5 Child Maltreatment

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David Loefeler describes his father as "ruling the house with a heavy hand" and himself as a frequent target of violent outbursts. Have you thought about what exactly David means by this and what role his family environment may have played in shaping his development? In thinking about Kim Tran, have you considered the unique aspects of parenting an adolescent or contemplated how Kim's multigenerational family system has shaped Kim's life course thus far? Have you wondered how Sondra and Estella Jackson fared when their parents were unable to closely supervise them and how Isaiah's son will fare in the future, given his mother's apparent struggle with substance abuse? What are your feelings about the issues facing and decisions made by Junito Salvatierra's parents during his early childhood and adolescent years? In each of these scenarios, questions are raised about the nature and implications of the care received by children.

Indeed, children are inherently dependent upon the care of others. Across historical and cultural context, this dependency creates heightened vulnerability. Although most adults respond to such vulnerability by protecting and nurturing the young, historical documents suggest that children have experienced trauma, abandonment, and death inflicted by caregivers in most societies throughout time (Ashby, 1997; Ten Bensel, Rheinberger, & Radbill, 1997).

Discussion of child maltreatment must begin with the acknowledgment that child abuse and neglect are **socially constructed** phenomena, meaning that the historical context shapes values and beliefs regarding children and their development, and at any one point in time, different cultures possess unique and evolving beliefs about children's rights and needs. Consider, for example, views of children's rights and needs in your current community context versus those that might have existed in war-torn Vietnam or in David Loefeler's family context. It is widely accepted that historically and culturally shaped beliefs directly

shape parenting and other aspects of children's care (Agathonos-Georgopoulou, 1992; Fass & Mason, 2000; Janko, 1994; Korbin, 1981, 1997, 2002; Krug et al., 2002).

And yet, as the World Health Organization's (WHO) report on violence and world health points out, in the midst of diversity there is some level of cross-cultural agreement regarding the care and development of children. For example, the WHO report indicates that virtually all cultures agree that sexual and severe physical abuse of children should not occur. Focusing on such universals, the WHO utilizes the following definition of child maltreatment:

> Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. (Krug et al., 2002, p. 59)

The United States federal government first publicized an official, national definition of child maltreatment through the 1974 Child Abuse Prevention and Treatment Act (CAPTA). CAPTA provides minimum standards for state and local governmental definitions of child maltreatment. Under CAPTA, child maltreatment is defined as follows:

> Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm. (National Clearinghouse on Child Abuse & Neglect Information, 2005)

There are distinct types of child maltreatment, and each type possesses its own unique definitional challenges. Four commonly recognized child maltreatment types are physical abuse, sexual abuse, psychological or emotional abuse, and neglect. Each of these commonly recognized types consists of distinct subtypes. For example, child neglect may be conceptualized as including the subtypes of physical neglect, educational neglect, medical neglect, and emotional neglect. State definitions of physical abuse, sexual abuse, psychological or emotional abuse, and neglect vary quite widely, and some states do not officially define all maltreatment types. The National Clearinghouse on Child Abuse and Neglect Information has developed a set of definitions capturing common elements across states. These definitions are presented in Exhibit 5.1, along with definitions recognized by the WHO.

In addition to the definitional challenges that emerge when we consider each distinct maltreatment type, another important issue to consider is the role of harm to the child. Should *potential* for harm or injury to a child be sufficient to qualify as maltreatment, or must a child suffer *actual harm?* In other words, is there a difference between a child who is beaten but sustains no obvious physical injuries and a child who receives the same beating but sustains serious **cognitive damage** that impairs brain functioning and diminishes capacity for judgment and reasoning?

Physical Abuse	*Sexual Abuse*	*Psychological/Emotional*	*Neglect*
United States			
Physical injury (ranging from bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child	Activities by a parent or caretaker such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials	Pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance	Failure to provide for a child's basic needs; potentially including physical (e.g., failure to provide necessary food, shelter, or supervision); medical (e.g., failure to provide necessary medical or mental health treatment); educational (e.g., failure to educate a child or attend to special education needs); and emotional (e.g., inattention to a child's emotional needs, permitting the child to use alcohol or other drugs)
International (World Health Organization)			
Those acts of commission by a caregiver that cause actual physical harm or have the potential for harm	Those acts where a caregiver uses a child for sexual gratification	Failure of a caregiver to provide an appropriate and supportive environment, and includes acts that have an adverse effect on the emotional health and development of a child	Failure of a parent to provide for the development of the child—where the parent is in a position to do so—in one or more of the following areas: health, education, emotional development, nutrition, shelter, and safe living conditions

Exhibit 5.1 Definitions of Physical Abuse, Sexual Abuse, Psychological/Emotional Abuse, and Neglect

SOURCE: Based on Krug et al., 2002, and U.S. Department of Health and Human Services, Administration for Children & Families (USDHHS, ACF), 2006b.

A final significant and related definitional challenge is the handling of caregiver intent. Is it necessary that an injury or other detrimental impact was intended or *purposeful*? Or should a parent or caregiver be held responsible simply if potential or actual harm occurs, *regardless of intent*? Imagine that young children suffer serious injury as a result of setting an accidental fire while home alone. The caregiver would never have purposefully harmed his or her children, and the caregiver is devastated. Is the caregiver an abusive or neglectful caregiver, despite the absence of intent?

Our case scenarios further illustrate these definitional challenges. Junito Salvatierra has struggled emotionally, socially, and perhaps spiritually since arriving in the United States. It seems fair to say that his emotional needs have not been met. Perhaps the same

could be said for Kim Tran. In the absence of caregiver intent or serious harm, are these instances of child maltreatment? And how should we handle issues of caregiver substance abuse or mental health challenges in determining adequate care and issues of intent?

A plethora of existing literature focuses on child maltreatment definitional issues (Glaser, 2002; Haugaard, 2000; Korbin, Coulton, & Lindstrom-Ufuti, 2000; National Research Council, 1993; Straus & Kantor, 2005). Our discussion has only skimmed the surface of the challenges inherent in attempting to define child maltreatment as a whole as well as each specific type of maltreatment. Straus and Kantor (2005) suggest that one uniform set of definitions may be inappropriate and unnecessary. Definitions must be shaped by their context and purpose. Definitions used for prevalence research may inevitably and wisely differ from definitions used for treatment purposes.

In the last few decades, substantial progress has been made in creating an empirically grounded child maltreatment knowledge base (Leventhal, 2003). Ultimately, our ability to establish a clear understanding of the prevalence of child maltreatment in any given place at any point in time as well as our ability to compare and track trends across time and place is compromised by these perhaps unsolvable definitional issues. And definitional issues have a ripple effect on other areas, including our understanding of causes (etiology) and processes of maltreatment.

Patterns of Occurrence

In the United States today, the two widely recognized national data sources used for tracking child maltreatment trends are the official statistics of the National Child Abuse and Neglect Data System (NCANDS) and the National Incidence Study (NIS) of Child Abuse and Neglect (UNICEF, 2003; Thomlison, 2004). NCANDS statistics are derived from data on officially recorded cases referred to and tracked by local and state child protective service (CPS) agencies. NCANDS data are widely seen as a standardized, reliable source of information about child abuse and neglect in the United States. As of 2006, the fourth National Incidence Study of Child Abuse and Neglect (NIS-4) is under way but not yet completed (USDHHS, ACF, n.d.). The third NIS was completed in 1993. The NIS has created a "harm standard" under which children identified in the study are considered maltreated only if they have already experienced some form of abuse or neglect.

Complexities and Limitations Within Available Data

In addition to NCANDS and NIS data, there are many other types of completed and ongoing child maltreatment research projects widely drawn upon in the United States to study incidence and prevalence as well as various other aspects of child maltreatment. Retrospective survey-based studies of child maltreatment typically ask adults about their experiences as children. Other studies use the contemporaneous self-reported data of

children, adolescents, and caregivers. Estimates derived from self-reported information from the general population or specific target populations generally produce much higher incidence and prevalence estimates than official data collected by child welfare and other governmental systems.

There is consensus in the United States and across the globe that official child maltreatment data generally underestimate the true prevalence of child abuse and neglect (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control [CDC, NCIPC], 2005; Krug et al., 2002). Moreover, in the United States, some believe that the child welfare system itself and related official victimization data overrepresent incidence among children of color (Billingsley & Giovannoni, 1972; Gil, 1970). Many believe that insufficient attention is paid, in official incidence data, to the linkages between child maltreatment, poverty, and race. Families belonging to privileged groups may play a more significant role in shaping definitions of maltreatment and may possess a heightened ability to avoid contact with CPS agencies and other forms of public intrusion into family life. Certain types of child maltreatment such as psychological or emotional maltreatment may be seriously underestimated across all groups, particularly high-income families (Edwards, Holden, & Felitti, 2003; Glaser, 2002).

In a global context, these issues remain relevant but reach new levels of complexity. At the global level, **sex trafficking**—the movement of individuals across borders for the purpose of sexually exploiting them—is increasingly recognized as a threat to all children but particularly girls (Roby, 2005; United Nations Office on Drugs and Crime, 2006). All forms of violence against children in some developing or war-torn countries are so widespread and yet poorly documented that such countries are excluded from cross-nation analyses. We have not yet begun to address child maltreatment from the same starting point in many other nations in part because the violence and other challenges to healthy development facing children in these nations are overwhelming. Moreover, many countries do not have legal or social systems with specific responsibility for recording or responding to reports of abuse and neglect (Krug et al., 2002).

Identifying accurate child maltreatment trends in the United States and globally is challenging for these and many other reasons. Psychological, or emotional, maltreatment is not well understood or consistently defined and thus is more likely to be underrecognized and underestimated in official data sources. Many experts also believe that official data seriously underestimate the incidence and prevalence of child sexual abuse. In fact, depending on the definitions and research methodology employed, child sexual abuse prevalence rates range from 1% to 19% for men and 1% to 45% for women (Krug et al., 2002). Such disparities suggest that it is only through multiple methodologies and data sources that we can begin to approach an accurate understanding of the extent of child abuse and neglect as a social problem.

