naturally retiring, a change from customary behavior will still be evident. Moroseness of mood is a corollary to this sign. Less frequently, a forced jolliness will appear as an effort to cover up the feelings underneath the mask. The *I Pagliacci*, or heartbroken clown, syndrome can manifest itself in this way.

4. Insomnia and worry may appear. Sleeplessness, worry, and loss of appetite are some of the clues to depression in adults, but they may not always show themselves in adolescents.

5. Frequently young males have lost their fathers. Through death or divorce many young males have not experienced a good and enduring relationship with their fathers. This loss usually occurs before the age of 16 years. The fathers are likely to have been quite successful in business or in a profession when this phenomenon appears in the middle classes.

6. Young women are apt to have self-centered mothers. Among females who attempt suicide, there is likely to be a rather domineering, demanding, and narcissistic mother and a weak father figure. The girl may frequently think she is pregnant, whether she is or not.

7. Heavy smoking is usually very apparent, a fact that suggests the presence of severe tension and anxiety.

8. Job or academic performance often drops. Performance in school and general efficiency are likely to decline rather sharply from previous levels.

9. Substance abuse may be in evidence. Heavy ingestion of drugs or alcohol is likely to accompany anxiety, depression, and self-destructive thoughts.

10. Prior acts of suicidal behavior often exist. A history of previous attempts or threats is apt to be apparent and may have gone unnoticed or been disregarded. Instances of prior self-poisoning can be indicators, even though they may appear to have been accidental.

11. Child abuse may contribute. If a pattern of child abuse has been observed, this is cause for serious concern. Clinical evidence continues to show that future violence, including suicidal acts, may be related to child abuse. Feelings of psychological abuse, which are more difficult to assess, are also to be considered in the same category.

In addition to the foregoing behavioral indicators, verbal attitudes also provide useful clues. Verbalizations about martyrdom or expressions of hostility or resentment toward another person should be noted. The wish to take one's life and be martyred and the desire to even a score by punishing those survivors left behind are frequent components in suicidal behavior. Verbalization may be indirect, with another person the focus of the conversation, but the content will reveal suicidal ideation.

Predictability Having perceived the important clues that may add up to suicide, it is quite possible to predict the likelihood of its occurrence. Although one can never be certain, since suicidal thought may be

present and not acted upon, the likelihood of preventing a tragedy increases tremendously when predictability is based upon the perception of solid clinical evidence. The rating scale shown in Table 11-1 can

Table 11-1 SUICIDAL BEHAVIOR CHECKLIST AND RATING SCALE*

Factor	Low	Medium	High
Sex			
Sexual orientation (female, male, homosexual): female heterosexuals are generally low; male heterosexuals are high; homosexuals are medium to high)	1	3	5
Marital status			
In general married persons are lowest, single persons next, divorced next, and widowed among the highest	1 2	3 4	5
Plan			
Lethality of method: Ingesting a few pills of a benign type would likely be low, whereas ingesting pills of a more lethal variety or self-inflicted gunshot wound would be high	1 3	5 7	10
Availability of method: Benign pills—low; lethal pills or firearms at hand—high	1 2	3 4	5
Specificity: No evidence of plan—low; carefully laid plan—high	1 3	5 7	10
Cause of death			
Natural—low; homicidal—medium; accidental—medium to high; suspected suicidal—high; homicide may be victim-precipitated	1 2	3 4	5
Ratings for suspicious accidental deaths:			
1 Falls, clearly fortuitous			
4 Falls, not clearly fortuitous			
2 Fires and flames			
3 Electric current			
3 Gas and vapors			
3 Drowning			
4 Solids and liquids			
4 Personal medical neglect, such as diabetic coma			
3 Firearms and explosives, self-inflicted			
5 Cutting and piercing			

Stress Recent death of significant other person, upsetting divorce, loss of job, time in jail, and so on; personal reaction determines level	1	3	5	7	10
Behavior symptoms Disturbances in sleep, eating, sex habits, mood, fatigability; feelings of haplessness, helplessness, and hopelessness; presence of known alcoholism or drug abuse	1	3	5	7	10
Agitated mood Agitation alone, 1 to 3; agitation plus depression, 4 or 5	1	2	3	4	5
Self-blame Suspected but not clear, 1 to 3; clear, 4 or 5	1	2	3	4	5
Personal resources Adequacy of available friends, family, employer, clergy	1	3	5	7	10
Rejection by "significant other" person Suspected, 1 to 5; clearly in evidence, 7 to 10	1	3	5	7	10
Medical status Medical health reasonably good, 1 to 3; serious medical problem, 4 or 5	1	2	3	4	5
Personal interaction Ability to interact and communicate with others, 1, 2, or 3, if depression not apparent; if difficulty in communication, and withdrawal or despondency are evident, rating is 4 or 5	1	2	3	4	5

Total score _____
(sum of all scores in each row)

Probability of suicide: <50 = low, >50 = high

Low	*Relatively Low*	*Relatively High*	*High*	*Extremely High*
40	40–50	50–60	60–70	>70

