

# **Understanding Child Maltreatment: An Ecological and Developmental Perspective**

*Maria Scannapieco  
Kelli Connell-Carrick*

**OXFORD UNIVERSITY PRESS**

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*To our life partners*

*Jane Sumner & Matt Carrick*

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# Understanding Child Maltreatment

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## HISTORY AND DEFINITION OF CHILD MALTREATMENT

Today, too many children are beaten, seriously neglected, sexually abused, and murdered by their parents and caregivers. Every day there are media stories of children who have suffered severely at the hands of a parent, whether they are found in a closet starving to death, drowned in the bathtub at the hand of their mother, or tied to a pole in the basement, beaten, while their dead brother lies in a container. Although these atrocities are the exception to what most children experience in today's world and what child welfare deals with, too many children continue to be harmed at the hands of their caregivers. Unlike in the past, today there are systems in place to protect children, assist families in developing healthier parenting, and punish perpetrators of maltreatment when appropriate. To understand the current state of practice and policy, it is important to reflect on the history of child maltreatment.

The history of childhood prior to the late nineteenth century is littered with tales of murder, burnings, beatings, and sexual exploitation that by today's standards are atrocious. To understand the evolution of childhood—and by extension child maltreatment—it is important to put in perspective the social, political, economic, and religious challenges of the past.

### BIBLICAL FOUNDATION

Throughout the centuries, biblical passages have been used to justify the abuse and murder of children by parents and society as reflected in early societal policy and treatment of children (Radbill, 1968; Shepard, 1965). For centuries the Bible has influenced the handling and the status of children in society. It is this Christian religious domination through the nineteenth century that influenced parenting beliefs. Even today the Bible is used as justification for beating children. Proverbs tells us, "He that spareth the rod hateth his son: but he that loveth him chasteneth him betimes," and, "Withhold not correction from the child; for if

thou beatest him with the rod, he shall not die. Thou shalt beat him with a rod, and shall deliver his soul from Hell.” These and many other biblical passages imply or are interpreted by some as support for parental harm to children.

The killing of infants and young children as sacrifice and as punishment is also found throughout the Bible. The book of Judges tells of Jephthah’s promise to sacrifice the first person he met when he returned home, should he be victorious in battle. Unfortunately, the first person he saw turned out to be his only daughter. We read of Abraham’s intention to sacrifice his first son to God. In Deuteronomy there is a story of parents who take a rebellious son to the elders of the city and tell them, “This our son is stubborn and rebellious, he will not obey our voice; he is a glutton and a drunkard. “ The men of the city stone him to death.

This is not to say that the Bible sanctions the beating and killing of children by their parents, but to illustrate rather that the foundation for child rearing and the status of children has biblical roots for western culture. The use of religious beliefs and practices as justification for child maltreatment as a means of child rearing is seen throughout the history of childhood and child maltreatment.

## THE HISTORY OF CHILDHOOD

Prior to the nineteenth century in the United States and Europe, childhood was not viewed as a separate phase of human development. It was not seen as qualitatively different from adulthood. Child-rearing experts of the day based their advice on religious, cultural, and societal influences. Social control of the child was paramount, and this was achieved through beating and whipping. Willfulness, defiance, and wickedness was to be driven out of the child as soon as it showed itself, which was during the first year of life. Scholars and religious leaders repeatedly reminded parents that it was impossible to begin teaching obedience too soon. John Wesley, a Methodist leader, urged parents to “break the will of your child, to bring his will into subjection to yours that it may be afterward subject to the will of God” (James & Prout, 1997). Sulzer (1748), as cited in Miller (1983), says that “if parents are fortunate enough to drive out willfulness from the very beginning by means of scolding and the rod, they will have obedient, docile, and good children.” Children were viewed as possessions that had to be trained to become faithful servants to their parents.

During this time there was a great deal of immigration combined with swift industrial and urban growth, all of which contributed negatively to the well-being of children (Trattner, 1984). Low wages, especially for immigrants, forced families to place children in the workforce. As a means of economic survival parents treated their children as chattel and forced them into the labor force at very early ages. Wages contributed by children often made the difference between a family ending up in a poorhouse or being independent. Whether laboring in factories, mines, sweatshops, or farms, children worked long hours under horrific conditions, often becoming injured (Katz, 1986).

By the eighteenth century a new attitude toward children and child rearing was emerging. John Locke and other philosophers of the time asserted the innate goodness of the child. Locke attacked the idea of infant depravity and the belief that all children were the same (James & Prout, 1997). Earlier cruel doctrines were being challenged, and by the middle of the nineteenth century children were seen as innately good and corrupted only by an overbearing society (Trattner, 1984). Rousseau, author of the seminal *Emile* (1762) contributed to the notion of the natural goodness of children and the idea that children should be allowed to be children before they are adults. *Emile* directed educators to treat children from both physiological and the psychological perspectives as “little human animals destined for the spiritual and moral life who developed according to certain laws whose progression must be respected above all” (cited in James & Prout, 1997). Children were seen as needing nurturing educational experiences and families that provided affection and support instead of harsh discipline.

The new child psychology caused a shift in the perceived value of children. By the early to mid-nineteenth century, a new construction of childhood was emerging: now childhood was seen as constituting a separate set of characteristics requiring protection and education (James & Prout, 1997). Viviana Zelizer (as cited in Katz, 1986, p. 116) refers to the shift as “the profound transformation in the economic and sentimental value of children . . . that is the emergence of the economically worthless but emotionally priceless child.”