An additional, obvious challenge to estimating child maltreatment prevalence is the inherent nature of the social problem. Embarrassment and shame, **defense mechanisms**—unconscious thought processes that minimize psychological threat—utilized by families, the need to balance children's needs with parental rights, and the

often conflicting societal values of family privacy and child protection combine to act as powerful deterrents to detection and accurate measurement.

Also, accurate historical analysis of international trends in child maltreatment is challenging if not impossible due to the lack of comparable data across nations over time. Using the United States as an example, the United Nations Childrens Fund (UNICEF) points out that the number of reported child maltreatment cases has increased almost fivefold in the last 20 years. This trend, however, could represent a significant change in actual levels of maltreatment, effects of increased rates of substance abuse, or just as likely, a significant change in public and professional awareness of the phenomenon, changes in definitions of what constitutes maltreatment, and significant changes in reporting systems and procedures as well as other aspects of agency practice or some combination of all of these factors (Tzeng, Jackson, & Karlson, 1991; Wang & Daro, 1997). With these issues in mind, we review available data on child maltreatment prevalence and incidence over time.

Trends in Patterns of Occurrence

Beginning with child fatality trends, the U.S. Department of Health and Human Services (USDHHS; 2005) reported that in 2003, approximately 1,500 children died from abuse or neglect in the United States, representing an incidence rate of 2 deaths per 100,000 children. In recent years, child fatality trends have held relatively stable, hovering close to these figures. A minority of fatality victims have had either brief or intensive prior involvement with CPS agencies. In 2003, 10.7% of fatality victims' families had received family services in the prior 5 years, and 2.8% had been reunified with their families after foster care placement within the past 5 years. In 2005, the USDHHS asserted that because child fatality data may often be collected by other governmental agencies such as public health departments or **child fatality review boards** (established and administered by localities to investigate the causes of child death), child fatality data may be somewhat more comprehensive and accurate than other types of abuse and neglect data.

Turning to maltreatment in general in the United States, official data suggest that while reporting of suspected maltreatment has steadily increased, actual victimization may have declined recently. NCANDS data indicate that in 2003, CPS agencies across the nation received 2.9 million referrals, or reports, of suspected child abuse or neglect. This figure represents a reporting rate of 39.1 per 1,000 children. CPS agencies accepted approximately two thirds of these 2.9 million reports for investigation or assessment purposes. Ultimately, CPS agencies identified approximately 906,000 children as "confirmed" victims of abuse or neglect in 2003, representing approximately 31.7% of all children whose reports were investigated or assessed (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families [USDHHS, ACYF], 2005).

Although the CPS investigation rate (the proportion of all children experiencing a CPS assessment or investigation) has significantly increased in the last decade (from a rate of 36.1 per 1,000 children in 1990 to 45.9 in 2003), the official victimization rate has decreased from a 1990 rate of 13.4 confirmed victims per 1,000 children to a 2003 rate of

12.4 (USDHHS, ACYF, 2005). In recent years, the official victimization rate has remained relatively stable, at approximately 12 per 1,000 children.

Child neglect is consistently the most common form of documented maltreatment. In 2003, 63.2% of the 906,000 officially confirmed or documented child maltreatment victims were found to be victims of neglect, 18.9% were found to be victims of physical abuse, 9.9% were found to be victims of sexual abuse, and 4.9% were found to be victims of psychological or emotional maltreatment. Approximately 16.9% of victims experienced types of maltreatment commonly classified as "other" (such as "abandonment" or "congenital drug addiction"). These combined percentages surpass 100 because victims typically experience more than one type of abuse or neglect simultaneously and therefore are appropriately included in more than one category. These 2003 figures are representative of maltreatment subtype trends over time; victims of child neglect consistently account for more than one half of all child maltreatment victims (see Exhibit 5.2; USDHHS, National Center on Child Abuse and Neglect [NCCAN], 1996; USDHHS, ACYF, 2004, 2005).

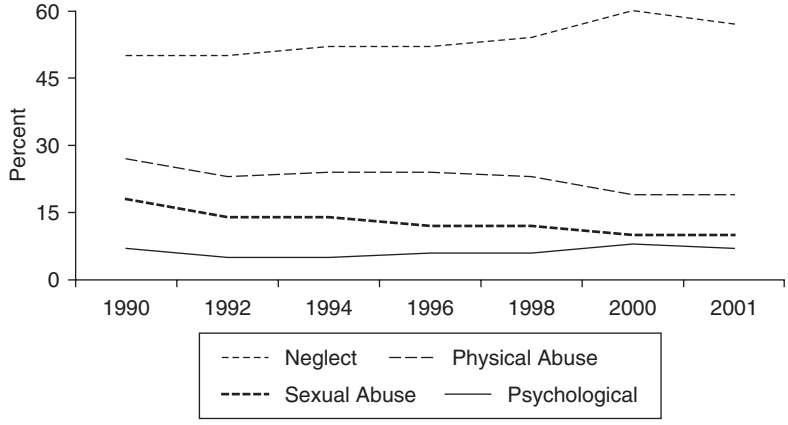

Exhibit 5.2 Percentage of Victims by Type of Maltreatment, 1990–2001

NOTE: The percentages total more than 100% of victims because children may have been victims of more than one type of maltreatment.

SOURCE: USDHHS, ACYF, 2003.

As noted, many researchers feel that official victimization rates are artificially low, and empirical evidence provides support for this view. Under Harm Standard definitions established by the Third National Incidence Study of Child Abuse and Neglect (NIS-3), CPS agencies investigated only 28% of children deemed at risk of harm. In the United States, NIS data suggest a steadily increasing number of children identified as maltreated, particularly children identified as emotionally maltreated (Sedlak & Broadhurst, 1996).

Additional evidence supporting the assertion that official data underestimate the prevalence of child maltreatment is found in the work of Murray Straus (see Straus,

Hamby, & Finkelhor, 1998). Straus's 1995 survey of parents used the Conflict-Tactics Scale and classified the following actions as physically abusive: hitting the child with an object other than on the buttocks, kicking the child, beating the child, and threatening the child with a knife or gun. Based on this survey, Straus estimates a much higher physical abuse rate of 49 per 1,000 American children, compared to the official government rate that averages in the mid to low teens.

Using the Conflict-Tactics Scale, international comparisons have been analyzed and are presented in Exhibit 5.3 (Krug et al., 2002). Such international comparisons have confirmed that attitudes toward moderate forms of physical discipline vary widely across countries. For example, while spanking a child on the buttocks with one's hand is a commonly used type of physical punishment across countries, cultural acceptance of slapping a child on the face or head appears to vary more widely (Krug et al., 2002, p. 63). Similar diversity exists in use of verbal or psychological punishment. Although parents in many cultures appear to utilize shouting at their children as a common punishment tool, cultures vary widely in the use of strategies such as threats of "evil spirits" or threats of "kicking the child out of the household."

Estimated incidence (%) rates of various punishment types in last 6 months as reported by mothers

	U.S.A.	*Chile*	*Egypt*	*India*[a]	*Philippines*
Physical punishment					
Hit child with object, not on buttocks	4	4	26	36	21
Kicked the child	0	0	2	10	6
Hit child on buttocks with object	21	18	28	23	51
Slapped child's face or head	4	13	41	58	21
Shook the child	9	39	59	12	20
Verbal or psychological punishment					
Yelled or screamed at the child	85	84	72	70	82
Called the child names	17	15	44	29	24
Cursed at the child	24	3	51	—	15

Exhibit 5.3 International Comparisons of Punishment Types

[a]Only rural parts of India included.

SOURCE: Based on Krug et al., 2002, Tables 3.1 and 3.2.

The use of physical, or corporal, punishment in institutions such as day care centers and schools varies widely across countries as well. Although some countries have passed legislation making corporal punishment illegal in homes as well as institutions, corporal punishment is legal in schools and other institutions in 65 countries and in homes in all but 11 countries in the world (Krug et al., 2002).

Turning to child neglect, definitions vary so widely that international comparisons are close to impossible. Reporting of child neglect is not mandated in some countries. Moreover, some countries, including the United States, specifically exclude conditions associated with poverty (e.g., housing issues) from legal definitions of child neglect, and other countries explicitly include financial impoverishment and hunger within their neglect definitions (Krug et al., 2002).

Many have pointed out that child maltreatment does not discriminate based on age, sex, socioeconomic status (SES), sexual orientation, race or ethnicity, disability or ability, or religion. In other words, child abuse and neglect impact children and families across socioeconomic levels and other aspects of group identity. And yet, there are certainly important differences to note in these areas. We examine the most heavily studied areas: differential rates of maltreatment according to age, gender, poverty status, and ethnicity or race.

Age

For child maltreatment as a whole, victimization rate and age are inversely related, with young children consistently accounting for the highest percentage of victims. For example, in 2003 in the United States, the rate of victimization for children under 3 years of age was 16.4 per 1,000 children, compared to a victimization rate of 5.9 for children ages 16 and 17 (USDHHS, ACYF, 2004, 2005).

Examining specific types of maltreatment, the following patterns emerge. Fatal cases of physical abuse and neglect are most likely among young infants, and this appears to hold true across countries and cultures. In 2000, approximately 57,000 deaths of children under age 15 worldwide could be attributed to homicide. Globally, homicide rates for children under 5 years of age were more than double those of children ages 5 to 14 (Krug et al., 2002). In the United States in 2003, 78.7% of children who were killed by parents or other caregivers were under 4 years of age. Consistently in the United States, children under 1 year old are those most likely to be killed by parents or other caregivers (USDHHS, ACYF, 2004, 2005).

UNICEF (2003) points out that across the globe, there is consistent data supporting infant vulnerability to fatal physical abuse. There are inherent and obvious biological vulnerabilities of infants: their physical development allows them to be more easily lifted, dropped, thrown, or shaken, and relatively little force is required to cause serious or fatal harm. The weakness of their neck muscles heightens the risk of cerebral trauma, the leading cause of assault deaths for infants. Moreover, age-specific vulnerability continues even after the actual assault or abuse: infants and young children cannot easily describe events or articulate injuries, nor are they necessarily in contact with or able to easily seek the help of others.