*The author is indebted to N. L. Farberow, R. E. Litman, and the staff of the Los Angeles Suicide Prevention Center for part of the information contained herein.

provide a helpful index for the prediction of suicidal behavior. The factors listed are generally regarded as the most significant ones in the assessment of suicidal behavior. Until quite recently age was considered to be of significance in the prediction of suicidal acts, but with the increase in suicide among the young, it no longer seems to be. For that reason age has been left out of the checklist. As you may note, the checklist includes comments about each factor in making a determination with respect to the rating scale. For example, although females attempt suicide, they do not commit the act with the frequency that males do. One reason for this is the method employed, since ingestion of pills occurs more frequently with females, whereas guns and explosives are used by men. To be sure, the lethality of method is an important component, regardless of which sex employs it. Among the causes of death one may establish ratings for suspicious accidental deaths by utilizing the number suggested by each event. To illustrate, if a fall is clearly accidental, it would receive a rating of only 1, whereas if there was much doubt about whether it was accidental, perhaps with some indication that the individual may have jumped, then it would receive a rating of 4, even though the evidence was not conclusive. Those aspects of predictability that receive a possible score of 10 as the high point are clearly the most significant. An individual who is going to be an effective suicide prevention worker would need to be especially adept in determining those aspects of the prediction scale. The total score is obtained by simply adding all of the columns and then summing the rows, or in other words, adding the total points scored for each factor. The probability would be determined with 50 as a midpoint, which would separate the probability of suicide into high and low categories.

Preventability The following preventive procedures may be employed by both the professional and nonprofessional in rendering psychological first aid and dealing with the crisis of suicide.

1. *Listen.* The first thing that anyone in a mental crisis needs is to have someone available who will actually listen to what is being said. So often do we have preconceived notions that we wish to superimpose upon the potential victim that we shut off effective communication. Every effort should be made to understand the feelings behind the words expressed.

2. *Evaluate the seriousness of the person's thoughts and feelings.* All suicidal talk should be taken very seriously. If the person has made carefully laid plans, then clearly the problem is a more acute one than if his thinking is less definite.

3. *Evaluate the intensity of the emotional problem.* A person need not be openly upset to be suicidal. It is quite possible, on the contrary, that a patient may be extremely upset but not actually suicidal. On the other hand, sometimes patients who have made a decision to take their lives can appear calmer than we expect. If the individual has been

depressed and suddenly becomes agitated, moving about in a restless manner, it is cause for alarm.

4. *Accept each complaint and feeling that the patient expresses.* Do not make the mistake of undervaluing and dismissing what may seem to be a minor complaint. To the patient it may be very serious and indicative of a critical problem. In some cases the person may express his difficulty in a low key, but beneath a seeming calm, deeply disturbed feelings are apparent.

5. *Do not be afraid to ask the person directly if he has entertained thoughts of suicide.* Suicide may be suspected, but not really mentioned, during an emotional crisis. Experience has shown that little harm is done by inquiring into such thought at an appropriate time. This should be done after the interview is well along in time. Frequently the person in crisis will welcome any direct inquiry and will be willing to discuss the subject openly.

6. *Beware of apparent quick recoveries.* Frequently the person will experience initial relief after talking about his problem and will mistakenly state that he is past the crisis. Subsequently, however, the problem may recur, and follow-up is crucial in ensuring an effective intervention program.

7. *Be supportive, yet affirmative.* Stable guideposts are an absolute necessity in the life of a disturbed person. In essence, provide the individual with your strength by giving the impression that you are in command of the situation and intend to do everything possible to prevent him from taking his life.

8. *Evaluate available resources.* The person may have both inner resources (psychologically) and outer resources (in his environment). His psychological resources are those of intellectualization and rationalization, with the hope of strengthening himself in the future. If these are all absent, the problem is a serious one, and additional support and observation will be necessary.

9. *Act specifically.* It is very important that something tangible be done for the patient, such as arranging for him to see a professional person or a clergyman later. It is frustrating for a person to feel that he has received nothing from the interview.

10. *Be ready to ask for assistance and consultation.* One should feel free to call upon whoever is needed, depending upon the severity of the problem. It is unwise to try to manage everything alone. An attitude should be conveyed of composure, so that the potential victim will feel that something appropriate and realistic is being done to help him.

11. *Never treat the individual with horror or attempt to persuade him to deny his suicidal thoughts.* Sometimes it is particularly damaging to comment that the person cannot actually mean it when he talks of suicide. This implicitly condemns the person's feelings, which are very real to him.

12. *Never challenge the potential victim or attempt to shock him out of a suicidal act.* For example, telling the person to go ahead and

take his life, with the belief that such a comment will shock him into clearer thinking, is fallacious and may precipitate a tragedy.

13. *Mention that if the choice is to die, the decision is irreversible.* As long as life exists, there is always a chance for problem resolution; death ends every possibility for improvement.

14. *Point out that depressed feelings will pass.* Depressions are self-limiting and tend to run their course. If the person will continue on, he can be reassured that matters will get better.