By the early twentieth century, the influence of Darwin and evolutionary biology continued to reframe the way people thought about childhood. Darwinism presented a developmental view of human growth and behavior and the influence the environment has on both (Trattner, 1984). G. Stanley Hall (1904), an influential child psychologist, argued that each developmental stage has an integrity of its own, which should be understood by parents and educators. (cited in Katz, 1986). At this time Freud, the founder of psychoanalysis, stressed the importance of nurturance in infancy and childhood for the formation of healthy and productive adults. All of these developments raised the status of the child and influenced child rearing. Many no longer thought that parents needed to “break” their children’s willfulness, nor was it seen as acceptable.

The concept of the child was further refined during the latter part of the twentieth century and has culminated in the understanding that childhood matters. Children have cognitive, social, and physical domains that need to be nurtured and encouraged to develop in safe, nonthreatening environments. Childhood is now seen as having an inner world, one that reaches into the unconscious and has significance on adult maturity, on the functioning of the family, and ultimately on the functioning of society (James & Prout, 1997).

Although the social construction of the child and childhood has changed significantly over the centuries and has directly influenced what are acceptable child-rearing practices, parents and caregivers continue to harm or neglect children. It is important that we have a clear understanding of what society today considers to be child abuse and neglect.

## CHILD MALTREATMENT HISTORY

The early history of child maltreatment refers to physical abuse and severe physical neglect of children. It does not address sexual abuse or emotional neglect of children. These phenomena were not addressed in the United States until the early 1970s.

Western society did not always formally recognize that children could be maltreated or that they could need protection from their parents. With few exceptions, society's view of children was similar across cultures for two thousand years. Parents had proprietary interest in their children and full rights to raise them without interference. This position dates from the Hammurabi Code, written in ancient Babylon in approximately 2150 B.C.E. Roman law formalized the rights of parents in the Doctrine of *Patria Potestas*, which gave fathers complete and unlimited control of their children for life. This doctrine was in effect between 1753 and 560 B.C.E. (Radbill, 1968).

As covered in the history of childhood, a similar doctrine, law, and philosophy of children and their relationship to their parents continued into the nineteenth century. Children owed their parents respect. If children fulfilled this duty, they were entitled to receive care and be treated well by their parents. If children did not treat their parents with the respect due them, the parents had no responsibility to treat them well and had the duty to bring the child in line through beatings.

Many early "child welfare advocates" tried to help indigent and abandoned children by providing them with shelter and care. Children were housed in generally deplorable conditions in "alms" or poorhouses with other indigents, including the mentally ill, mentally retarded, sick, aged, and criminals. "Many almshouses were vile catchalls for victims of every sort of misery, misfortune, and misconduct who were herded together and badly mistreated. The tales of uneducated, half-starved, tear-stained young outcasts in these wretched institutions, where, due to inadequate diet and lack of proper sanitary facilities, the mortality rates were extremely high, were sorrowful ones" (Trattner, 1984, p. 112).

The doctrine of *parens patriae* (literally, the "state as the father") was introduced into English law to protect the rights of children. It allowed children to "emancipate" into adulthood at age 21 and protected the property rights of minors when the parent was abusing these rights. This doctrine provided justification for later interventions by the state when other abuses in the parent-child relationship occurred (Pfohl, 1977).

## U.S. HISTORY

The first major movement in the United States to protect children began during the early 1800s with the House of Refuge movement. *Parens patriae* was the doctrine that drove this movement, which represented the first attempt to intervene on behalf of abused and neglected children. Concurrently, professionals began to recognize that the needs of children could be better met in family settings than in institutions. Although the child welfare philosophy at the time was *rescuing the child from the family*, the preference was to place the child in a family setting. As

discussed earlier, this coincided with the industrialization of the United States and with developments in child psychology that emphasized the goodness of the child and the need for supportive families.

The concept of family rehabilitation became the underlying philosophy of child welfare and the foundation for the family-centered child-protection approach that is still the focus of today's practice. This philosophy also bolstered the notion that children would be better served in a family setting, and the foster family home began to replace the orphanage as the primary child placement resource. The rescue of children, however, was still the goal of care.

In 1853, Charles Loring Brace founded the New York Children's Aid Society, the first American children's organization to adopt the foster family home model, or "placing out." Brace was not only concerned about the suffering and needs of children but also about purging the city of what he called the "dangerous classes." He was alarmed over the increasing number of juvenile delinquents and the increased crime rate among young poor children in New York City. Although Brace felt that family life, preferably in the form of good Christian farm families, was the cure for destitute children, he did not support the natural family or family rehabilitation. By the early 1890s child-rescuing strategies were radically changing to favor family preservation.

In 1874, the tragic case of Mary Ellen Wilson brought abused and neglected children into the public eye. Mrs. Wheeler, a volunteer church worker from St. Luke's Methodist Mission, was visiting an elderly woman in the tenements of New York City, when she learned about an eight-year-old girl named Mary Ellen Wilson. Mary Ellen lived with Mary Connolly from the time she was two years old, when the New York City Department of Charities placed her with her alleged biological father, Thomas McCormack, without proper documentation. Mr. McCormack died shortly after and Mary married Francis Connolly and moved to a tenement on West 41st Street.

