

The Merrill Social Work and Human Services Series

10TH EDITION

UNDERSTANDING CHILD ABUSE AND NEGLECT

CYNTHIA CROSSON-TOWER



UNDERSTANDING CHILD ABUSE AND NEGLECT

This page intentionally left blank

Tenth Edition

UNDERSTANDING CHILD ABUSE AND NEGLECT

Cynthia Crosson-Tower



Please contact <https://support.pearson.com/getsupport/s/contactsupport> with any queries on this content.

Copyright © 2021, 2014, 2010 by Pearson Education, Inc. 221 River Street, Hoboken, NJ 07030. All Rights Reserved. Manufactured in the United States of America. This publication is protected by copyright, and permission should be obtained from the publisher prior to any prohibited reproduction, storage in a retrieval system, or transmission in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise. For information regarding permissions, request forms, and the appropriate contacts within the Pearson Education Global Rights and Permissions department, please visit www.pearsoned.com/permissions/.

Acknowledgments of third-party content appear on the appropriate page within the text.

PEARSON, ALWAYS LEARNING, REVEL, and MYLAB are exclusive trademarks owned by Pearson Education, Inc. or its affiliates in the U.S. and/or other countries.

Unless otherwise indicated herein, any third-party trademarks, logos, or icons that may appear in this work are the property of their respective owners, and any references to third-party trademarks, logos, icons, or other trade dress are for demonstrative or descriptive purposes only. Such references are not intended to imply any sponsorship, endorsement, authorization, or promotion of Pearson's products by the owners of such marks, or any relationship between the owner and Pearson Education, Inc., or its affiliates, authors, licensees, or distributors.

Library of Congress Cataloging-in-Publication Data

Names: Crosson-Tower, Cynthia, author.

Title: Understanding child abuse and neglect / Cynthia Crosson-Tower.

Description: Tenth edition. | Hoboken, NJ : Pearson, [2021] | Includes bibliographical references and index.

Identifiers: LCCN 2019041748 (print) | LCCN 2019041749 (ebook) | ISBN 9780135168066 (paperback) | ISBN 9780135170830 (ebook) | ISBN 9780135170915 (ebook)

Subjects: LCSH: Child abuse--United States. | Abused children--Services for--United States. | Social work with children--United States.

Classification: LCC HV6626.52 .T69 2021 (print) | LCC HV6626.52 (ebook) | DDC 362.760973--dc23

LC record available at <https://lcn.loc.gov/2019041748>

LC ebook record available at <https://lcn.loc.gov/2019041749>

ScoutAutomatedPrintCode



ISBN-10: 0-13-516806-6
ISBN-13: 978-0-13-516806-6

*For Chay and Becky, who are demonstrating what good parenting can be,
and to Ruby, my incredible granddaughter.*

This page intentionally left blank

PREFACE

We live in a culture that values comfort and a sense of well-being. Even in today's difficult economy, the expectation is that, despite having to make some sacrifices, each citizen has the opportunity to achieve this sense of well-being. Yet, many members of our culture—our children—are being beaten, neglected, and sexually exploited in alarming numbers. Every 10 seconds, a child is being abused or neglected. Granted, child abuse and neglect have existed for centuries. And although the incidence of child maltreatment actually decreased slightly for a few years, we in the child welfare field have not seen the progress we hoped for. The fact remains that children are still being abused—in some cases more seriously than ever.

Why has child maltreatment become such a serious issue, with only limited success in decreasing its incidence? The answer may have several facets. We live in a more violent society than ever before. We are barraged with violent images, both in the news and in our entertainment. Crime statistics attest to the impact of this desensitization, as does the intensity and seriousness of the abuse perpetrated against children. Finally, the rise in drug abuse has impacted families and left its mark on their children. All of these factors require us to be even more diligent in our work toward stemming the tide of child maltreatment.

The question is, how do we do so? Is the answer affected by the fact that the child protection system, set up to safeguard the lives of the children at risk for maltreatment, is not achieving its goal? As a former protective services worker, I recognize that individual professionals within protective services are often dedicated and well meaning, but the system as a whole is still not adequately protecting children, nor are these services often our fiscal priority.

What can be done to reverse the disturbing fact of child maltreatment? And how can society, and more specifically the child welfare system, better protect the children at risk?

These questions can be addressed from several vantage points. We look not only to raise societal awareness and increase research into causes of abuse and neglect, but also to change social policy, triage the child welfare system, and provide better training for protective workers, not only in the skills important to do their job but in culturally sensitive ways to approach a variety of people from many different backgrounds.

After over 35 years of teaching courses on child abuse and neglect, many years in the child protection system, and over 45 years in the field of social services, I have written this book, now in the tenth edition, to prepare future and even current professionals to better intervene and treat the children and families at risk. This book draws on my years of practice to present an all-encompassing view of maltreatment, in its various guises, from symptoms of abuse and neglect to motivations of those who abuse and neglect children, as well as how the social services system intervenes. The questions asked of me by students, social service workers, and trainees have helped to shape the direction of the book. The responses from faculty reviewers who teach courses in child welfare have further fine-tuned what is presented here. My experiences not only as a protective social worker but also as a therapist treating victims, families, and perpetrators and now as a clergywoman have helped to provide ideas for the illustrations and examples.

NEW TO THIS EDITION

There are substantial revisions and updated materials throughout the text. Below are a few of the most exciting changes:

1. The text has been reorganized into 17 chapters so that no one chapter is too overwhelming in length.
2. Each chapter ends with case studies or other material that invites the student to demonstrate learning of the chapter material through applying it to a case situation.
3. Chapter 2 on families includes a look at the diverse populations of the twenty-first century, including refugee and newly immigrated families; families with lesbian, gay, bisexual, and transgender members; and grandparent families. More attention is given to the importance of understanding cultural variations when working with clients.
4. Chapter 3 on child development now includes material about the developing brain and how it is impacted by maltreatment.
5. This thread of neuroscience continues throughout the text as the chapters explaining the types of abuse or neglect (Chapters 4, 5, 6, and 7) discuss how the brain is affected by each particular form of child maltreatment.
6. Chapter 8 looks more closely at child sex trafficking.
7. Chapter 10 now covers the full range of intervention, from reporting through case management.
8. The old Chapter 10 has been separated into two chapters—Chapters 10 and 11—so that more attention could be given in Chapter 11 to the role of other professionals with emphasis on collaboration.
9. The functions of initial intervention and case management are more clearly defined, and there is a clearer explanation of what constitutes treatment in protective situations.
10. The day in the life of a child protection worker in Chapter 17 has been rewritten by a protective services supervisor working in child protection to reflect today's practices.
11. The references have been moved to the end of each chapter for easier access.
12. Learning objectives are provided in each chapter to guide the student in reading the material.

PLAN FOR THE TEXT

Chapter 1 builds a framework for the discussion of abuse and neglect by tracing the history of child maltreatment from biblical times to the present. Chapter 2 considers the responsibilities of families, including a look at different ethnic and functional families, and discusses what rights society accords families and children. Maltreatment and the developing child are the focus of Chapter 3, which examines the effects of abusive and neglectful behavior on children's brain development and developmental progress, or lack of progress, through the stages of growth.

Chapters 4–9 outline the symptoms of neglect, physical abuse, sexual abuse, and emotional/psychological abuse, and they examine the needs and motivations of abusive and neglectful parents. Chapter 7 looks more closely at the incidence of incest, or sexual abuse within the family setting. Since sexual abuse can also be perpetrated by those outside the home, Chapter 8 considers extrafamilial abuse, including a discussion of child pornography, abuse on the Internet, and child sex trafficking. Chapter 9 looks at the psychological abuse of children.