UNICEF also argues that another relevant cross-cultural commonality is that all parents of newborns are faced with the

> huge and sudden responsibilities of caring for a dependent and demanding human being. Along with the curtailment of previous freedoms, and possible new pressures on relationships and finances, they may also have to contend with feelings of exhaustion, inadequacy, and possibly depression. All of these well-known pressures are coped with and kept in perspective by the majority of new mothers and fathers, but they can prove too much for parents who are ill-prepared, ill-equipped, and undersupported. (UNICEF, 2003, p. 11)

As children age, they grow less physically vulnerable, more capable of strategizing to avoid, resist, or otherwise evade assault or abuse, and more capable of recovering from assault, running from or otherwise avoiding danger, and appealing to others for help (Thomlison, 2004; UNICEF, 2003). Simultaneously, the pressures and stressors associated with parenting typically subside. UNICEF (2003) also points out that "truly violent or psychotic parents will have struck before a child reaches the age of four or five" (p. 12).

The peak age of susceptibility to nonfatal physical abuse, however, varies across countries. For example, in China rates of nonfatal physical abuse are highest for children between 3 and 6 years of age, whereas in the United States, children appear most susceptible to physical abuse between the ages of 6 and 12. Some speculate that in the United States at least, this association may be due to increased likelihood of public detection through school contact during these years. In the United States and across the globe, although young children are often victims of sexual abuse, sexual abuse rates generally tend to rise rapidly during and after the onset of puberty, with the highest rates consistently correlated with adolescence (Krug et al., 2002).

Sex

In the United States, overall child maltreatment victimization has been slightly higher among girls than boys. Available data suggest that girls are consistently at higher risk of sexual abuse than boys (USDHHS, ACYF, 2004, 2005). In many countries, girls are at higher risk than boys not only for sexual abuse and exploitation but also for infanticide as well as nutritional and educational neglect. Across the globe, 60% of children ages 6 to 11 who are not in school are girls, and in some countries it is still commonly accepted that girls do not receive schooling (UNICEF, 2003). On the other hand, in many countries around the world, boys are at greater risk of harsh physical punishment than girls.

In the United States, boys appear to be slightly more likely to be both seriously harmed and killed by parents or other caregivers than girls. In 2003, there were 17.7 officially recorded male infant abuse and neglect-related deaths per 100,000 children, compared

to 14.1 female infant deaths. In fact, data across time suggest that child abuse and neglect fatality rates are higher for American boys than girls regardless of age (USDHHS, ACYF, 2004, 2005).

Poverty

Financial impoverishment is highly correlated with a wide variety of challenges to individual and family well-being, including child maltreatment. Child neglect in particular is strongly associated with financial impoverishment. In the NIS-3, low-income children were over 20 times more likely to be seriously injured from maltreatment than middle- and upper-income children (Sedlak & Broadhurst, 1996). Extreme poverty increases risk substantially. In the NIS-3, children in the lowest-income families were over 50 times more likely to be educationally neglected and 18 times more likely to be sexually abused than children from higher-income families. Also salient in the international context is the income level and regional location of the area in which the child resides. Fatality rates are 2 to 3 times higher for children residing in low- to middle-income countries when compared to rates in most high-income countries (UNICEF, 2003).

A comparison of middle- and high-income countries alone suggests that other poverty-related issues such as the level of inequality and violence may also be relevant to rates of child maltreatment. Comparing a variety of types of data in several distinct areas, UNICEF (2003) finds that, among developed nations, the United States consistently falls within a small group of countries performing the "worst" on several different measures of child well-being. Cross-nation comparisons indicate there may be an association between adult homicide and child maltreatment rates. Among industrialized nations, the United States, Mexico, and Portugal have the highest rates of child deaths attributed to maltreatment as well as the highest rates of adult homicide.

Race and Ethnicity

Trends in the relationship between race and ethnicity and officially documented child victimization appear consistent across time. Of all documented maltreated children each year, white children constitute the majority. Specifically, in 2003, 54% of all documented victims were white, 26% were African American, and 12% were Hispanic (USDHHS, ACYF, 2004, 2005). In 2003, white children also comprised the majority of fatality victims, accounting for 43.1% of all fatalities.

However, African American and Native American or Alaska Native children appear to have disproportionately high rates of documented victimization, within CPS systems, compared to children belonging to other racial and ethnic groups. That is, African American and Native American or Alaska Native children represent a higher proportion

of officially documented victims than is statistically expected, given their representation in the general population. In 2003, NCANDS reported victimization rates of 11.0% for white children, 21.3% for American Indian or Alaska Native children, 9.9% for Hispanic children, and 20.4% for African American children. Caution is warranted in interpreting such data because of the complexities and inconsistencies related to racial and ethnic group categorization, as well as issues of institutionalized racism and oppression. Thomlison (2004) points out that the NIS studies and other research that controls for poverty and related factors suggest that race, ethnicity, and culture are not correlated with actual rates of child maltreatment in the general population. The conclusion is that although children of color are disproportionately represented within the child welfare population, studies that are cognizant of the relationship between culture and parenting practices, that control for the role of poverty, and that examine child maltreatment in the general population find no association between a child's race or ethnicity and likelihood of child maltreatment. Thus, it is likely that the disproportionate representation of children of color within the child welfare system is caused by the underlying relationship between poverty and race or ethnicity.

A few race and ethnicity differences may exist, however, in specific types of maltreatment. According to Thomlison (2004), a limited amount of evidence suggests that white, non-Latino girls are more vulnerable to sexual abuse in the early childhood years, while African American girls appear more vulnerable to sexual abuse in the preteen, or late middle childhood, years. Overall, however, the lifetime prevalence of child sexual abuse appears to be roughly equivalent across ethnic groups. Careful research regarding actual (rather than officially substantiated) maltreatment differences according to race or ethnicity is very limited, and thus our understanding of such phenomena is in its infancy (Behl, Crouch, May, Valente, & Conyngham, 2001; Cross & Miller, 2006; Finkelhor, 1994).

Theories of Causation

Why does a parent or other caregiver abuse or neglect a child? There are many different approaches to answering this question. It is important to first understand that although child maltreatment is often thought of as existing on a continuum of parenting behaviors, with optimal parenting frequently leading to optimal or ideal development at one end and severely abusive or neglectful parenting leading to serious injury or death at the other, this continuum has been criticized as an inaccurate conceptual framework. That is, although severe maltreatment and child fatalities receive a significant amount of public attention and concern, this type of maltreatment is not only rare but also may represent a quite distinct type of parent or caregiver.

Richard Gelles (1997) has argued that parents and other caregivers who severely abuse, torture, or murder children are categorically distinct from other caregivers,

including most maltreating caregivers. Indeed, UNICEF (2003) recently pointed out that most child fatalities do not result from a gradual progression or worsening of abuse or neglect over a period of time. UNICEF asserts that research in the United States, Canada, the United Kingdom, and Sweden indicates that only approximately half of child fatalities appear to be preceded by less severe abuse or neglect and that a major cause of child fatalities is caregiver psychosis or other forms of serious mental illness. UNICEF concludes that while it is very important for us to recognize that escalation occurs in many cases, evidence also supports the existence of an important "divide between those who kill children and those who abuse without causing death" (p. 13). Turning to child welfare policy and practice, this finding leads child protection advocates such as Gelles and others to argue that severe forms of physical abuse, including child homicide, should be considered separately from other types of maltreatment for theoretical and practical purposes.

This discussion illuminates the fact that the nature and causes of maltreatment are diverse, complex, and dynamic. Most child maltreatment prevention and intervention work across the micro to macro continuum is today guided by concepts and principles associated with the life course and social systems, or ecological, perspectives. The ecological or systems perspective, applied to child maltreatment, suggests that maltreatment is caused by complex interactions among micro-, mezzo-, and macro-level systems. The life course perspective recognizes the role of complex transactions within and across systems while emphasizing the important impact of time (Hutchison, 2003b). Applied to child maltreatment, the age or developmental phase of the individuals involved is the immediately apparent relevant dimension. Runyan and Litrownik (2003) describe their ongoing, longitudinal studies of maltreatment as guided by *ecological-developmental theory,* calling for incorporation of "age-specific risk and protective factors at the child, parent, family, neighborhood, and cultural levels" (p. 1).

A Multidimensional Approach to Understanding Child Maltreatment

The use of ecological-developmental theory to explain child maltreatment is relatively recent. In the United States in the 1970s and early 1980s, James Garbarino (Garbarino & Crouter, 1978) and Jay Belsky (1980, 1984) began to apply the ideas of developmental psychologist Urie Bronfenbrenner (1977, 1979) to an examination of the etiology of child maltreatment. Bronfenbrenner drew upon the concepts and principles of systems perspective theorists in his development of a framework for understanding the nested and inextricably linked developmental contexts of children and families. Garbarino and Belsky applied these concepts to analyze the causes and maintenance of child maltreatment as well as to identify potential prevention and intervention points. The ecological framework had become the dominant theoretical approach to understanding child maltreatment as a social problem (Krug et al., 2002).

Within this framework, the maltreated child is understood as an individual system developing within the contexts of family, community, and society. These contexts, or systems, interact in a dynamic fashion across time, with particular focus on the child's conception or infancy through adolescence. The individual child as a system—with a particular set of dynamic traits and developmental processes—transacts with the family system and its own set of system characteristics and processes across time to create child maltreatment risk, protection, and resilience. The child and family exist within a community context, and the community exists within a societal context. As we will see, risk and protective factors exist at each level, and individual, family, community, and societal-level risk and protective factors change across time.

One of the most important foundational ideas of a multidimensional perspective is recognition of the potential relevance of multiple theoretical perspectives (Hutchison, 2003c). Many publications focused on child maltreatment in particular and family violence more generally (Barnett, Miller-Perrin, & Perrin, 1997; Cicchetti & Carlson, 1989; Tzeng et al., 1991; Winton & Mara, 2001) identify and analyze the wide variety of theoretical perspectives relevant to understanding child maltreatment's causes and consequences. Many disciplines other than social work—such as sociology, medicine, psychology, and law—study child maltreatment within a particular disciplinary **paradigm**, or frame of reference. As others have discussed, there are many reasons that the ecological framework alone is insufficient. Two of these reasons are linked and of considerable importance.