Neighbors, who could not bear the sounds of Mary Ellen's screams from being frequently beaten, reported their concerns to Mrs. Wheeler. Although New York City had a law that permitted the state to remove children who were maltreated by their caregiver, authorities told Mrs. Wheeler they would not intervene. Mrs. Wheeler, with nowhere else to turn, went to Henry Bergh of the New York Society for the Prevention of Cruelty to Animals for help. Mr. Bergh sent a NYSPCA investigator to verify the allegations. Acting as a private citizen, and not in his role as president of the NYSPCA, Mr. Bergh had Elbridge T. Gerry, an ASPCA attorney, prepare a petition to remove Mary Ellen from her home so she might testify to her treatment.

Mary Ellen testified that her "mamma has been in the habit of whipping and beating me almost every day. She used to whip me with a twisted whip—a raw hide. The whip always left a black and blue mark on my body. . . . I have never been taken on my mamma's lap . . . I do not want to go back to live with mamma, because she beats me so" (Watkins, 1990). The judge immediately brought Mary Ellen under court control, and the child's guardian was sentenced to one year in jail. Mary Ellen was eventually placed with Mrs. Wheeler's mother, Sally Angell, on a farm in upstate New York (Lazonitz, 1990; McDaniel & Lescher, 2004).

Mary Ellen Wilson's case set into motion an organized effort to battle child maltreatment. The effort was not simply the result of an awareness that children, like animals, merited protection from cruel treatment; rather, it was an evolutionary step in the movement to protect children from harm while establishing their rights (Costin, 1985).

In 1875, Henry Bergh helped to found the New York Society for the Prevention of Cruelty to Children (NYSPCC) under the leadership of Elbridge Gerry, and thus began a notable movement to protect children from abuse and neglect. By 1900, there were 250 protective agencies across the country. Private, nonprofit societies of prevention like the NYSPCC took responsibility for child-protection efforts through the early twentieth century (McDaniel & Lescher, 2004).

Child welfare services were first addressed by public policy in the early 1900s. In 1909, the first White House Conference on Dependent Children was held to share ideas about dependent children and recommend a general plan for their care (Costin, Karger, & Stoesz, 1996; Trattner, 1984). Great emphasis was placed on family and home life and a rejection by most of institutional care for children.

As a result of the support generated at the conference, the U.S. Children's Bureau was established in 1912 to represent the interests of children. This was the first recognition that the federal government had a role in children's protection and well-being. The bureau quickly became the authority on child protection, although it did not deal with individual cases of maltreatment. Many public and private child welfare agencies were established to investigate and treat maltreated children.

In 1935, the Social Security Act mandated that states strengthen their child welfare services and focused on dependent, neglected children. It emphasized and mandated intervention but did not address the identification and prevention of child maltreatment.

It was not until the mid-twentieth century that the medical profession entered the fight. One of the first physicians to speak out was John Caffey of Columbia University. In 1946, Caffey commented on children who had unexplained fractures and subdural hematomas, and speculated that they may have been inflicted by the parents. In the early 1960s, Dr. C. Henry Kempe and his associates identified the battered child syndrome and published their research findings (Kempe, 1962). The research described the scope of child abuse. The report shocked many medical and social service professionals. The identification of battered child syndrome drew significant attention to the problem.

Throughout the 1960s and 1970s, research continued to explore the extent and etiology of child abuse and neglect. By the early 1970s, the need for federal intervention was paramount. In 1974, the Child Abuse Prevention and Treatment Act (CAPTA, PL 93-247) was passed. The act specified that states would be required to adopt specific procedures to identify, treat, and prevent child abuse. It provided for demonstration projects to prevent, identify, and treat child abuse and neglect; and it established the National Center on Child Abuse and Neglect that would be responsible for research and for distribution of training materials, and that would serve as a clearinghouse.

As a result of the CAPTA legislation, a formal public child protection service Child Protection Services, was established in each state to protect children from

abuse and neglect. There was a dramatic increase in the number of investigations and in the number of children and families served in the child welfare system after CAPTA's enactment.

Since then, significant progress has been made on bringing policy, research, and practice attention to child maltreatment. Child welfare legislation has addressed many critical issues in the delivery of services to children who have experienced abuse or neglect. Following are the key pieces of legislation that directly impact services to maltreated children and give states direction on intervening with families:

#### THE INDIAN CHILD WELFARE ACT (ICWA) OF 1978 (PL 95-608)

Was meant to promote the stability of American Indian tribes and families and to strengthen American Indian sovereignty by restoring child placement decisions to the individual tribes.

Recognized tribal courts as having jurisdiction in child welfare issues involving American Indians and mandated that case decisions be released to tribal courts or include involvement of tribal child welfare staff in decision making.

Mandated an end to out-of-culture placements of American Indian children by specifying placement preferences for members of child's extended family or child's tribe or other American Indians.

Mandated that termination of parental rights and custody cases of American Indian children require the highest standards of proof, namely, "beyond a reasonable doubt" as opposed to "clear and convincing" evidence.

Mandated that both parents and tribes have the right to be notified of any proceedings. In order to do this, child welfare agencies must spend time determining tribal affiliations.

Authorized grants to Indian tribes and organizations must provide a mechanism for "Indian-delivered" preventive services.

NOTE: American Indian children are exempted from later legislation: MEPA of 1994.

#### THE ADOPTION ASSISTANCE AND CHILD WELFARE ACT (AACWA) OF 1980 (PL 96-272)

Through funding regulations, the act discouraged state use of custodial foster care while supporting permanency planning for children unable to remain with their own families.

Promoted the goal of permanency for each child by providing supports to families in order to prevent separation of children from their families and prevent children from spending unnecessarily long periods in foster care with no real plan for reunification with their families.