Chapters 10, 11, and 12 focus on how to combat the problem of abuse. Chapter 10 discusses the intervention process—from the report through the investigation and case management—and highlights such important elements of protective work as home visiting and investigative interviewing. Chapter 11 outlines the roles of other professionals and describes the activities of case management in more detail, explaining the difference between case management and treatment. The court system and how it might be called on to address abuse, neglect, and sexual abuse are considered in Chapter 12, distinguishing between intervention through the juvenile court process and prosecution through the criminal court system.

Chapters 13 and 14 outline the models of treatment available for abused and neglected children and their families. Therapy approaches for each type of maltreatment are considered separately. Chapter 15 discusses foster care—by both family members (kinship care) and family foster homes—and explains how foster home placement is a therapeutic tool.

Following this examination of intervention, Chapter 16 provides a view of the experiences of adults who, as children, never reported abuse. The treatment available for these survivors is discussed.

The experience of working in child protection is the subject of Chapter 17—from a typical day in the life of a protective social worker today and the challenges of the work, to the part that workers must play in prevention and in planning for the future.

In this tenth edition, I have continued to highlight more current research. The majority of the most recent research is now coming from Great Britain, Australia, and Europe as these regions meet the challenges of responding to child abuse and neglect. I have used these sources when the information appeared to be applicable to the United States. I have also continued to use classic writings in the field as well as a few more recent, albeit smaller, studies.

In response to reviewer requests, this edition has been reorganized into 17 chapters so that no one chapter is too long. The information on intervention and case management is now contained in Chapters 10 and 11. A new Chapter 17 focuses on the important aspects of child protection work, including the need for social workers not only to pay attention to prevention but also to use their expertise to anticipate the best solutions for the future.

Attention to military families continues in this tenth edition. Additional information on brain development and the impact of maltreatment on the brain has been added. The topics of child sex trafficking and an expanded section on kinship care reflect the trends in child protection today.

Understanding Child Abuse and Neglect can be used as a text for undergraduate as well as graduate courses in social work, human services, psychology, and sociology, or in counseling, family studies, and education programs.

ACKNOWLEDGMENTS

Many people have contributed directly or indirectly to the writing of this book. My thanks go first to my family—especially to my husband, Jim; my sons, Chay and Andrew; and my daughter-in-law, Becky. They continue to encourage me. In addition, my granddaughter, Ruby Louise, has reminded me of the promise of childhood and how it must be protected.

I have learned a great deal over the years from my students, both in the behavioral sciences and in theology, whose interest, enthusiasm, and inquiries have done much to stimulate this endeavor. As graduates, they have continued their support, often as close friends. Thank you to Kim Copp, who was good enough to help me update Chapter 17's "A Day in the Life of Today's Protective Worker" to reflect today's world in protective services.

I thank the following reviewers for their helpful comments: Jennifer Jorgenson, Northern Kentucky University; Judy Krysik, Arizona State University; Piljoo Kang, Toccoa Falls College; and Andrea Rashtian, California State University Northridge.

I also thank Rebecca Fox-Gieg, my Pearson editor, who has been a wonderful addition to Pearson. Her compassion and understanding as well as her flexibility and assistance have made this edition possible. Much appreciation also to Pam Bennett, who has been great to work with, and to all the other dedicated and hard-working folks who labored to make this edition possible.

Cynthia Crosson-Tower

Professor Emerita Fitchburg State University and Harvest Counseling and Consultation

*This text is available in a variety of formats—digital and print.
To learn more about our programs, pricing options, and customization,
visit **www.pearsonhighered.com**.*

BRIEF CONTENTS

Chapter 1	The Maltreatment of Children Then and Now	1
Chapter 2	The Family: Roles, Responsibilities, and Rights	26
Chapter 3	Trauma and the Developing Child	55
Chapter 4	The Neglect of Children	81
Chapter 5	The Physical Abuse of Children	115
Chapter 6	The Sexual Abuse of Children	145
Chapter 7	Intrafamilial Abuse	175
Chapter 8	Extrafamilial Sexual Abuse, Misuse, and Exploitation	205
Chapter 9	Psychological Maltreatment of Children	239
Chapter 10	Intervention: Reporting, Investigation, and Assessment	253
Chapter 11	Collaborative Intervention and Case Management	291
Chapter 12	The Legal Response to Child Abuse and Neglect	309
Chapter 13	Case Management and Treatment of Physical Abuse and Neglect	331
Chapter 14	Treatment of Sexual Abuse	360
Chapter 15	Foster Care for Abused and Neglected Children	388
Chapter 16	Adults Abused as Children	404
Chapter 17	Working in Child Protection and Prevention	438

<i>Index</i>	477
--------------	-----

This page intentionally left blank

CONTENTS

Preface vii

Chapter 1 The Maltreatment of Children Then and Now 1

Early Views of Children 1

Issues of Life and Death 1

Issues of Dependence 2

Issues of Discipline 3

Issues of Sexual Exploitation 4

Concern Over Child Labor Brings Efforts Toward Change 6

The Settlement House Movement 6

Efforts for African American Children 7

The Plight of Native American Children 8

Recent History of Helping Abused and Neglected Children 8

The Case That Changed History 9

Impact of the White House Conferences 10

Influence of the Social Security Act 10

Advances in the 1940s–1960s 11

The '60s and '70s: Further Efforts on Behalf of Children 12

*Professional Awareness and Response to the Movement to Protect
Children and Families 14*

Emerging Influences on Child Protection 15

Adverse Childhood Experiences (ACE) Study 15

Child Maltreatment Through the Lens of Trauma 16

The Role of Child Protection Services 18

Child Protection Emerging 18

Child Rearing, Maltreatment, and Public Opinion 20

Child Protection Today 20

Summary 21

Applying the Concepts of This Chapter 23

References 23

Chapter 2 The Family: Roles, Responsibilities, and Rights 26

The Definition and Function of the Family 26

The Twenty-First Century Family 28

The Family as a System 29

Subsystems and Boundaries 30

Roles 30

Communication 31

<i>Bonding and Attachment</i>	32
<i>Rituals</i>	33
Cultural Family Systems	33
<i>African American Families</i>	34
<i>Hispanic American Families</i>	36
<i>Asian and Pacific Islander Families</i>	38
<i>Native American Families</i>	40
<i>Arab American and Middle Eastern Families</i>	41
Additional Types of Family Systems	42
<i>Grandparents Raising Grandchildren</i>	42
<i>Lesbian, Gay, Bisexual, and Transgender Families</i>	43
<i>Military Families</i>	44
<i>The Challenges of Developing Cultural Awareness</i>	46
Family Problems and Dysfunction	46
The Family and Child Maltreatment	47
<i>Parents' Rights</i>	48
<i>Children's Rights</i>	48
<i>Impact on the Child Protection Movement</i>	50
Summary	50
Applying the Concepts of This Chapter	51
References	52
Chapter 3 Trauma and the Developing Child	55
Understanding Trauma	55
<i>How Trauma Impacts the Brain</i>	55
<i>Degrees and Types of Trauma</i>	58
Influences on Development	59
<i>Early Brain Development</i>	59
<i>Attachment and the Impact of Trauma</i>	60
<i>The Impact of Parenting</i>	60
Development Through the Stages	62
<i>Pregnancy and Birth</i>	62
<i>Birth to 1 Year</i>	64
<i>1 to 4 Years</i>	68
<i>4 to 8 Years</i>	71
<i>8 to 12 Years</i>	72
<i>Adolescence</i>	73
Resilience and the Adaptable Brain	74
<i>Developing Resilience</i>	75
<i>The Adaptable Brain and Maltreatment</i>	76
Summary	76
Applying the Concepts of This Chapter	78
References	79

