

The Social Context of Child Abuse and the Aid of Preventative Programs

The causes and consequences of child abuse are complexly interrelated, as simultaneously operating social factors work against vulnerable families pulling them deeper into a cycle of stress and maltreatment. Overwhelmingly, family vulnerability due to various social factors (including but not limited to life stressors like housing, unemployment, and family discord) tends to be the trigger for abuse and neglect toward children. These factors that cause major instability in a family are most often simply basic needs going unmet, for both parents and children, which robs the family of their ability to cope and find solid ground to rebuild their relationship. In general, the main causes of child abuse are lack of family planning; disruption in the family such as divorce; a biological rather than adoptive relationship between caregiver and child; emotional, psychological, and age-related traits of the child; and patterns of child rearing influenced by social underpinnings. Child abuse prevention programs providing family and social support, access to community resources, and multileveled interventions have favorable outcomes. The focus of my paper is to understand the aspects of abuse, how those aspects could be applied to prevention, and the effects of various programs that attempt to intervene with those families seen as vulnerable to violence.

Child Abuse: Historical Views and Social Underpinnings

George Brown and Jan Janski (1997) suggest looking at child abuse through a lens they call the “violence-promoting paradigm” and reiterate that to shift this prevailing outlook, our society must relinquish “Male Dominated Religions, Violence-Promoting Television, and Profit-Motivated Economic Systems” (Brown & Janski, 1997, p.340). Historically, religion has been an advocate of corporal punishment toward children who remain unresponsive to moral

persuasion—that is, children who do not comply because they ought to obey their parents as the “right” thing to do. A long held notion of traditional parents was that sparing the rod would spoil the child, and physically punishing the children was considered not only part of good teaching but also biblically sanctioned (Finkelstein, 2000). Although as the nineteenth and twentieth centuries progressed and corporal punishment was more widely thought of as a last resort, it was often still justified in a religious context, especially in schools. Besides religion, Finkelstein (2000) notes the socioeconomic traditions of violence against children as, “historic commitments to family privacy, limited government, and high walls of separation between the private and public sphere” (Finkelstein, 2000, p.31). Emphasis on separating the spheres manifested in the continued relegation of women to the secluded domestic arena and men’s dominance in areas outside the home. Since home was viewed as a haven away from the bustles of daily life, a very clear line was drawn between personal and public business. Although the idea of keeping women and children in a separate realm originated with the intent to protect, this notion simultaneously kept abuse laws from reaching any of those trapped by that very aim.

Joseph Vorrasi and James Garbarino (2000) use the term social toxicity to describe threats to human well-being and survival in terms of “community violence, child abuse, domestic violence, family disruption, poverty, despair, depression, rejection, paranoia, alienation, and other social pollutants that demoralize families and divide communities” (Vorrasi & Garbarino, 2000, p.61). The vulnerability of children to this kind of toxicity is unmatched. When physical and emotional security is weakened through support network dissolution and major life stressors, there is a chain of risk for families. In a concept related to social toxicity known as the accumulation of risk model, it is predicted that a child can cope with some risks until the “accumulation [of risk] exceeds a developmentally determined individual threshold” (Vorrasi &

Garbarino, 2000, p.62). A major social contributor to impaired functioning is poverty in a greater contextual pattern of risks; it consists of multi-layered variables, for instance having to live in an unsafe area because of low income, getting less access to high quality education, and struggling with daily needs. Poverty puts one at risk “for a number of physical, social, and psychological pathologies,” and children of the poor are especially susceptible as they often are relegated to threatening environments, living in insecure and economically deprived communities with violence, racism, and unstable provision of care” (Vorrasi & Garbarino, 2000, p.63).

It is possible, then, that poverty is indeed cyclical in that we cannot expect one who was raised with such disadvantages to then lead their lives in a path contrary to the environment in which they were raised without some kind of aid to counter social forces out of their control. The profit-motivated economic system mentioned by Brown and Jenki (1997) is substantiated by these claims; if profit is the aim for society, then the general consensus continues to reflect the old American concept of individualism. Individualism is a concept where individuals’ position in life is thought to be solely of their own making and social factors play no part, the classic example being that the poor are impoverished because they are lazy and amoral. A laissez faire economic system, even with modern regulations, continues to leave loopholes for the exploitation of those who are unable to get ahead by keeping them in a pattern of poverty because of the inequity that cutthroat competition induces. Women especially are subject to this kind of struggle.

