

Research and Practices in

Child Maltreatment Prevention

Volume 1 of 2

Definitions of
Abuse and Prevention



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Child Maltreatment Prevention

Volume 1 of 2

Definitions of Abuse and Prevention

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FOREWORD

The essence of pediatrics is prevention, beginning with counseling during the prenatal period and continuing with well-baby visits and child care during the years of growth and development of each child. Since Jenner's inoculation of James Phipps in 1796 with the pus from cowpox blisters on the hands of Sarah Nelmes, a milkmaid who had contracted cowpox from a cow called Blossom, to the most recent vaccine for the prevention of the spread of human papilloma virus, immunizations have repeatedly proven the value of prevention. These vaccines have virtually eliminated a host of infectious diseases, such as smallpox, chickenpox, diphtheria, tetanus, whooping cough, polio, measles, mumps, rubella, most forms of bacterial meningitis, hepatitis A and B, influenza, and rotavirus. Other prevention programs, particularly those initiated by the Council on Injury, Violence and Poison Prevention of the American Academy of Pediatrics, have reduced the incidence of serious injuries and deaths in childhood by their prevention strategies. Educational programs and promotion of the use of condoms to prevent the spread of HIV has reduced the scourge of HIV/AIDS all over the world.

Now comes the first comprehensive book on the prevention of child maltreatment. A vaccine against this cause of morbidity and mortality in children and young adults is devoutly to be wished, but this would be too simple, since the etiologies for these harms to children are multiple and are not amenable to monovalent solutions. The reasons for child maltreatment are woven into the fabric of our society, our collective consciousness, our own medical and psychosocial histories, and belief systems that have deep roots in our earliest days as a species. Understanding the origins of this historical problem is challenging, but it is essential to prevention.

Prevention programs should meet certain criteria: measurability of results, ease of accessibility and understandability for clients, broad goals, sufficient control of variables, service provision for a reasonable period of time, adaptability to diverse populations, and provision of continuing education to providers. This book will help to guide the design and implementation of prevention programs dedicated to reducing the number of children affected by child abuse and neglect. It is a welcome new addition to the literature on violence against children.

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FOREWORD

Child maltreatment is a significant yet preventable problem. According to the Centers for Disease Control and Prevention, more than 1 in 10 children and youth experienced at least one form of child maltreatment in the past year, and more than 1400 children died from abuse and neglect in the United States in 2013. Globally, a quarter of adults are reported to have been physically abused as children, while 1 in 5 women and 1 in 13 men have been sexually abused as children. The statistics, however, only portray part of the picture of child maltreatment. Apart from the criminal justice, special education, and child welfare costs associated with child maltreatment, there are health care costs not only for the victims as abused children but also when they grow up as adults. There is now a substantive body of knowledge attesting to the long-lasting effects of child maltreatment on victims' health throughout the life span. For example, the Adverse Childhood Experiences (ACEs) Study has clearly demonstrated that children who are abused or neglected are at higher risk for health problems as adults, including alcoholism, smoking, drug use, depression, obesity, eating disorders, high-risk sexual behaviors, and chronic diseases, with cost to the health care system and society. And yet, child maltreatment is preventable and can be stopped before it occurs.

Which strategies and programs to prevent child maltreatment are effective? This is a question that may have been asked many times ever since child maltreatment was brought to the public's attention decades ago. *Research and Practices in Child Maltreatment Prevention* addresses the complexity of child maltreatment and its prevention by examining the complex interplay of individual, family, and environmental factors that may contribute to child maltreatment, thus reinforcing the importance of fostering safe, stable, and nurturing relationships and environments to preventing child abuse and neglect. Whether your interest is in primary, secondary, or tertiary prevention, and whether your focus is on individual interventions or changing societal norms, you will find what you need in this detailed and well-resourced title.

The authors and editor are to be commended for their expertise and excellent contributions to child maltreatment prevention. This book is a valuable resource for those who are committed to preventing child abuse and neglect.

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PREFACE

Child abuse in its various forms is miserable, degrading, often repetitive or chronic, emotionally adverse, and a human rights violation. Child abuse is expensive. It leaves scars on the individual and society. Evaluation, intervention, and treatment can never fully repair the damage of child abuse once it has occurred. Thus prevention is the ultimate solution.

When a child is born, many possibilities exist as to what his/her future may be. Genetics, the social environment, and external events may limit some possibilities. But child abuse further restricts life options, whether it is the acute trauma of abuse or the grinding harm of neglect. Prevention is not only about keeping options open, it should be about shaping the brain and body to create the best adult that a child can become.

This book approaches aspects of child abuse prevention in a variety of ways. Most of the prevention in these chapters is primary (before abuse occurs) or universal (strategies to reach out to an entire population). Prevention is not about program improvement—often erroneously cited as “prevention.” It is important that at the end of the day, a child is safer because of some improvement, not that some agency program works better. Prevention should be less about “fixing” an environment and more about dynamically shaping the future. As events occur and the world evolves, prevention should be part of that change and be an agent for change. Ultimately, social norms and the policies that reflect them must change. Most people would revolt against the notion of young children working in mines, would put their children in seat belts, and ensure safe water sources for their children. Years ago, these concepts were not universally agreed or adhered to, but times have changed.