15. *Never leave the person alone during an acute crisis.* Isolation and lack of personal contact greatly increases the probability of suicide.

Professional persons, including psychologists and psychiatrists, are not the first individuals usually contacted in a suicidal crisis. It is more probable that clergy, teachers, parents, close friends, beauty operators, bartenders, or co-workers would be the first contact in time of stress. With this thought in mind, courses for bartenders have been set up in Wisconsin and California to help spot potential suicidal persons and establish a liaison with the local suicide prevention center. In particular, policemen need to learn how to handle suicidal crises because they are often called upon to deal with such problems. Unfortunately, in most instances, law enforcement officers have little training in psychological first aid and frequently make tragic errors. Everyone, however, is potentially a gatekeeper, and the principles for assisting in time of suicidal crisis are broadly the same. By keeping in mind many of the points mentioned here, it is possible that many lives that are unnecessarily lost by suicide could be saved each year.

TAKING ACTION

1. *Using the rating scale and checklist information found in Table 11-1, evaluate the death or attempted death of a person described in a newspaper or magazine.*
2. *If you know of a friend or family member who has experienced mental depression or suicidal thoughts, evaluate them with the scale, and discuss the results openly so that they may be encouraged to seek professional help, if that is indicated*
3. *Role-play a crisis intervention session between crisis worker and potential suicide victim. See whether you can pick up clues to potential suicidal behavior.*
4. *Go to a crisis center, and interview a crisis worker about interactions with potential suicide victims.*
5. *Evaluate and discuss your community's activities involving crisis intervention services*

THE CRISIS OF RAPE

Forcible rape is the "carnal knowledge" of a woman through the use of force or threat of force. "Statutory" rape, or sexual intercourse with a girl defined a minor (under 14 or 21, depending on the state), will not be covered in this category because the "victim" is willing or even.

Fear of rape

Lida Moser—DPI

perhaps, the initiator. The offenses classified are broken down by actual forcible rapes and attempted forcible rapes. There has been a suggestion by some professionals that any sexual activity against one's will constitutes rape. Although this may be so psychologically, such a view has not found support in the legal arena, particularly in a marital relationship in which the husband is supposedly justified in forcing the wife. Numerous other sexual assaults can justifiably be termed rape, such as those occurring among male prisoners. However, the emphasis in this chapter is on rape crisis involving an assault of a male upon a female. This phenomenon has led to the creation of numerous rape crisis centers throughout the country recently, as well as an increased focus of attention upon the problem.

A marked increase in forcible rape has occurred during the past several years. In the time span between 1968 and 1973 the percent change in the number of offenses increased 62 percent, while the rate per 100,000 inhabitants went up 55 percent, according to *Uniform Crime Reports* from the U.S. Department of Justice. Rape has continued to climb by several percentage points each year since 1968.

The age group most involved appears to be males between 16 and 24 years old. As an illustration, about 61 percent of the arrests for forcible

rape are for persons under the age of 25 years. Some 47 percent of the persons arrested for forcible rape are black and 51 percent are Caucasians; "all other races" comprise the remaining 2 percent. The term "all other races" traditionally used in keeping statistics by the number of city, county, state, and federal agencies is actually a misnomer. It should be noted that racial groups are often confused with color differences. This is apt to contribute to misleading statistical information.

Although a problem of reporting has existed, this appears to be lessening. Recently, a rate of 47 per 100,000 females reported the incident. The number of unreported rapes is still believed to be several times higher than those reported, however. For the core cities, with populations in excess of 250,000, the victim risk rate is about 100 per 100,000 females. In the suburban areas the risk rate is 35 per 100,000 whereas the risk rate is 23 per 100,000 in rural areas; thus, the urban rate has provided a clear contrast with those in suburban and rural areas. Statistics indicate that nearly three-fourths of all forcible rape offenses were actual rapes by force, with the remaining one-fourth being assaults or attempts to commit rape.

It is interesting to note that three out of every four adults arrested for forcible rape in a single year were prosecuted for this offense. Prosecution does not imply sentencing; it merely means bringing to trial on charges of rape. Various problems of prosecution account for acquittals or dismissals in nearly half of the cases.

Dos and Don'ts

What to do and what to avoid doing constitute practical components of interest to every female citizen. A number of procedures have been suggested, both anecdotally and in the literature, concerning the most advisable behavior in a rape crisis. It seems that the essence of a successful reaction in most situations is to do the unexpected. An unexpected response tends to disarm the would-be rapist so that the original thought or plan does not continue on its expected course. There is always a preconceived notion in the rapist's mind about how to carry out the act and how the event will go. He often begins by making a survey of apartment house nameplates, as well as of isolated laundromats, parks, or other places habitually used by women. He wants to make sure that the victim is alone. Statistics have shown that some three-fourths of the women are single. Thus in the rapist's mind the act has been designed to proceed in a definite and relatively trouble-free fashion. In a general way he may expect some resistance, but by and large he hopes for and even expects at least partial compliance. He dreams of himself as a strong, attractive, and irresistible lover. He is likely to fantasy the woman yielding to him, even passionately, after initial, mild resistance. In some investigations of this matter women who did not resist or did so halfheartedly were usually those who were raped. Contrary to highly publicized and popular opinion, most rapes do not end in murder. Hence the prevail-

ing belief that women who strongly resist will be violently beaten and murdered is usually not borne out in fact. When a rapist's threats work, his preconceived image of the event is proceeding according to plan and the rape will be accomplished. Often the plan is not one of direct sexual intercourse but of variations of it. Anal and oral types of intercourse are more common than traditional vaginal penetration. Rapists assess their victims, where possible, in terms of the kind of response they are going to get. If the response is not an acceptable one, the rapist will usually not proceed. Unsatisfactory responses are not in line with the rapist's expectancies and plans.