Chapter 4 The Neglect of Children 81**The Neglect of the Concept of Neglect 81****Definition and Impact of Neglect 82****The Measurement of Neglect 85****Risk Factors for Neglect 89***Environmental Factors 89**Ecological Factors 90**Parenting Factors 91***Problems in Intervention 91****Neglected Children 92***Symptoms and Effects of Neglect 92***Neglectful Parents 96***Early Efforts to Explain the Behavior of Neglectful Parents 98**Parents Who Neglect Children 99**Substance-Abusing Families 106**Domestic Violence and Neglect 108**Plight of the Parent and the Social Worker 108***Summary 109****Applying the Concepts of This Chapter 110****References 111****Chapter 5 The Physical Abuse of Children 115****Defining Physical Child Abuse 115****Causes of Physical Abuse 117***Interactional Variables 117**Environmental/Life Stress Variables 119**Social/Cultural/Economic Variables 119***Risk Assessment and Physical Abuse 119***Child Risk and Protective Factors 120**Parental Risk and Protective Factors 121**Family System Risk and Protective Factors 121***Symptoms of Physical Abuse 122***Physical Symptoms 122**Behavioral Indicators of Abuse 126***Parents Who Abuse 130***Parents' Unlearned Tasks from Childhood 130**Fictitious Disorder 132**Abusive Parents and Adolescents 133**The Impact of War on Family Violence 135**Assessing Parents Who Physically Abuse Children 136***Intimate Partner Violence and Other Abuse Within the Family 136***Interpartner Family Violence 136**Abuse by Siblings 137*

Summary	139
Applying the Concepts of This Chapter	139
References	141

Chapter 6 The Sexual Abuse of Children 145

The Emergence of Child Sexual Abuse	145
<i>Child Protection Movement and the Feminist Movement</i>	146
Definition of Child Sexual Abuse	147
Types of Sexual Abuse	148
<i>Intrafamilial Abuse</i>	148
<i>Extrafamilial Abuse</i>	148
Progression of Sexual Abuse	149
<i>Engagement Phase</i>	150
<i>Sexual Interaction and Secrecy Phases</i>	151
<i>Disclosure Phase</i>	151
<i>Suppression Phase</i>	151
Incidence of Sexual Abuse	152
<i>Early Studies of Child Sex Abuse</i>	152
<i>Recent Reports</i>	153
<i>Influence of Reporting on Statistics</i>	154
<i>False Allegations Movement</i>	154
Child Sexual Abuse as Trauma	155
<i>Degree of Trauma</i>	155
Profile of the Abused Child	156
<i>Children at Risk</i>	157
<i>Female Victims</i>	158
<i>Male Victims</i>	158
Profile of the Perpetrator	159
<i>Multifactor Theories</i>	160
<i>Single-Factor Theories</i>	163
<i>Process Models</i>	163
Which People Become Perpetrators?	164
<i>Female Abusers</i>	165
<i>Juvenile Sexual Offenders</i>	167
Summary	169
Applying the Concepts of This Chapter	169
References	170

Chapter 7 Intrafamilial Abuse 175

The Incest Taboo	175
<i>Reasons for Taboo</i>	175
<i>Legal and Social Prohibition</i>	177

Intrafamilial Abuse as a Problem Today	178
Societal Contributions to Incest	178
Father–Daughter Incest	179
<i>Family Patterns</i>	179
<i>Profiles of the Family</i>	181
Father–Son Incest	187
<i>Family Dynamics</i>	187
<i>Effects of Father–Son Incest</i>	188
Mother–Daughter Incest	189
<i>Family Dynamics</i>	189
<i>Effects of Mother–Daughter Incest</i>	190
Mother–Son Incest	191
<i>Family Dynamics</i>	191
<i>Effects of Mother–Son Incest</i>	193
Brother–Sister Incest	193
<i>Family Dynamics</i>	195
<i>Effects of Brother–Sister Incest</i>	196
Same-Sex Sibling Incest	196
Incest with Uncles, Grandfathers, and Cousins	197
Why Incest Stops	199
Summary	200
Applying the Concepts of This Chapter	201
References	202

Chapter 8 Extrafamilial Sexual Abuse, Misuse, and Exploitation 205

Dynamics and Characteristics of Sexual Abuse Outside of the Family	205
<i>Pedophilia</i>	209
<i>Pederasty</i>	211
Sexual Abuse by Clergy	213
<i>Motivation of Perpetrators</i>	214
<i>Crisis in the Catholic Church</i>	214
<i>Impact on Victims</i>	216
<i>Addressing Clerical Perpetrators</i>	217
Sexual Abuse in Day Care Settings	218
<i>Types of Day Care Abuse</i>	219
<i>Reactions and Resulting Changes</i>	219
Child Sex Trafficking, Child Pornography, and the Internet	219
<i>Child Pornography</i>	220
<i>Child Sex Trafficking</i>	226

Summary	232
Applying the Concepts of This Chapter	233
References	235

Chapter 9 Psychological Maltreatment of Children 239

Psychological Maltreatment Defined	239
The Roots of Psychological Maltreatment	242
Characteristics of the Psychologically Maltreated Child	243
Psychological Abuse and the Developing Brain	244
Family Dynamics in Psychological Abuse	245
<i>Difficulty in Detecting and Treating Psychological Abuse</i>	246
Ritualistic Abuse	246
Summary	248
Applying the Concepts of This Chapter	249
References	251

Chapter 10 Intervention: Reporting, Investigation, and Assessment 253

Culturally Sensitive Intervention	253
<i>Cultural Competence Defined</i>	253
<i>Putting Cultural Competence into Practice</i>	254
<i>Using Translators</i>	257
Understanding the Intervention Process	258
<i>Reporting</i>	258
<i>Child Protection Teams</i>	261
<i>Investigation and Assessment</i>	262
<i>Family Reactions</i>	262
<i>Home Visiting</i>	264
Assessing Risk and Protective Factors	266
<i>Children</i>	267
<i>Caregivers</i>	271
<i>Perpetrators</i>	271
<i>Incidence and Environment</i>	271
Exploring Causes and Services	271
Handling Emergencies	272
Interviewing for Assessment	272
<i>Interviewing Adults</i>	273
<i>Interviewing Children</i>	278
<i>Custody of the Children</i>	285
Summary	286
Applying the Concepts of This Chapter	287
References	288

Chapter 11 Collaborative Intervention and Case Management 291

A Collaborative Approach 291

Child Advocacy Centers 291

Other Professionals Involved in the Intervention Process 293

The Medical Team 293

The Legal Team 297

The Educational Team 299

The Mental Health Team 303

Clergy and Church Staff 303

The Community 304

Toward a Total Team Approach 304

Case Management and Planning 304

Summary 305

Applying the Concepts of This Chapter 306

References 307

Chapter 12 The Legal Response to Child Abuse and Neglect 309

Legal Intervention 309

The Legal Rights of Parents and Children 310

Types of Court Intervention 311

Juvenile Court 312

Criminal Court 323

The Impact of Court on Children 325

Sex Offender Registration 326

The Media and the Court 327

Summary 327

Applying the Concepts of This Chapter 328

References 329

Chapter 13 Case Management and Treatment of Physical Abuse and Neglect 331

Case Management 332

From Case Management to Treatment 334

Providing Treatment 334

Client Resistance 336

Client Response 337

Eligibility Criteria 338

Limited Community Resources 339

Who Provides Treatment? 339

Duration of Treatment 340

Treatment of Neglectful Families 340*In-Home Family-Centered Services 341**Shared Family Care 345***Treatment of Physically Abusive Families 345***Treatment of the Abused Child 347**Treatment of the Parents 352**Treatment of the Siblings 356***Summary 356****Applying the Concepts of This Chapter 357****References 357****Chapter 14 Treatment of Sexual Abuse 360****Issues Surrounding Treatment 360****Assumptions About the Treatment of the Sexually Abusive Family 361****Treatment Models 363***Child Sexual Abuse Treatment Program 363***Considerations in Treatment 363***Issues Addressed in Family Treatment 363**Phases of Intervention and Treatment in Sexually Abusive Families 364***Treatment of Specific Family Members 367***The Child and Adolescent 367**The Mother or Non-abusing Parent 371**The Perpetrator 373**Treatment of Juvenile Offenders 380**Is Treatment Effective? 380**Preservation of Incestuous Families 381**Parents of Children Abused Outside the Home 381***Summary 383****Applying the Concepts of This Chapter 384****References 385****Chapter 15 Foster Care for Abused and Neglected Children 388****Alternatives to Foster Care 388****Rationale for Foster Care 389***The Emergence of Formalized Kinship Care 390**Kinship Foster Care Today 391***A Look at Foster Care Today 393****Therapeutic Potential in Foster Care 394****The Role and Importance of the Birth Parents 395**