Mandated that child welfare agencies implement preplacement preventive services and family reunification programs to keep children with biological families.

Emphasized providing children with continuity of care and a respected social status through time limits.

- Implemented time-limited case plans where family preservation was not possible.
- Established a deadline of 18 months for making a permanent plan for a child.
- Required a periodic case review (every 6 months) and a dispositional hearing within 18 months.
- Provided adoption subsidies for children with special needs or low-income, hard-to-place children.

#### THE MULTI-ETHNIC PLACEMENT ACT (MEPA) OF 1994 (PL103-382)

- Intended to prevent discrimination on the basis of race, color, or national origin by eliminating policies that favored same-race placements and removing prior language in child welfare law that explicitly included race and ethnicity as factors used to determine the best interests of the child.
- Prohibited agencies that receive federal funds from making foster care and adoption placement decisions routinely on the basis of race, culture, and ethnicity.
- Prohibited the denial of an opportunity to become a foster or adoptive parent on the basis of the race of either parent or child.
- Intended to decrease the length of time children wait for adoption or placement with a foster family.
- Amended by the Interethnic Adoption Provisions of 1996 to remove potentially misleading language in the original provisions of the MEPA and clarify that discrimination will not be tolerated.

#### ADOPTION AND SAFE FAMILIES ACT (ASFA) OF 1997 (PL 105-89)

- Placed child safety as a paramount concern by clarifying and updating the AACWA of 1980 through policies to improve the safety of children, promote adoption and other permanent homes, and support families.
- Required a more timely achievement of a permanent living situation and parenting arrangement for children.
- Set a new time frame for a permanency planning hearing to occur within 12 months of a child's entry into out-of-home care. Required that states file petitions to terminate parental rights at an earlier time.
- Encouraged the use of concurrent planning: agencies were encouraged to engage in reunification and adoption planning at the same time.
- Encouraged the use of time-limited reunification services, for children and families, such as temporary child care, crisis nurseries, and transportation for services.
- Required states to provide health insurance coverage for any child with special needs for whom there is an adoption agreement.
- Continued Adoption Assistance subsidies even if adoption is disrupted.

(Brooks et al., 1999; Karger & Stoesz, 1996; Pecora, Whittaker, Maluccio, & Barth, 2000; USDHHS, 2001)

The values and focus of the child maltreatment field have undergone significant changes during the past 100 years. The needs of families and children are complex, and the child maltreatment field has been given considerable responsibility for addressing the many social and environmental problems that contribute to the abuse and neglect of children. New problems, including an increase in drug use and abuse, children with AIDS, and a high percentage of “unruly” adolescents whose backgrounds include abuse, neglect, and sexual abuse, continue to challenge us.

## DEFINITION OF CHILD MALTREATMENT

Definitions of child abuse and neglect are based on current reflections of society’s values of appropriate child rearing. What we consider abuse today was not viewed as such prior to 1960 and may well change in future decades. Furthermore, cultural implications must be considered when determining if child maltreatment has occurred. Child maltreatment can be defined on a variety of levels: individual, family, community, and societal. A discussion can be found in the literature Pecora, et al. The scope of this work is to assess maltreatment from an individual and family perspective, although the ecological correlates—which include individual and family but also interaction with social systems and societal values—of maltreatment will be considered throughout.

One significant difficulty facing workers is a lack of commonly agreed-upon definitions of the various types of maltreatment. (Giovannoni, 1989). It is unlikely that a universally adequate definition will be constructed, (Ammerman, 1990). With this in mind, legislation is drawn upon to conceptualize a definition of maltreatment. The Federal Child Abuse Protection and Treatment Act (CAPTA, P.L. 93-23/47) provides general guidelines for defining abuse and neglect and is the basis for many state laws. CAPTA, which was amended by Public Law 104-235 in 1996, defines child maltreatment as:

Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of a child (minor age as described by state statutes) by a parent or caretaker (including out-of-home care providers) who are responsible for the child’s welfare.” (as cited in F. F. Ferrara, 2002, p. 34)

Each state is responsible to more specifically define the parameters of abuse and neglect through state statutes.

Child maltreatment falls into four broad categories: (1) physical abuse, (2) sexual abuse, (3) neglect, and (4) emotional abuse. State child protection agencies or researchers have largely identified subcategories within each broad category. Each of these subtypes of child abuse will be discussed separately.

### Physical Abuse

Although physical abuse is somewhat more straightforward than the other subtypes, there is still some ambiguity based on cultural, community, and societal

factors. Generally, physical abuse is defined as the nonaccidental injury inflicted by a caregiver on a child 17 years old or younger. At times, accidental injury may be looked at to determine if neglect has occurred. The definition used in the *Third National Incidence Study of Child Abuse and Neglect* (NIS-3) (Sedlak & Broadhurst, 1996) defined physical abuse as present when a child younger than 18 years of age has experienced an injury or risk of an injury as a result of having been hit with a hand or other object or having been kicked, shaken, thrown, burned, stabbed, or choked by a parent or parent-surrogate (as cited in Kolko, 2002). Physical abuse also includes a rare form called Munchausen by proxy, in which a caregiver will pretend or induce illness in a child in order to attract medical attention.

Some cultural practices may be seen as physical abuse but are not, when viewed within the context of that culture. For example, some Asian cultures use the rubbing of hot coins on a child's back to alleviate an illness. This may leave marks but due to the context would not be considered abuse.

The injury alone is not enough to determine maltreatment. A number of factors need to be considered when determining if the injury is a result of physical abuse.