Feminization of poverty has a long and enduring history. During the nineteenth century and the so-called cult of domesticity, where motherhood was not only thought of as required but also morally fulfilling and the chief goal of women, laws surrounding child care were limited in

scope because it was seen as a moral and virtuous task rather than an economic duty. In other words, according to Finkelstein (2000), historically there has been a movement to exalt the “importance of mothers, child workers, and teachers,” while simultaneously trying to limit “public investments in children and child rearing, provide only minimal and selective support for child and health care,” discourage employment of mothers and further inhibit entry of women to high-paying jobs, and make motherhood and child rearing a social sanction for all women (Finkelstein, 2000, p.31). Between the 1960s and the 1990s, several acts were signed into law that legitimized the concept that children living in poverty should be viewed “as victims of economic and social inequity rather than of moral degeneracy and/or familial pathology...” (Finkelstein, 2000, p.35). This represented a significant change in the assumptions of child rearing and instituted changes that included more support for working mothers, job-training programs, child care, and supplemented income, and resulted in laws and social norms becoming based around the interests of the child and family needs in addition to offering programs designed to educate parents. Despite these positive paradigm changes, in practice child abuse continues to be reported disproportionately among dispossessed women, and continues to occur for many reasons.

Causes of Child Abuse

According to Diana Baumrind (1994), “child abuse is most likely to be reported to child protective services when families are poor, the perpetrator is not the mother, maltreatment is not emotional, ethnicity is not Caucasian, and the abuse is not sexual” (Baumrind, 1994, p. 361). If this is the case, there is a limited portrayal of how the public perceives child abuse. That is, if only those cases that are reported are poor children physically abused by a non-white father, the scope of how we understand the full spectrum of child abuse is very narrow. The omission of

the array of social-economic groups, ethnicities, relation of the abuser and types of abuse could mean that the greater society has a particular schema for what constitutes child abuse, and therefore watches for it only under certain conditions. In turn, this could further perpetuate an inaccurate and unrealistic view of child abuse, and ignore more subtle types of abuse.

The causes of child abuse are as situational as they are multifaceted, but a good majority have to do with stress both in the home and in the greater social context. Baumrind (1994) found that neglect and abuse are marked especially by low socioeconomic status and economic stress, although most are countered with emotional, community, and familial support. Based on the circumstances of the occurrence of child maltreatment Baumrind (1994) cites, I have similarly categorized the cause of abuse and neglect as functions of family planning including youthful mothers; emotional, psychological, and age-related traits of the child; family disruption; biological relationship to primary caregiver; the use of corporal punishment; and patterns of child rearing that perpetuate abuse influenced by social underpinnings.

Family planning is an important correlate to incidence of child abuse. In a particular study done by Susan Zuravin (1987), typically the number of unplanned pregnancies conceived by low-income women affects child maltreatment, as well as ineffective or lack of use of birth control predicts child abuse or child neglect, respectively (Zuravin, 1987). Since many of the children born to young—especially teenage—mothers are unplanned, Zuravin's (1987) study helps frame a very salient correlation between youthful inexperience, imprudence, and patterns of abusive tendencies. Teenage mothers have high potential for child maltreatment because their inexperience can cause a high level of stress negatively affecting the treatment of their babies. However the "perceived stress (resulting from arguments, irritable infants, loneliness) is relieved by family support that the young mother experiences as wanted and appropriate" (Baumrind,

1994, p. 364). Family support is an especially valuable tool to be accentuated not only for young mothers but also for families in transition and couples becoming parents. Interestingly, it appears that grandmothers or other family residing with the new parents is beneficial only while the mother is young; afterward, or if the grandparent becomes the sole custodian, there are higher rates of poor child adjustment (Demo & Cox, 2000, p.889). This implies that after a certain window of time, the young mother may harbor resentment that her own mother is still lingering with the family and is seen now as a burden rather than an assistant. Poor adjustment on the child's part if the grandmother becomes the guardian could relate to resentment from the child that their parents could not raise them and issues stemming from abandonment, separation, change in environment, etc. Zuravin (1987) emphasizes in her implications for service delivery that family planning should be an important consideration for caseworkers and counselors to address with clients, especially to first-time recipients, suggesting that recidivism of child abuse will decrease if family planning and mother's childbearing goals are addressed as part of the resolution. Since maltreatment often occurs more than once, reducing the number of children subjected to it makes a difference. Zuravin (1987) notes the correlation between young maternal age and large family size as contributors to relapsing into a cycle of maltreatment (Zuravin, 1987). If a mother is young and assumingly inexperienced, handling situations may seem especially challenging; and if these challenges are met with violence, then without proper parental training, it would follow that the mother would simply fall back to mistreating the child. The more children in the family, the more this situation would be exacerbated. A further study researched by Zuravin (1988) found that while neglect was correlational to large families, abuse patterns have ties to families who space their children's births closer together (Zuravin, 1988). In a family with more than a couple young children to handle, there is less time to devote to each

child, and the closer in age the children are, the less time a parent has in between births to enjoy and nurture the previous child.

