

DOCUMENT RESUME

ED 207 669

PS 011 958

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**TITLE** Prevention of Child Abuse: Theory, Myth, Practice.  
**SPONS AGENCY** National Inst. of Mental Health (DHEW), Rockville, Md.  
**PUB DATE** Apr 81  
**GRANT** NIMH-1-T01-MH15517-01A2-CD  
**NOTE** 19p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (Boston, MA, April 2-5, 1981).

**EDRS PRICE** MF01/PC01 Plus Postage.  
**DESCRIPTORS** \*Behavior Theories; \*Child Abuse; Child Advocacy; Child Welfare; \*Ecology; Family Problems; \*Intervention; \*Prevention; Risk; \*Systems Approach; Theories; Violence  
**IDENTIFIERS** Social Policy

**ABSTRACT**

Child abuse is discussed in terms of theory which when realized may lead to more effective primary and secondary prevention efforts. Theoretical explanations of child abuse are classified as either unitary or interactive. Unitary theories (psychological, sociological, and legal views of behavior) are considered deficient; none is capable of explaining individuals or families who theoretically ought to be child abusers but are not. Each unitary theory's specific inadequacies are mentioned. Interactive theories explain child abuse as a symptom of disturbance in a complex ecosystem with interacting variables and account for those individuals who do not abuse children despite the presence in their lives of factors normally associated with child abuse. The interactive context leads to suggestions regarding prevention. Three myths of child abuse prevention are noted: professionals are the key to preventing and curing child abuse; efficient screening prevents child abuse; and prevention of child abuse will require a social revolution. Several prevention measures are mentioned, including changes in social policy regarding child abuse, parent education about child development, mutual support groups, crisis lines, emergency child care services, accessible health care for children, and dissemination of information about child abuse. (DB)

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PREVENTION OF CHILD ABUSE: THEORY, MYTH, PRACTICE

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Draft for presentation at the Meetings of the Society for Research  
in Child Development, April, 1981.

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Supported in part by a grant from the National Institute of Mental  
Health (Grant #1 T01 MH15517-01A2 CD).

PS 011958

ED207669

Professional and public concern with the increasingly visible problem of child abuse has focused primarily on the identification and reporting of the victims. Where in 1967 there were fewer than 7,000 case reports, there were more than 700,000 in 1978.<sup>1,2</sup> Virtually every professional in contact with children is obliged by law to report suspected cases. In the absence of sufficient personnel and in an inadequately developed and managed national child welfare program, much harm is done to children and families in the guise of helping them.<sup>3-5</sup> This has led to recommendations from groups such as the Carnegie Council on Children and the Juvenile Justice Standards Project of the American Bar Association to recommend greatly limiting the reach and authority of child welfare and protective services and family and juvenile courts.<sup>6,7</sup>

The president of the City Council of New York City announced on October 9, 1979 that her office would investigate the city's system for providing foster home care. She cited a death rate among the city's foster children that is nearly twice the national average and noted that 18 foster children in the city's program had died since the beginning of the year, with at least five of the deaths attributed to maltreatment by foster parents.<sup>8</sup> Other inquiries suggest a bleak status of services for victims of abuse and neglect who are reported as law requires to child welfare agencies, and a recent court initiative attempts to redress the disparity between the promise implicit in the reporting laws and the failure of the protective service effort by asserting a constitutional right for children to be protected by the state from abuse and neglect in their homes.<sup>9-12</sup> It is well to note that this concern and activism occurs coincidentally during the International Year of the Child and during the 20th anniversary year of the United Nations Declaration of

the Rights of the Child which codified a child's right to protection from harm: "The child shall be protected from all forms of neglect, cruelty, and exploitation."<sup>13</sup>

A poignant description of the <sup>violent</sup> reality of a child's world, a reality which is probably shared by many children, is contained in a recent interview by Pamela Blafer Lack with Ernestine, 13 years old:

Question: Do you know, Ernestine, that this is the International Year of the Child?

Answer: No.

Q: What do you think that means?

A: I don't know.

Q: Well, it means that grownups all over the world are taking time out this year to think about what can be done to help children. Now, can you tell me which children you think could use some help? Are there any kids you feel sorry for?

A: My friends.

Q: Your friends? Why?

A: 'Cause their mothers abuse them.

Q: Abuse them? In what way?

A: Extension cords. Sticks. And tree branches.

Q: What do your friends do to deserve this? Are they so bad?

A: When they mother get angry she takes it out on them.