*The child's level of development.* It takes a certain level of physical development for children to injure themselves. The developmental stage of the child must be considered when determining if an injury is a result of physical abuse.

*The pattern and size of the injury.* From the pattern of a bruise injury, we can often determine what instrument/object was used to create it.

*The location of the injury.* In looking at the location of the bruise/abrasion/mark, unintentional or accidental injuries of this nature generally occur to the front of the body because our bodies have defense mechanisms forward, and on areas of the skin over bony prominences, with the knees and shins being the most common areas. Trauma to the soft, unsupported tissues of the body such as the cheeks are more often due to intentional action, such as slapping or pinching, as well as face and head injuries to a young child. Symmetrical injuries might also be indicative of abuse.

*Caregiver's explanation of the injury.* The parents' explanation of the injury should be assessed in the context of the actual circumstances. A 3-month-old child can not accidentally fall out of a crib on his own. If the parents' explanation does not logically meet the injury, it may be an indication of abuse.

## Sexual Abuse

Definitions of child sexual abuse vary by what ages, acts, and types of relationships are included. They can also vary based on the purpose of the definition, whether it is for research, practice, or policy. Generally speaking, sexual abuse involves any sexual activity with a child where consent is not or cannot be given (Berliner & Elliott, 2002). A more specific definition given by Sgroi, Blick & Porter (1982, p. 9) is as follows:

Child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency, and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance.

As in all definitions of child maltreatment, the federal government gives guidance to the states through CAPTA (as amended in 1996, PL 104-235), which has defined sexual abuse to include:

Employment, use, persuasion, inducement, enticement or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children or incest with children. (as cited in Ferrara, 2002, pp. 34–35)

Each state proscribes sexual abuse of children and defines criminal and prohibited activities individually. States will vary based on individual statutes, both for child protective and criminal purposes. This variation will take the form of differences in age of consent (14 to 18 years); the age difference between perpetrator and child (usually at least five years); type of relationship (some states only include acts committed by a caregiver); and type of activities (some will not include noncontact type of offenses).

There is also a distinction made between incest and sexual molestation. Incest is generally defined as sexual abuse that occurs between family members (parents, grandparents, siblings, aunts, or uncles) or surrogate parent figures (foster parents or paramours). Intrafamilial sexual abuse, another term for incest, is characterized by the psychosocial dynamic of the familial relationship, which should be extended to the kinship role, regardless of blood ties. A nonrelated stranger or nonfamily member to the child commits sexual molestation, or extrafamilial sexual abuse. Neighbors, family friends, clergy, older children, and other types of individuals commit sexual molestation.

There is a continuum of sexual activities between a perpetrator and a child that constitutes sexual abuse. The offending person can be an adult or older child. These activities range from noncontact abuse to contact and are as follows:

Noncontact sexual abuse may include:

*Exhibitionism.* These indicators must be considered in relation to the cultural norms of the family.

- Nudity: The offender parades nude around the house in front of all or some of the family members.
- Disrobing. The offender disrobes in front of the child.
- Genital exposure. The offender exposes his or her genitals to the child.

*Voyeurism.* The offender secretly or overtly watches the child undress, bath, excrete, and urinate for purposes of sexual gratification.

Contact sexual abuse includes:

*Kissing.* The offender kisses the child in a lingering and intimate way.

*Fondling.* The offender touches, caresses, or rubs the child's breasts, abdomen, genital area, inner thighs, or buttocks, or the child similarly touches the offender's body.

*Masturbation.* The offender masturbates while the child watches or vice versa. The offender masturbates the child or has the child masturbate him/her.

*Fellatio.* Requires the offender or child to take a male penis into his or her mouth.

*Cunnilingus.* Requires the offender or child to place mouth and tongue on the vulva or in the vaginal area.

*Vaginal or anal intercourse.* This involves penetration of the vagina or anus with a finger, object, or penis.

*Dry intercourse or simulated.* This is when an offender rubs his penis against the child's genital-rectal area or inner thighs or buttocks.

*Child pornography.* Considered sexual abuse when it involves the use of pictures, videotape, or film depicting graphically specific sexual acts between offenders and children, or children (Pecora et al., 2000; Sgroi et al., 1982).

## Child Neglect

Although the federally legislated definitions of maltreatment represent overall conceptual guidance to practice, policy, and research, they lack precision, dimensionality, and operationalization. In two recent reviews of definitional issues related to child neglect that cover the literature from 1964 to 1996, Zuravin (1999) and Berrick (1997) set forth a number of critical domains that need to be considered in the explication of child neglect. Dubowitz (1999) discusses similar definitional issues as they relate to medical neglect.

### *Statutory Definitions or Independently Derived Definitions for Research Purposes*

Zuravin (1999) reviews the debate that initially started in 1980 with Ross and Zigler's recommendation that separate standardized definitions be developed for legal, clinical, social service, and research purposes. Ross and Zigler thought that this would facilitate accurate communication about child abuse. Opponents of this position argued that research would have no relevance to existing social policy and that research should operate from universal operational definitions.

### *Broad or Narrow Definitions of Neglect*

Should neglect be viewed only by whether harm to the child is evident, or should it represent threats to the long-term development of the child? (Zuravin, 1999). Throughout the literature, this concern arises. Many of the issues seem to focus on whether to allow child protection services (CPS) workers, judges, doctors, and others discretion in making decisions. Part of the issue is states have the discre-

tion to determine whether the definition will be broad or narrow. The broader the definition, the more latitude there is in making judgment assessments. This is viewed as a concern when there is not an emphasis on professionalization of child welfare and workers rely more on personal discretion than professional decision making (Berrick, 1997).