A child's attributes, whether related to personality, emotionality, or age group are another important category of indicators of potential maltreatment. According to Baumrind (1994), "certain characteristics of the child may...trigger abuse, particularly in parents who are inexperienced, stressed, or unstable, and untrained in the use of effective disciplinary strategies" (Baumrind, 1994, p. 364). Although it is understood that children with a perceived difficult temperament provoke more abuse potential, "mental retardation, emotional disturbance, visual or hearing impairment, learning disability, physical disability, behavioural problems, or another medical problem" also strongly factor into cases of abuse (U.S. Department of Health and Human Services, Administration on Children, Youth and Families [HHS], 2007, p.27). Those children who tend to defy discipline can cause parents to feel out of control in which case they perceive the only means to reinstate control is with abusive responses and physical punishment. By the same token, children with disabilities who may be difficult to parent in general are especially at risk for abuse possibly because of increased parental frustration and/or lack of education and preparation on how to attend to special needs. Perception of the child's behavior that elicits a violent response from the parent is often influenced in part by socioeconomic status of the parents. For instance, misbehavior is attributed to "willfulness or stubbornness" and children perceived as difficult to control are frequently selected as targets for abuse in economically stressed family situations (Baumrind, 1994).

Both the child's temperament and the perceived stress of the child on the parent seem to have more impact on child abuse than age or gender (Clément & Chamberland, 2008). Even so,

the highest rates of abuse occur in families with young children, as these tend to be the years that require the most intense and constant caregiving. According to the U.S. Department of Health and Human Services' (2007) report on child maltreatment, regardless of gender "nearly 32 percent...of all victims of maltreatment were younger than 4 years old" and nearly 24 percent were between the ages of 4 and 7 (HHS, 2007, p.25). Infants less than a year old have markedly higher rates than other ages (boys at 22.2 percent and girls at 21.5 percent); following the first year, rates of abuse for both sexes drops about 9 percent and then slowly and steadily declines thereafter (HHS, 2007, p.26). In addition some studies have shown that parent-child relationships when the child is between the ages of 4 and 6 is predictive of the parent-child relationships when the child is 13 to 15 years old (Demo & Cox, 2000). It is interesting to note, then, that although adolescence is known as a time for increased rates of physical abuse and a decrease in strong parent-child relationships, it is thought that continuous maltreatment is both the cause and consequence of troublesome adolescent behavior. Housing becomes an increased problem with families who have young children as well. According to Elizabeth Fernandez (2007), the primary reason families contact or are contacted by service providers during crisis is housing, which is often inadequate or not available to the family; if the latter is the case, this increases the vulnerability of the family (Fernandez, 2007).

Disruption in the family is another main cause of child maltreatment in that there are many issues stemming from interfamily conflict, including a loss of the important support network a family uses to cope with everyday stresses. Marital discord and divorce, according to Baumrind (1994), is often accompanied by a substantial financial and disciplinary change, as well as a significant decline in caregiving and the quality of family relations (Baumrind, 1994). Marital discord and divorce upsets the important stability factor for the children, resulting in

ineffective and inconsistent disciplinary actions. In addition, it is sometimes the case in these situations that parent-child role reversals occur not conducive to the child's well-being. Often with events surrounding the divorce, stress and chaos increase because of the shift in living and financial situation, and increase in parental conflict, so parents tend to decrease responses to the immediate and emotional needs of their children in some capacity. Research by Coiro and Emery in 1998 suggests that marital conflict more so than marital satisfaction or quality relates to adjustment of the child and "disrupted parenting" (Demo & Cox, 2000, p.883). This would seem logical if children of parents who had a relatively satisfactory marriage seemed to be getting on "normally," while a child of parents with significant discord would stray from what was considered baseline in development and would therefore need to *adjust* due to the products of a family rife with conflict. Disrupted parenting is probably a reference to the inconsistency parents give to their children as result of their faulted marriage; attention is diverted away from the children sometimes in order to deal with parental conflict. A possible factor in countering at least some of the negative affects is the child's close relationship to a strong parental figure, if not to one or the other of their own parents.

In examining further the major causes of child abuse, the question arises in the case of adoption whether kinship or non-relative adoptions show higher abuse ratings. Adoptive children have a disproportionate amount of psychological and emotional problems, and mismatches of the parents and child often cause the family to feel disconnected. Although "sexual abuse is more common in adoptive families," most psychological problems result from the incompatibility of parents' and child's personality, intelligence, etc. (Baumrind, 1994, p.364). Lack of kin ties would appear to contribute to the high rate of sexual abuse in families where a