There have been instances where the delivery of unusual responses turned the man off, so to speak. These have included such things as urinating, belching, vomiting, flatulence (farting), nose picking, or bursting into a patriotic song. These all fit the unexpected category and may serve to disarm the rapist—that is, disrupt his plan and defuse his ardor.

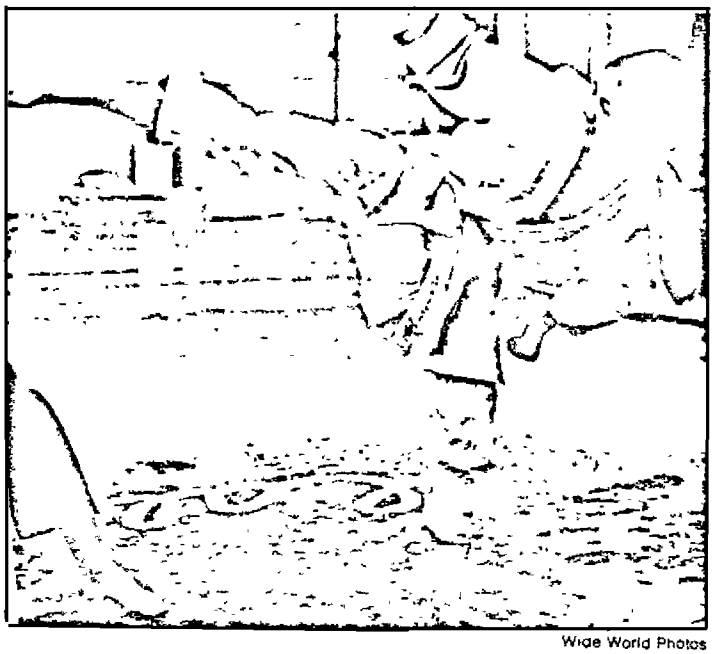
Procedures for Behavior in the Rape Crisis

A handy memory device, when confronted with a potential rape situation, is to recall the first letter of the word "rape" as a key to action: R—resist, A—attack, P—protest, E—escape. Resistance, like other aspects of successful action, can take several forms. Women can and should resist physically and attitudinally. Persons who are overly friendly, compliant, and soft are easy victims. Even though rapists may hate women consciously or unconsciously and possess many conflicting negative thoughts about them, they do not want or expect serious trouble.

When attacking the rapist, it is best to employ the most effective means at one's disposal. Useful procedures include kicking and elbowing. Scratching, biting, and hair pulling are less effective. The intended victim should kick sharply against the knee or shinbone with the heel or stomp on the foot. All such action should be violent and rapid. The chief reason for attack is to disable the attacker long enough to become free. Blows of these types will do the trick if practiced for effectiveness. Many women feel that carrying a sharp instrument, such as a long hatpin, a pair of cuticle scissors, a nail file, or a beer can opener, is of value. Although there is no doubt that, when properly used, each of these instruments can do some damage, there is frequently little likelihood that these instruments can be sufficiently applied when needed. Moreover, although most rapists are not homicidal, a mild painful injury could serve to anger them enough to harm the woman in question. One procedure that can be helpful, in some instances, must be deftly applied. A set of keys, inserted between the fingers in a closed fist, can do great damage to the eyes of a rapist. This procedure, like the others, must be applied quickly and with great precision. If the woman misses, it will merely scratch or cut the rapist's face and may not accomplish its purpose.

Of course, if the situation can be handled verbally and with noise,

Young woman learning karate for self-defense.



Wide World Photos

that's safest. In protesting, the victim should do so loudly and repeatedly, so as to attract attention to the incident and frighten the attacker away. No rapist wants to be caught in the act by another man, who might inflict severe injury upon him. Any form of continuous loud noise will serve as an alarm; screaming, yelling, or using a whistle are examples. If a woman carries a whistle, she should keep it in her hand, ready for use. It is of little value buried in the bottom of a purse during time of need. Rapists sometimes anticipate a quick scream and may be prepared to clamp a hand over the mouth of the victim. They do not anticipate continuous noise, however. Making noise for help implies that there are or might be people around. Stay out of isolated areas!

When escaping, the intended victim should run to the nearest lighted and populated area. Rapists will rarely pursue a victim who is moving toward light and people. Except for teenage group assaults, rapes are not committed in front of other persons or in lighted areas. Darkness provides the necessary cover that makes the rapist feel most comfortable. Even when sexual assaults have been carried out in the victim's apartment, the lights are usually dimmed or extinguished by the rapist.