First, child maltreatment is an extremely complex phenomenon, and at least four specific subtypes of maltreatment exist. Some have pointed out that there are inextricable linkages between these subtypes. For example, some argue that psychological or emotional maltreatment always exists when any other subtype is present. Consider for a moment David Loefeler's situation. Although he only mentions his father's physical outbursts, we could consider David a victim of both physical and emotional maltreatment. And yet others have pointed out that each type of maltreatment possesses distinct features and therefore deserves its own theoretical explanations.

A related argument for the existence and continued development of specific theories is the limitations of the ecological framework in the areas of intervention and treatment. That is, the ecological approach is most useful for understanding, or assessment, purposes but falls short in the area of suggesting *specific* intervention ideas with specific children, caregivers, or family systems. So, for example, while such a framework may help us understand the factors contributing to the dynamics within Sondra Jackson's, Kim Tran's, Junito Salvatierra's, or David Loefeler's families of origin, it may not be as helpful in suggesting intervention strategies to employ with each family as a whole or individual family members. Many theories are more focused on intervention, but caution must be used when applying such theories for general explanation purposes. In sum, the ecological-developmental approach to understanding causes of child maltreatment has not always dominated theoretical work in the field of child maltreatment, nor is it the only current theoretical perspective of relevance.

Theories of Child Maltreatment in Historical Context

Mark Winton and Barbara Mara (2001) identify 12 theories frequently employed to understand the causes and dynamics of child maltreatment and then classify these theories into three broad "models." The three models and their associated theories are summarized in Exhibit 5.4. Tzeng et al. (1991) cast the net more widely and identify 46 theories used to explain maltreatment causative factors and processes. They then classify these theories into nine paradigms. The authors situate these paradigms on three continua useful to understanding their relationships and essential principles. Exhibit 5.5 provides a visual illustration of these continua as well as the basic beliefs of each paradigm. The individual determinants paradigm, focusing on caregiver personal traits as major causative factors, was in fact the first dominant paradigm in the field of child maltreatment and is generally associated with the disciplines of medicine, psychiatry, and psychology.

Model	*Psychiatric, Medical, Psychopathology*	*Social-Psychological*	*Sociocultural*
Associated Theories	Medical/biological, sociobiological/ evolutionary, psychodynamic/ psychoanalytic	Social learning theory, intergenerational transmission theory, exchange theory, symbolic interaction theory, structural family systems theory	Ecological theory, feminist/conflict theory, structural-functional/ anomie/strain theory, cultural spillover theory

Exhibit 5.4 Theoretical Models of Child Maltreatment

SOURCE: Based on Winton & Mara, 2001.

Consistent with this work, Hillson and Kuiper (1994) classify theoretical explanations of child maltreatment into three historical eras. They argue that first-generation models of child maltreatment, prominent mainly in the 1970s and associated with the psychodynamic perspective, assumed that a single factor could be responsible for the onset and maintenance of child maltreatment. The factor itself could have been individual (child or caregiver) or environmental in nature. However, because no single child, adult, or environmental characteristic clearly emerges as consistently predictive of maltreatment, empirical evidence did not support this focus.

Second-generation models emerged in the 1980s and strived to explain and integrate the multiple causative factors of relevance to understanding child maltreatment. Hillson and Kuiper (1994) argue, however, that although second-generation models provided helpful thinking regarding the ways in which multilevel factors interact to potentially lead to child maltreatment, they failed to provide a sufficient degree of detail regarding the specific nature, level, or combination of factors necessary to actually stimulate the onset of maltreatment.

	Continuum Extreme	*Midpoint*	*Continuum Extreme*
Paradigm	*Individual Determinants*	*Individual-Environment Interactions*	*Sociocultural Determinants*
Beliefs	Characteristics or factors within the individual cause maltreatment	Maltreatment results from multiple, interacting variables internal and external to the individual	Factors external to the individual cause or directly and indirectly facilitate maltreatment
Paradigm	*Offender Typologies*	*Family Systems*	*Parent-Child Interactions*
Beliefs	Perpetrator flaws, identified through psychoanalytic concepts, are one major cause of maltreatment; social norms, situational variables, and child characteristics are also relevant	Individual personality factors, stressors, and cognitive processes shape and are shaped by family structure, values, and dynamics; family system's interactions with other systems also relevant; ultimately, family system dynamics lead to abuse	Disturbed early parent-child relationship creates susceptibility, along with characteristics of the parent, child, and their environments
Paradigm	*Sociobiological*	*Ecological*	*Learning/Situational*
Beliefs	Genetic factors shape human behavior; parents and caretakers may make parental care calculations based on desires or assumptions regarding child's ability or fitness to pass on genetic materials	Inter- and intrasystem processes within individual, family, community, and societal-level systems are relevant; emphasizes the importance of multilevel factors such as individual socialization, cognitive and perceptual processes; family interactions, values, parenting practices, and stressors; social support systems and social isolation; community-level stressors; sociocultural stressors and beliefs such as sanctioning violence	Emphasizes role of modeling, cognitive expectations, and situational factors; intergenerational cycles of maltreatment explained by exposure to aggressive models; focuses on role of frustration, aggressive cues, rewards and punishments, and assumes external locus of control increases risk

Exhibit 5.5 Theories of Child Maltreatment: Major Paradigms

SOURCE: Based on Tzeng et al., 1991.

Hillson and Kuiper (1994) therefore call for a new category of models: contemporary or third-generation models. They draw on Milner's (1993) **information-processing theory** of child maltreatment, which focuses on information flowing from the external world through the senses to the nervous system, and Lazarus's ideas regarding coping (Lazarus, 1993) to propose a new stress and coping model of child maltreatment. This "third-generation" model proposes that most individual factors (at the caregiver, child, and environmental levels) identified in first- and second-generation models are indeed relevant to child maltreatment. However, such factors are not easily classified as either "potentiating" (risk) or "compensatory" (protective) because of the critical role of cognitive appraisal.

The manner in which a particular individual perceives, interprets, or "appraises" a factor—its meaning for a particular individual within a particular context—determines the factor's role or impact in a particular situation. Such cognitive "appraisals" are classified for analytical purposes as primary and secondary. Primary appraisal refers to the process during which an individual attempts to understand or decide whether a particular factor poses some sort of threat to well-being. Secondary appraisal refers to the individual's review of resources available to cope with a perceived threat.

In this model, at the time of or after the individual goes through the primary and secondary appraisal processes, coping behaviors begin. The authors note that some coping strategies, such as the use of substances to relieve anxiety, may in and of themselves contribute to child maltreatment.

Assessment of Recent Theoretical Developments

Hillson and Kuiper's (1994) stress and coping model of child maltreatment is relevant and thought provoking. We must remind ourselves, however, that important differences across caregivers exist in the actual stressor being appraised. That is, across caregivers, families, and groups, there are significant differences in objective events or experiences. Moreover, there is a significant role for cumulative risk, or accumulation of "potentiating" factors, in shaping the likelihood of maltreatment. Hillson and Kuiper acknowledge these limitations and the fact that their model represents movement away from the necessary breadth associated with second-generation models. Because there is widespread agreement today that child maltreatment is a multidimensional phenomenon, the authors conclude that the ongoing use of ecological assessments of risk and protection at each level of influence is critical. Moreover, multidimensional assessment should be particularly attentive to all risk and protective factors specifically identified as relevant to child maltreatment. Yet Hillson and Kuiper argue that "even more central, however, is the need to assess the caregiver's primary and secondary appraisals, as the model suggests that these cognitions may ultimately prove to be the most significant determinants" (p. 280).

We agree that a multidimensional approach to understanding child maltreatment is critical in that it helps us understand the diverse types of maltreatment that exist and the complexities of maltreatment processes. Many of the theories employed to explain or

analyze child maltreatment over time have been criticized for limited utility or contradictory empirical evidence. Some theories are relevant to understanding only a limited number of maltreatment cases, and some are relevant to understanding only one type of maltreatment.

David Finkelhor (1984), for example, explored causes of and treatment for child sexual abuse and developed a "four-preconditions model" of child sexual abuse (p. 54). This model is widely embraced as useful for understanding child sexual abuse and yet makes little sense when applied to child neglect. Not only do child maltreatment types differ significantly, but individual cases of the same type of maltreatment often possess very unique qualities. It is important to remember that there will often be significant differences in the causal processes associated with particular cases of child maltreatment.

Empirical investigations of Hillson and Kuiper's recent theoretical work will expand our understanding of the model's comprehensive utility across maltreatment types and contexts. Today we recognize that although children, caregivers, and families experiencing child maltreatment may share many characteristics, they are also very diverse. At this point, use of multiple theoretical perspectives, particularly the life course, ecological, systems, and stress and coping perspectives, seems to be particularly helpful for understanding situations of child maltreatment.

Multidimensional Risk and Protection

We have discussed the finding that multilevel risk and protective factors interact to facilitate or prevent child maltreatment. Sandler, Wolchik, MacKinnon, Ayers, and Roosa (1997) point out that thinking about the linkages between ecology and stress should draw attention to the dynamic nature of risk and protective factors. It is important to think about the duration, chronicity, and intensity of factors, as well as their interaction with the individual's developmental phase and the simultaneous presence of other risk and protective factors. Although many analyses focus on identifying relevant factors at the individual, family, community, and societal levels, our analysis is somewhat unique in that we will classify known risk and protective factors through use of the biopsychosocial-spiritual framework. Our discussion, summarized in Exhibit 5.6, draws heavily upon several recent reviews of child maltreatment risk and protection (see Krug et al., 2002; Thomas, Leicht, Hughes, Madigan, & Dowell, 2003; Thomlison, 2004).