stepparent is present or in adoptive families, and lack of emotional closeness in cases where children and parents are mismatched would tend to cause the discord. Contrarily, A Dutch study comparing abuse rates of biological versus adoptive families discovered that, of the Netherlands' CPS cases from 2005, child maltreatment victims were significantly more likely in larger families (three or more children), single-parent households, and households with stepparents, but less than one percent came from adoptive families (van IJzendoorn, Euser, Prinzie, Juffer, & Bakermans-Kranenburg, 2009). Only about one percent of the population had adopted children, however, so even if the incidences of abuse within adoptive families are less than the population distribution, it is not a figure to be overlooked. In addition, since the other factors were more common in the general population, it would follow that incidence of abuse would be greater in each of these other categories; besides, each have their own set of stressors attached. Families with more children have higher stresses trying to keep multiple children fed, clothed, and housed, and are most likely dealing with more arguments between siblings. Single parents have the added stress of being the sole provider which places an economic burden on them in a greater proportion, especially if they, too, have a large number of children for which to provide. Stepparents tend not to bond as well with their stepchildren, and often have added stress of dealing with prior divorce issues and children coming from difficult situations (divorce, a parent leaving or a parent that died), which further removes them from connecting in a meaningful way to the children of their spouse. In terms of which family member is best qualified to take custody of the children in the case of adoption, fathers tend not to be chosen as caregivers both historically and depending on how far removed from his child's life he is (the less invested, the more potential for maltreatment). However, grandmothers, in a study investigated by Dolan, Casanueva, Smith, and Bradley (2009), tend to be better at parenting than foster caregivers on

many levels ranging from responsiveness to use of spanking, and although grandmothers who are CWS involved tend to be “older, less educated, less likely to be married, and more likely to be living beneath the federal poverty level than foster caregivers,” the community environments tend to be safe and free of drug use and violence (Dolan et al, 2009, p.789).

Another major category of contribution to child abuse revolves around appropriate discipline versus the use of corporal punishment. The dimensions of parenting Baumrind (1994) mentions with relevance to child maltreatment are responsiveness, which is a function of parental warmth, reciprocity and attachment; and demandingness, which is a function of coerciveness, confrontation, monitoring, inconsistent discipline, and corporal punishment (Baumrind, 1994, pp.365-366). Ideal parenting (authoritative) requires both responsiveness and demandingness in appropriate contexts; parents who employed one dimension without the other, or neither, were shown to be ineffective parents resulting in social problems for the children. Realization of the consequences of child abuse is an indicator of parents who are in favor of corporal punishment or not. One study by Clément and Chamberland (2008) showed that “the less mothers demonstrate sensitivity to the potential consequences for the child of resorting to minor violent disciplinary strategies...the more they approve of corporal punishment” (Clément & Chamberland, 2008, p.167). Responsiveness to the child would logically minimize chances of abuse because awareness would increase in terms of how, and more importantly why, the child is reacting to discipline the way that he/she is. Without being able to engage in appropriate discipline in situations regarding a child’s certain attributes mentioned above, corporal punishment is often the next option.

Sanctioning corporal punishment increases the risk of a violent episode. Approval of corporal punishment is a function of varying parental circumstances, attitudes and characteristics including: lower levels of education, older parents (belonging to a generation that devalue children, etc.), parental stress (from change in social status or from child's difficult temperament), large number of individuals in one household, absence of social support from a male partner, and laws regulating abuse (Clément & Chamberland, 2008). Easily more than one of these factors may be influential simultaneously. Those parents more likely to resort to corporal punishment not only believe firmly in its effectiveness but also “blame the child, attribute the child's transgressions to his/her lack of internal control,” or relieve themselves from blame (Clément & Chamberland, 2008, p.164). This attitude perpetuates the use of physical reprimanding because it justifies the actions. A parent removing themselves from responsibility—that is, not questioning their own parenting skills and effectiveness—and keeping their own mindset of absolutes may view corporal punishment as justified because there is nothing wrong with their parenting, only with their willful child, and so there is no other choice but to demand obedience through violence.

Yet corporal punishment, although perhaps prototypical, is not the only type of abuse parents practice, and in fact neglect is the most common form of child abuse by more than half of the cases (HHS, 2007, p.66). Recently, in lieu of the traditional spanking, parents have simply been yelling at their children—a form of emotional abuse. According to a New York Times article, although many in the current parenting generation have made it a personal policy not to spank, their frustration at times culminates in an explosion of anger and yelling (Stout, 2009). Professor Ronald Rohner argues: “[yelling] is a risk factor for a family” (Stout, 2009). This new phenomenon possibly relates to a point mentioned earlier in the paper about the public

perception of child abuse. If most abuse is considered physical, then those aware of the consequences of physical abuse may resort to yelling as a substitute in order to reassert control in times of parental distress. A shift from one form of unacceptable abuse to a more subtle type does not necessarily constitute a resolution, despite the widespread attitude change that accompanied the generation utilizing it.