An Ounce of Prevention

Anticipating trouble is the best way to avoid it. Remembering these simple precautions will spare the potential victim much trouble.

1. Avoid lonely, darkened areas.
2. Avoid traveling alone.
3. Light entryways to your abode, and lock doors and windows.
4. Avoid displaying a telephone listing or mailbox nameplate that makes it obvious that the inhabitant is a female, especially one living alone or solely with other women.

TAKING ACTION

1. *Contact the various crisis centers in your community to find out where rape centers are located. Make arrangements to interview the staff or obtain information about procedures followed by the rape center, and jot down important points.*
2. *Make an appointment, through the clerk of a municipal or district court, to attend a hearing that is being held regarding any aspect of crisis behavior and mental health, including rape. A day in court can be very revealing.*
3. *Tape-record a conversation with a woman who has been raped. Play the recording to the class and encourage classroom discussion.*
4. *Check into the laws of your state concerning rape, including statutory rape.*
5. *Does your college have any kind of program designed to help rape victims or teach rape prevention techniques. Investigate and discuss.*

CRISES IN MARITAL RELATIONSHIPS AND CHILD ABUSE

When marital crises continue to recur and are not resolved, they usually end in divorce. Divorce is a crisis itself and can carry with it emotional scars that should be handled in a therapeutic manner. Marital relationships that are basically sound can be salvaged through professional counseling; however, unions that lack such stability are likely to terminate in divorce, assault, suicide, or homicide.

Most homicides occur primarily within families and frequently involve marital partners. Indeed, only one homicide in 10 involves a stranger. Violent behavior ending in homicide is associated with close personal ties and is largely a domestic crime involving wives, husbands, lovers, and children. Moreover, slayings usually involve offenders and victims of the same ethnic and racial group. Statistics reveal that only 6 percent of the homicides committed indicate that the offender crossed a racial line. When a man kills a woman, he is likely to take her life in the bedroom. Women kill their mates more often than men do, and they ordinarily do it in the kitchen. When a man takes the life of another man, he is just as likely to do it at home as away from home.

One of the most regrettable aspects of a bad marriage is the deleterious effect it has upon offspring. For example, 87 percent of the cases of male schizophrenia in one study were shown to come from families with marital incompatibility and discord, as compared to 13 percent in a control group. In an investigation of convicted female felons, roughly two-thirds had been married but became separated or divorced. In numerous instances of sexual deviance, such as in child molestation, rape, masochism, and sadism, bad marital relationships are in evidence on the part of the offender, as well as in his family background.

Parents who abuse their children come from a wide variety of educational, racial, and ethnic and socioeconomic backgrounds, but the majority come from the lower classes. Lower-class fathers, in particular, are more likely to threaten and abuse children than are

middle-class fathers. Some 90 percent of the families involved have been shown to have serious social problems, unhappy marriages, and financial difficulties. An ongoing state of anger and hostility is pervasive among abusive parents. Ordinary difficulties in child rearing will suffice to trigger a violent expression of anger against the child. Many parents reject the child and blame the youngster for the problem. Such parents have a history of emotional instability. Their own childhoods were usually marked by overly strict rearing and a deprivation of parental guidance and emotional warmth. A parent of either sex may assault or abuse children both physically and psychologically. There may be a tendency for mothers to kill female children more often than male children. Fathers are equally likely to kill a child of either sex. An additional tragic outcome is the fact that children who are treated cruelly by their parents are likely to develop hostile attitudes toward their own families, become deeply disturbed adults, and in turn abuse their own children. Thus the cycle is perpetuated into future generations.

Parental neglect and abuse of children do not necessarily occur together. When a child's basic needs are not met, the parent is neglecting his or her responsibilities. In our society there is a growing tendency to insist that children are entitled not only to food, clothing, and shelter but to the assurance that they are wanted and loved. Some forms of neglect are quite obvious, but many others are more subtle. Both neglect and abuse can be psychological or emotional as well as physical, although the former type is rarely reported or acted upon because it is more elusive and difficult to substantiate. Essentially parents abuse children for these reasons: (1) an immature parent sees the child's actions as annoying and does not know any other way to manage the situation; (2) the abusive parent was beaten by his or her own parents; (3) the offending parent is mentally or emotionally severely disturbed.

It will be useful for you to understand some of the psychodynamics underlying these reasons. None of the things listed can excuse child abuse, but they may serve to explain it. Hitting a defenseless child is inexcusable by any account. We must place squarely at our own doorstep part of the reason for child abuse, since it is inherent in the North American culture that punishment of children for wrongdoing is the order of the day. The mistaken assumption that punishment is character-building, plus the old principle of "an eye for an eye," comprise two notions underlying such a position. "What that youngster needs is a good whipping" is the prescription readily offered for unwanted behavior. Over 90 percent of American and British parents evidently follow this prescription. The prisons are full of inhabitants who got regularly "good whippings" as children. The Boston strangler recalled the nightly strappings he received from his father's belt—"whether I needed it or not," as he put it.

