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“Case Examples Of Maltreatment

Physical Abuse

During a violent fight between her mother and her mother's boyfriend, 8-year-old Kerry called 911. She told the operator that her mother's boyfriend always hit her mommy when he came home drunk. In addition, Kerry said she was worried about her 5-year-old brother, Aaron, because he tried to help their mom and the boyfriend punched him in the face. As a result, Aaron fell, hit his head on the coffee table, and had not moved since. The operator heard yelling in the background and the mother screaming, "Get off the phone!" When the police and paramedics arrived, Aaron was unconscious and the mother had numerous bruises on her face.

Child Neglect

Robert and Carlotta are the parents of a 9-month-old son named Ruiz. Robert and Carlotta used various drugs together until Robert was arrested and sent to prison for distributing cocaine. Since Robert's arrest, Carlotta has been living with different relatives and friends. Recently, she left her son with her sister who also has a history of drug use. Her sister then went to a local bar and left Ruiz unattended. After hearing the baby boy cry for over an hour, the neighbors called the police. When Carlotta arrived to pick up Ruiz, the police and the CPS worker were also there. It appeared that she had been using drugs.

Sexual Abuse

Jody, age 11, said that she was asleep in her bedroom and that her father came in and took off his robe and underwear. She stated that he got into bed with her and pulled up her nightgown and put his private part on her private part. She stated that he pushed hard and it hurt. Jody said that the same thing had happened before while her mother was at work. Jody stated that she told her mother, but her father insisted that she was telling a lie.

Psychological Abuse

Jackie is a 7-year-old girl who lives with her mother. Jackie's mother often screams at her, calls her degrading names, and threatens to kill her when Jackie misbehaves. Jackie doesn't talk in class anymore, doesn't have any friends in her neighborhood, and has lost a lot of weight."

4 - [What Is the Scope of the Problem?](#)

'For every 1,000 children in the population in 2000, approximately 12 were victims of maltreatment.¹³ Exhibit 4-1 presents NCANDS data on the reported annual victimization rates over the past 11 years.'

" Types of Maltreatment

The following findings describe reported child victimization rates by major types of maltreatment as stated in NCANDS for 2000:

- **Neglect.** More than half of all reported victims (62.8 percent) suffered neglect (including medical neglect), an estimated rate of 7 per 1,000 children.
- **Physical abuse.** Approximately one-fifth of all known victims (19.3 percent) were physically abused, an estimated rate of 2 per 1,000 children.
- **[Sexual abuse.](#)** Of all reported maltreated children, just over one-tenth (10.1 percent) had been sexually abused, an estimated rate of 1 per 1,000 children.
- **Psychological maltreatment.** Less than one-tenth (7.7 percent) were identified as victims of [psychological maltreatment](#), or less than 1 per 1,000 children.¹⁴

"Characteristics of Victims

Overall, in 2000, 52 percent of victims of child maltreatment were girls and 48 percent were boys. While rates of most types of maltreatment were similar for both sexes, more girls than boys were sexually abused.

The youngest and most vulnerable children—children under the age of 3—had the highest victimization rate, approximately 16 per 1,000.¹⁵ Overall, rates of victimization declined as children's age increased. (Victimization patterns by age, however, differ by type of maltreatment.)

While children of every race and ethnicity were maltreated, victimization rates varied."

"Child Maltreatment Perpetrators

The majority of victims reported to NCANDS in 2000 (78.8 percent) were maltreated by a parent. This is not surprising given that child maltreatment is defined as the abuse or neglect of children by parents or caregivers. The definition of who is considered a caregiver (e.g., babysitter, daycare worker, residential facility staff, relatives, or household members) varies from State to State. Approximately three-fifths of

perpetrators of maltreatment (59.9 percent) were women. Nearly 42 percent of that group of women perpetrators were younger than 30. While mothers were more frequently identified as perpetrators of neglect and physical abuse (the most common forms of maltreatment), fathers were more frequently identified as the perpetrators of sexual abuse.¹⁸

5 - What Factors Contribute to Child Abuse and Neglect?

“There is no single known cause of child maltreatment. Nor is there any single description that captures all families in which children are victims of abuse and [neglect](#). Child maltreatment occurs across socio-economic, religious, cultural, racial, and ethnic groups.”