The final category of factors contributing to child abuse is the social context under which physical discipline is perpetuated. Social learning is an important part of the pattern of child rearing, as the parents' responses to their children's behavior is internalized and modelled in turn by the children. Social learning is explained in two parts: the first is childhood exposure to family violence and the second is script-based knowledge. Children who are exposed to violence at young ages tend to perpetuate it as acceptable forms of releasing aggression and frustration because they have internalized the model. Caregivers who use violence and coercion to get their children to comply teach their children indirectly that that is the only way to get people to comply with their demands. In the child's social script, violence and aggression are appropriate models of coping and having their needs met (Vorassi & Garborini, 2000). The child's acceptance of corporal punishment as deserved can easily cause them to perpetuate the act. If the abuse is not confronted or questioned, the change needed to end the intergenerational cycle of abuse may not happen.

Given this, it is not surprising that the level of maltreatment the parent experienced in their own childhood is thought to be one of the major contributors to abuse. Baumrind (1994) found that roughly a third of at-risk mothers who were abused as children also mistreat their own children, and about an additional third were borderline caretakers; further, of the sample group of

high-risk mothers (“low-income, young, unmarried women”) just over half who experienced *no* abuse were providing decent care for their own children, meaning that “intergenerational transmission” is not all to blame (Baumrind, 1994, p.367). Conversely, this means that just under half of those women who experienced no abuse as children were failing to provide decent care for their children, so clearly, even though not wholly or even significantly to blame, it does have an impact. If a woman was abused in her childhood, compounding factors of earning low income, being young and single still lead a significant portion of these mothers to fall into the same patterns of violent childrearing they personally experienced. Of abuse in general, often the mother alone is targeted in research especially probably due to the fact that greater social underpinnings cause women to be primary caregivers for their children. Women who are left to raise children alone, either through divorce or abandonment, have greater economic hardships and tend to find it more difficult to come out of they cycle of poverty. As discussed earlier, this contributes further to parental stress and is an explanation for the fact that almost 39 percent of the perpetrators of child abuse were the child’s mother only (HHS, 2007, p.29). According to Demo and Cox (2000), “women’s high investments in child care and other unpaid family labor, wage discrimination against women, and lack of compliance with and enforcement of child support payments contribute to post-divorce economic plight for many single mothers and their children and the feminization of poverty” (Demo & Cox, 2000, p.877).

Feminization of poverty is a relevant piece of feminist theory and is a “long-term trend in our society for poverty to be more and more concentrated among women and children (Coleman & Kerbo, 2006, p. 216).” According to feminist perspective, changing economic organization of families is an important factor in this growing trend of poverty (Coleman & Kerbo, 2006). In other words, more and more women are having to shoulder the responsibility of raising their

children on their own, which stems both from high divorce rates (children are usually placed with the mother), more children being born to single, unmarried women than anytime in history, and simply that men are not asked to accept the same responsibilities for the children they father. In addition, women earning less on the dollar compared to men as well as traditionally female-oriented jobs having much lower salaries are both contributing factors to the inequality. These factors help us understand why low-income, single, often young women are considered high-risk for child abuse. If it is a struggle just to provide basic needs to one's children, then provocation of abuse seems more likely to occur when an otherwise minor parental intervention is required.

Under this lens, then, we can tie in the concept that maternal sensitivity to the consequences of child abuse is influenced in turn by lack of psychological well-being (ie depression), and the "helplessness, hopelessness, and alienation" that results from uncontrollable economic loss (Baumrind, 1994, p.361). Child abuse, then, is "a response to stress and a sense of powerlessness, and neglect is a reaction of helplessness to the parents' inability to provide..." (Baumrind, 1994, p.362). As an antithesis to these perpetual disadvantages, Runyan, Hunter, Socolar, Amaya-Jackson, English, Landsverk, Dubowitz, Browne, Bangdiwala, and Mathew (1998) suggest accruing social capital. This concept refers to "the amount of interpersonal family and community support available, [which] may have a profound effect on the development of even very young children, especially those at highest risk for poor outcomes" (Runyan et al, 1998, abstract). In other words, the benefits of strengthening existing family relationships and fostering support within the community are great in countering the effects of environmental and personal disadvantages. Social capital is seen as "features in the social organization, such as social networks, expectations, and trust, that facilitate coordination and cooperation for mutual benefit...[and] is derived from interpersonal relationships and an array of

obligations, expectations, information channels, and norms within families and communities”

(Runyan et al, 1998, para.1). Runyan et al (1998) refer to a study in which five dimensions of achieving social capital were laid out as such:

The presence of both parents in the household (more parental resources to invest in child), presence of one versus four siblings (fewer children represent a greater concentration of parental attention), fewer changes of school since fifth grade (social relations are disrupted with each move), regular attendance at religious services (organizational involvement is considered an important component of social capital and religious affiliation is the most common group membership among Americans...), and mother's high expectations for a child's educational attainment (reflecting family norms and parental investment in the child). (Runyan et al, 1998, para.2)