Q: What makes the mother angry?

A: The girl's mother and father gets in a argument.

Q: And she gets it?

A: Yeah --- Yeah.

Q: Is there anything else that really bothers you about grownups?

A: First thing is that they abuse too many children. That's what I don't like. I like nice -- nice things.

Q: Do you like where you're living?

A: No--too many things be goin' on around there.

Q: What's going on?

A: Shootin' trouble.

Q: What do you mean?

A: Well, my friend--her mother told her to go to the store about 10 o'clock at night and they were shootin' out--and she went outside and they shot her.

Q: Who shot her?

A: Some gangsters.

Q: Is she all right?

A: No--she got killed.

Q: When did this happen?

A: Couple of weeks ago.

Q: What was her name?

A: Christina.

Q: How old was she?

A: Thirteen.

Q: Why do you think there's so much trouble?

A: Really, if they would break up the gangsters there wouldn't be no trouble around where I live.

Q: What kind of life do kids want to have?

A: A nice life.

Q: What's a nice life to you, Ernestine?

A: When you don't get killed. You could go outside and don't be abuse by your parents.<sup>14</sup>

Even though child abuse was known to exist for centuries, it was not identified as a discrete entity apart from a swirl of childhood misfortunes associated with tumult in family and society. Subsequently, hypotheses were generated about why this phenomenon occurred. At this level in the development of theory, simple cause and effect relationships were identified and unitary explanations were offered.

For example, child abuse has been explained as the direct product of parental psychopathology, criminality, and poverty. With a unitary psychodynamic theory, parental psychological characteristics are considered the primary determinants of child abuse, and must be understood in order for a treatment to take place. This theoretical orientation in fact, guides most modern child welfare work. As with all theories, its action consequences derive from how the problem is understood. And to great extent the limits of current protective service work derive from a relentless focus on individuals and a collective belief in the curative value of love and talk.

Before turning to the major theoretical approaches of child abuse and their operational consequences for treatment and prevention, it is well to reflect briefly on the uses and construction of theories.

The process of discovering pathways through experience and lenses through which that experience is viewed goes on all our lives. All human beings search for ways to understand, explain, and contain the limitless complexities of our world. We develop naive theories which are tested by experience over time. Some of our theories are better than others. Some have been firmly grounded in many experiences, some are tentative beginnings.

Some may be distorted by an overextension of other theories about aspects of our experience which we think are the same, but really aren't. Some are opportunistic theories, fashioned to display an illusion of knowledge to attract for the wearer status and power. Some may be lazy theories, borrowed from others without thought about whether they really fit what we know, or without looking to see whether we really know what we think they fit.

Indeed, there is distortion implicit in any theory. In order to select, we must exclude; and our theories of what to look for limit what we see. Yet without theories we would be helpless to select what is important from what is, and to act purposefully in the world.

Scientific theories also involve a process of searching for pathways through experience in order to explain cause and effect. Scientific theories, however, have formal rules for testing hypotheses, rather than the rules implicit in experiential learning, and the focus of inquiry is usually more specifically disciplined. Although we may judge scientific theories on the basis of the adequacy of the formal rules which have been applied for testing their hypotheses, and their capacity to explain reality as we perceive it, the characteristics of a good theory are not dissimilar for individuals and for fields of inquiry. A good theory must first of all make sense. It must account reasonably for a good part of the data or experience. It must be plausible to other people searching for pathways through the same terrain. And it must be useful. It must enable one to operate more effectively in the world.

The explanatory theories for child abuse can be classified in two groups: Unitary and Interactive.

The unitary theories are these:

Psychology

1. Psychoanalytic: The theory posits that unconscious parental drives and conflicts determine abusive behavior.<sup>18,19</sup>
2. Social Learning: The theory posits that child abuse is a learned behavior.<sup>20</sup>

Sociology

3. Environmental: The theory posits that child abuse results from social and environmental stress, with prominent attention to poverty, unemployment, inadequate housing, and a violent social milieu.<sup>1,21,22</sup>
4. Labeling: The theory posits that the interests of dominant power groups are served by defining as deviant a class of socially marginal individuals (the "child abusers") whose individual problems become the proper concerns of the helping professions.<sup>23</sup>

Legal

5. Criminal: Child abuse is an intentional violation of the law.<sup>24</sup>

Each of these unitary theories has provided a focus and generated research which has expanded our understanding of the origins of child abuse, but they are each limited to one explanatory lens on one part of a complex picture. As a field develops in its search for an adequate theory base, the limitations of the unitary theories become clear to some thinkers. For example, with regard to psychoanalytic theories, the few controlled studies suggest that only a few of the abusing parents show severe neurotic or psychotic characteristics and that child abuse may be associated with several parental personality types.<sup>25,26</sup>

Even for those individuals where individual pathology is found, the unitary psychoanalytic theory does not necessarily explain the presence of a history of child abuse. A particular psychiatric diagnosis does not predict abuse. The theory does not in itself enable a differentiation between parents with a given diagnosis who do and who do not abuse a child.