“Risk factors associated with child maltreatment can be grouped in four domains:

- Parent or caregiver factors
- Family factors
- Child factors
- Environmental factors”

“Parent or Caregiver Factors

Parent or caregiver factors potentially contributing to maltreatment relate to:

- Personality characteristics and psychological well-being
- History of maltreatment
- Substance abuse
- Attitudes and knowledge
- Age”

“Personality Characteristics and Psychological Well-Being

No consistent set of characteristics or personality traits has been associated with maltreating parents or caregivers. Some characteristics frequently identified in those who are physically abusive or neglectful include low self-esteem, an external locus of control (i.e., belief that events are determined by chance or outside forces beyond one's personal control), poor impulse control, depression, anxiety, and antisocial behavior.²¹ While some maltreating parents or caregivers experience behavioral and emotional difficulties, severe mental disorders are not common.²²

Parental Histories and the Cycle of Abuse

A parent's childhood history plays a large part in how he or she may behave as a parent. Individuals with poor parental role models or those who did not have their own needs met may find it very difficult to meet the needs of their children.

While the estimated number varies, child maltreatment literature commonly supports the finding that some maltreating parents or caregivers were victims of abuse and neglect themselves as children.²³ One review of the relevant research suggested that about one-third of all individuals who were maltreated will subject their children to maltreatment.²⁴ Children who either experienced maltreatment or witnessed violence between their parents or caregivers may learn violent behavior and may also learn to justify violent behavior as appropriate.²⁵

An incorrect conclusion from this finding, however, is that a maltreated child will always grow up to become a maltreating parent. There are individuals who have not been abused as children who become abusive, as well as individuals who have been abused as children and do not subsequently abuse their own children. In the research review noted above, approximately two-thirds of all individuals who were maltreated did not subject their children to abuse or neglect.²⁶

It is not known why some parents or caregivers who were maltreated as children abuse or neglect their own children and others with a similar history do not.²⁷ While every individual is responsible for his or her actions, research suggests the presence of emotionally supportive relationships may help lessen the risk of the intergenerational cycle of abuse.²⁸

Substance Abuse

Parental substance abuse is reported to be a contributing factor for between one- and two-thirds of maltreated children in the child welfare system.²⁹ Research supports the association between substance abuse and child maltreatment.³⁰ For example:

- A retrospective study of maltreatment experience in Chicago found children whose parents abused alcohol and other drugs were almost three times likelier to be abused and more than four times likelier to be neglected than children of parents who were not substance abusers.³¹
- A Department of Health and Human Services study found all types of maltreatment, and particularly neglect, to be more likely in alcohol-abusing families than in nonalcohol-abusing families.³²

Substance abuse can interfere with a parent's mental functioning, judgment, inhibitions, and protective capacity. Parents significantly affected by the use of drugs and alcohol may neglect the needs of their children, spend money on drugs instead of household expenses, or get involved in criminal activities that jeopardize their children's health or [safety](#).³³ Also, studies suggest that substance abuse can influence parental discipline choices and child-rearing styles.³⁴

Over the past decade, prenatal exposure of children to drugs and alcohol during their mother's pregnancy and its potentially negative, developmental consequences has been an issue of particular concern. The number of children born each year exposed to drugs or alcohol is estimated to be between 550,000 and 750,000.³⁵ While this issue has received

much attention, children who are exposed prenatally represent only a small proportion of children negatively affected by parental substance abuse.³⁶

The number and complexity of co-occurring family problems often makes it difficult to understand the full impact of substance abuse on child maltreatment.³⁷ Substance abuse and child maltreatment often co-occur with other problems, including mental illness, HIV/AIDS or other health problems, domestic violence, poverty, and prior child maltreatment. These co-occurring problems produce extremely complex situations that can be difficult to resolve.³⁸ Because many of the problems may be important and urgent, it can be difficult to prioritize what services to provide. Additionally, identifying and obtaining appropriate resources to address these needs is a challenge in many communities.

Attitudes and Knowledge

Negative attitudes and attributions about a child's behavior and inaccurate knowledge about child development may play a contributing role in child maltreatment.³⁹ For example, some studies have found that mothers who physically abuse their children have both more negative and higher than normal expectations of their children, as well as less understanding of appropriate developmental norms.⁴⁰ Not all research, however, has found differences in parental expectations.⁴¹

A parent's lack of knowledge about normal child development may result in unrealistic expectations. Unmet expectations can culminate in inappropriate punishment (e.g., a parent hitting a one-year-old for soiling his pants). Other parents may become frustrated with not knowing how to manage a child's behavior and may lash out at the child. Still others may have attitudes that devalue children or view them as property.