The parent who beats a child actually hates the child, hates other people, and hates herself or himself. The late A. S. Neill, who

developed Summerhill, the famous experimental school for children in Britain, stated that it was incomprehensible to him how adults could consider themselves good Christians (or other religious believers) and still beat children. The thrust of his thesis was that children become what adults make them. Neill also held that any mother who has a loving, satisfying sexual relationship with her husband would not be likely to strike a child. There is little doubt that frustration takes its toll. Many of us have heard a mother, for example, scream at a youngster: "I'll beat you to within an inch of your life if you don't mind me." Such intense hostility and obvious hatred is being displaced from within the parent to the child. A person who hates wants to hit and strike out. The hostility is foisted upon a helpless youngster because the parent cannot often bring herself or himself to strike another adult. Any person who strikes another deserves, perhaps, to be hit in return, including parents who hit children; yet if a child strikes back at an adult, the latter's weak ego is threatened, and the youngster is further endangered.

Early on we should learn that we cannot get our way by going through life hitting people. Parents will sometimes delude themselves that they are punishing a child for his own good. This constitutes a foolish self-deception, where the parent plays the role of a dictator or god.

How often have we heard parents say, "Nothing seems to help. I spank him and he still doesn't seem to learn!" They have no conception of the rudiments of learning. What punishment does is to evoke fear and hatred in the child. The youngster associates the punishment with the punisher rather than the undesirable act that caused the parent to administer it in the first place. At best, it only suppresses the act for a short period. It will return because nothing has been taught to take its place, and resentment toward the punisher still remains, even if at an unconscious level. Youngsters will sometimes conform superficially for a time, out of fear, but the hatred of the parent has already been established. Punishment is always an expression of hatred. The child will read it as such. The resentment and hatred evoked in the child stimulates fear of further punishment and an unconscious feeling of shame for wishing the parent harm as a retribution. This may cause the child to cover it by an expression of regret or a display of affection, but it is a pseudo love that the child shows. The bitterness and hatred of the parent remain beneath the surface. Depending upon its intensity, at best the youngster will likely grow up to become an unhappy, punishing parent, or, at worst, one of the many criminals who fill our prisons each year.

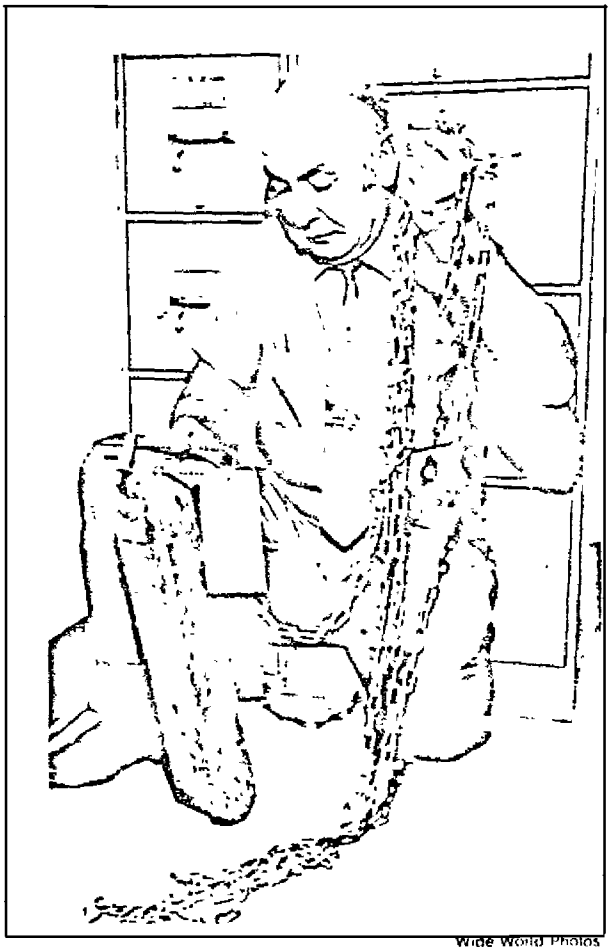
Another factor contributing to the problem is the fact that we not only tolerate but glorify violence. The media and motion pictures continue to promote acts of this kind and give it a heroic quality. It is small wonder then that we have begun to produce more tyrannical leaders and have moved in the frightening direction of dictatorial control of society in recent times. Punishment is not the only way to learn or even the most effective way. Reinforcing desirable behavior

and instilling personal responsibility through self-development are the cornerstones of maturity and self-reliance. Even though it is not easy to spare the rod, it will be the courageous and farsighted parents of the future whose children will be responsible, happy leaders. Those who are willing to painstakingly teach children to learn by accentuating the positive rather than attempting to eliminate what they perceive as annoying negatives through the use of physical and psychological punishment will contribute most to the world of tomorrow.