The environmental theory is also insufficiently comprehensive. Obviously, not all poor or stressed families abuse their children. A history of poverty is disproportionately represented because of the large number of lower class families who receive services from institutions which report the large majority of cases, and from which research samples are drawn.

While socioeconomic factors might sometimes place added stresses on basic personality weakness, these stresses are, of themselves, neither sufficient nor necessary causes of abuse. This model neglects internal sources of family strength and stress which render individual families more or less sensitive to external circumstances and events. It does not address qualities of the interaction between and among family members and their importance to a family's capacity to nurture its young, nor does it adequately account for parental dysfunction in seemingly privileged homes.

We are now at a point in the development of the field where we are moving from unitary to interactive theories of child abuse. We can recognize that a theory of psychopathology is inadequate without the integration of the factors in the individual and his or her environment which render him or her vulnerable to psychopathology and to its particular expression of child abuse. An environmental theory is inadequate without the integration of those personal and social qualities and characteristics which render the individual vulnerable as a parent to the eroding effects of poverty and stress.

An integrative approach seeks to define how one aspect of experience mediates the effects of another, in order better to understand what renders some families vulnerable and other families strong.

With the development of a field from a set of unitary theories to a set of integrative hypotheses, investigations shift in focus from trying to find the cause to enabling the identification of individual differences in

etiology. We still need basic research into the identification of the many variables which are implicated in child abuse, but the focus is on elaboration rather than closure.

It is in what has come to be called ecologic theory that major strides have been made in understanding and dealing with the interrelationships among attributes of child, parent, family, and social setting. Child abuse is seen in this theoretical context as a symptom of disturbance in a complex ecosystem with many interacting variables. We and our colleagues on the Family Development Study have reported elsewhere on findings of a large epidemiologic study at the Children's Hospital in Boston, and Garbarino and Starr have reported on large data sets in New York and Michigan.<sup>27-29</sup> These studies lead to what David Gil called a more holistic notion of child abuse and its prevention, with a conceptualization of cause and effect which operates at different levels (individual, family, society) and with different modes of etiology for different children and families.<sup>30</sup> A decade ago, Julius Richmond coined the notion of a family's ecology of health. This seems now to be an especially relevant concept for the understanding and study of child abuse.<sup>31</sup>

#### Myths of Prevention of Child Abuse

No unitary theoretical explanation for the etiology of child abuse is sufficient. As interactive theories of child abuse develop, a more adequate coming to terms with issues of etiology and risk should be possible. Several myths remain, however, and if they can be identified explicitly, perhaps they can be dispelled:

1. Professionals are the key to the prevention and cure of child abuse.

The first major evaluation of federally funded child abuse and neglect demonstration projects noted that "relative to any discrete services or combination of services, the receipt of lay services--lay therapy and Parents' Anonymous--combined with other services are also the least costly and most cost-effective." Social work, psychiatric and child development services in this analysis seemed no more effective than interventions provided by lay people who befriended families of the victims of child abuse and neglect.<sup>32</sup>

The process of discovery of child abuse by medical and legal professionals and by others in the professional community who depend on medical and legal institutions for their legitimacy and professional support appears to have served the needs of the professions well.<sup>23,33</sup> With declining birth rates, a decrease in the major organic sources of childhood morbidity, and a need on the part of medical and legal professionals to extend the domains of their influence, the time was ripe in the early sixties for a new professional entrepreneurship. The medicalization and legalization of child abuse have led to increased opportunities for the professions. Paradoxically, because of the predominant focus on individual treatment which results from a narrow conception of child abuse as an illness, the discovery may interfere with addressing the roots of the problems. Professionals may give an illusion of a solution of the social and cultural causes and dimensions of the problem.<sup>1,34</sup>

2. Screening is an efficient and useful preventive technique.

Although the use of screening tests to focus program efforts on populations at high risk is a useful part of the public health approach to many types of disease, findings of recent efforts to screen families at risk for child abuse

have been generally discouraging.<sup>35-39</sup>

In every disease situation, the utility of predictive screening must be evaluated in terms of the prevalence and importance of the condition, the performance of the screening instruments, the effectiveness of available treatment, the costs of the programs, and the nature of alternative approaches to the problem.