Age

Caretaker age may be a risk factor for some forms of maltreatment, although research findings are inconsistent.⁴² Some studies of [physical abuse](#), in particular, have found that mothers who were younger at the birth of their child exhibited higher rates of child abuse than did older mothers.⁴³ Other contributing factors, such as lower economic status, lack of social support, and high stress levels may influence the link between younger childbirth—particularly teenage parenthood—and child abuse.⁴⁴

Family Factors

Specific life situations of some families—such as marital conflict, domestic violence, single parenthood, unemployment, financial stress, and social isolation—may increase the likelihood of maltreatment. While these factors by themselves may not cause maltreatment, they frequently contribute to negative patterns of family functioning.

Family Structure

Children living with single parents may be at higher risk of experiencing physical and sexual abuse and neglect than children living with two biological parents.⁴⁵ Single parent households are substantially more likely to have incomes below the poverty line. Lower income, the increased stress associated with the sole burden of family responsibilities, and fewer supports are thought to contribute to the risk of single parents maltreating their children. In 1998, 23 percent of children lived in households with a single mother, and 4 percent lived in households with a single father.⁴⁶ A strong, positive relationship between the child and the father, whether he resides in the home or not, contributes to the child's development and may lessen the risk of abuse.

In addition, studies have found that compared to similar non-neglecting families, neglectful families tend to have more children or greater numbers of people living in the household.⁴⁷ Chronically neglecting families often are characterized by a chaotic household with changing constellations of adult and child figures (e.g., a mother and her children who live on and off with various others, such as the mother's mother, the mother's sister, or a boyfriend).⁴⁸

The Child Abuse and Father Absence Connection

- The rate of child abuse in single parent households is 27.3 children per 1,000, which is nearly twice the rate of child abuse in two parent households (15.5 children per 1,000).
- An analysis of child abuse cases in a nationally representative sample of 42 counties found that children from single parent families are more likely to be victims of physical and sexual abuse than children who live with both biological parents. Compared to their peers living with both parents, children in single parent homes had:
 - 77 percent greater risk of being physically abused
 - 87 percent greater risk of being harmed by physical neglect
 - 165 percent greater risk of experiencing notable physical neglect
 - 74 percent greater risk of suffering from emotional neglect
 - 80 percent greater risk of suffering serious injury as a result of abuse
 - 120 percent greater risk of experiencing some type of maltreatment overall.
- A national survey of nearly 1,000 parents found that 7.4 percent of children who lived with one parent had been sexually abused, compared to only 4.2 percent of children who lived with both biological parents.
- Using data from 1,000 students tracked from seventh or eighth grade in 1988 through high school in 1992, researchers determined that only 3.2 percent of the boys and girls who were raised with both biological parents had a history of maltreatment. However, a full 18.6 percent of those in other family situations had been maltreated.
- A study of 156 victims of child sexual abuse found that the majority of the children came from disrupted or single-parent homes; only 31 percent of the

children lived with both biological parents. Although stepfamilies make up only about 10 percent of all families, 27 percent of the abused children in this study lived with either a stepfather or the mother's boyfriend.⁴⁹

Marital Conflict and Domestic Violence

According to published studies, in 30 to 60 percent of families where spouse abuse takes place, child maltreatment also occurs.⁵⁰ Children in violent homes may witness parental violence, may be victims of physical abuse themselves, and may be neglected by parents who are focused on their partners or unresponsive to their children due to their own fears.⁵¹ A child who witnesses parental violence is at risk for also being maltreated, but, even if the child is not maltreated, he or she may experience harmful emotional consequences from witnessing the parental violence.⁵²

Stress

Stress is also thought to play a significant role in family functioning, although its exact relationship with maltreatment is not fully understood.⁵³ Physical abuse has been associated with stressful life events, parenting stress, and emotional distress in various studies.⁵⁴ Similarly, some studies have found that neglectful families report more day-to-day stress than non-neglectful families.⁵⁵ It is not clear, however, whether maltreating parents actually *experience* more life stress or, rather, *perceive* more events and life experiences as being stressful.⁵⁶ In addition, specific stressful situations (e.g., losing a job, physical illness, marital problems, or the death of a family member) may exacerbate certain characteristics of the family members affected, such as hostility, anxiety, or depression, and that may also aggravate the level of family conflict and maltreatment.⁵⁷