### *Parental Behavior or Consequences to the Child, or Both*

Focusing on parental behavior was seen as a way to get needed early intervention and prevention services to families and children. This approach allowed for a broader interpretation of neglect. It also assumed that parental behavior is predictive of future harm to the child. According to Berrick, there is much disagreement about this assumption. Some argue that, particularly with neglect, parental behavior must be used as an indicator, since the sequelae of neglect are not immediately apparent.

The effects of the acts of omission are difficult to measure empirically, and this has caused many authors to advocate for defining neglect in terms of harm to the child (Berrick, 1997) and whether the child's basic needs are met (Dubowitz, 1999). Definitions of harm to the child range from evidence of immediate harm to a child's psychological well-being (Berrick, 1997) to indicators of behavioral difficulties. The issues concerning intentions of the parent and placing blame are minimized.

For the purposes of this book, physical and emotional neglect will be reviewed from both the perspective of consequences to the child and parental behavior. Focusing on neglect requires this dual perspective, since developmental outcomes for the child may not be observable for years.

### *Child Physical Neglect*

Child physical neglect is seen as an act of omission by a caregiver responsible for the child, whether intentional or not, that results in physical, emotional, social, or cognitive harm, either presently or in the future. Many variations in the definition of neglect exist in the literature and subtypes can be found, but no definite consensus exists. Some researchers have divided neglect into subcategories of physical, emotional, or both (Gustavsson & Segal, 1994), while others have divided neglect into physical, emotional, medical, mental health, and educational subcategories (Erickson & Egeland, 2002).

Zuravin (1991) provides one of the most comprehensive sets of definitions for child neglect, including eight types of omissions in care by caregivers that may or do result in physical, emotional, social, and/or cognitive harm to the child or harm to others or property. The eight categories are:

1. *Physical health care.* Failure to obtain or a delay in obtaining medical attention for acute illnesses, injuries, physical disabilities, and chronic problems, or failure to comply with professional recommendations (medical, school, or social work regarding treatment).
2. *Mental health care.* Failure to obtain or delay in obtaining professional attention for *obvious* mental health problems and developmental

problems; or failure to comply with professional recommendations regarding treatment.

3. *Supervision.* Inadequate supervision of child activities both inside and outside of the home—parent is in the home with the child but is not monitoring the child's activities closely enough to keep the child from behaving in ways that could have negative consequences for the child, others, and/or property, or parent is not aware enough of the child's activities when he/she is out of the home to assure that the child is not at risk for negative personal consequences or engaging in behavior that could harm others or others' property; includes truancy, being consistently late for school, and failure to enroll in school.
4. *Substitute child care.* Abandons child; leaves child alone to fend for him/herself; leaves child in the care of an inappropriate caretaker; leaves child with any caretaker for more than 48 hours without either telling the caretaker in advance that the child will remain for 2 days or calling during the first 2 days.
5. *Housing hazards.* For example, leaking gas from stove or heating unit, hot water/steam leaks from radiators, dangerous substances (household cleaning agents, insect and rodent poisons, medications, anything that if swallowed could cause death or serious illness), and dangerous objects (guns and knives) stored in unlocked lower shelves or cabinets, under sink, or in the open, etc.)
6. *Household sanitation.* Garbage is not kept in a receptacle but instead is strewn around the house or kept in bags that are rarely taken away; perishable foods are not refrigerated and are frequently found spoiling; roaches, mice, and/or rats are frequently seen in the home; toilets are not functioning, with human excrement spilling on floor; animal excrement is visible around the house, etc.
7. *Personal hygiene.* Constant and consistent inattention to child's personal hygiene (e.g., child's hair is matted or tangled and dirty; child's skin is dirty; child's teeth are encrusted with green or brown matter; infant/toddler's soiled diapers are not changed for hours/days; child's clothes, which are soiled and stained beyond cleaning, are worn for days).
8. *Nutrition.* Failure to provide regular and ample meals that meet basic nutritional requirements (meals have not been provided at all for several days, children eat spoiled food or nonfood items like starch, dog food, or cat food, or are frequently seen begging for food) and failure to provide the necessary rehabilitative diet to a child with particular types of physical health problems (lead poisoning, severe diarrhea, etc.).

### Emotional or Psychological Abuse

Emotional abuse of children occurs in all forms of maltreatment and an individual phenomenon, but it remains one of the most difficult forms of maltreatment to define and measure. The term *psychological abuse* is preferred because it encompasses cognitive and affective meanings of maltreatment, as well as acts of omis-

sion and commission by the perpetrator (Hart et al., 2002; O'Hagan, 1993). In CAPTA, 1974, psychological maltreatment was captured under the term *mental injury*. Since that time there has been a great effort to better characterize psychological abuse (APSAC, 1995; Garbarino, Guttman, & Seeley, 1986).

A broad definition of psychological maltreatment presented by the American Professional Society on the Abuse of Children (APSAC) (1995, p. 2) is as follows: "Psychological maltreatment means a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs."