Program Solutions

Taking all of the factors into account, from intergenerational transmission of abuse patterns, to stressful environment from poverty or children perceived as difficult, to approval of corporal punishment, it is important to find a preventative program that can address all or most levels of complex family interrelations and serve individual cases as such. Baumrind (1994) suggests the minimum requirements for a preventative program to include:

Affordable contraceptive services to prevent conception of unwanted children, culturally sensitive classes in parenting for high-school youth and other parents-to-be, prenatal care and counsel to all mothers at risk, leave for parents during the immediate postnatal period, educational and home visit support services for all primipara mothers, prompt and regular well-baby medical care for all children, quality child care facilities at reasonable cost for all families, outreach child and family services to homeless families, treatment programs for abused and neglected children and their parents, and financial and emotional support for indigenous caregivers within a community to facilitate effective funding of such informal caregiving networks as may already exist (Baumrind, 1994, pp.367-368).

The first few suggestions align with Zuravin's research findings discussed in the previous section. Abuse and neglect would be mediated through interventions mainly focused on training and prevention, and inexperienced young families would have the opportunity to seek help and support through convenient and affordable home visits. The above suggestions imply a

significant amount of accessibility to families within the community, which is an important factor in reaching the vulnerable families in need of services. Families and individuals not mandated to be involved in these programs may find it more feasible to utilize the services if they are located within reasonable range and have little to no cost. Besides these issues already covered, a crucial element Baumrind (1994) mentions is having family and community support to empower and educate parents could potentially counter risk factors and contribute to an overall healthier and more stable environment for parents and child. In general, if parents tend to be emotionally healthy, have a strong and positive relationship with each other, give consistent support and sensitivity, and discipline appropriately, this may counter difficult life circumstances and various hardships and family fissures (Demo & Cox, 2000).

Families considered at-risk for child abuse and neglect are often referred to preventative services and day programs, which, according to U.S. Department of Health and Human Services, are services "...designed to increase understanding of parents and other caregivers of the developmental stages of childhood and to improve their child-rearing competencies" (HHS, 2007, p.77). An additional and related program type, called postinvestigation services, is voluntary and is oriented toward family support and child safety. These services are generally very short-term as it coincides with the immediate investigation and crisis. In addition, the HHS Child Maltreatment Report defines family preservation and family support services as separate things. Whereas family preservation programs attempt to assist families in crisis through in-home services and providing family support to reunify and strengthen the family, family support services are community-based networking resources that increase parenting skills and effective nurturance (HHS, 2007, pp.110-111). Chaffin, Bonner, and Hill (2001) found interestingly that home-based services were less effective than center-based services. Although they found less

than promising results for the efficacy of either category of services, it was noted that some interventions appeared to work better for different groups. A program's adherence to the original model and also the level of risk (high, moderate, or low) associated with the client, guided the success rates of the programs in lowering abuse rates post-intervention. Programs offering mentoring services or meeting basic needs of the families seemed to be more effective service models (Chaffin et al, 2001, p.1285).

Existing support programs operate on several basic levels. Geeraert, Noortgate, Grietens, & Onghena (2004) discuss three different levels of prevention in general: primary, secondary, and tertiary (Geeraert et al, 2004). Primary prevention addresses the underlying social context of the abuse and is applied broadly across targeted groups. Secondary prevention is on the family level, or that of specific at-risk groups, and aims to address certain risk factors like poor parenting and social isolation. Lastly, tertiary prevention targets groups where child maltreatment has happened already and is largely an intervention process. Focusing specifically on the secondary prevention level, Geeraert et al (2004) found that "early prevention programs for families with young children (0 to 3 years old) at risk for physical child abuse and neglect produced a highly significant overall effect" (Geeraert et al, 2004, p.286). They are careful to mention that despite positive results found for preventative programs, cultural attributes play a major role in child maltreatment, and the program efficacy they tested in their meta-analysis could easily have been influenced by these cultural and regional differences and thus questions the broader applicability of the findings. In other words, variation in cultural standards may mean that what was effective in one region with one major culture may not be as successful in a region of a predominantly different culture. Before a program model is implemented, careful consideration should be taken of the particular community and its cultural attributes.

Geeraert et al (2004) mention that “child abuse and neglect are to be considered as the consequences of a multifaceted process and as a complex interaction of factors on the distinct levels of child, parent, and environment...” and has roots in parenting problems and overall family functioning (Geeaert et al, 2004, p.287). Bearing this in mind, research done by Sanders, Munford, and Maden (2009) surrounding a particular community-based family services organization is of particular note. Sanders et al (2009) researched a particular organization in one of the most impoverished communities in New Zealand and found that the organization demonstrated “how the combination of neighborhood development, early childhood education and individualised [sic] practice work together to create enhanced outcomes for children and families” (Sanders et al, 2009, p.1088). In a separate study researched by Demo and Cox (2000), maternal warmth and responsiveness decrease with neighborhood poverty while home environment for children similarly decline (Demo & Cox, 2000). This implies that if community strength is wanting, then family relations suffer as a consequence.