The Role of Foster Parents	395
Problems with Foster Care	397
Other Placement for Abused or Neglected Children	398
<i>Residential Treatment</i>	398
<i>Adoptive Placement</i>	399
Summary	400
Applying the Concepts of This Chapter	401
References	402

Chapter 16 Adults Abused as Children 404

Society's Misconceptions	404
Reasons for Adults' Disclosure	406
<i>Relationships</i>	406
<i>Pressures of Adulthood</i>	407
<i>Loss, Depression, or Trauma</i>	408
Residual Effects of Child Abuse and Neglect	408
Effects from the Neglecting Family	409
<i>Trust</i>	409
<i>Anger</i>	410
<i>Relational Imbalances</i>	411
<i>Low Self-Esteem</i>	411
<i>Impaired Social Skills</i>	412
<i>Substance Abuse and Criminality</i>	413
<i>Physical Problems</i>	413
Effects from the Physically Abusing Family	414
<i>Trust</i>	414
<i>Anger</i>	414
<i>Relational Imbalances</i>	415
<i>Low Self-Esteem</i>	415
<i>Coping Skills</i>	416
<i>Physical Implications</i>	416
Long-Term Effects of Domestic Violence	416
Effects From a Sexually Abusing Family	417
<i>Betrayal</i>	418
<i>Traumatic Sexualization</i>	418
<i>Stigmatization and Self-Esteem</i>	419
<i>Powerlessness</i>	421
<i>Anger</i>	422
<i>Relational Imbalances</i>	423
<i>Multiple Victimization</i>	424
Effects From Extrafamilial Abuse	426

A Word About Resiliency 427

Treatment of Adults Who Were Abused as Children 427

Repressed Memories 428

Individual Therapy 428

Group Therapy 429

Self-Help Groups 431

Writers' Groups 431

Legal Actions 431

Therapists' Responses to Working with Survivors 432

Summary 432

Applying the Concepts of This Chapter 433

References 434

Chapter 17 Working in Child Protection and Prevention 438

A Day in the Life of Today's Protective Worker 438

Skills and Qualifications Needed for Child Protection 441

Knowledge 441

Authority and Sanction 442

Ethics 442

Professionalism 443

Ethnic Competence 443

Personal Traits 444

Effectively Juggling Tasks and Responsibilities 444

Dealing with Frustrations and Pressures 445

Facing the Challenges of Working in Child Protection 447

Working in a Bureaucracy 448

Impact on Social Workers 448

The Importance of Training and Supervision 449

The Importance of Self-Care in Child Protective Services 450

An Eye Toward Prevention 450

The Goals of Prevention Efforts 451

Prevention Efforts in Schools 452

Life Skills Training 452

Preparation for Parenthood 453

Self-Protection Training 455

Educational Services for the Community 456

Help for At-Risk Families 456

Prevention Efforts with Families 456

Evaluating Home Visitation Programs 457

Parent/Child Screening and Prevention 458

Culturally Sensitive Prevention 460

Effective Prevention 460

Working Toward a Better Tomorrow 461

Rethinking Child Protection 463

Creating a Unified Response 464

Looking Within, Between, and Beyond Agencies 465

Beyond Child Protection: The Need for Societal Changes 467

Reversing the Trend Toward Socially Impoverished Families 468

Supporting Parenting 468

Realigning Societal Values 469

What Does the Future Hold? 470

Research Needs 470

Summary 471

Applying the Concepts of This Chapter 473

References 474

Index 477

This page intentionally left blank

The Maltreatment of Children Then and Now

1

Maltreatment of children is deeply entwined with historical values and perspectives. The concept of child maltreatment has been defined and redefined throughout history. Society has slowly evolved over many years from viewing children as property, subject to the whims of the family and society, to at least recognizing that children may have rights of their own. Each period in history—as well as each culture—has a concept of how children should be treated.

EARLY VIEWS OF CHILDREN

Early in history, children were seen as the property of their families—usually headed and ruled by fathers. Children looked to their fathers for their very existence. Fathers had the right to determine not only the manner in which their child was cared for but also if the child was to live or die.

Issues of Life and Death

Infanticide, or the killing of infants and young children, has occurred since early times. The Bible cites Abraham's intention to sacrifice his son, Isaac, to God. In early Rome, the father was given complete power to kill, abandon, or even sell his child. In Greek legend, Oedipus was doomed to death until he was rescued by a family retainer. In the past, female children and children with disabilities were killed to maintain a strong race without overpopulation (deMause, 1998).

Infanticide was practiced for many reasons. Some cultures saw the practice of infanticide as a means of controlling and regulating the population so that society's resources could be expended on the strongest and most valued. As in the case of Abraham, babies and young children were offered to appease gods, and infanticide was in some ways associated with religious beliefs. Attempts to limit family size or ensure financial security were also used as rationales for killing children (deMause, 1998).

Learning Outcomes

After reading this chapter, you should be able to:

- Discuss how children were viewed prior to the twenty-first century, including their dependent status, how they were disciplined, and how they were sexually exploited.
- Explain how children were used as part of the labor force and what efforts were made to change these practices.
- Outline the early efforts to protect abused and neglected children.
- Describe how the study of trauma influences the current view of child maltreatment and child protection.
- Describe the role of protective services today.

Chapter Outline

Early Views of Children

Issues of Life and Death

Issues of Dependence

Issues of Discipline

Issues of Sexual Exploitation

Concern Over Child Labor Brings

Efforts Toward Change

The Settlement House Movement

Efforts for African American

Children

The Plight of Native American

Children

Recent History of Helping Abused

and Neglected Children

The Case That Changed History

Impact of the White House

Conferences

Chapter Outline (*continued*)

Influence of the Social Security Act
 Advances in the 1940s–1960s
 The '60s and '70s: Further Efforts
 on Behalf of Children
 Professional Awareness and
 Response to the Movement to
 Protect Children and Families
 Emerging Influences on Child
 Protection
 Adverse Childhood Experiences
 (ACE) Study
 Child Maltreatment Through
 the Lens of Trauma
 The Role of Child Protection Services
 Child Protection Emerging
 Child Rearing, Maltreatment,
 and Public Opinion
 Child Protection Today
 Summary
 Applying the Concepts of This Chapter
 References

In early England, as in many other cultures, infanticide was an unwed mother's solution to her act of shame. A well-known ballad tells of Mary Hamilton, lady-in-waiting to the queen, who had the misfortune to become pregnant by the "highest Stewart of all," ostensibly the queen's consort. As she bemoans her disgrace, the balladeer sings:

She tyed it in her apron
 And she's thrown it in the sea;
 Says, "Sink ye, swim ye, bonny wee babe
 You'll ne'er get m'air o' me." (Friedman, 1956)

In Germany, newborns were sometimes plunged into frigid water to test their ability to survive. A similar ritual was practiced by some Native American tribes. The child was fit to live only if he or she surfaced and cried. Records in England in the 1620s attest to the burial of infants murdered by drowning, burning, and scalding.