The International Conference on Psychological Abuse of Children and Youth (1983) developed this definition:

Psychological maltreatment of children and youth consists of acts of omission and commission, which are judged on the basis of a combination of community standards and professional expertise to be psychologically damaging. Individuals commit such acts, singly or collectively; who by their characteristics (e.g., age, status, knowledge, and organizational form) are in a position of differential power that renders a child vulnerable. Such acts damage immediately or ultimately the behavioral, cognitive, affective, or physical functioning of the child. (as cited in Hart et al., 2002)

One of the most widely used categorizations of the activities subsumed in psychological maltreatment was developed by Garbarino, Guttman, and Seeley (1986). Behaviors included are:

*Rejecting.* The adult refuses to acknowledge the child's worth and legitimacy of the child's needs.

*Isolating.* The adult cuts the child off from normal social experiences, prevents the child from forming friendships, and makes the child believe that he or she is alone in the world.

*Terrorizing.* The adult verbally assaults the child, creates a climate of fear, bullies and frightens the child, and makes the child believe that the world is capricious and hostile.

*Ignoring.* The adult deprives the child of essential stimulation and responsiveness, stifling emotional growth and intellectual development.

*Corrupting.* The adult "mis-socializes" the child, stimulates the child to engage in destructive antisocial behavior, reinforces the deviance, and makes the child unfit for normal social experience.

Other forms of psychological abuse that have been identified include destroying personal possessions and torturing or destroying a pet (Wiehe, 1990) and degrading and denying emotional responsiveness (Hart et al., 2002).

## SCOPE OF CHILD MALTREATMENT TODAY

Child abuse and neglect is a persistent national problem. Data provided from two national studies underscore its pervasiveness. The Child Maltreatment 2002 Report (CM-2002) presents national data about child abuse and neglect that was

known to CPS agencies in 2002. The Third National Incidence Study of Child Abuse and Neglect (NIS-3) presents data from a nationally representative sample collected in 1993 and 1994 from various community agencies and professionals. This report includes data from CPS agencies, as well as data on children seen by community professionals who were not reported to CPS or who were screened out by CPS.

In order to make sense of the data, it is important to properly define the standards used in these studies. The CM-2002 study considered children as victims of child maltreatment if they were found to have experienced or to have been at risk of experiencing abuse or neglect after having been subjects of an investigation or assessment. The NIS-3 report, on the other hand, does not focus on whether children's cases were investigated. It used two different standards to decide whether to include a case of maltreatment. The first, more rigid standard is the *harm standard*. Under this standard children are considered maltreated only if they had already experienced harm from the abuse or neglect. The second standard is the *endangerment standard*, which considered children maltreated if they experienced abuse or neglect that put them at risk of harm.

### Reports of Maltreatment

The CM-2002 notes that in 2002, two-thirds (an estimated 1,726,000) of referrals were screened in as needing an investigation or assessment by CPS agencies. Of these screened-in referrals, 56.1% came from "professionals" such as educators, legal and law enforcement, social services, and medical personnel. The most common sources of reports were from education personnel (16.1%). The other 43.9 % of referrals came from parents, relatives, friends, and neighbors.

The NIS-3 points to similar report sources. Overall, school staff was the predominant source of recognition of maltreated children under both the harm standard (59% of recognized children) and the endangerment standard (54%). The NIS-3 also notes that other important sources of maltreatment recognition were hospitals, police departments, social service agencies, and the general public.

### Types of Maltreatment

According to the CM-2002, almost three million children were the subjects of a CPS investigation or assessment in 2002. Approximately 30 percent of these were found "to have experienced or to have been at risk of experiencing abuse or neglect" (p. 23). This 30 percent of children are considered victims of child maltreatment. The estimate for the total number of victims in 2002 is 879,000.

Table 1.1 shows the number of children found by CPS to have been *victims* of child maltreatment. The numbers for neglect in the tables include both the general neglect and the medical neglect categories. The table totals reflect the reported numbers based on 49 reporting states and not the CM-2002 general estimate (879,000), which includes all 50 states.

Overall, using the harm standard, the NIS-3 reports that 743,200 children were abused and 879,000 children were neglected during 1993 and 1994. The NIS-3

Table 1.1 CPS Victims of Child Maltreatment

Type of Maltreatment	CPS Victims 2000		CPS Victims 1996–2000	
	Number of Victims	Percentage of Victims	Number of Victims	Percentage of Victims
Physical Abuse	166,232	19.3	949,789	22.7
Neglect	541,242	62.8	2,453,653	58.8
Sexual Abuse	87,480	10.1	490,013	11.7
Emotional Maltreatment	66,293	7.7	281,634	6.7
Total Victims	861,247		4,175,089	

reports include slightly different categories. Neglect is broken down into physical and emotional neglect. Table 1.2 presents figures using both the harm standard and the endangerment standard. Of note is the fact that the endangerment standard broadens the scope of the report. Consequently, numbers presented under this standard include those presented under the harm standard.

When comparing the reports, it is evident that neglect is the most common type of maltreatment, followed by physical abuse. The reports had mixed results in terms of the degree of emotional and sexual abuse. This is probably due to differences in the definition of emotional abuse under both reports.

### Response by Agency

As noted above, the CM-2002 reports that CPS agencies screened in 61.7% (estimated 1,726,000) referrals in 2002. This means that 38.3% (estimated 1,070,000) of referrals were screened out and not investigated by CPS. According to the NIS-3, CPS investigated only 28% of recognized children in their data who met the harm standard. Overall, CPS investigated only 33% of children whose maltreatment met the endangerment standard based on NIS-3 data. It is, of course, important to note that there is a seven-year difference between reports. Nonetheless, it is

Table 1.2 NIS-3 Reports of Child Maltreatment

Type of Maltreatment	Using Harm Standard		Using Endangerment Standard	
	Number of Children	Percentage	Number of Children	Percentage
Physical Abuse	381,700	33.2	614,100	18.2
Physical Neglect	338,900	29.4	1,335,100	39.7
Emotional Neglect	212,800	18.5	585,100	17.4
Sexual Abuse	217,700	18.9	300,200	8.9
Emotional Abuse	Not Available		532,200	15.8
Total	1,151,100		3,366,700	

noteworthy that the figures represent a substantial difference in the percent of children being investigated.