Biological Risk and Protection

Many individual-level, biologically based maltreatment risk and protective factors have been identified. Focusing first on the child, as noted, age and sex are associated with risk and protection but in different ways for distinct types of maltreatment. For example, in the United States, younger children are most likely to be neglected, but risk for sexual abuse appears to generally increase with age; female children and adolescents appear

	Risk Factors	*Protective Factors*
Biological	• Age of child (young for neglect, older for sexual abuse) • Sex of child (female for sexual abuse) • Premature birth • Child health problems • Child developmental delay or disability • Age of caregiver (young) • Sex of caregiver (male for sexual abuse and severe physical abuse) • Caregiver substance abuse	• Good health of child • Absence of disability and developmental delay in child
Psychological	• Difficult child temperament/disposition • Caregiver mental health challenges • Caregiver poor social skills • Caregiver antisocial tendencies • Caregiver low self-esteem • Caregiver poor impulse control • Caregiver high stress levels • Caregiver lack of child development knowledge	• Above-average intelligence of child • Easy child temperament • Child internal locus of control & active coping style • Positive self-esteem of child & caregiver • Good social skills of child & caregiver • Caregiver reconciliation with own history of child maltreatment • Caregiver knowledge of child development • Caregiver impulse control
Social	• Poor child-caregiver attachment • Child behavior problems • Low parental educational level • Social isolation/limited social support • Caregiver with childhood history of abuse • Low family income • Single-parent family • Domestic partner violence • Large nuclear family size • Community with high levels of unemployment, poverty, population turnover, inadequate housing • Community violence	• Good child-caregiver attachment • Child with good peer and adult relationships • Extended family support • High parental education • Middle to high family income • Access to health care and social services • Stable parental employment • Adequate housing • Neighborhood with high-quality schools • Two-parent family • Social support
Spiritual	• Religious beliefs that value child obedience and corporal punishment	• Family participation in religious faith • Social support from religious community

Exhibit 5.6 Biological, Psychological, Social, and Spiritual Risk and Protective Factors for Child Maltreatment

more likely to suffer from sexual abuse than males. Other salient biologically based child characteristics that may serve as risk factors include premature birth, health problems or chronic illness, and developmental delay or disability. For example, Sondra Jackson's grandson may be identified as an "at risk" child. On the other hand, for children, biologically based protective factors include good health and the absence of disability or developmental delay.

Biologically based caregiver characteristics of relevance include sex and age. Younger caregivers are at higher risk of becoming abusive or neglectful. Although female caregivers constitute the majority of maltreatment perpetrators, once time spent with the child is statistically controlled, being a male emerges as a more significant risk factor for maltreatment. Specifically, males appear more likely than females to commit sexual abuse and severe or fatal physical abuse. As noted in Chapter 4, recent research suggests that several additional biological characteristics (specifically, heart rate, central nervous system functioning, hormones, neurotransmitters, enzymes, and toxins, as well as alcohol and other substances) may serve to increase or decrease risk of violent behavior, but the specific relationships between most of these factors and child maltreatment have not yet been thoroughly investigated. One exception is parental substance abuse, which has been found to be a risk factor for child maltreatment (see Ryan, Marsh, Testa, & Louderman, 2006).

Psychological Risk and Protection

A number of risk and protective factors are difficult to classify because traits previously viewed as solely psychological in nature are now increasingly recognized as biologically, socially, spiritually, *and* psychologically based. For purposes of analysis, we discuss some of these factors as psychological risk factors. Focusing first on the child, these factors include difficult temperament and difficult disposition or mood. Protective factors for children seem to include above-average intelligence, "easy" temperament, internal locus of control, a positive disposition, positive self-esteem, possession of interests facilitating positive self-regard, an "active" coping style, good social skills, and a balance between seeking help and self-reliance. Our image of Sondra Jackson as a child seems to fit this profile.

Turning to caregivers, significant risk factors include mental health challenges, poor social skills or antisocial tendencies, low self-esteem, poor impulse control, high stress levels, and lack of child development knowledge or inappropriate child behavior expectations. In most cases, the absence or inverse of these risk factors serves to decrease risk of perpetrating maltreatment. For caregivers with a history of child maltreatment, reconciliation with their own childhood history of abuse or neglect appears to serve as a protective factor.

Social Risk and Protection

Micro to Mezzo Risk and Protection

A variety of social risk and protective factors have been identified. Poor infant-caregiver attachment serves as a potent risk factor. In addition, children with behavior

problems or problematic social skills are at elevated risk. As would be expected, then, children with good peer and adult relationships seem to be at lower risk.

Among caregivers, secure child-caregiver attachment serves as a consistent, significant protective factor. Caregiver or family expectations of pro-social behavior also function as a protective factor. Low educational level, social isolation or limited social support, low family income, and single-parent status all serve as risk factors. Some research evidence suggests that maltreating mothers have fewer friends, less contact with the friends they possess, and lower ratings of support received from friends. Caregivers with a childhood history of maltreatment are at heightened risk. The presence of intimate partner, or domestic, violence in the home also increases the risk of maltreatment to children. Large families, particularly in the context of overcrowded or otherwise inadequate housing, appear to be at heightened risk. Moreover, living in a community with high levels of unemployment, poverty, population turnover, overcrowded or inadequate housing, and low levels of *social capital* appears to elevate risk.

Protective factors within families in general appear to be extended family support and high parental education. Also, families with diminished risk generally are of middle to high SES; have consistent access to quality health care and social services, stable parental employment, and adequate housing; and reside in neighborhoods with high-quality schools. Generally, two-parent families appear to experience less risk perhaps largely due to enhanced financial stability. Also, again for both children and caregivers, the presence of supportive adults outside the family who serve as sources of support and role models or mentors seems to help protect families from maltreatment.

Macro Risk and Protection

Poverty is a serious risk factor associated with all maltreatment types but particularly child neglect. Violence in general, including community-level violence, is an important risk factor, as is concentrated unemployment. Others have suggested that narrow legal definitions of maltreatment, social or cultural acceptance of or support for violence (e.g., in the media), and political or religious views supporting noninterference with family life may also be associated with heightened risk of maltreatment.

Spiritual Risk and Protection

In general, religion, or spirituality, has been found to function as a protective factor for families (Brodsky, 1999; Mowbray, Schwartz, & Bybee, 2000). Indeed, family participation in a religious faith has specifically been identified as a child maltreatment protective factor. According to Shor (1998), examples of the ways in which religion may support family well-being include "protecting the sanctity and importance of the family, providing clear norms and behavioral guidelines, and facilitating a parental support system" (p. 400). One important component of religious involvement is often social support, and this operates in most cases as an important protective factor for caregivers and children.

On the other hand, risk is reportedly elevated when religion prescribes acceptance or valuing of obedience and corporal punishment (Shor, 1998). Religious or spiritual beliefs interact with beliefs regarding children and child rearing. Religion has been identified as a significant predictor of caregivers' beliefs regarding the role of corporal punishment and, more generally, "expectations of their children's behavior, their perceptions of what is considered appropriate and inappropriate child behavior and which child-rearing practices are acceptable/not acceptable" (Shor, 1998, p. 407). However, Jones Harden and Nzinga-Johnson (2006) caution against oversimplifying the relationships between religion and parenting. Religion and spirituality are multidimensional constructs. For example, religious beliefs may shape whether a community is more **collectivist**, prioritizing group rather than individual goals and needs, or **individualistic**, emphasizing individual goals and needs, in nature. Shor (1998) argues that neither the collectivist nor individualistic orientation of a religious community is in and of itself a risk or protective factor. It is the way in which a family or community interprets religious beliefs and uses this belief system in parenting practices that matters most. So while some interpret a religious principle as discouraging the use of physical punishment with children, others may use the same principle to support or rationalize abusive behavior for perceived acts of disobedience (see Mahoney, Pargament, Tarakeshwar, & Swank, 2001). Diversity in interpretation may also occur in the area of family privacy and parental rights. Whether family religiosity or spirituality emerges as a risk or protective factor for maltreatment varies, depending on the particular nature of the individual caregiver's beliefs and involvement with a faith community.

Biopsychosocial-Spiritual Integration

The linkages across the biological, psychological, social, and spiritual dimensions are evident. Perhaps both embedded within and distinct from these dimensions, the physical environment is an additional, often underemphasized influence on behavior. Diverse aspects of the physical environment, including both natural and built environments, may threaten or support child and family well-being (Bell, 2005; Hutchison, 2003d; Rotton & Cohn, 2004). For example, many believe that it is good for children to play outside; recent evidence suggests that regular exposure to the natural environment may indeed play an essential role in supporting positive child behavior and development (Kuo & Taylor, 2004, 2005; Taylor, Wiley, Kuo & Sullivan, 1998). And turning to the built environment, research suggests a relationship between family well-being and housing as well as other neighborhood conditions (Ernst, Meyer, & DePanflis, 2004; Freisthier, Merritt, & Lascala, 2006). There is ample evidence that the physical environment directly and indirectly interacts with the biological, psychological, social, and spiritual realms. Factors in all dimensions can be transient or enduring, and the presence and levels of particular factors shift throughout the life course (Thomlison, 2004).

Thorough consideration of the processes involved with virtually any risk or protective factor reveals the potential linkages and transactions between the biological, psychological, social, and spiritual dimensions. For example, consider the idea that a child's

temperament may serve as a risk or protective factor for maltreatment. Temperament, or a child's "innate disposition," is widely viewed as consisting of multiple components such as activity level, adaptability, initial reaction to new stimuli, and intensity of reaction (Woody, 2003, p. 133). There are disagreements, however, about whether temperament is genetically determined, innate, and stable over time (biological) or shaped by environment and shifting across time (psychological and social). Woody (2003) points out that a caregiver's perception of his or her child's temperament plays a much more critical role in predicting the development of child behavior problems than any objective aspects of a child's personality. Bugental and Happaney's (2004) examination of similar issues in the context of child maltreatment provides similar evidence. As a maltreatment risk or protective factor, then, "child temperament" is not easily categorized as simply biological, psychological, social, or spiritual in nature. It is instead a construct created by interplay among these dimensions.