In approaching program organization and which services to include, it is thus important to take into account the factors from all life aspects for a multi-level approach. Drawing from the community and its resources as Sanders et al’s study (2009) showed is a crucial part of creating an effective program because those involved are an integral part to offering proper services to the broad needs of the clients. Understanding community needs and clients’ needs within the community goes a long way toward administering the services that will aid the most vulnerable families to the greatest capacity. Fernandez (2007) notes in her research that often the most critical needs are “related to housing, financial constraints, trauma from domestic violence, physical, sexual and psychological abuse, physical and mental ill health and disability, social isolation and lack of support networks” (Fernandez, 2007, p.1372). As discussed earlier,

inadequate housing is an issue especially for families with young children, as are financial constraints, exacerbated by marital conflict and divorce. Mental health of parents has effects that seep into many aspects of life and is interrelated to life stressors such as unemployment; but a child's mental health and/or disability is certainly a large risk factor for abuse. Social isolation, especially in times of transition, can easily amplify the parent or family's current crisis.

Addressing each of these needs as it relates to the individual families is an important function of client-based child abuse prevention services.

There are many scales that researchers have available in which to measure child abuse and further studies that reinforce or discredit the validity of these scales. One particular scale, known as the CAP or Child Abuse Potential Inventory, could be used (besides its original purpose of screening for physical child abuse) as Chaffin and Valle (2002) did for predicting risk for maltreatment and also specifically physical child abuse (Chaffin & Valle, 2002, p.477). They cautioned, however, against relying on one measure only and suggest instead using multiple measures simultaneously to fully assess a program's success and maximize validity of the measures themselves (Chaffin & Valle, 2002). This caution seems logical if taken in relation to the other studies done on the importance of addressing family needs at multiple levels: the more recognition of converging aspects of life playing a role in family stability, the more family-centered programs should rely on various means of accommodating the needs in each area and thus program evaluation should follow suit.

Measurement scales exist for broad ranges of child abuse risk-factors, and each prevention program may be evaluated using various "measurement packages" depending on the goals of the program and what is an appropriate prevention model for the program being tested (Devoe & Kantor, 2002, p.18). Different dimensions to choose from include: family functioning

and environment, family cohesion, marital relations (including satisfaction and adjustment), caregiving context and parent-child interaction, parenting stress, and child's behavior and development. Multiple measures can be used not only to "detect change in family violence prevention/ early prevention programs" but also to evaluate effectiveness of a program in meeting its goals and as a tool to complete various assessments of the family in order to maximize case management success. (Devoe & Kantor, 2002, p.33). Connecting the clients to the resources in the community they need, from counselling to clothing, is one of the most important functions of a case manager. If a multi-leveled intervention is desired to maximize service to clients with complex needs, then it follows that evaluators will pick and choose the various dimensions most applicable to the target of their assessment, whether it is on an individual level or an institutional level.

Assessments are sometimes more meaningful if we can view prevention plans in practice. As a comparison with social policy, Joan Durrant (2006) presents the case of Sweden, which values children's rights quite highly at a political level and has comprehensive social policies in general. Sweden's policies adhere to the UN's Convention on the Rights of the Child, which is based on the standard that: "in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration" (Durrant, 2006, p.5). Specifically, children have a right to be provided for, to be protected, and to be able to be a part of the decision-making process. They are seen as equal citizens to adults and therefore are entitled to the same kinds of protection. One of the factors that sets Sweden apart is its view that it is society's responsibility to institute family policy. Durrant (2006) says, "rather than blaming and punishing individual parents in crisis, the Swedish system emphasises the collective

responsibility of *all* citizens to care for and support children” (Durrant, 2006, p.7). This puts into place a sturdy, mandatory social network so that social isolation is combated and families may have a chance to recover from their crisis through community empowerment and mutual sustainment. In practice, Sweden has tended to live up to its policies by making health care more accessible especially to children who receive medical services and prescriptions, which, if not free, are substantially sponsored by the government. Even more importantly, maternity or paternity leave for birth or adoption is up to 16 months and can be utilized up until the child turns 8. In addition, the children’s needs are taken into account throughout their young years, with official allowances for parents to take days off for school events, children’s illnesses, and to reduce working hours if they have young children; day care is provided to everyone by law, and must meet government standards with cost adjusted for income level (Durrant, 2006, p.8). Counters to social isolation, and parental support and education are universally accessible, according to Durrant (2006), and “all parents are provided with information about child development on an ongoing basis and all are given opportunities to participate in parent support and discussion groups” (Durrant, 2006, p.9). Since physical punishment of children was abolished in the late 1970s, child safety has improved markedly per generation since the 1950s and respect for the individual child has been emphasized legislatively.