Through the wisdom of a diverse team of authors, it is hoped that a deeper understanding of current prevention efforts will be achieved. The range includes programs, non-programmatic efforts, governmental efforts at national and international levels, agencies and concepts, theory, and human change.

Prevention of child abuse has made some successes, but changing human behavior is hard. But in the words of Dr. Seuss, “unless someone like you cares a whole awful lot, nothing is going to get better. It’s not.” The children depend on you.

Randell Alexander, MD, PhD

REVIEWS

Research and Practices in Child Maltreatment Prevention is an in-depth and conceptually rich 2-volume set that reviews the history, present, and potential future of child maltreatment prevention. Prevention should be a top priority for every professional, agency, and institution addressing child maltreatment. Without the unified vision and effort of everyone involved in mitigating the terrible toll of child maltreatment, we risk the perception, and perhaps even the reality, of becoming a child abuse industry, merely processing victims and perpetrators rather than effecting the revolutionary social movement to ensure a better future for children, families, and societies that I, and most of my colleagues, envision.

With more than 80 contributors representing business, child advocacy, counseling, economics, education, government, law, medicine, psychology, public health, social science, and social work, these 2 volumes are the most current and comprehensive resource addressing child maltreatment prevention. Every private and public agency, educational department, hospital, library, and most professionals involved in the child maltreatment field should have ready access to this information, whether it be on their bookshelves or online. Thanks to Randy Alexander for leading this effort and to all the contributors for their dedication to a brighter tomorrow.

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Child abuse and neglect are preventable public health issues. Research and Practices in Child Maltreatment Prevention, Volume 1: Definitions of Abuse and Prevention outlines the remarkable progress that has been made over the last several decades in understanding how to prevent child abuse and neglect. Leading researchers in the field provide information on the different types of

abuse and neglect, prevention programs and their effectiveness, and other non-programmatic approaches to child abuse and neglect prevention.

In particular, Chapter 14, "Nonprogrammatic approaches to Child Maltreatment Prevention" highlights a deliberate shift toward enhancing protective factors at all levels of the social ecology, including the community and societal levels, with a specific focus on changing norms, changing the narrative of the critical importance of early childhood, and assuring the conditions that support safety, security, and nurturance. This chapter reinforces the idea that a broad public health impact on child abuse and neglect prevention will likely require a comprehensive focus that includes attention to social norms, policy, and systems approaches, in addition to individual- and relationship-focused programs.

This text is an important resource for all child abuse and neglect prevention professionals. It will be an excellent resource for those new to prevention and for the seasoned professional who needs an update on the latest research across the different varieties of abuse and neglect.

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As the first major textbook dedicated exclusively to research on the prevention of child maltreatment, Research and Practices in Child Maltreatment Prevention, Volume 1 provides a multidimensional, state-of-the-art perspective from leading experts in the field. This book is highly relevant to professionals from a broad array of disciplines who are committed to preventing various forms of child maltreatment. Chapters cover such critical areas as social determinants of child maltreatment, the role of the CDC in child maltreatment prevention, research designs in prevention, and expanding definitions of evidence in child maltreatment prevention. A particularly interesting chapter addresses nonprogrammatic approaches to child maltreatment prevention. It includes a comprehensive discussion of preven-

tion interventions that go beyond the customary "one-to-one" approaches (eg, home visitation, parenting classes) and provides examples of creative macro-level prevention approaches.

This book is highly recommended for all professionals who work with children and for policymakers concerned with child welfare. Readers will find this book an invaluable resource that expands visions and perspectives on child maltreatment prevention.

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Research and Practices in Child Maltreatment Prevention, Volume 1: Definitions of Abuse and Prevention will fill a void in the library of any professional concerned with child welfare. The authors offer a dynamic perspective on the issue, taking into account changes in culture, public policy, the economy, technology, and other issues affecting children and families. So doing, they define the impact these changes can have on parenting, child safety, and service delivery systems. The multidisciplinary nature of child welfare professions is evident in the credentials of the contributing authors and the various conceptual frameworks utilized in defining and analyzing information about various types of maltreatment. Practitioners from any allied profession will find practical resources in this volume. From syntheses of critical research on preventing different types of child maltreatment to calls to action to researchers, practitioners, and policymakers, this volume has the potential to define the agenda and elevate education and practice in maltreatment prevention.

