

At the initial assessment, the workers indicate the goals they will be working on with their clients. The most frequently cited goal was to alleviate parent psychological problems, followed closely by parent behavior toward child, child problems, and child abuse and neglect. Six months after this rating, the research staff interviewed the workers to ascertain changes in goal attainment. At that time, twenty-two families improved (increased their goal attainment scores), two stayed the same, and four worsened.

The researchers also determined which goals were most likely to be achieved: those related to abuse and neglect, parent behavior toward child, child problems, and family resources. The least progress was made in resolving marital issues and securing social support outside the immediate family.

Each of these goals represents a broad area with many discrete subgoals. In examining those subgoals, the researchers found that, under the goal of reducing child abuse and neglect, most progress was made in protecting the child from abuse, the parent identifying factors contributing to abuse and accepting help to deal with them, and improving the care of the child. In contrast, stopping physical abuse received a lower goal attainment rating. Under the goal of child problems, high attainment scores were achieved for helping the child adapt to school; lower scores were for the reduction of inappropriate behavior and the child gaining insight into psychological problems. Under the goal of parent problems, high attainment scores were achieved for gaining insight into psychological issues, whereas decreasing anxiety and depression and securing treatment for substance abuse received lower scores.

Analysis of the differences between those families who made the most progress and those who made the least yielded these indicators of a poor prognosis:

- large number of children
- stepfather as the perpetrator of abuse
- parent's mental disability or pathology
- abuse was potential, rather than overt
- long history of services offered by JFS

The educational level of the parents had no relationship to outcome.

In sum, despite the serious pathology exhibited by many of the families in the CAP program, many have been able to attain specific goals set in the areas of abuse and neglect, parent behavior toward child, child problems, and use of family resources. Parents are able to protect their children from abuse, improve parenting skills, and

display better judgment with regard to discipline. Children show evidence of gaining a sense of empowerment. As they work through their fears, anxieties, and abusive experiences in either individual, family, or group treatment, they become better able to attend to and prevent abuse directed toward them. In addition, their school performance improves in most cases.

FUTURE DIRECTIONS

Begun as a pilot project to arrest child abuse and neglect, the CAP program is now moving into a second phase of development characterized by a change in the way child abuse is viewed and efforts to provide financial support for the program.

The literature on child abuse, the clinical experience of the CAP workers, and the CAP research findings all highlight the need to address the issue of child abuse from a broader perspective. Invariably, child abuse is a function of a variety of other abusive behaviors occurring in the home. Therefore, the focus of the CAP program will be broadened to domestic violence prevention, using the same effective methods used in the program to date.

In cooperation with the Detroit chapter of the National Council of Jewish Women (NCJW), a shelter for battered women and their children is being planned as the cornerstone of the broadened focus on domestic violence. Two donated, fully furnished apartments with kosher kitchens will be used as the shelter, providing a refuge for battered women with a well-structured program of services to meet their needs. Trained volunteers from NCJW will work with the CAP professional staff on this shelter project.

To enable expansion of the family violence prevention component of the program, an endowment fund-raising program with a goal of $1.2 million is now underway. Both foundations and private donors are being approached in this aggressive campaign.

The additional funds will be used to increase the program staff and to provide subsidies for day care services. Such day care will not only provide respite for the single parent but will also enable parents to participate in job training, skill acquisition, and educational programs to improve their family's financial situation. Too, battered women would know their children were well looked after while they looked for an apartment or a job.

The research and evalution project has also entered a new phase that will assess specific clinical issues, thereby increasing the clinical sensitivity of its findings. It will investigate the effects of the confluences among three sets of factors: (1) what the social worker actually does for and with the client in the treatment sessions, (2) what other services are provided to the family, and (3) what is happening to the family outside the treatment process that may be assumed to reduce or increase stress. Case material for eight to twelve families will be examined in depth for a period of 4 to 6 months using both qualitative and quantitative measures.

CONCLUSION

The CAP program has penetrated into previously inaccessible segments of the Detroit Jewish community. Both the lay and professional community now acknowledge the presence of abuse within its midst. "Secrecy is the cement that holds incestuous families in place. It allows sexual abuse of children to continue despite the presence of concerned family, friends, and neighbors and despite the existence of child protective legislation" (Lew, 1988).

As progress has been made within the community, so have the families in the CAP program progressed. Parents have become more nurturing and better able to protect their own children as they learn to cope with the abuse that had been directed against them as they grew up. Children who never protested their maltreatment

are now more vocal and assertive of their own rights and are showing more age-appropriate behaviors and coping skills. In short they are healthier children. Participation in the CAP program provides the opportunity to interrupt a multigenerational cycle of abuse.

REFERENCES

Giller, B., & Goldsmith, E. (1983/84, Winter). Violence in the Jewish family. *Reform Judaism, 12,* 20.

Lew, M. (1988). *Victims no longer.*