Sweden’s preventative model far exceeds that of the United States, especially in government intervention with social policy. Equal access to resources, provisions for child care and extended opportunities for parent-child relationships to be strengthened is an important basis to lowering the stress levels of families, which in turn lowers their vulnerability to child maltreatment. Giving families the ability to properly care for their children, parents the chance to reach out and get social support in return, and offering educational opportunities to optimize

parenting through increased knowledge is instrumental in keeping the vulnerability of child abuse in Swedish families to a minimum.

Similar circumstances can be seen in two different states in the U.S.: Vermont and Alaska. Brown and Jensi (1997) discuss both states in the context of paradigm shifts regarding child abuse awareness and prevention. In the case of Vermont, historically the state has been community-oriented, which acted as a springboard for the institution of their many child protection programs beginning in the 1980s when awareness came to the forefront. Their programs are mostly local, tying in the close communities, and include parenting education and groups, childcare that heavily incorporates parents, play and support groups, and even pregnancy prevention classes in some high schools; within the first few years of the programs, teen pregnancy rates, welfare dependency, and new child abuse cases all fell significantly (Brown & Jensi, 1997). Considering Zuravin's research on teen pregnancy and abuse rates correlating with unplanned children, it is clear that very early intervention to decrease rates of unprepared young parents such as Vermont introduced as part of its program was a large part of its effectiveness. As with the case of Sanders' New Zealand research, emphasis on local needs and relying on community-based program to foster coherence bolsters the program outreach.

Alaska presented a similar case, but through home visiting and parental aide programs beginning in the 1970s with growing awareness of child abuse and willing volunteers and a strength base centered in the local communities. Emphasis on fostering certain skills during home visiting, the method utilized by Alaskan volunteers for interventions and aide, included:

Active listening; personal relationships with client families' contacts; advocacy for access to community resources; offering a hand, not a handout; honest information about reporting of observed child abuse and neglect, personal respect for family confidentiality, and assurance to client families that Friends of Families visits will be maintained as family needs last (Brown & Jensi, 1997, p.344)

Brown and Jensi (1997) mention that in their research they found Alaska still to have higher rates of child abuse and neglect in comparison to Vermont, most likely due to the lack of strong community ties due to geographic and historical differences. Socioeconomic stressors are mentioned—in the context of both states—again, as part of the struggle with abuse because, “when families with children are bombarded by stressors, their levels of coping are directly influenced by availability of support systems” (Brown & Jensi, 1997, p.347). This concept is in keeping with earlier research mentioned in this paper: family support can offset social factors over which parents have no control to facilitate a more stable home environment. Having a network to help sustain families in times of crisis lifts some of the burden that would otherwise be placed squarely on parents, and this allows for a more nurturing environment and a diminishment of stress in the face of persistent underlying stressors.

These few policy application models give a lot of insight and credit to making crucial changes to problems underlying the true social problem. In the case of Sweden, the major shift to viewing children as separate individuals with a specific set of rights had a profound impact on many if not most of their citizens. The country demonstrated that in order to enact change, many levels of society had to be addressed including financial issues (offering childcare assistance at an affordable cost to all), education (ensuring that parent training programs were accessible), socialization (counteracting social isolation of parents), and more opportunity through flexible parental leave policies for parents and children to spend more time together and strengthen their relationship. In the case of the two states, Alaska and Vermont, we see the importance of the role of community in enacting the social policies. We also see how it is important to shape the policies based upon the community itself and its needs, rather than blindly applying any new program to a community at random. In order for a program to succeed, it

should be specific to the local region with careful consideration for the population and the way it functions as a whole.

To conclude, child abuse is not an isolated issue. The roots are in the social underpinnings such as the feminization of poverty, the toxicity of being trapped in poor situations with accumulated risk factors, and many historical policies that have shaped the views and treatment of child abuse. I grouped the main causes of child abuse into a few categories: lack of family planning, family disruption or dissolution, kinship relations between caregiver and child, traits of the child in terms of personality and age, and patterns of child rearing influenced by social context. In many cases these causal factors tend to overlap due to situational influences and, so compounded, tend to increase the incidence and likelihood of child maltreatment. Each of the categories could be either exacerbated by or a consequence of major life stressors, such as a lack of community or family support, financial constraint, or job loss. Throughout my research I discovered that overall the most important counter to the possibility of child abuse is to provide family support. Ensuring that families, and especially young or single parents, have a strong support system in place to offset isolation, inexperience, financial difficulty, and being overwhelmed is essential in preventing child maltreatment. The crux of all of this guiding information is the implications for provision of service programs. Providing effective programs involves understanding the local community needs, applying the best-suited and appropriately tested model, and assisting vulnerable families on a personalized and community-based level. These family-based programs are an empowering and practical element both for the prevention of and intervention in child abuse cases, allowing families to learn about, strengthen, and improve their relationships in a safe and supportive environment.

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