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Research and Practices in

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Definitions of
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SECTION I

INTRODUCTION

ETIOLOGY AND RISK AND PROTECTIVE FACTORS IN THE CONTEXT OF PRIMARY PREVENTION

Rebecca T. Leeb, PhD

At the heart of child maltreatment prevention efforts lies the origins and causes of child abuse and neglect. Why does abuse and neglect of children by caregivers occur, and continue to occur, despite widespread recognition of the problem and its sequelae? What factors place children at risk? What factors protect children from harm? Child maltreatment is now widely recognized by experts as a public health problem and one that is amenable to public health prevention strategies; however, in order to design effective primary prevention programs and strategies, it is necessary to know as precisely as possible what causes the condition one intends to prevent and what factors influence the likelihood that the condition will occur and perpetuate. Answering questions about the etiology of child maltreatment is critical and provides fundamental information for designing effective prevention strategies and programs that can be widely implemented.

In this chapter a brief overview of a public health-based definition of child maltreatment and definitions of the various types of abuse and neglect is presented. Additionally, the magnitude of the problem and etiology of child maltreatment are discussed. Risk and protective factors for child maltreatment in general, including both factors that buffer against risk and those that protect children from harm independent of risk status, and the specific types of child abuse, ie, physical, sexual, and psychological abuse, and neglect, will be reviewed with respect to the ecological model. Finally, implications for primary prevention will be examined.

THE PUBLIC HEALTH FRAMEWORK

Child maltreatment is a substantial problem in the United States with wide-ranging short- and long-term impacts on the health of children and adults. The public health model offers a framework to address public health problems in a coordinated manner.¹ Four distinct steps make up the public health approach and each step is designed to inform the next:

1. Public health surveillance and epidemiology are used to determine the magnitude and impact of the problem.
2. Etiologic research is conducted to identify risk and protective factors that can be modified with prevention programs and policies.
3. Prevention strategies are developed and tested empirically to determine the most effective and efficacious strategies.
4. Empirically supported prevention strategies are broadly disseminated.

All 4 steps of this model are action oriented and aimed at the primary prevention of public health issues. This chapter will focus on the first 2 steps of the model.

DEFINITIONS, MAGNITUDE, AND ETIOLOGY OF CHILD MALTREATMENT

Before it is possible to identify those factors that may be key to protecting children from harm and developing prevention strategies for child maltreatment, we must agree on what we are trying to prevent. Defining and operationalizing child maltreatment has challenged professionals in the field since Kempe and colleagues first coined the term “battered child syndrome.”² To date, the multiple sectors addressing this issue, including Child Protective Services (CPS), legal and medical communities, public health officials, researchers, practitioners, and advocates, often use their own definitions, thus limiting communication across disciplines and hampering efforts to identify, assess, track, treat, and prevent child abuse and neglect effectively. All too often, the definition of child maltreatment depends on the context in which it is being used.

To aid in the collection of public health–based data on child maltreatment, the Centers for Disease Control and Prevention embarked on a collaborative effort with professionals in child maltreatment research, prevention, and surveillance from settings including universities, state health departments, hospitals, contracted research firms, and other federal agencies to develop conceptual definitions of child maltreatment and guidelines for their use in public health settings. The definitions are intended to aid state and local health department staff in the collection of public health surveillance data on child maltreatment. Because the definitions were developed through a collaborative effort, they draw heavily upon definitions already in use in other sectors, complement existing definitions, and have been modified to fit the needs of public health professionals whose mission is to prevent child abuse and neglect before it occurs.³

CHILD MALTREATMENT DEFINED

The CDC defines child maltreatment as “Any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child.”³ In addition to the overall definition, CDC also provides definitions for the individual types of abuse and neglect, ie, physical abuse, including abusive head trauma; sexual abuse; psychological abuse; and 2 forms of neglect: failure to provide and failure to supervise. (**Table 1-1** provides CDC definitions for each type of maltreatment.)

Although the CDC definitions of child abuse and neglect limit perpetrators to parents and caregivers, a parent or caregiver is broadly defined to be inclusive of anyone who is in a permanent or temporary custodial role at the time of the maltreatment incident and who is responsible for the care and control of the child and for the child’s overall health and welfare. Perpetrators of child maltreatment are not limited to adults, but in order to differentiate child maltreatment from peer violence, perpetrators must be responsible for the child at the time of the incident. Thus peer bullying and peer-to-peer sexual harassment would not be included as forms of child maltreatment in this public health–based definition. Furthermore CDC definitions require that sexual abuse be perpetrated by a caregiver who is known to the child. Although rape of a child by a stranger is a violent act against a child, it is considered assault rather than abuse and is not included as a form of child maltreatment in the CDC definition of sexual abuse. These exclusions and caveats provide a definition that is broad enough to cast a wide net in determining the number of children who experience maltreatment within the population in order to provide a foundation from which to launch large-scale primary prevention efforts.