The prevalence of child abuse, combined with even the most optimistic estimates of screening effectiveness suggests that any child abuse screening program will yield such large numbers of false positives (non-abusing families labelled as abusing or potentially abusing) as to create a massive problem of inappropriate social labeling.<sup>40</sup>

3. Short of a social revolution, preventing child abuse is impossible.

The association of child abuse with poverty, unemployment, and, more recently, with the panoply of manifestations of domestic and social violence has led many scholars to conclude that prevention will be impossible without major social change.<sup>1,3,41</sup>

The despair with which social change proposals are met in clinical and public health meetings and in the Congress of the United States when testimony has been given on child abuse and neglect suggests that only small-scale prevention initiatives will be possible.

Among the politically plausible prevention initiatives which show promise of an effective impact are the following primary and secondary measures:

Primary Prevention

- 1) Reduce the number of settings in which violence is held out as the favored method of resolving human conflict: in schools, in institutions, and on television and in the movies.<sup>42</sup>

- 2) Give parents access to information and understanding of child development, including non-violent methods of socializing their children.<sup>43</sup>
- 3) Reduce social isolation by making universally available such avenues of access to other people as telephones and public transportation.<sup>44</sup>
- 4) Support existing community institutions such as churches and women's organizations which offer support and a sense of community and of personal value to their membership.<sup>45</sup>

#### Secondary Prevention

- 1) Provide quick telephone access to parents at times of distress with their children through hot-lines.<sup>46</sup>
- 2) Make available to all children health and mental health well child care, diagnosis, and treatment. Children who are sick or handicapped may be more vulnerable to abuse.<sup>47</sup>
- 3) Make available emergency homemaker and/or child care services to families in crisis.<sup>48</sup>
- 4) Remove the stigma from getting help with family problems by detaching protective service programs from public welfare agencies. Abandon the heavily value-laden nomenclature of "the battered child syndrome," "child abuse," and "child neglect" in favor of a broader and more humane conception of childhood social illness. Increase the sensitivity, timeliness, and competency of medical and social work practice.<sup>49</sup>
- 5) Expand public awareness of the great prevalence of child abuse and domestic violence, and disassemble the conventional wisdoms attaching child abuse to deviant and minority individuals and groups, placing

emphasis on the reality that the potential for violence is in all of us, and priority on individual and social action to intervene when violence occurs.<sup>50</sup>

6) Empower women. Acknowledge the extent to which sexual dominance and subservience ramifies both in the abuse of women and children and in professional settings where male-dominated, symptom-oriented professions (medicine, surgery, law) hold sway over professions composed mainly of women (social work, nursing, child care).<sup>33</sup>

7) Elevate the parent-child relationship to an appropriate position of respect and importance in clinical practice, through facilitating the formation of bonds of attachment at birth, by preventing prematurity through prenatal care, humanizing the delivery experience, bringing fathers into the delivery room and emphasizing their supportive role toward mothers and their participation in child care, and by encouragement of paternity as well as maternity leaves from employment.<sup>51-53</sup>

### Conclusion

Systematic attention to the prevention of child abuse will force a needed communication among clinicians, social scientists, and architects of social policy. The National Center on Child Abuse and Neglect in Washington can lead the way in the development of its comprehensive plan for the prevention and treatment of child abuse which was mandated by Congress in the continuation of Public Law 93-247 in 1977. This plan, to be submitted directly to Congress and the President by the Interagency Advisory Committee, which includes seven public members, will be concluded in the first six months of 1980, in time for

hearings on the future of the national program. All concerned should contribute to the effort; otherwise, the national program will continue to be heavily weighted towards poor services for poor people.

The development of a theory base which enables a competent analysis of the many kinds of family problems which culminate in the physical symptoms of child abuse and neglect will guide an intelligent prevention program. Not only is better knowledge needed, in terms of understanding the nature and distribution of different families' problems, but a much more adequate understanding of the factors which enable parents to cope and the social-demographic and familial ramifications of parent and child competency and strength. These, in turn, will permit the development of a more appropriate and rational practice and a useful intellectual foundation for prevention.

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