Similarly, our discussion of female gender as a risk factor for poverty (see Chapter 3) indicates that gender is a biologically based trait that gains meaning in social context. Turning to child maltreatment, research suggests that girls face higher risk than boys of sexual abuse victimization. This is true not simply because the biological aspects of being female create heightened susceptibility. Instead, girls' elevated risk of sexual victimization from infancy through adulthood results from the ways in which biological, psychological, and social dimensions of gender shape sexuality and conceptions of what it means to be a girl or a boy, a woman or a man. Indeed, gender emerges as relevant to risk of victimization and perpetration of distinct types of maltreatment because of its complex biological, psychological, social, and spiritual components. Risk and protective factors may be classified as primarily biological, psychological, social, or spiritual for our analytical purposes, but in reality any risk or protective factor is comprised of contributions from all dimensions and their ongoing interactions.

Consequences of Child Maltreatment

The impact of child maltreatment on an individual child varies, based on a number of factors, including but certainly not limited to the type of maltreatment, the age of the child, and many other child, family, and community characteristics. In their review of literature on child maltreatment outcomes, Haugaard, Reppucci, and Feerick (1997) find considerable empirical evidence that many variables influence maltreatment outcomes. For example, what is the nature of the relationship between the perpetrator and victim? Is family functioning highly and chronically dysfunctional and detrimental to child well-being, or do aspects of the family environment offer some level of stability and protection for the child? Does one type of abuse or neglect occur in isolation or simultaneously with one or more other types of maltreatment? When in the child's development does the maltreatment begin and end? What is the specific nature of the maltreatment, at what developmental point, and at what level of intensity and duration? How do others in the child's micro and mezzo environments react? How do these various factors interact with this individual child and his or her particular set of vulnerabilities and competencies?

Added to this list are factors such as the child's gender and a host of other often overlooked issues such as whether and when reporting of the maltreatment occurred and the investigation or response experience. Consideration of the wide variation that exists within the term *maltreatment* and the role of these many additional variables of relevance suggests that specifying outcomes in a straightforward manner is simply impossible. However, as a whole, children who experience child abuse and neglect of any type are at risk of a wide variety of negative developmental outcomes, and the detrimental impacts of maltreatment may interact in a synergistic and cumulative fashion. For example, how is David Loefeler's life illustrative of such synergy, or risk accumulation?

The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC, NCIPC; 2005) published a recent overview of child maltreatment consequences, pointing out that experiencing maltreatment as a child is associated with an overwhelming number of negative health outcomes as an adult. These outcomes include an increased likelihood of smoking, using alcohol and other substance abuse, disordered eating, severe obesity, depression, suicide, sexual promiscuity, and susceptibility to certain chronic diseases.

Experiencing maltreatment during infancy or early childhood may have particularly severe consequences because it has been linked to changes in brain functioning and associated physical, cognitive, and emotional outcomes. Nonfatal consequences of physical abuse during infancy include cognitive, motor, and visual impairment. Moreover, victims of child maltreatment are more likely to be revictimized throughout the life course and are more likely to victimize their own children. Indeed, a significant body of research indicates that maltreatment heightens risk of problematic social functioning in many areas, including violence in intimate relationships (CDC, NCIPC, 2005). We see evidence of this type of impact in David Loefeler's life, although we do not know whether he has recreated the cycle of violence in his own family system.

Victims of maltreatment in general have a higher likelihood of academic problems than nonvictims. There is some evidence that neglected children are most likely to suffer in the cognitive development domain and consequently are the victims most likely to suffer from poor school performance. Associations between maltreatment and academic performance have led to the empirically grounded speculation that maltreatment is ultimately associated with lower levels of educational attainment and therefore heightened risk of financial impoverishment (Haugaard et al., 1997).

Indeed, direct costs of maltreatment to society, such as support for direct responses within the health, judicial, and legal systems, have recently been estimated at an annual cost in the United States of $24 billion each year. Some speculate that because child maltreatment is indirectly responsible for a variety of other challenges of living that also receive public attention and funds, including indirect costs would drive this figure much higher. It seems close to impossible to speculate about indirect costs, but those who have done so estimate that the annual indirect costs fall near $69 billion each year in the United States (CDC, NCIPC, 2005).

As noted, the consequences of maltreatment simply are not monolithic phenomena. For example, abuse and neglect often impact social functioning, but for some children the

specific resulting issues are *externalizing disorders,* while for other children the outcomes are *internalizing disorders.* Generally, physically and sexually abused children are more likely to exhibit both internalizing and externalizing disorders than children who have not been physically or sexually abused. Physical aggression appears most likely among physical abuse victims, with sexual aggression or promiscuity more likely among victims of child sexual abuse. Victims of repeated and violent sexual abuse are more likely to experience **dissociative disorders**, characterized by sudden, temporary changes in normal functions of consciousness, identity, and memory, than nonvictims or victims whose sexual abuse is less violent or frequent (Haugaard et al., 1997).

There is conflicting evidence regarding which type of maltreatment produces the most severe outcomes (Haugaard et al., 1997). At least one study suggests that sexually abused children exhibit higher rates of self-injurious and suicidal behavior than physically abused or neglected children. On the other hand, several studies have found that of all victim types, sexually abused children are actually most likely to report healthy levels of social competence and the absence of problematic consequences or symptoms altogether. In fact, after reviewing the proportion of literature devoted to research and treatment focusing on physical abuse, sexual abuse, and neglect, respectively, Haugaard et al. (1997) conclude that because "physical abuse and neglect can be just as damaging, if not more damaging, than sexual abuse, it is unclear why there is such little emphasis on therapy with physically abused and neglected children" (p. 89). Margaret Smith and Rowena Fong (2004) raise a similar question about neglected children, arguing that the consequences of neglect are at least as serious as the consequences of physical and sexual abuse.

In general, inconsistent consequences are observed largely because child maltreatment itself is an inconsistent, or complex, phenomenon. Also, different theoretical perspectives are drawn upon to guide this body of research. Haugaard et al. (1997) classify theoretical approaches to understanding the nature and processes of child maltreatment impacts into biological, psychoanalytic, learning, attachment, and cognitive explanations. In isolation, each perspective provides an insufficient explanation for the range of outcomes observed. However, each perspective possesses some degree of empirical support.

Ways of Coping

A body of research now supports the idea that although exposure to serious stress is a common part of growing up in the United States (and even more common in some parts of the world), positive development in the face of adversity is also possible (Sandler et al., 1997). It is worthwhile, then, to consider what types of coping may promote positive development. As we do so, however, we should note that the type of coping possible and likely is impacted by, among other qualities, the age and abilities of the children and caregivers involved. For example, Jones (1997) points out that cognitive reappraisal of the situation (focused on "making sense" of what is happening and rejecting self-blame) and use of social support will, of course, be less possible among very young children.

Many potentially effective approaches to coping with child maltreatment have been identified. Abilities such as recognizing danger and adapting, distancing oneself emotionally from intense feelings, and projecting oneself into a "better" time and place have been identified as potentially helpful coping strategies in certain scenarios (Thomas et al., 2003). Use of psychological avoidance seems to be particularly helpful as a short-term coping strategy for situations of severe abuse; however, dissociation has also been identified as a risky coping strategy in terms of potential long-term outcomes associated with overreliance on this strategy (Chaffin, Wherry, & Dykman, 1997).

The child's and caregiver's ability to engage in mutually positive interactions or create certain positive aspects of their relationship may be a critical coping strategy for both child and caregiver (Haugaard et al., 1997). In sexual abuse scenarios, research consistently finds that the reaction of the nonoffending caretaker is crucial (Bolen & Lamb, 2004; Hill, 2005; Lovett, 2004). Supportive reactions among nonoffending caretakers seem to play a potentially critical role in facilitating positive adaptation among victims.

Existing research, although incomplete, seems to support the idea that for many families, the "parenting of maltreating parents is not monolithically bad. . . . There is a range of overall parenting skills among maltreating parents" (Haugaard et al., 1997, pp. 87–88). Haugaard et al. (1997) suggest that children are sometimes able to evoke more "**developmentally appropriate parenting**" (p. 88), parenting that reflects understanding of and responsiveness to the child's developmental stage-related needs and abilities in each developmental domain. They further suggest that those children who are more adept at engaging their parents or other adults and whose behaviors are less troublesome to adults may receive better overall caretaking. They conclude that "given the apparent strength of the relationship between supportive caretaking and adaptation to maltreatment, any child behaviors that encourage more parental support are likely to have an indirect influence on the child's adaptation" (p. 88). Continued attempts to engage in positive interactions and to maintain positive relationships with primary caregivers as well as other adults represent important coping efforts on the part of the maltreated child. The child's desire to make these attempts and his or her ability to succeed in this endeavor, however, may often reflect not only child characteristics but also characteristics of the family system as a whole. In addition, the environment of the family may or may not provide adequate resources and support to the child and family. Thomlison (2004) points out that "the child's adaptive or maladaptive response to harmful experiences may then depend on whether the parenting environment has adequate social and economic resources to change childcare patterns" (p. 95).

Engaging in activities and cognitions that support self-esteem is also consistently identified as a helpful coping strategy (Thomas et al., 2003). Retrospective research with child maltreatment survivors supports this idea; many individuals seem to believe their positive self-talk and, more important, their ability to develop and maintain a true belief in their inherent value as a human being was an effective coping strategy. Research with survivors suggests that externalizing blame for the maltreatment is a helpful coping strategy as well. Some have speculated that ego "overcontrol" or a calculated and controlled way

of interacting may also function as a coping mechanism for some maltreated children (Haugaard et al., 1997). We can imagine that for David Loefeler, learning ways to carefully avoid and defuse his father's anger may have served as an effective short-term coping strategy.

Engaging in spiritual activities or generally focusing on spiritual development has also been identified as an often helpful coping strategy (DiLorenzo, Johnson, Bussey, 2001). Spiritually focused coping may be particularly helpful for those caregivers struggling with substance abuse. There is a strong relationship between spirituality and social support, and thus it is difficult to determine the specific role spirituality plays in shaping positive outcomes for caregivers.

Although existing coping research has limitations, it suggests that at least a few coping strategies are consistently associated with heightened odds of long-term recovery and resilience. These include rejecting self-blame as well as engagement in positive thinking and activities focused on maintaining a sense of self-esteem or self-efficacy. Also, efforts focused upon developing or maintaining social relationships appear to be critical. Across types of maltreatment, development and maintenance of positive relationships and social support networks, for both children and caregivers, appear to help prevent the onset, escalation, return, and detrimental impacts of abuse or neglect.