Table 1-1. CDC Definitions of Maltreatment Types*

TYPE OF ABUSE	DEFINITION [†]																				
Physical abuse	<p>Physical abuse is defined as the intentional use of physical force against a child that results in, or has the potential to result in, physical injury.</p> <p>Physical abuse includes physical acts ranging from those which do not leave a physical mark on the child to physical acts which cause permanent disability, disfigurement, or death. Physical abuse can result from discipline or physical punishment.</p> <p>Physical abuse can include:</p> <table border="0" data-bbox="370 575 1170 765"> <tr> <td>— Hitting</td> <td>— Biting</td> <td>— Dragging</td> <td>— Smothering</td> </tr> <tr> <td>— Kicking</td> <td>— Pushing</td> <td>— Dropping</td> <td>— Burning</td> </tr> <tr> <td>— Punching</td> <td>— Shoving</td> <td>— Shaking</td> <td>— Scalding</td> </tr> <tr> <td>— Beating</td> <td>— Throwing</td> <td>— Strangling/ choking</td> <td>— Poisoning</td> </tr> <tr> <td>— Stabbing</td> <td>— Pulling</td> <td></td> <td></td> </tr> </table> <p><i>Exceptions</i></p> <p>Physical injuries to the anal or genital area or surrounding areas, eg, anal or genital bruising or tearing; internal injuries resulting from penetration by a penis, hand, finger, or other object that occur during attempted or completed sexual abuse; or other physical injuries that result from attempted or completed sexual abuse, eg, bruises due to restraint, hitting, and pushing, are considered sexual abuse and do not constitute physical abuse.</p>	— Hitting	— Biting	— Dragging	— Smothering	— Kicking	— Pushing	— Dropping	— Burning	— Punching	— Shoving	— Shaking	— Scalding	— Beating	— Throwing	— Strangling/ choking	— Poisoning	— Stabbing	— Pulling		
— Hitting	— Biting	— Dragging	— Smothering																		
— Kicking	— Pushing	— Dropping	— Burning																		
— Punching	— Shoving	— Shaking	— Scalding																		
— Beating	— Throwing	— Strangling/ choking	— Poisoning																		
— Stabbing	— Pulling																				
Abusive head trauma	<p>Assault of infants and children (< 5 years of age) resulting in injury to the skull or intracranial contents from impact and/or violent shaking.</p> <p><i>Exclusions</i></p> <ul style="list-style-type: none"> — Neglect — Gunshot wounds/ stab wounds/ penetrating trauma 																				
Sexual abuse	<p>Any completed or attempted (noncompleted) sexual act, sexual contact with, or exploitation, ie, noncontact sexual interaction, of a child by a caregiver.</p>																				
Psychological abuse	<p>Intentional caregiver behavior, ie, act of commission, that conveys to a child that he/she is worthless, flawed, unloved, unwanted, endangered, or valued only in meeting another's needs. Psychological abuse can be continual, ie, chronic and pervasive, or episodic, ie, triggered by a specific context or situation, eg, caregiver substance use/abuse.</p> <p>Psychologically abusive behaviors may include:</p> <table border="0" data-bbox="370 1537 1163 1644"> <tr> <td>— Blaming</td> <td>— Intimidating</td> <td>— Restraining</td> <td>— Exploiting</td> </tr> <tr> <td>— Belittling</td> <td>— Terrorizing</td> <td>— Confining</td> <td>— Spurning</td> </tr> <tr> <td>— Degrading</td> <td>— Isolating</td> <td>— Corrupting</td> <td></td> </tr> </table> <p>or otherwise behaving in a manner that is harmful, potentially harmful, or insensitive to the child's developmental needs or can potentially damage the child psychologically or emotionally.</p> <p style="text-align: right;"><i>(continued)</i></p>	— Blaming	— Intimidating	— Restraining	— Exploiting	— Belittling	— Terrorizing	— Confining	— Spurning	— Degrading	— Isolating	— Corrupting									
— Blaming	— Intimidating	— Restraining	— Exploiting																		
— Belittling	— Terrorizing	— Confining	— Spurning																		
— Degrading	— Isolating	— Corrupting																			

Table 1-1. CDC Definitions of Maltreatment Types* (continued)

TYPE OF ABUSE	DEFINITION [‡]
Neglect	The failure to provide for a child’s basic physical, emotional, or educational needs or to protect a child from harm or potential harm.
Failure to provide	Failure by a caregiver to meet a child’s basic physical, emotional, medical/dental, or educational needs—or combination thereof.
Failure to supervise	Failure by the caregiver to ensure a child’s safety within and outside the home given the child’s emotional and developmental needs.

**Adapted from Leeb et al.³*
[‡]For complete definitions, see Leeb et al.³

MAGNITUDE OF CHILD MALTREATMENT

Despite the lack of consensus across the various disciplines that are engaged in the prevention of child maltreatment on definitional issues related to abuse and neglect, it is evident from available statistics that regardless of the definition used the problem of maltreatment is substantial. The Office of Child Abuse and Neglect at the federal Administration for Children and Families estimates that during 2008 an estimated 3.3 million referrals, involving the alleged maltreatment of approximately 6 million children, were referred to CPS agencies throughout the United States. Of these, approximately 63% (1.5 million children) were screened in for investigation or assessment. Of the cases investigated approximately 772 000 children were determined to be victims of abuse or neglect, based on reports to Child Protective Services. In 2008 the rate of victimization for American children was 10.3 per 1000 children in the population.⁴