A basic view of motivation lies at the core of our attitudes toward children. Is a child born basically positive, negative, or neither? The terms "good" and "bad" are too halo-laden or negative and have been avoided here for that reason. Some believe that humankind is basically social ("good") because we must depend upon others for our survival, more than any other species. The human infant is the most helpless organism on earth. Survival is completely contingent upon others for appreciably longer periods of time than for infrahumans. This interrelationship of parent and child sets the stage for cooperation, mutual interaction, positive attitudes, and love in later life, so as to procreate the species. Humans require a particular kind of cooperation and affection in order to sustain life, both the life in themselves and in their offspring; otherwise, humankind would destroy itself. People's finest motives become sidetracked in the maelstrom of a negatively oriented society. When we drive our cars under a certain speed limit, do we do so because we fear getting a traffic ticket or for some better motive? All too often, it may be the former rather than the latter. We ought to drive at reasonable speeds because we wish to see and enjoy our surroundings more easily, we will place less strain on our nerves and our cars, and there is far less likelihood of inflicting injury upon someone else, and so on. It is just as easy, and critically important to society's welfare, to employ learning principles in a positive sense as in a negative one. In fact the future progress of the human race will hinge upon it as the world becomes more populated and living becomes more complex. Suicide can be traced in part to immaturity stemming from either overindulgence or severe punishment, while homicide is traceable to harsh rearing, characterized by severe punishment and violence.

A number of characteristics seem to set abusive parents apart from nonabusive ones. Some of the most significant are as follows: (1) the abusive parent subscribes strongly to the idea of physical punishment; (2) regardless of social class, most parents assert that the youngster should know "right" from "wrong" by the age of 12 months or sooner; (3) most of these parents prefer their children to be good—that is, obedient, nonrebellious, grateful, and respectful—rather than adventuresome or creative; (4) emphasis is placed upon cleanliness and materialistic values; (5) abusive mothers describe an ideal father in terms of one who is a disciplinarian and capable of providing financial support; (6) these mothers are far more authoritarian than nonabusive ones; (7) such persons tend to be compulsively oriented, as manifested

by the tendency to be very good housekeepers (that is, well-ordered and neat); (8) mothers have poor self-control and are attracted to men with similar problems, often wishing to place the father in a bad light so they may appear sympathetic by comparison; (9) much marital discord is evident, with the occurrence of frequent separations and reconciliations; (10) the most common method of discipline is whipping and spanking, with scolding, shaming, and physical shaking following close behind; (11) reasoning or avoidance of conflict are procedures seldom employed, even with children old enough to comprehend; (12) abusive parents view small infants as deliberately misbehaving and in need of discipline; (13) they possess negative feelings toward the abused child; (14) emotional problems such as depression are common; (15) abusive mothers have usually shown uncontrollable actions in the past, including aggression against other women, some sexual promiscuity, and secret, compulsive spending, and they tend to be afraid of some man in their lives, either their own fathers or their husbands; (16) these mothers are lonely and have had poor relationships with one or both parents.



Wide World Photos

Policeman holding a 50-pound weight and chain found shackled to a 12-year-old girl by her father

In order to spare a child from abuse, it is necessary to spot these problems early and secure help for both the parent and the youngster, as needed. Professionals should be alert to the fact that many children are born very close together. The pressures of child rearing, along with marital strain, financial difficulties, and isolation, tend to overwhelm young mothers. Premature births may provide an additional stress. Young mothers need to be taught basic concepts about health, growth, and development in children. This ought to include an understanding of the child's emotional as well as physical needs. Much of this material should be incorporated into the educational curricula of both elementary and secondary school systems. Young girls and boys can learn to appreciate the emotional needs of babies and other children, and they can act responsibly only in terms of their age levels. A common problem is the overexpectation and the unreasonable demands that abusive parents make upon their children. For example, when a young mother says she expects a child to be "good" and "act respectful," she is really expecting the youngster to act like an adult rather than a child. It will suffice to say that this is totally unrealistic and will lead to serious difficulty if not understood by the parent.

Appropriate birth control methods should be made easily available, since unwanted children are a high risk for child abuse. The intercorrelation between isolation, lack of education, unplanned children, and financial and marital strain produces the seeds that lead to marital discord and subsequent child abuse. Being alert to these difficulties can save marriages and children's lives as well.

Some Typical Signs of Child Abuse

The following are some typical signs of child abuse:

1. Bruises and abrasions on the back of the body or on the sides of the head and face.
2. Fractured bones, particularly on very young children and infants.
3. Evidence of burns, especially from cigarettes or cigars.
4. Tendency to offer excuses or other explanations for the incident by both parents.
5. Apprehension, fear, or avoidance of any discussion on the part of the child.

Most children who injure themselves from falls or other accidents will damage only the front part of the knees, legs, hands, elbows, and face; almost never the sides of the face or back of the body. Because of threats made toward youngsters, they are reluctant to discuss the issue and may be afraid they will be placed in an unknown environment, which is even more disturbing to them than their own homes. Curiously, some youngsters may appear to love abusive parents despite the injuries they suffer. Children will often seem to forgive parents much cruelty in return for an occasional display of attention, as evidenced by the purchase of a toy or some desired object, but deep hurt and resentment remain.