Issues of Dependence

Children were dependent on their families not only for their early existence but also for their later survival. The feudal system in Europe established a concept of ownership and articulated a hierarchy of rights and privileges. Children were at the bottom, and the children of poor families fared the worst. If parents were unable to support themselves and their children, the fate of the family was often the poorhouse. Poorhouses offered a meager subsistence, which often ended in death for the weaker members of the family.

In 1601, the Elizabethan Poor Law sought to give some help to families and children by dictating that relief must be offered to the destitute. The poor were separated into three categories:

1. *The able-bodied poor*—those who were considered capable and were, therefore, forced to work.
2. *The impotent poor*—those who were old, had disabilities, or mothers, who were excused from work and for whom aid was provided by the state.
3. *Dependent children*—those who were orphaned or abandoned and for whom aid was provided.

The fate of children still depended largely on their family constellation. Able-bodied people were sent to work. In some cases, mothers and their children were provided for at home by contributions of food and clothing but never money. Education was not viewed as a right or privilege of such families (Popple & Leighninger, 2010).

For those who were not poor, children fared as their families saw fit. Still seen as property, some children were slaves to their guardians, performing whatever tasks were expected of them. Certainly, the family life of a farming culture required that each member take part. For most children, this arrangement was satisfactory, but some children were assigned jobs far beyond their abilities or were beaten or neglected.

The early United States saw the arrival of groups other than Europeans. Brought to this country for servitude, African slaves were used as forced labor not only in the South but also other parts of the country. The children of slaves were thought of as property and had little to no control of whether they worked, were sold (often without parents or siblings), and were often sexually abused by those more powerful. In the North, Black children were not exempt from almshouses until 1822, when the Quakers established the Philadelphia Association for the Care of Colored Children, the first orphanage for Black children, only to have the facility burned by a White mob in 1838. Another such facility, the Colored Orphan Asylum in New York, was burned in a similar manner in 1863 (Ambrosino, Heffernan, Shuttlesworth, & Ambrosino, 2015; Popple & Leighninger, 2010; Holt, 2010; Mitchells, 2008; ten Bensel, Rheinberg, & Radbill, 1997; Billingsley & Giovannoni, 1972).

Asian and Pacific Island immigrants came to the United States with their own values about dependent children. One significant value was that the family was involved with the care of the individual from the time of birth until death (Mass & Yap, 2000), which meant that dependent children were often absorbed into the ethnic community. Native American children were also generally regarded as the responsibility of the community. In addition, Hispanic children relied on extended family members or friends as well as parents to provide nurturance and guidance. As immigrants have integrated into society, traditional patterns have altered (see Chapter 2).

Issues of Discipline

The subject of discipline has always been controversial. Many methods used in early Western culture would certainly be open to censure today. The philosophies of our forebears, however, differ from those of most modern-day societies. Not only in the home but in the classroom, corporal punishment was a means to mold children into moral, God-fearing, respectful human beings. Parents were expected to raise religious, dedicated, morally sound, and industrious contributors to the community. Obedience was the primary virtue to develop in children. Disobedience often carried significant fines; even older children were subject to such rules. An 1854 Massachusetts law stated,

If any children above sixteen years old and of sufficient understanding shall curse or smite their natural father or mother, they shall be put to death, unless it can be sufficiently testified that the parents have been unchristianly negligent in the education of such children or so provoked them by extreme and cruel correction that they have been forced thereunto to preserve themselves from death or maiming. (Bremner, 1970, p. 68)

The schoolmaster or mistress was accorded the same right to use corporal punishment:

School masters in colonial Boston were conscious of the need to maintain the great English tradition of “education through pain” and, if anything added refinements to the flagellant tools they had inherited from the old country. One Bostonian invented an instrument called a “flapper”—a heavy piece of leather six inches in diameter with a hole in the middle which was fixed to a wooden handle. Every stroke on a bare bit of flesh raised an instant blister. (Inglis, 1978, p. 29)

Theologian John Calvin was of no help to children in the treatment accorded them by their elders. Calvin spoke of breaking a child's will in the hope of saving the spirit from evil. Discipline was severe in the hope that children could be transformed into God-fearing individuals.

For a short period during the eighteenth century, the treatment of children improved. Philosopher Jean-Jacques Rousseau spoke of children as inherently good and encouraged educational methods that would enhance their positive development, not break their spirit (Lenoir-Degoumois, 1983).

Other cultures had their own interpretations about discipline. Many (e.g., Asian/Pacific, Hispanic) stressed the dominance of elders or males who had the right to determine how to deal with children. The strong kinship relationships of African Americans and the community responsibility inherent in Native American cultures indicated that the care and discipline of children were shared by parent figures.

Issues of Sexual Exploitation

The definition of *sexual exploitation* has evolved throughout history. Although we might today consider the values and attitudes of the past as exploitive, the fact remains that our current customs exploit children in other ways.

In ancient times, the child, especially the female, was considered the property of her father, to do with as he saw fit. His permission was required for all her dealings. She was something with which he could barter for lands and money. With the father's permission, a betrothal could be sealed by intercourse with the underage (under 12 years) daughter. Marriage of extremely young girls was not uncommon. Since early times, fathers paid dowries for the marriage of their daughters. When dowries could not be provided for all female children, some girls entered the convent, sometimes by the age of 9, to take their vows by age 13. Rush (1992) relates a prioress's confession that young nuns were treated like wives by the monks associated with the convent. The girls were threatened with excommunication if they told of this sexual exploitation.

Boys were not immune to sexual misuse in early history either. In Greece, pederasty (men using boys for sexual relationships) was practiced widely. Boys were taken for their attractive appearance, their softness, and their youth but were expected to show strength in battle. In fact, pederasty was the training ground for future soldiers. Most sons of noble families were actually compelled to take adult lovers, and in turn, the boys were protected and plied with gifts. The protector was teacher and counselor, accepted and approved by the boy's family (Rush, 1992). In early Rome, however, sex and sexual relationships were not seen as a means of elevating children, as in Greece. In Rome, the rape of a child was a humiliation rather than a means of owning a treasured plaything (Rush, 1992).

It was not until 1548 that any legal protection from sexual abuse was offered to children. In that year, England passed a law protecting boys from forced sodomy. In 1576, another law was enacted that prohibited the forcible rape of girls under the age of 10 (Conte & Shore, 1982). In the 1700s, some educators warned parents to protect their children from abuse by supervising them at all times and by ensuring that they were never nude in front of adults and, in general, suggested enforced modesty (Conte & Shore, 1982). This warning was one of the earliest indications that the larger society recognized children could be sexually exploited.

THE NINETEENTH CENTURY

The rigid standards of the Victorian era also colored society's attitudes toward sexuality and children. Masturbation was vehemently condemned as being a precursor of insanity, growth retardation, and early death for boys; for girls, it was said to promote precocious sexual development,

promiscuity, and nymphomania. Attempts to curb this practice of self-gratification were extreme—surgically removing the clitoris, slitting the penis, or cutting the nerves of the genitalia in both sexes. With these measures came the message that children should not be seen as sexual beings.