Calculation of child victimization rates for maltreatment depends on how the definition of maltreatment is operationalized. As mentioned previously, the multiple sectors addressing this issue often use their own definitions, resulting in variations in the number of cases counted as “actual” cases of child maltreatment. Because of the National Child Abuse and Neglect Data System’s (NCANDS) reliance on social services data, the statistics provided by the United States Department of Health and Human Services (HHS) reflect only those cases that come to the attention of, and are investigated by, social welfare authorities. The fact that one-third of all cases reported to CPS were not investigated raises the possibility that the prevalence of maltreatment exceeds the numbers reported.⁵

The National Incidence Study (NIS)⁶ attempts to address the problem of relying solely on reports to social services to determine the magnitude of child maltreatment. Initially mandated by congress in 1974, the NIS periodically collects data from both CPS and community professionals who have contact with children and families, ie, “sentinels,” such as police and sheriffs’ departments; public schools; daycare centers; hospitals; mental health agencies; juvenile probation departments; public housing; shelters for runaways, homeless youth, and victims of domestic violence; and public health departments. Data are collected from a nationally representative sample of US counties and have been gathered on 4 occasions: 1979-1980, 1983, 1993, and 2005-2006.

The NIS uses 2 definitional standards: the Harm Standard and the Endangerment Standard. The Harm Standard has been in use since the First NIS and requires demonstrable harm or injury by a parent in order for an act of commission or omission to be classified as abuse or neglect. Thus, a case in which a child is brought to the

emergency room with visible injuries characteristic of shaken baby syndrome and his father reports shaking the child to get him to stop crying would meet the Harm Standard. Beginning with the Second NIS, cases that met a less stringent standard, the Endangerment Standard, were also included in the estimate of the magnitude of child maltreatment. The Endangerment Standard counts all children who meet the Harm Standard as well as those children who have not yet been harmed by abuse or neglect but are deemed by a sentinel to be likely to experience harm from abuse or neglect. The Endangerment Standard also includes cases in which a CPS investigation substantiated or indicated their maltreatment even when there was no evidence of specific harm to the child. Thus a case in which a social services case worker removes a child from a home with a meth lab kept by her parents—addicts who sell other illicit substances—would meet the Endangerment Standard because, although the child has not been harmed in a demonstrable way, her living situation puts her in a position where she is very likely to experience harm at some point. Furthermore, the Endangerment Standard also allows for a broader array of perpetrators, eg, adult caregivers other than parents. Based on the NIS definitional standards, an estimated 1.25 million (1 in every 58 US children [Harm Standard]) to 3 million (1 in every 25 US children [Endangerment Standard]) were determined to have experienced abuse or neglect in 2005-2006. This is a significantly higher incidence of maltreatment than is found by reports to CPS alone; however, these numbers are still subject to differences in how the definition of maltreatment is operationalized, and data need to be collected at regular intervals in order to accurately assess changes in the incidence and prevalence.

The best method of gathering data on the incidence and prevalence of maltreatment is to ask children themselves. In studies where children are asked directly about their experiences of any type of maltreatment, the rate of child maltreatment in the general population is substantially higher (136 per 1000 children in the population,⁷ or approximately 1 in 10 US children⁸).

Although the exact number of children impacted by abuse and neglect in the United States is unknown, the burden placed on children, families, and society is substantial and the estimated cost of maltreatment to society is staggering. In 2008 the direct economic costs of child maltreatment, eg, hospitalization, chronic physical health problems, mental health care, welfare, law enforcement, and court action, and the indirect, long-term economic costs of child maltreatment, eg, loss of educational attainment and work productivity and burden on insurers, were estimated at \$104 billion annually, making the impact on societal health and the public economy significant.⁹

THE ECOLOGICAL MODEL:

AN ETIOLOGIC MODEL FOR CHILD MALTREATMENT

A variety of frameworks are available for understanding risk and protective models. Early models to explain the origins and causes of abuse and neglect focused on single risk factors, such as parental psychopathology, caregiver history of abuse and neglect, and child temperament, as possible primary causes of maltreatment; however, no single risk factor or set of risk factors has emerged from this research as constituting a necessary or sufficient cause of abuse and neglect. As a result, a variety of interactive etiologic models have been developed that consider the complex interplay of individual, family, and environmental factors that may contribute to child maltreatment.⁵ The ecological model, which posits that individuals develop within a number of nested social contexts, provides a useful framework for examining risk and protective factors for child maltreatment. As conceptualized by Belsky¹⁰ the ecological model has 4 primary levels: ontogenic, microsystem, exosystem, and macrosystem.