Parent-Child Interaction

Families involved in child maltreatment seldom recognize or reward their child's positive behaviors, while having strong responses to their child's negative behaviors.⁵⁸ Maltreating parents have been found to be less supportive, affectionate, playful, and responsive with their children than parents who do not abuse their children.⁵⁹ Research on maltreating parents, particularly physically abusive mothers, found that these parents were more likely to use harsh discipline strategies (e.g., hitting, prolonged isolation) and verbal aggression and less likely to use positive parenting strategies (e.g., using time outs, reasoning, and recognizing and encouraging the child's successes).⁶⁰

Child Factors

Children are not responsible for being victims of maltreatment. Certain factors, however, can make some children more vulnerable to maltreating behavior. The child's age and development—physical, mental, emotional, and social—may increase the child's vulnerability to maltreatment, depending on the interactions of these characteristics with the parental factors previously discussed.

Age

The relationship between a child's age and maltreatment is not clear cut and may differ by type of maltreatment. In 2000, for example, the rate of documented maltreatment was highest for children between birth and 3 years of age (15.7 victims per 1,000 children of this age in the population) and declined as age increased.⁶¹ The inverse relationship between age and maltreatment is particularly strong for neglect, but not as evident for other types of maltreatment (physical, emotional, or sexual abuse).

Infants and young children, due to their small physical size, early developmental status, and need for constant care, can be particularly vulnerable to child maltreatment. Very young children are more likely to experience certain forms of maltreatment, such as shaken baby syndrome and nonorganic failure to thrive. Teenagers, on the other hand, are at greater risk for sexual abuse.⁶²

Disabilities

Children with physical, cognitive, and emotional disabilities appear to experience higher rates of maltreatment than do other children.⁶³ A national study, completed in 1993, [...my comment: THIS IS AN OLD AND LIMITED STUDY!] found that children with disabilities were 1.7 times more likely to be maltreated than children without disabilities.⁶⁴ To date, the full degree to which disabilities precede or are a result of maltreatment is unclear.

In general, children who are perceived by their parents as "different" or who have special needs—including children with disabilities, as well as children with chronic illnesses or children with difficult temperaments—may be at greater risk of maltreatment.⁶⁵ The demands of caring for these children may overwhelm their parents. Disruptions may occur in the bonding or attachment processes, particularly if children are unresponsive to affection or if children are separated by frequent hospitalizations.⁶⁶ Children with disabilities also may be vulnerable to repeated maltreatment because they may not understand that the abusive behaviors are inappropriate, and they may be unable to escape or defend themselves in abusive situations.⁶⁷ Some researchers and advocates have suggested that some societal attitudes, practices, and beliefs that devalue and depersonalize children with disabilities sanction abusive behavior and contribute to their higher risk of maltreatment.⁶⁸ For instance, there may be greater tolerance of a caregiver verbally berating or physically responding to a disabled child's inability to accomplish a task or act in an expected way than there would be if similar behavior was directed at a normally abled child.”

6 - [What Are the Consequences of Child Abuse and Neglect?](#)

7 - [What Can Be Done to Prevent Child Abuse and Neglect?](#)

“To prevent child abuse and neglect, programs may focus on one or several risk factors discussed in Chapter 5, "What Factors Contribute to Child Abuse and Neglect?" For example, prevention programs may include:

- Substance abuse treatment programs for women with children;
- Respite care programs for families with children who have disabilities;
- Parent education programs and support groups for families affected by domestic violence.

Many prevention programs also focus efforts on strengthening child and family [protective factors](#) such as the knowledge and skills children need to help protect themselves from [sexual abuse](#), the promotion of positive interactions between children and parents, and the knowledge and skills parents need to raise healthy, happy children.”

“Types of Prevention Activities

Child abuse and neglect prevention activities generally occur at three basic levels:

- Primary, or universal, prevention activities are directed at the general population with the goal of stopping the occurrence of maltreatment before it starts.
- Secondary, or selective, prevention activities focus on families at high [risk](#) of maltreatment to alleviate conditions associated with the problem.
- Tertiary, or indicated, prevention activities direct services to families where maltreatment has occurred to reduce the negative consequences of the maltreatment and to prevent its recurrence.”

“Organizations Supporting Public Awareness Activities

State Children's Trust Funds

State Children's Trust Funds (CTFs) exist in all 50 States and the District of Columbia with the specific goal of preventing child maltreatment. CTFs coordinate prevention activities throughout their State by promoting and funding a variety of community-based programs including public awareness campaigns, home visitation programs, skills-based curricula for children, and parent education and support activities. In addition, many CTFs develop and distribute posters for community groups, schools, and many other professionals working with children. The poster may encourage parents to use positive discipline techniques or encourage children to say "no" to touching that makes them uncomfortable.”