TAKING ACTION

1. *Consult your local county attorney's office and welfare office to seek answers to these questions:*
   a. *What constitutes child abuse?*
   b. *Are parents who spank their children committing child abuse?*
   c. *Is child neglect equal to child abuse?*
   d. *What are the procedures that should be followed in reporting suspected child neglect or abuse?*
   e *Can any citizen report suspected child abuse without running the risk of being sued for falsely accusing an innocent parent?*
   f. *Are professional persons and public officials liable to prosecution if they do not report suspected child neglect or abuse?*
2. *Make a chart of children's rights and parents' rights, based upon laws in your community.*
3. *Discuss the topic of "Children's Lib."*
4. *Discuss with your parents (or parents you know) their views on effective discipline. Discuss in class alternative forms of punishment to the age-old "spanking." When does spanking become child abuse?*

DISCUSSION

In addition to being only of relatively recent concern to mental health specialists, problems surrounding emergencies and crisis events have begun to reshape themselves in recent years. Traditionally mental health emergencies were viewed in the light of someone who was "crazy" or "dangerous," requiring incarceration. Little thought was given to the stresses of personal life and everyday living that affect most of the population—those who would not be included in these categories. The plain fact is that most persons encounter mental disorders or emotional crises at certain points in their lives, and at such times they are sorely in need of assistance. If handled in a timely and appropriate manner, most of these problems are short-lived and need not continue to plague the individual for protracted periods of time. Emotional crises are triggered or enhanced by numerous situations, such as biological stress accompanying menopause, pressures of school, economic and financial stress, loss of a loved one, or the consequences of an overwhelming natural disaster.

Besides the community mental health center movement, which has been government financed, numerous independent and private clinics and centers that focus upon mental health crises have mushroomed during the past several years. The spirit of the times is partly responsible for this burgeoning of interest. It encompasses such phenomena as the unpopular Vietnamese War, socioeconomic conditions and unemployment, problems accompanying drug abuse, and the disintegration of the family unit of the past. The younger generation has been particularly victimized by these phenomena. The need to emancipate oneself from parental authority and "do one's own thing" serves as a two-edged sword. The newfound freedoms, without stable guideposts, constitute difficulties that are often in themselves frustrating and

A description of the philosophy behind a world-renowned British school for child rearing. It recognizes the innate worth of the child and places responsibility upon the youngster for his own behavior.

Wittenberg, C., 1971. *Studies of Child Abuse and Infant Accidents in the Mental Health of the Child*, J. S. Segal, ed. Public Health Service Publication 2168. Washington, D.C.: U.S. Government Printing Office.

The study disclosed that abused children are in serious jeopardy and may even die or become severely retarded as a result of parental neglect and abuse. The subjects constituted 50 former patients and their families from the Children's Hospital in Pittsburgh.

Wolfgang, M. E., 1969. Who Kills Whom? *Behavior Today* 3:55–75.

The author draws on his own and other investigators' studies. The concept of victim-precipitated homicide is discussed at some length.

insurmountable. The various programs of the type mentioned have not really attempted to address themselves to these problems. The structural and organizational components of such operations have varied widely. Some of the differences that appear in these programs are worthy of note. Central among them is the fact that community mental health centers place emphasis upon program continuity, incorporating five essential ingredients in order to receive funding: outpatient treatment, inpatient treatment, partial hospitalization, consultation and education, and emergency mental health services. In contrast with so-called "hot-line" operations, essential criteria for suicide prevention and crisis intervention services include the utilization of such minimal standards as: 24-hour-a-day service, seven days a week; a basic training program for crisis workers; a walk-in service offering face-to-face contact; a referral system to appropriate community and professional resources; and access to professional consultation, when needed.

The staffing patterns of these centers may vary, depending upon the needs of the population to be served. Community mental health center programs customarily include personnel from all of the three major professional services: psychologists, psychiatrists, and social workers. Nurses and volunteer workers can also be active participants. The director may come from any of the professional disciplines, with appropriate training and experience. The staffing pattern of crisis intervention and suicide prevention centers frequently comprises a director, who is a professional person, professionally trained assistants, and volunteers of both a professional and nonprofessional type. The effective utilization of volunteers has been a crucial component in the crisis intervention and suicide prevention movement to a larger extent than any other single treatment effort in recent times. One of the primary strengths of these programs has been the widespread use of adaptable, trained, and dedicated members of society, who have been willing to serve with little or no monetary compensation. College students have often served well; you may wish to volunteer.

FOR FURTHER READING

Frederick, C. J., 1972. *Dealing with the Crisis of Suicide.* Public Affairs Pamphlet 406A. New York: Public Affairs Committee, Inc.

A comprehensive pamphlet dealing with the basics of psychological first aid.

McGee, R. K., 1974. *Crisis Intervention in the Community.* Baltimore: University Park Press.

Written for professional, paraprofessional, and volunteer workers in community mental health centers, the book emphasizes the value of a team approach in the development of crisis intervention programs.

Neill, A. S., 1960. *Summerhill.* New York. Hart.