The Victorian era, however, was replete with contradictions. On one hand, society was undergoing unbelievable advances in industrial enterprise and scientific discoveries; it was a time of deep thought and analysis. Yet behind the closed doors of so-called God-fearing homes, sexual abuse apparently flourished. Child molesters, even those who took their interests outside the family, seem to have been well protected. And not everyone agreed on the definition of child molestation. For example, numerous revered men in the public eye were taken with the charms of little girls, some to the point of acting on their desires. William Wordsworth expounded on his admiration of nubile young girls, and at age 26, Edgar Allan Poe wed his 13-year-old cousin (Rush, 1992). Most with Victorian morals viewed this union as scandalous, even though girls marrying at a young age had been a common practice. Lewis Carroll was well known for his interest in children. He is said to have had an entourage of whom he took nude photos. Biographers and critics have questioned whether his activities extended beyond taking pictures, telling stories, and playing games with the children (Lennon, 1972; ten Bonsel et al., 1997).

Pornography and child prostitution also increased during the Victorian period. Men who dared not “prevail upon their wives to do their duty too often” and who shielded their children from explanations of sexuality thought nothing of frequenting child prostitutes in city slums. In the early nineteenth century, U.S. slave owners raped their young slaves or used them for breeding. Often, 11-, 12-, and 13-year-old girls were impregnated (Olafson, Corwin, & Summit, 1993; Rush, 1992).

Into this scene came a man who was to be the father of modern psychoanalysis. Sigmund Freud, a therapist in nineteenth-century Vienna, treated women who were diagnosed as having hysterical neuroses and exhibiting a variety of symptoms from compulsive vomiting, sneezing, and coughing to blindness, deafness, and paralysis. In the course of therapy, a large number of patients reported having been sexually abused at a young age. In response to this phenomenon, Freud (1966, p. 584) wrote, “Almost all my women patients told me that they had been seduced by their fathers. I was driven to recognize in the end that these reports were untrue and so came to understand that the hysterical symptoms are derived from phantasies and not from real occurrences.”

Note, however, that in 1905, in the case of “Dora,” Freud included a vivid description of the 14-year-old girl’s seduction by her father and her subsequent use as a “pawn in [his] elaborate sex intrigues” (Herman, 2015, p. 14). From his account, the abuse obviously seems to have occurred so it is difficult to believe that Freud later discounted the credibility of the situation (Rush, 1992). We will never know what caused Freud’s reversal of his theories,¹ since he destroyed his notes and diaries. Certainly, his attitudes have had an influence on our current denial or reluctance to recognize the symptoms of sexual abuse in children.

THE TWENTIETH AND TWENTY-FIRST CENTURIES

Over the years, literature has reflected a preoccupation with sexual activity and children. In 1955, Vladimir Nabokov’s novel *Lolita* (1989) shocked the public and was banned from numerous bookstores and libraries. People’s fascination with this type of story was obvious, and the book became a popular seller and later a movie. At age 12, Lolita is seduced by 50-year-old Humbert Humbert, who had become captivated with her. Unfortunately, the story perpetuated the belief that

¹Some theorists (e.g., Rush, 1992) attribute Freud’s shift to personal experiences, whereas others (e.g., Meiselman, 1992; Olafson et al., 1993) suggest that collegial pressure was the primary reason.

children—especially young girls—knowingly seduce older men, who are helpless to resist. As such, this novel—and later ones like it—likely provided rationalization for incestuous fathers and added to the misconceptions of the general public. *Greek Love*, by J. Z. Eglinton (1965), recounted love and sexual tutelage of boys by adult men and how such a relationship prepares boys for adult sexual experiences. Lawrence Sanders's *The Case of Lucy Bending* (1982) gave the impression of an adult abused by a disturbed child who had instigated the relationship.

It is clear that our current society harbors a contradiction in its view of children and sexuality. On one hand, we state that children should not be exploited sexually; on the other hand, child pornography thrives, both in print and on the Internet, and the courts are often more likely to believe molesting adults than molested children. Television commercials use nubile girls posed seductively. The Internet provides an excellent vehicle for perpetrators to contact children for sex. Such practices can only give molesters and children a mixed message about what society believes about sexual abuse and the sexual exploitation of children.

Although early reformers expressed concern over the treatment of children, it would be the issue of child labor that would initially stimulate the most sweeping reforms.

CONCERN OVER CHILD LABOR BRINGS EFFORTS TOWARD CHANGE

Children were expected to be contributing members of society by working along with adults. One of the earliest forms of child labor was *indenture*—a system in which parents apprenticed their children to masters who taught them a trade but who were free to use them as slaves in exchange for room and board. Indenture began at a very young age and continued until 14 or 16 years of age for boys and 21 years for girls. Writings by historians, novelists, and social reformers show that apprentice masters could be cruel—concerned more for the work they could extract than for the development or abilities of their juvenile charges. Charles Dickens wrote of Oliver Twist's days as an apprentice to an undertaker. Exposed to death in its basic forms, fed very little, and chided and belittled by his master's older apprentice, Oliver thought he had little recourse. In fact, English society assumed he had inherited a good lot and one for which he should be most thankful.

Indenture and child labor were also issues in the early United States. As the Industrial Revolution progressed, the practice of prematurely bringing children into the labor market began to be a concern. Children were brought to the colonies to work until they were 24 years old. Child labor was seen as an inexpensive boon to the labor market, since a child could be hired for lower wages than an adult. Some jobs, such as chimney sweeping and mining, were suited to children's small bodies (Rosenthal, 2013; Mintz, 2006; Rose & Fatout, 2003; Hindman, 2002; ten Bensel et al., 1997).

In the southern states, African American children in slavery with their parents were expected to work in the fields or in other tasks given to them by their masters. Selling of both children and adults was not uncommon and families were often separated.

As the 1800s dawned in the United States, the role of children remained little changed. They continued to be the property of their parents, who could choose to beat them, neglect them, or send them out to work. As the population increased and society became more impersonal, assaults on children were more easily hidden.

The Settlement House Movement

In the late 1880s, the settlement house movement evolved. It contributed much to the future of children and their families and had a substantial impact on the reduction of child labor. The settlement houses became known through the establishment of Toynbee Hall, as a result of the

influence of Arnold Toynbee in London. Inspired by the dedication of such an act, Jane Addams established Hull House in the Chicago slums. Hull House not only bridged the gap between new and more established immigrants, but it was the impetus for later reforms of benefit to children. One of Addams's special concerns was child labor:

Our very first Christmas at Hull House, when we as yet knew nothing of child labor, a number of little girls refused the candy which was offered them as part of the Christmas good cheer, saying simply that they "worked in a candy factory and could not bear the sight of it." We discovered that for six weeks they had worked from seven in the morning until nine at night and they were exhausted as well as satiated. The sharp consciousness of stern economic conditions was thrust upon us in the midst of the season of good will. (Addams, 1910, p. 148)

Addams also described the dangerous conditions:

During the same winter three boys from the Hull House club were injured at one machine in a neighborhood factory for lack of a guard which would have cost but a few dollars. When the injury of one of these boys resulted in death, we felt quite sure that the owners would share our horror and remorse, and that they would do everything possible to prevent the reoccurrence of such a tragedy. To our surprise they did nothing whatever, and I made my first acquaintance then with those pathetic documents signed by the parents of working children, that they will make no claim for damages resulting from "carelessness." (Addams, 1910, p. 148)

Although Addams and her staff at Hull House fought hard for changes in these conditions, it wasn't until much later that laws protecting children from unreasonable labor were enacted.

Efforts for African American Children

African American children were largely excluded from settlement house programs and from the predominantly White Charity Organization Societies (Jackson, 1978). However, in 1890, Janie Porter Barrett began providing services to African American children out of her home in Hampton, Virginia. This small settlement house, called Locust Street, would give rise to another in 1902. Aided by her influential husband, Barrett and a group known as the African American Club women founded the Virginia Industrial School for Colored Girls in 1915. The school housed girls who were orphaned, girls whose parents were unable to care for them, and still other girls who were considered delinquent and would have otherwise been relegated to jails. The school did such an exemplary job of preparing young girls to assume roles in society that it was later taken over by the state of Virginia and renamed the Barrett Learning Center, which still exists today (Peeples-Wilkins, 2006).