More recently the World Health Organization (WHO) expanded the application of the framework to additional types of violence beyond child maltreatment, including youth violence, intimate partner violence, sexual violence, and elder abuse, and described the levels using less burdensome language, ie, the individual, relationship, community, and societal levels.¹¹ The individual level (ontogenic) is primarily concerned with biological and personal factors that increase the likelihood of becoming a victim or perpetrator of violence, specifically issues of caregiver childhood experience of abuse and neglect, cognitive models of caregiver-child relationships, and biological aspects of the child and caregiver. The relationship level (microsystem) represents the immediate environment and context in which violence perpetration and victimization takes place as well as the proximal social relationship that may increase risk for violence. The community level (exosystem) includes more distal relationships in the formal and informal social structures that impact and influence victimization and perpetration, such as schools, workplaces, and neighborhoods. Finally, the societal level (macrosystem) examines greater factors that may create a climate in which violence is encouraged or inhibited. This level subsumes cultural values and beliefs that foster violence within families and communities.¹¹⁻¹²

Each context within the model provides increasingly distal influences on individual development, beginning with the most proximal influence and characteristics of the individual and expanding outward to characteristics of the individual's family, community, and society/culture. In the ecological model, individuals actively shape their environments and are shaped by them. Each of the levels functions in a transactional manner with interactional influences existing across contextual boundaries. Proximal variables most often have a direct influence on potential for maltreatment, while more distal variables may have direct or indirect influence, working through more proximal variables, on the individual's likelihood of experiencing maltreatment. Furthermore, distal characteristics and contexts may have a delayed effect and their impact may not be evident until later in a child's development.

How each of these 4 levels of the model is operationalized for research is often based on the research question, available sample, and other factors related to the study at hand. For the purposes of this chapter the levels of the ecological model have been operationalized as follows:

1. Individual: individual/child, parent/caregiver
2. Relationship: parent/caregiver-child relationship, family
3. Community: neighborhood
4. Societal: society/culture

Factors discussed at each level will relate to both perpetration by the caregiver and victimization of the child. (See **Figure 1-1.**)

RISK FACTORS FOR CHILD MALTREATMENT AND IMPLICATIONS FOR PREVENTION

RISK FACTORS FOR CHILD MALTREATMENT

Risk factors for child maltreatment have been identified within all levels of the ecological model. The Surgeon General's report on youth violence defined risk factors as those elements that increase the chances of a person acting violently or being the victim of a violent act.¹³ More specifically, a risk factor is a characteristic, variable, hazard, event, or circumstance that if present for a given child makes it more likely that the child will experience abuse or neglect. It is important to note, however, that many risk factors are not static and factors that may increase risk for child maltreatment at one life stage may

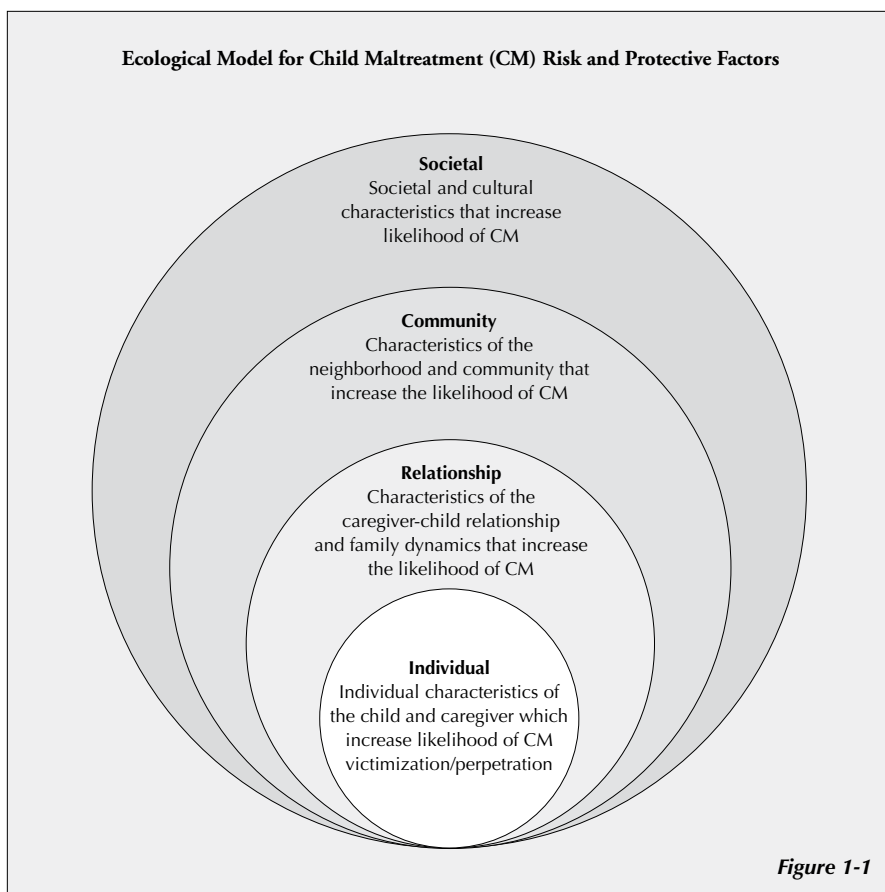


Figure 1-1. Ecological model for child maltreatment risk and protective factors. Adapted from Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano L, eds.¹¹

or may not put the same individual at risk at a later stage in development.⁵ Further, the presence of a risk factor, or multiple risk factors, in a child's life does not ensure that the child will experience abuse or neglect.