Social Justice Issues

Social justice focuses upon issues of equal protection and opportunity. Developmentally speaking, children simply are not equal to adults. Though recognizing the potential resilience of children is important, we must also be cognizant of the fact that children are fragile. Because they are still developing in all **developmental domains**, including physical/motor, emotional/psychological, social, and cognitive domains, their experiences play a critical and profound role in shaping subsequent capacity and functioning. Thus, all children need a heightened level of protection to ensure healthy development or "equal opportunity." As a nation and a world, we recognize in the abstract that children should be protected from abuse and neglect. But at any point in time, children suffer and benefit unequally from action or lack thereof in the area of child protection.

In the United States, child maltreatment is intertwined with poverty, and poverty is intertwined with gender and race. Experiencing poverty as a child is a significant developmental risk factor (Drake & Zuravin, 1998; Gershoff, 2003). The combined experience of chronic poverty and maltreatment contributes to an extremely potent chain of risk. Financially impoverished children in general and children of color particularly are disproportionately represented among documented maltreatment victims (see Courtney & Skyles, 2003; Hines, Lemon & Wyatt, 2004). Given our knowledge regarding the developmental outcomes associated with such victimization, child maltreatment begins to take shape as a social justice issue. Far too often, however, the relationships between inadequate support for vulnerable families and social problems such as violence and substance abuse are not addressed.

Reform of the child welfare system is often discussed as a logical first step toward enhancing protections for children and supports for families. The Childrens Bureau's system of Child and Family Services Reviews has made important strides toward child welfare system improvement and offers promise as an ongoing monitoring strategy (USDHHS, ACF, 2006a). **Child and Family Services Reviews** (CFSR) are federal reviews of state child and family service programs to investigate compliance with existing laws and regulations. However, this approach to system improvement faces many barriers, and there are many problematic issues needing attention in the areas of child welfare policy, programs, and practices (Courtney, Needell, & Wulczyn, 2004; Karson, 2001; U.S. General Accounting Office, 2004).

An important ongoing challenge and call to action is the disproportionate representation of children of color in the child welfare system. Also, many have pointed out the need to devote more funds to prevention and support services for families. As a nation we have allocated far more funding over time to support maltreatment investigation and foster care placement compared to funds for supporting families in a more comprehensive, preventative fashion (Lind, 2004; Pecora, Whittaker, Maluccio, & Barth, 2000).

In addition to the urgent need for attention to the inadequacies within our child welfare systems and the linkages between poverty and child maltreatment, some argue that there is a relationship between our nation's view of children's rights in general and child abuse and neglect. In 1989, the United Nations adopted the Convention on the Rights of the Child. The convention attempts to protect children's rights by rejecting "**cultural relativism** in favor of universal human rights that transcend cultural, religious, historical, and economic differences in order to set a minimum standard of protection and respect to which all children are entitled." An explicit and important focus of the convention is the requirement that children be protected against "all forms of physical and mental violence . . . while in the care of parent(s), legal guardian(s), or any other person who has the care of the child" (UNICEF, 2003, p. 3). Today, the United States and Somalia are the only two countries in the world that have not ratified the convention. Ratifying the convention indicates agreement to work toward implementation of the rights of children as identified in the document and to make periodic progress reports to the United Nations (Walker, Brooks, & Wrightsman, 1999).

The United States supports the spirit of the convention and is perhaps a leader in certain areas of child welfare such as documentation and tracking systems (see United States of America, 2005). Yet it is unfortunate that the United States has not joined other nations who have taken a lead in symbolically declaring children's rights and well-being a top national priority. Unfortunately, many nations perceive the United States' failure to ratify the convention as symbolic of the poor standing of children's rights and needs within our nation's priorities.

As a nation we have failed to fully join an international movement striving to understand and confront the ways in which poverty and a "culture of violence" seem to support child maltreatment. Our empirical knowledge of the causes and consequences of child abuse and neglect is quite comprehensive. And yet we have been unable to take the steps necessary to prevent child maltreatment to the extent that seems theoretically possible.

Practice Implications

Our discussion has implications for micro-, mezzo-, and macro-level social work practice. Sufficient evidence underscores the profound importance of macro-level change. Because of the strong relationship between poverty and maltreatment, strategies focused upon financial impoverishment ultimately will link to child maltreatment. Consider, for example, the different life that Junito Salvatierra may have led if his family possessed financial security. Other macro-level targets include our cultural norms and values, particularly culture of violence attitudes, beliefs, and behaviors. At the mezzo level, successfully confronting community violence and financial impoverishment will have positive implications for child maltreatment as well (see Edleson, Daro, & Pinderhughes, 2004). Also at the mezzo level, efforts to improve the functioning of child welfare agencies and systems must continue with sufficient attention and resources.

Prevention and intervention efforts at the mezzo and macro levels can play an essential, long-term role in confronting child maltreatment. Recently, the USDHHS's Office on Child Abuse and Neglect implemented a new child abuse prevention initiative, representing a continuation of federal and local abuse and neglect prevention efforts. One product associated with this initiative was the publication of a report titled *Emerging Practices in the Prevention of Child Abuse and Neglect* (Thomas et al., 2003). A public health framework dominates prevention conceptualization across disciplines. This framework identifies three major types of prevention efforts.

Primary prevention efforts are universal in scope and target the general population; applied to child abuse and neglect, such efforts can be thought of as attempting to prevent maltreatment from ever occurring. **Secondary prevention** programs target individuals or families identified as at heightened risk of maltreatment; this type of prevention work focuses on early identification in an attempt to limit the extent or severity of the maltreatment. Finally, **tertiary prevention** programs target families in which maltreatment has already occurred or is occurring; this type of prevention generally focuses on stopping the maltreatment, facilitating recovery from its effects, and developing supports and strengths to prevent its return (Thomas et al., 2003). The *Emerging Practices* report identifies illustrative examples of each category, summarized in Exhibit 5.7. The authors of the report point out that many organizations active in prevention work are simultaneously engaged at all three levels.

And yet, after examining available data on the effectiveness of prevention approaches, the authors of the *Emerging Practices* report agree with many other prevention researchers (Daro & Donnelly, 2002; Harder, 2005) that all prevention models and strategies are "in need of more rigorous study" (Thomas et al., 2003, p. 57). With the limited data and information available, the authors conclude that home visiting programs, parent education programs, and child sexual abuse awareness programs all have the potential to improve family functioning.

Most home visiting programs focus on the interactions and relationship between a staff member (e.g., a counselor, social worker, teacher, or other professional or paraprofessional)

Primary Prevention (Universal)	*Secondary Prevention (Targeting Risk)*	*Tertiary Prevention (Facilitating Recovery)*
Public service announcements that encourage positive parenting	Respite care for families that have children with special needs	Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes
Parent education programs and support groups that focus on child development and age-appropriate expectations and the roles and responsibilities of parenting	Parent support groups that help parents deal with their everyday stresses and meet the challenges and responsibilities of parenting	Parent mentor programs with stable, nonabusive families acting as role models and providing support to families in crisis
Family support and family strengthening programs that enhance the ability of families to access existing services and resources and support interactions among family members	Parent education programs located in high schools, for example, that focus on teen parents, or within substance abuse treatment programs for mothers and families with young children	Intensive family preservation services with trained professionals that are available to families 24 hours per day for a short period of time (e.g., 6–8 weeks)
Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect	Home visiting programs that provide support and assistance to expecting and new mothers in their homes	Mental health services for children and families affected by maltreatment to improve family communication and functioning
	Family resource centers that offer information and referral services to families living in low-income neighborhoods	

Exhibit 5.7 Child Abuse and Neglect Prevention

SOURCE: Based on Thomas et al., 2003.

and parent or family as a whole as the main vehicle through which changes in parental knowledge and practice are expected and facilitated. Ongoing evaluation research suggests that sufficient service intensity, duration, and quality are essential for intervention success and yet are only a few of the factors that may shape the impact of such programs (Olds, 1997, 2003).

Family support programs typically focus on prevention of child abuse and neglect through a variety of community-based, universally available education and prevention services for families. These programs generally have been found most effective in producing positive family gains and enhancing social, emotional, and cognitive outcomes for children when they facilitate peer support among caregivers, utilize groups, and use effective early

childhood education strategies for improving cognitive skills (Layzer, Goodson, Bernstein, & Price, 2001). At this point in her life, do you believe Analiz, the mother of Junito Salvatierra's child, could benefit from a home visiting or family support program? What types of agency, program, or staff characteristics would most effectively support Analiz's parenting?

A relevant best practices issue is family engagement. Many families served by child and family service programs are difficult to engage due to transient living arrangements, frequent scheduling conflicts, lack of telephones, and a long history of unsuccessful involvement with service agencies. Many suggestions included in the *Emerging Practice* report represent effective social work practice more generally. Identified essentials include skill in community needs assessment and outreach, cultural competence, relationship building, and provision of services and resources identified as worthwhile by clients. Also, focusing primarily on child neglect, the USDHHS (2004) recently disseminated recommendations regarding various aspects of effective child and family service program functioning (summarized in Exhibit 5.8). Which of these issues or recommendations are most relevant to your thoughts regarding Analiz's needs?

Use a collaborative, strengths-based, family empowerment approach
Focus on the relationship between staff and caregivers
Offer staff ongoing training
Use multidisciplinary teams in working with families
Build collaboration with community partners
Offer a combination of out-of-home and in-home services
Form advisory committees that engage all stakeholders
Continuously assess strengths/needs of family and members, community/environment
Be prepared to address crises immediately
Customize services and be flexible, combining prevention, intervention, and treatment
Be flexible with the curriculum in parenting education and support groups
Focus on poverty issues, recognize related needs, and engage in advocacy
Offer or refer to a broad array of services
Address children's needs on-site or through referral
Offer services for older youth
Provide intensive, long-term services
Deliver follow-up or after-care services

Exhibit 5.8 Effective Approaches to Addressing Child Neglect

SOURCE: Based on USDHHS, 2004.