Another home for African American orphans was founded in 1888 by Carrie Steele, who gave abandoned children a home, initially in her own home. Later she sold the house in order to build an orphanage. Steele was originally employed as a maid at a railroad station. When children were abandoned in railroad cars, she took them home and cared for them and eventually created her orphanage (Peeples-Wilkins, 2006).

Had it not been for these early reformers who fought for the welfare of children, their plight might have been far worse.

Nonetheless, throughout the mid- and later nineteenth and early twentieth centuries, African American children were neglected by the same child welfare system that sought to provide

services for White children. These exclusions were sometimes subtle in their discrimination. African American children were more likely to be cared for and about by informal arrangements or through the efforts of churches, children's homes, day nurseries, or homes for working girls. Several events would lead to the changes that would occur in addressing the needs of African American children.

In 1901, the establishment of the National Urban League provided a more active voice in advocating for the child welfare needs of African American children as part of its initiative to promote more equality and freedom among African Americans in general. In addition, the migration of numbers of southern Blacks after World War I to the northern United States forced greater attention to the needs of children of color (Holt, 2010). As child welfare service developed and expanded, there was greatest recognition of the needs of Black children.

The Plight of Native American Children

Prior to the 1800s, Native American children lived with their parents and were cared for by their tribes. But when the federal government began to remove indigenous people from their homeland, place them on reservations, and in some cases prohibit their practice of traditional ways, life changed for these children as well. In 1819, the U.S. government established the Civilization Fund which directed private agencies and churches to establish programs to "civilize the Indian."

By 1867, the commissioner of Indian Affairs reported to Congress that the best method of solving "The Indian Problem" was to remove children from their tribes and for missionaries to be sent to reservations in the hopes of properly educating and "Christianizing" these children to recognize that their traditional ways were pagan and that their parents were unfit to raise them. This practice eventually evolved into Native American children being removed from their families and reservations and sent to boarding schools. These boarding schools were designed to sever family relationships and assimilate children into the White culture. If parents refused to allow their children to be sent to such schools, federal government agents were known to participate in "kid catching" or forcibly kidnapping children to take them to distant schools. "Kid snatchers were given no protocol for achieving their goals and could use whatever means they saw fit to capture these children. Later, bonuses would be given to workers for the children they were able to bring into the schools (Idaho Department of Health and Welfare, 2018; Halverson, Puig, & Byers, 2002; Mannes, 1996).

By 1880, policy in boarding schools made it illegal to use any Native American language and children were also required to cut their hair. Children as young as 6 years were reported to have hanged themselves rather than give up their culture entirely. By 1884, Native American children began to be "placed out" on farms in the Midwest and East so that they might learn the "value of work" and "become civilized." Later efforts were also made to place Native American children in non-Native American adoptive homes who were deemed more able to care for them than their parents (Idaho Department of Health and Welfare, 2018; Mannes, 1996).

RECENT HISTORY OF HELPING ABUSED AND NEGLECTED CHILDREN

So far, the historical perspective has not included the individuals and movements that preceded our current child welfare systems. One of the first organized attempts to protect children was the Elizabethan Poor Law. This law was enacted not so much for the children but for society to deal with the impoverished parents. Churches and communities were often expected to provide for children who did not come under the jurisdiction of the law.

Voluntary child welfare services sprang up in isolation during the seventeenth and eighteenth centuries. Convents, churches, and philanthropists led the efforts in early child protection, but the advocates for children did not always arise from the expected quarters of religious and humanitarian groups. From firsthand knowledge, Charles Dickens spoke up for child protection. At age 12, Dickens was sent from his family to a workhouse in London. His father was frequently in debtors' prisons, and his mother's rejection of him was a fact that would greatly influence his life and later writings. In 1838, he wrote *Oliver Twist* (2012), a largely autobiographical novel about a young boy who goes from the poorhouse to apprenticeship and finally to live among a band of juvenile thieves. As Gardner (1980) reports, this book represented Dickens's first social protest and was to be followed by other novels concerned with abused, abandoned, and crippled children. By midcentury, Dickens's work had spread and was influential throughout the United States. In 1858, Dickens began his campaign for child protection with a speech supporting the Great Ormond Street Hospital for Children in London. He graphically detailed a neglected, dying child he had seen in the slums of Edinburgh. His oration had such impact that it was published as a pamphlet for distribution.

The Case That Changed History

Several years after Dickens's speech, events were taking shape to transform the course of child protection. New York City was the backdrop for a scene featuring Henry Bergh, who was gaining much attention as the first president of the Society for the Prevention of Cruelty to Animals (SPCA). A writer, lecturer, and administrator, Bergh had so aroused the sentiments of community leaders in intervening in the maltreatment of animals that his efforts were known as Bergh's War. In the midst of this "war" came the case of Mary Ellen Wilson (Shelman & Lazoritz, 2003). In 1874, Mary Ellen lived with Francis and Mary Connelly and was the illegitimate daughter of Mrs. Connelly's first husband. On several occasions, a neighbor had observed the ill-clad 8-year-old shivering outside a locked door. But Mary Ellen's screams as she was beaten with a leather strap were more than the neighbor could bear. She reported her observations to Etta Wheeler, a church worker from St. Luke's Methodist Mission, who, not knowing where else to turn, took the matter to Henry Bergh at the SPCA.

Although most reports are that Bergh intervened on behalf of the SPCA, more recent sources quote Bergh as saying that he acted as a private citizen. Whatever his motivation, Mary Ellen was removed from the home, and Bergh's close friend, attorney Elbridge Gerry, was asked to prosecute. For Mrs. Connelly, the outcome was a year of labor in prison, and for Mary Ellen, the result was the end of the abuse she had been suffering and eventual placement in the Sheltering Arms children's home.² For the nation, however, Mary Ellen Wilson's abuse set into motion an organized effort to combat child maltreatment. Thus, in 1875, the Society for the Prevention of Cruelty to Children (SPCC), under the leadership of Elbridge Gerry, began an impressive movement toward protecting children.

²Many wondered what happened to Mary Ellen after her much-publicized case. The Sheltering Arms was, in fact, a home for disturbed girls—not orphans like Mary Ellen. Thus, Mary Ellen became a victim of the system's mistreatment as well. Still concerned with her, Etta Wheeler, recognizing the inappropriate placement, petitioned Judge Lawrence to be Mary Ellen's appointed guardian. Lawrence allowed Wheeler to place the child with Wheeler's mother, Sally Angell, on a farm outside Rochester, New York. When Angell died, Mary Ellen continued to be raised by Angell's daughter. Years later, Mary Ellen's own daughter would write to the then director of SPCC, asking to know more of her mother's history (Lazoritz, 1990).

The New York branch of the SPCC was eventually duplicated in Philadelphia and Chicago. The SPCC not only intervened in cases of child abuse and neglect but also advocated for child protection in a variety of arenas. Many chapters sponsored shelters for women and children who were in economic distress or victims of family violence. Later, the Boston chapter emphasized *family rehabilitation*, a new concept in protective services. This total family approach would eventually be the predominant philosophy of child protection agencies.

Impact of the White House Conferences

Dedication to this family-centered treatment was obvious from the first White House Conference on Dependent Children in 1909. The participants of this conference concluded that all children benefited more from being in homes than in institutions and that every effort must be made in future to promote placements in home settings. Although this was a good beginning, there was much to be done in the field of meeting the needs of children. Unfortunately, despite the resolve of these first reformers it would be almost 35 years before the number of children living in orphanages dropped significantly (Family and Children's Service Division, Minnesota Department of Human Services, 1995).