Tables 1-2 through **1-7** provide an overview of risk factors at each level of the model based on a review of recent literature. At each ecological level risk factors are grouped within general domains and the type of maltreatment for which risk has been identified is indicated.

The vast majority of the early research on risk factors for child maltreatment focused on the most proximal levels of the social ecology, ie, child characteristics, characteristics of the caregiver, and factors related to child-caregiver interaction.

INDIVIDUAL LEVEL

Child Characteristics

Psychological and personality characteristics of the child have received substantial empirical attention. Child demographics, such as age, sex, and race have been studied extensively, and although most studies find these factors to be correlated with maltreatment in general, causal effects are unclear and have not been established. It is likely that demographic factors act as proxies for other indirect risk factors.¹⁴⁻¹⁵ For example, Sedlak¹⁵ found that risk status for maltreatment varied with children's age, but the relationship was modified by interactions with other risk factors, such as race/ethnicity and family structure. Similarly, minority race and ethnicity, eg, African-American or Latino/Hispanic, have been associated with higher risk of maltreatment in some studies,¹⁵⁻¹⁹ but as noted above, demographic factors interact with risk factors at other levels of the ecological model.

Table 1-2. Risk Factors for Child Maltreatment (Ecological Level: Child)

RISK FACTOR	TYPE OF MALTREATMENT					
	ANY/MULTIPLE	FATAL	PHYSICAL	SEXUAL	PSYCHOLOGICAL	NEGLECT
DEMOGRAPHIC						
Age		X	X*	X	X	
Race	X					
Gender				X		
EMOTIONAL/BEHAVIORAL						
Temperament (irritability, crying)	X		X*			
Behavioral problems/negative behavior			X			X
Externalizing behavior			X			X
Internalizing behavior			X			X
Psychiatric symptoms			X			
PSYCHOLOGICAL						
Disability	X		X	X		
Premature birth						X
Infant illness	X					
Low birth weight	X					X
Prenatal substance exposure						X
Less physical attractiveness						X
PRIOR VICTIMIZATION						
Victimization/assault by non-family member	X			X		
History of maltreatment	X			X		
Witnessing physical/sexual maltreatment/assault of family member	X			X		

**Abusive head trauma only*

Table 1-3. Risk Factors for Child Maltreatment (Ecological Level: Caregiver)

Risk Factor	TYPE OF MALTREATMENT					
	ANY/MULTIPLE	FATAL	PHYSICAL	SEXUAL	PSYCHOLOGICAL	NEGLECT
DEMOGRAPHIC						
Biological parent		X		X		
Low educational attainment	X	X		X		X
Early childbearing/ young parental age	X	X	X			X
Race/ethnicity						
Gender/sex		X*‡	X‡			
Single parent	X					
Family structure	X	X	X			
Unrelated adults in home	X	X	X	X		X
PARENTING/BEHAVIORAL						
Harsh discipline	X		X			X
Hostile caregiving			X		X	X
Poor caregiving skills	X	X				X
Low maternal motivation						X
Low parenting satisfaction						X
Low locus of control over child			X*			X
Low satisfactions/enjoy- ment with parenting				X		X
History of abuse/neglect of same or other child	X	X	X	X	X	X
History of neglect of child		X		X		X
PERCEPTIONS OF CHILD						
Negative attributions about child behavior		X				X
Unrealistic expectations of child		X	X			X
Poor understanding of developmental norms		X	X			X
Inability to read child emotional cues			X			(continued)

Table 1-3. Risk Factors for Child Maltreatment (Ecological Level: Caregiver) (continued)

RISK FACTOR	TYPE OF MALTREATMENT					
	ANY/MULTIPLE	FATAL	PHYSICAL	SEXUAL	PSYCHOLOGICAL	NEGLECT
EMOTIONAL/ PSYCHOLOGICAL						
Psychopathology/ mental illness	X	X	X			X
Depression	X	X	X			X
Maternal dysphoria (unhappiness [not depression], emotional distress, anxiety)		X				
Paternal dysphoria (unhappiness [not depression], emotional distress, anxiety)			X			
Low self-esteem		X				
Substance abuse	X	X	X [‡]			X
Impulsivity/ hyper-reactivity	X	X				X
Poor stress management						
Lack of empathy						
Poor marital adjustment	X					
Poor marital satisfaction	X					
Low interpersonal social support						X
Unplanned/unwanted pregnancy			X			X
PHYSIOLOGICAL/ COGNITIVE CHARACTERISTICS						
Learning disability						X
Cognitive processing deficits			X			
Physical disability		X				
Chronic health problems		X				

(continued)

Table 1-3. Risk Factors for Child Maltreatment (Ecological Level: Caregiver) (continued)