Finally, **family preservation programs** focus on preserving or reunifying high-risk families and often offer intensive services to families at imminent risk of child removal due to abuse or neglect. A recent evaluation of family preservation programs (Westat, Chapin Hall Center for Children, & James Bell Associates, 2002) suggests that the functions, target group, and characteristics of services in such programs need to be reexamined. Agreeing with others in the field, the evaluators believe that child placement prevention should not be the sole priority or primary goal of family preservation services. Instead, the focus should be on the general improvement of family and child functioning. In particular, the evaluators question whether a short-term, crisis-oriented approach fits the needs of most high-risk, multiproblem families. For example, how effective would a short-term, crisis-oriented approach be with a family such as David Loefeler's family of origin? The somewhat recent assertion is that family preservation programs should be thought of as one important part of the continuum of child welfare services, unlikely to alone function as a panacea. An additional suggestion is the development of a series of small "preservation" programs with specific areas of expertise and specialized services (e.g., programs and services targeting families with substance abuse issues or targeting young, isolated mothers) rather than the use of all resources to support general, undifferentiated efforts.

A recent outcome of extensive work in the child welfare service and system improvement area is a publication titled *Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare* (Field & Winterfeld, 2003). This publication is designed to provide a framework for service planning for several specific types of child abuse and neglect. The guidelines provide extensive topic-specific information and comprehensive decision-making trees. The authors are quick to point out that they are focusing on decision making after risk assessment has occurred. A separate and extensive risk assessment literature exists in the child welfare field (see Gambrill, 2005; Leschied, Chiodo, Whitehead, Hurley, & Marshall, 2003; Shlonsky & Wagner, 2005).

While these guidelines can be used by individual professionals, the preferred decision-making method in child welfare is a team approach, consisting of the family, the caseworker, allied agency staff, and at least one other child welfare agency representative. A team of this nature is thought to be more capable of making objective decisions. That is, a team approach enhances the ability to "identify and isolate personal value judgments that can cloud and misdirect individually made casework decisions" (Field & Winterfeld, 2003, p. 4).

There are many resources for supporting culturally competent, evidence-based child welfare practice (see Dubowitz & DePanfilis, 2000; Faller, 1999; Samantrai, 2004; Thomlison, 2003). A recent report by the Kauffman Best Practices Project (Chadwick Center for Children and Families, 2004) focuses on **best practices** in the area of clinical services for children and parents confronting physical and sexual abuse. This project has identified three micro-level treatment protocols as possessing the highest level of theoretical, clinical, and empirical support: trauma-focused cognitive-behavioral therapy (CBT), abuse-focused cognitive-behavioral therapy (AFCBT), and parent-child interaction therapy.

Trauma-focused cognitive-behavioral therapy (TFCBT) is a treatment for posttraumatic stress disorder (PTSD) symptoms in sexually abused children. TFCBT is based on learning and cognitive theories and focuses on "correcting maladaptive beliefs and attributions related to abusive experiences" as well as "reducing negative emotional and behavioral responses" (Chadwick Center for Children and Families, 2004, p. 9). TFCBT also focuses on providing support and skills to nonoffending caregivers to enable them to cope effectively and to respond appropriately to abused children. Imagine, for example, that Freda discovered that Estella, as a child, was being sexually abused while in the care of neighbors. What types of support would both Estella and Freda have needed at that point in their lives?

An additional intervention, AFCBT, is an approach to working with abused children and their offending caregivers that incorporates behavioral principles presented in learning theory. AFCBT is most appropriate for situations in which enhancement of specific intrapersonal and interpersonal skills would be helpful. In particular, parents with poor behavior management skills, who rely heavily on physical punishment methods of child discipline, and parents with high levels of other negative interactions with children are appropriate for AFCBT. Children with externalizing behavior problems, including aggression with peers, are appropriate for AFCBT. Like TFCBT, AFCBT is not appropriate for all situations and may be contraindicated for children or parents with serious psychiatric issues or other challenges (such as cognitive impairment or substance abuse) that may compromise the ability to learn and consistently implement new skills.

Parent-child interaction therapy (PCIT) developed as a result of several empirically supported observations. A coercive interaction pattern (such as using aggression to acquire child compliance and a general overreliance on punishment) seems to frequently become ingrained within the family system, emerging as a stable form of responding to parent-child conflict. PCIT appears particularly effective when the goals are improved parenting skills, decreased child behavior problems, and improvement in the quality of the parent-child relationship. PCIT is a very specific, coached behavioral parent-training model. Many components of PCIT are common among cognitive-behavioral interventions: parents are provided with both general and specific information, time and attention is devoted to skill acquisition progressing toward mastery with use of "homework" and other tools, and attention is given to generalization to other children and settings. The ideal method includes immediate prompts to a parent while the parent is interacting with the child through face-to-face coaching or use of technology such as an earpiece (Chadwick Center for Children and Families, 2004).

It is beyond the scope of the present discussion to identify and thoroughly address best practices in prevention and intervention, in all areas of maltreatment, and for all victims, caregivers, and families. However, a solid albeit dynamic knowledge base exists in each of these areas, and this knowledge is necessary for competent practice in the field of child maltreatment. Relevant to this conversation about *best practices* is the Kaufmann Project's interest in the topic of information dissemination. A "wide gulf in time exists between the development of a best practice and the adoption of it in everyday practice across the

nation" (Chadwick Center for Children and Families, 2004, p. 20). Following this logic, the project identifies the following prerequisites to best practices implementation: awareness of the best practice, belief in the efficacy of the practice itself as well as personal efficacy in learning and applying the practice, the decision to change practice behavior, preparation for applying the practice by learning knowledge and skills necessary to deliver the practice as intended, clients willing to accept the practice, funding sources willing to support the intervention, and finally, successful experience in delivery of the best practice. In order to meet these prerequisites, agencies must function as learning organizations, capable of constant learning, change, and innovation, and practitioners and supervisors must embrace evidence-based practice and collaborate to form effective support networks or *communities of practice.*

What is most important for us to remember is that knowledge regarding best practices in the field of child maltreatment exists. There is a strong and ever-expanding body of empirically based information about effective prevention, assessment, and intervention strategies, and we must stay abreast of and apply these strategies. To be effective as professionals, we must recognize the need for continuous learning and seek, contribute to, disseminate, and implement available knowledge.

Learning Activities

1. Knowledge About the Case. Imagine that you meet David Loefeler when he is 11 years old. He has been referred to you by his teacher, who seems unsympathetic toward and very frustrated with David. David's school attendance and academic performance are poor. His problematic behavior, including aggression toward other boys, seems to have gradually escalated during the last several months. David's teacher explains that he has never met David's father, and his mother seems extremely shy and uninvolved in David's life. Review Exhibit 2.1 and its list of key Knowledge About the Case questions. Working in small groups, brainstorm answers to these questions, applying them to David's case. Consider whether there are additional questions you would consider essential to answer in formulating a comprehensive assessment and potential intervention plan.

2. Knowledge About the Self. As the next chapter in Sondra's "story" unfolds, she learns that 14-year-old Angel Smith has told hospital and child welfare staff members that Isaiah Jackson is the father of her child, whom she has named Isaiah as well. You are the child welfare social worker assigned to Isaiah Jackson Jr. Isaiah Jr. was born at 30 weeks gestation and tests indicate intrauterine exposure to cocaine; he remains hospitalized in a neonatal intensive care unit but should be discharged within approximately 2 months. Angel presents herself as a confident young woman determined to care for her infant son. Angel's mother works full time, and although she indicates that she had been recently estranged from her daughter, she states that Isaiah Jr. and Angel will live with her and she will provide for both financially. In your opinion, Sondra seems to be in shock. Her initial reaction was to request a paternity test. After the results confirmed Sondra's biological

relationship to Isaiah Jr., Sondra has seemed quiet and reserved. She has calmly stated that she will take care of her grandson but has otherwise expressed little emotion. As you consider how to proceed, consider your own perceptions of and beliefs regarding Angel and Sondra. Do you have a strong emotional reaction to any of the individuals involved in this situation? What personal values, beliefs, and emotions shape your initial reactions to this situation? How do your personal characteristics, including your past and present experiences, gender, ethnic background, culture, and SES, shape your potential thoughts, emotions, and actions in this situation? Independently write down your responses to these questions. Include any descriptive words or thoughts that come to mind, in a brainstorm or freewrite fashion. When you have finished, share and explain what you have written down to a partner. Together with your partner, discuss ways that you could ensure this knowledge about the self helps rather than hinders competent and ethical practice in this situation.

3. Values and Ethics. You meet Kim Tran exactly 1 year after her "story" ended. At 18, she is now the mother of an apparently healthy 4-month-old daughter, Ann. Kim is living in one of your organization's transitional housing units. She has confided in you that she loves Ann, but she frequently finds herself tired of the baby's constant demands. She confesses that last Saturday night, she left Ann alone for several hours so that she could hang out with some old friends. You have noticed that she pays little attention to Ann when you are with her and often seems annoyed when Ann cries. You are concerned about Ann's well-being, but you also know that involvement with CPS could lead to Kim's eviction. Kim told you during a prior conversation that her mother has made it clear that she and the baby are not welcome in her parents' home. You are also well aware of the shortage of adequate foster care placements for infants in Orange County. In small groups, carefully consider the core values of the National Association of Social Workers (NASW) Code of Ethics and identify the major ethical principles or standards relevant to this situation. What ethical dilemmas exist in this scenario? How could you proceed in an ethical fashion?

4. General Knowledge. This chapter identifies the four major types of child maltreatment as neglect, physical abuse, sexual abuse, and psychological or emotional abuse. Assign each type of child maltreatment to a small group. Each group's homework is to use the information presented in the chapter, along with other academic sources, to identify major changes in the last 50 years in social scientists' beliefs regarding best practices in working with children and families identified as experiencing this particular type of maltreatment. This work should include identification of the theory or theories guiding historical and contemporary intervention in this particular area. Each group should pay particular attention to changes in thinking regarding best practices in this area and should attempt to identify the rationale behind such changes.