“Parent Education Programs

Parent education programs focus on enhancing parental competencies and promoting healthy parenting practices and typically target teen and highly stressed parents. Some of these programs are led by professionals or paraprofessionals, while others are facilitated by parents who provide mutual support and discuss personal experiences. These programs address issues such as:

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- Developing and practicing positive discipline techniques;
- Learning age-appropriate child development skills and milestones;
- Promoting positive play between parents and children;
- Locating and accessing community services and supports.

Parent education programs are designed and structured differently, usually depending on the curriculum being used and the target audience. Programs may be short-term (i.e., those offering classes once a week for 6 to 12 weeks) or they may be more intensive (i.e., those offering services more than once a week and for up to 1 year). Popular parent education programs include:

- Parents as Teachers—visit www.patnc.org for more information;
- Every Person Influences Children (EPIC)—visit www.epicforchildren.org for more information;
- The Nurturing Program—visit www.nurturingparenting.com for more information.

In addition to parent education programs, mutual support groups also may strengthen families and help prevent child maltreatment. For example, *Parents Anonymous* affiliates work within their communities and States to provide support and resources to overwhelmed families struggling to cope with everyday stresses and strains.

Skills-based Curricula for Children

Many schools and local community social service organizations offer skills-based curricula to teach children [safety](#) and protection skills. Most of these programs focus efforts on preventing child sexual abuse and teaching children to distinguish appropriate touching from inappropriate touching. Many curricula have a parent education component to give parents and other caregivers the knowledge and skills necessary to recognize and discuss sexual abuse with their children. Curricula may use various methods to teach children skills including:

- Workshops and school lessons
- Puppet shows and role-playing activities
- Films and videos
- Workbooks, storybooks, and comics

Examples of skills-based curricula include programs such as *Talk About Touching*, *Safe Child*, *Reach*, *Recovery*, *Challenge*, *Good Touch/Bad Touch*, *Kids on the Block*, and *Illusion Theater*.

Home Visitation Programs

Home visitation programs that emphasize the health and well-being of children and families have existed in the United States since the late 19th century. Organizations and agencies in fields as varied as education, maternal and child health, and health and human

services, use home visitation programs to help strengthen families. Home visitation programs offer a variety of family-focused services to pregnant mothers and families with newborns. Activities encompass structured visits in the family's home, informal visits, and telephone calls. Topics addressed through these programs often include:

- Positive parenting practices and nonviolent discipline techniques;
- Child development;
- Maternal and child health issues;
- Accessing available social services;
- Establishing social supports and networks;
- Learning to advocate for oneself, one's child, and one's family;
- Preventing accidental childhood injuries through the development of a safe home environment.

Recent evaluations suggest that both short- and long-term positive outcomes may occur for mothers and children receiving home visitation services. During a two-year period, nurses provided home visitation services to a group of poor, unmarried, teen mothers in Elmira, New York. Only 4 percent of the nurse-visited families had verified reports of child abuse and neglect compared to 19 percent of the families who did not receive home visits by nurses.¹¹⁴ A follow-up study further supported these positive results: the number of verified reports of child maltreatment for the nurse-visited group of mothers was nearly half that of mothers who did not receive home visitation services during the next 15 years.¹¹⁵ Additional positive outcomes among nurse-visited mothers included lower levels of smoking, fewer and better-spaced subsequent pregnancies, and more months working, as well as fewer emergency room visits by children for injuries. Several studies of home visitation programs using nonmedical professionals also showed a significantly lower number of verified maltreatment reports for home-visited mothers.¹¹⁶ “

“Schools

With increased public and professional attention on the serious social problems affecting children and adolescents, schools have become the focus for many new prevention efforts including:

- Comprehensive, integrated prevention curricula to provide children with the skills, knowledge, and information necessary to cope successfully with the challenges of childhood and adolescence;
- Personal safety programs;
- Support programs for children with special needs to help reduce the stress on families with a child with disabilities.

Since most children attend public or private schools, school-based prevention activities have the potential to reach the majority of U.S. children.”

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9 - [What Does the Child Protection Process Look Like?](#)

10 - [Who Should Be Involved in Child Protection at the Community Level?](#)

11 - [How Can Organizations Work Together to Protect Children?](#)

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Appendix A - [Glossary of Terms](#)

Appendix B - [Resource Listings](#)

Appendix C - [Child Abuse Reporting Numbers](#) (by state)