Additionally, NIS-3 reported drops in the number of investigations from their prior reports. Specifically, the percent of children receiving investigation using the harm standard dropped from 44% in NIS-2 (1986) to 28% in NIS-3, and from 51% in NIS-2 using the endangerment standard to 33% in NIS-3. The NIS-3 report does note that the numbers of countable children investigated by CPS remained stable. The NIS-3 includes other significant figures. For example, schools recognized the largest number of children maltreated under the harm standard, but only 16% of these children were investigated by CPS. Furthermore, CPS investigated only 26% of children found to be seriously injured and 26% of those found to be moderately injured by their reporting source. The percent of those who received CPS investigations represented less than one-half of the maltreated children in all categories of maltreatment except fatalities.

In terms of actual response based on investigation, the CM-2002 reports that 1,863,556 children and 643,093 families received CPS preventive services in 2002. The CM-2002 report also includes data on receipt of postinvestigative services. Victims of multiple maltreatments were more than twice as likely to receive services as victims of physical abuse only. Furthermore, victims of sexual abuse were less likely than victims of any other type of maltreatment to receive services.

### Recidivism

The NIS-3 does not provide information on recidivism; however, the CM-2002 does. According to the CM-2002, recurrence is defined as having a second incident within a 6-month period. Overall, 8.6% of abuse or neglect victims had a recurrence within 6 months. Furthermore, neglected children were 27% more likely to experience recurrence than those who experienced physical abuse. Also, sexual abuse was less likely to recur than physical abuse and neglect.

### Child Fatality

Child fatality is not discussed extensively in the NIS-3. However, the report does note that the incidence of fatally injured girls had declined slightly since its prior NIS-2 (1986) study, while incidence of fatally injured boys rose. The CM-2002 report, on the other hand, has data on child fatalities. The rate estimate for the year 2002 is 1,400 child deaths from abuse and neglect. Based on a sample of  $N = 708$  for the year 2002, Table 1.3 shows a breakdown of fatalities based on type of abuse.

### CONCLUSION

This chapter has given a historical and current overview of the issues surrounding child maltreatment. Definitions of the types of maltreatment were presented and will be referred to throughout the book. Evidence was provided to support

Table 1.3 Child Fatalities by Type of Abuse

Type of Maltreatment	Number of Fatalities	Percentage
Neglect Only Fatalities	247	34.9
Physical Abuse Only	197	27.8
Physical Abuse and Neglect	157	22.2
Neglect and Any Maltreatment	32	4.5
Physical Abuse and Any Maltreatment	28	4.0
Any Type Except Physical and Neglect	12	1.7
Unknown Type of Maltreatment	35	4.9
Total	708	

the recognition that physical and sexual abuse and neglect, in all their forms, are prevalent in our world. We need strategies to identify, combat, and treat families and children who are experiencing child maltreatment.

In this context, the book will focus on the developmental consequences of child maltreatment and present an ecological and developmental assessment framework that views child maltreatment in a complex web of transacting systems. Intervention strategies are offered that focus on the developmental stage the child/ren are experiencing and based on the nature of the maltreatment.

Chapter 2 will present the overall theoretical and philosophical framework for the book.

## THEORETICAL OVERVIEW OF UNDERSTANDING CHILD MALTREATMENT

Since the growing awareness of child maltreatment in the 1960s, the professional literature has amassed and attempted to give us a clearer understanding of the etiology of child physical abuse, sexual abuse, and neglect. Child maltreatment encompasses many variations in its causes, outcomes, and treatment. Families and children that experience the different forms of maltreatment are not similar and need to be assessed and treated in a manner that will maximize their strengths and at the same time assure the safety and well-being of the child. In order to recognize child maltreatment as a multifaceted problem, a comprehensive theoretical approach is required, one that takes into account ecological risk factors, at varying systemic levels, and the transactions within each developmental stage of the child. The two major theoretical frameworks that are the foundation for understanding and treating child maltreatment are the ecological and the developmental perspectives. An ecological perspective allows for an interactional and conceptual understanding of human behavior and social functioning. A developmental perspective provides a framework for understanding growth and functioning of children in the context of the family. It views adaptive and maladaptive behaviors through developmental processes and how they relate to child maltreatment. In this chapter we will present an overview of these perspectives; we incorporate both frameworks in subsequent chapters.

Effective assessment and treatment of child maltreatment, by its nature, must take place within the context of the family. The family-centered focus has been emphasized as the most appropriate when working in the field of child maltreatment (DePanfilis, 1999; Gaudin, 1993; Pecora et al., 2000). As indicated in chapter 1, it is the center of all current child welfare policy. To respect the uniqueness of all families, three guiding principles underlie assessment and intervention with families who have maltreated their children: a family-centered principle; a strengths-based principle; and a cultural responsiveness principle. These principles must be integrated within the ecological and developmental framework. In this chapter key components of each principle will be highlighted. They should be used as a lens when considering all discussions of assessment and intervention throughout the book.