RISK FACTOR	TYPE OF MALTREATMENT					
	ANY/MULTIPLE	FATAL	PHYSICAL	SEXUAL	PSYCHOLOGICAL	NEGLECT
HISTORICAL CHARACTERISTICS						
History of/current criminal behavior		X	X	X [‡]		
Poor relationship with parents	X				X	
No/little prenatal education	X					
PRIOR VICTIMIZATION						
History of any child maltreatment	X		X	X	X	X
History of physical abuse			X			
History of sexual abuse				X		
History of emotional abuse					X	
History of witnessing family violence	X		X			X
*Abusive head trauma only						
‡ Boys only						

Table 1-4. Risk Factors for Child Maltreatment (Ecological Level: Caregiver-Child Interaction)

RISK FACTOR	TYPE OF MALTREATMENT					
	ANY/MULTIPLE	FATAL	PHYSICAL	SEXUAL	PSYCHOLOGICAL	NEGLECT
LOW EMOTIONAL RESPONSIVENESS TO CHILD/INDIFFERENCE TOWARD CHILD						
Few positive physical verbal/social interactions with child	X		X			
Verbal aggression toward child	X		X	X		X
Birth complications/separation after birth due to complications			X		X	X
<i>(continued)</i>						

Table 1-4. Risk Factors for Child Maltreatment (Ecological Level: Caregiver-Child Interaction)
(continued)

RISK FACTOR	TYPE OF MALTREATMENT					
	ANY/MULTIPLE	FATAL	PHYSICAL	SEXUAL	PSYCHOLOGICAL	NEGLECT
LOW EMOTIONAL RESPONSIVENESS TO CHILD/INDIFFERENCE TOWARD CHILD						
Low parental support for child	X					
Low affection toward child			X	X		X
Frequent TV watching by child			X	X		X
Child behavior perceived negatively						X

Table 1-5. Risk Factors for Child Maltreatment (Ecological Level: Family)

RISK FACTOR	TYPE OF MALTREATMENT					
	ANY/MULTIPLE	FATAL	PHYSICAL	SEXUAL	PSYCHOLOGICAL	NEGLECT
DEMOGRAPHIC						
Low SES/income	X	X	X	X	X	X
Unstable employment/unemployment	X	X	X	X [‡]		X
Single parent	X		X	X		X
Single parent cohabiting with non-marital partner			X*	X		X
Unrelated adults in home	X			X		X
Large family size	X	X	X	X		X
Young father			X			X
EMOTIONAL/ PSYCHOLOGICAL						
Caregiver substance abuse	X	X	X	X	X	X
Poor family adaptability		X				
Poor family cohesion		X				

(continued)

Table 1-5. Risk Factors for Child Maltreatment (Ecological Level: Family) (continued)

RISK FACTOR	TYPE OF MALTREATMENT					
	ANY/MULTIPLE	FATAL	PHYSICAL	SEXUAL	PSYCHOLOGICAL	NEGLECT
EMOTIONAL/ PSYCHOLOGICAL (CONT)						
Lack of expressiveness in family			X			
Lack of caregiver support for one another			X			X
Poor marital relationship			X		X	X
Lack of external support for family				X		
STRESSORS						
General stress	X		X			X
Parenting stress	X		X			X
Daily life stress	X		X			X
Multiple major life stressors			X	X		X
Residential mobility	X					
Perceived material hardship						X
Recent changes/instability in household structure	X			X		X
HISTORY OF/CURRENT VIOLENCE						
Current IPV	X		X	X	X	
History of IPV						
Caregiver history of child in current home	X					
Caregiver history of abuse of child in former home	X					
Family conflict	X		X	X	X	
Caregiver childhood history of CM or witnessing family violence			X			X
Current/past family contact with social services/child welfare	X	X	X	X		X
PHYSICAL ENVIRONMENT						
Dangerous physical home environment	X					

*Abusive head trauma only
‡Boys only

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Research and Practices in Child Maltreatment Prevention

Volume 1 of 2

Definitions of Abuse and Prevention

STM Learning's all-new reference, *Research and Practices in Child Maltreatment Prevention*, begins with a broad and comprehensive first volume—*Definitions of Abuse and Prevention*. This first of two volumes defines in detail various types of child abuse, the history of child abuse prevention, contemporary prevention models, and emergent risk factors for the abuse of children.

Expert contributors in medicine, social work, and public health have collaborated to make this all-new textbook an essential tool for their colleagues in child abuse prevention. Researchers and field professionals in medicine, law, social work, and associated fields will enjoy the benefit of an up-to-date, peer-reviewed survey of contemporary models in child protection and the prevention of child maltreatment.

SUBJECTS INCLUDE

- Etiology of child abuse
- Risk and protective factors
- Social determinants of child maltreatment
- Public health approaches to abuse
- The economic impact of child abuse
- Prevention models for:
 - Physical abuse and corporal punishment
 - Childhood sexual abuse
 - Psychological maltreatment
 - Child neglect
 - Commercial sexual exploitation of children
 - Exposure to domestic and community violence
 - Technology-facilitated sexual abuse of minors



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