The 1909 conference also supported the plan for a Children's Bureau, enacted in 1912, to oversee the welfare of children. The bureau did not, however, deal with individual cases of maltreatment but entrusted investigation and treatment of individual children to public agencies, thus diminishing the original strength of the SPCC movement (Smuts, 2005). Another organization dedicated to seeing that children's needs were met was an indirect result of this first White House conference. The Child Welfare League of America (CWLA), a product of Carl Christian's 1915 paper proposing standards for services and aid provided to children, continues to exist today as one of the foremost advocates for children.

Although World War I temporarily diverted attention from child protection, as the nation braced itself for a different conflict, the American Humane Association added children to its list of concerns and continued to gather support from anticruelty societies from every part of the United States.

In 1920, members of the second White House Conference on Children and Youth converted the bureau into the Child Welfare League of America. By the conference of 1930, there was an emphasis on ensuring that African American children received the same type of services and benefits as White children. Although there were benefits to this initiative, it also brought a halt to the parallel system for Black children that had been developing. Some critics contend that the subtle and sometimes overt prejudice against minority children in the child welfare system still exists today (Billingsley & Giovannoni, 1972; Roberts, 2003; Gryzlak, Wells, & Johnson, 2005; Fong, Dettlaff, James, & Rodriguez, 2015).

For decades, the White House Conferences on Children and Youth continued to be held about every 10 years until 1971. At the urging of such organizations as the Child Welfare League of America to have another such conference in 2010, a bill was introduced before Congress in early 2008 to require the president to call such a meeting. Unfortunately, the bill died in Congress and was never enacted. (For more about these conferences, see <https://www.cwla.org/reviving-the-white-house-conference-on-children/>.)

Influence of the Social Security Act

By 1935, the cause of children's rights and the treatment of abused children was revived in the Social Security Act that mandated "child welfare services for neglected dependent children and children in danger of becoming delinquent." The roots of many of the current policies and

programs for children were born of this legislation. One benefit was that the act established Aid for Dependent Children (ADC) (under Title IV) that provided federal grants to help states to maintain their mother's aid laws. Having the federal government assuming one third of the cost for such programs allowed states to supplement the income of single mothers in order to raise their children. States were given the authority to set eligibility requirements, determine payment levels, and assume administrative and operational authority. The program was later called Aid to Families With Dependent Children (AFDC) and was expanded to include families with disabilities and unemployment. The hope was that parents would be able to be better caretakers of their children if financial strain was eased.

Another piece of the 1935 Social Security Act had a major impact on child welfare services. Title V Part 3—designed with the input of the Children's Bureau as to the most pressing needs of children and families—provided federal aid for child health services, services for children with disabilities, and child welfare services. These services would then be administered through the Children's Bureau. Over subsequent years, these initiatives were developed to provide such beneficial services as better maternity and newborn care and special programs for premature infants, all of which decreased infant mortality. Social agencies were also given the funds and encouragement to find, track, and serve children with disabilities. This had the added benefit of involving teams of professionals, which encouraged this model for the future. And finally, Title V Part 3 appropriated funds to increase children's service especially in previously underserved rural areas to protect and care for neglected, dependent, and homeless children to prevent "the risk of danger of them becoming delinquent." The increased funds and emphasis on serving children who were victims of their environment led to even more awareness of the importance of protecting children.

Advances in the 1940s–1960s

The detection of child abuse and neglect was left largely to social workers. Physicians had not entered the war against child maltreatment, possibly because of an unfortunate diagnosis made in 1868 by Dr. Athol Johnson. This London physician observed repeated fractures in hospitalized children and misdiagnosed them as rickets, thus opening the door for almost a century of future misinterpretations.

In the mid-1940s, at Columbia University, radiology professor John Caffey (1946) noted that the X-rays of some infants demonstrated unexplained multiple fractures. He also noted an increased number of victims with subdural hematoma (a collection of blood under the skull). The case histories did not indicate any falls or events serious enough to explain these medical findings. Caffey wondered if these traumas had been somehow inflicted by the parents. He stated his suspicions, explaining that he observed new and unexplained fractures soon after the child patient returned home after discharge from the hospital. Caffey also noted that in one family the child was clearly unwanted by the parents and he questioned their intentional ill treatment of the infant. However, initially the radiologist did not feel that he had sufficient evidence to prove the point.

Caffey's theory was supported by several other physicians in the early 1950s. Both Parton (1985) and ten Bense et al. (1997) note that F. N. Silverman, along with P. V. Wooley and W. A. Evans, reported they had explored Caffey's work and felt there was strong evidence that parents were responsible for many of these injuries.

Physicians continued to study the phenomenon. In 1962, Dr. C. Henry Kempe, chair of the Department of Pediatrics at the University of Colorado School of Medicine, and his colleagues published in the *Journal of the American Medical Association* the now-famous article entitled "The Battered-Child Syndrome." Kempe and colleagues (1962) used this syndrome to refer to a

condition in young children who had apparently been victims of severe physical abuse, generally at the hands of a parent or foster parent. The condition has also been described as “unrecognized trauma” by radiologists, orthopedists, pediatricians, and social service workers. Kempe cited the age of the children involved as under 3 years and suggested that diagnosticians look for a discrepancy between clinical findings and historical data supplied by the parents as a primary indicator (ten Bensel et al., 1997; Krugman & Korbin, 2014). Although experts now include within this syndrome children older than 3 years, the difference between clinical findings and data supplied by parents is still thought to be significant in the identification of maltreatment. Kempe went on to establish one of the first child protection teams, in 1958 at the Colorado General Hospital in Denver (Krugman & Korbin, 2014; Myers, 2011; ten Bensel et al., 1997).

The identification of the phenomenon by name and definition provided a means to publicize the problem. *Battered-child syndrome* was talked about by almost every professional concerned with children, and an increasing number of studies were undertaken to determine the magnitude of the problem. The studies conducted by Kempe and associates uncovered that in 71 hospitals, at least 302 cases of child abuse had been diagnosed; 33 of these children subsequently died and 85 suffered permanent brain injury. Following Kempe’s work, Vincent DeFrancis, the new director of the American Humane Association, discovered that in the year 1962 alone, 662 cases of child abuse were reported to the press (ten Bensel et al., 1997).

THE ‘60s AND ‘70s: FURTHER EFFORTS ON BEHALF OF CHILDREN

The fervor of the 1960s caused professionals who had not thought of child abuse as a problem within their particular domain to recognize their need to be involved. Ray Helfer, a collaborator with Henry Kempe and a fellow physician, outlined the reasons that physicians in the past had been reticent to report abuse. Helfer felt that physicians were both unaware of their legal obligations and unable to recognize parental abuse because of close ties to the family (Richardson, 2003; ten Bensel et al., 1997). By the early 1970s, through the efforts of Helfer and others, physicians had been made well aware of their responsibilities to children and their families. Another significant finding credited to Helfer was his recognition that most abusers are themselves victims of childhood mistreatment, in a cycle passed from one generation to the next. He further believed that abusers had unrealistic expectations of children that led to frustration and abuse, and that those expectations were rooted in their own childhoods where they felt worthless and helpless.

Recognizing that child abuse was widely overlooked or ignored, Helfer campaigned to alert doctors, teachers, social workers, and others to learn about and spot its symptoms. He also pressed to require that likely cases be reported, and co-authored with Henry Kempe the book *The Battered Child* (1968), which greatly increased professionals’ awareness of child maltreatment.

In 1972, the National Center for the Prevention of Child Abuse and Neglect was established with financial aid from the University of Colorado Medical Center. The purpose of this office was to provide a newsletter, engage in research, and offer training to interested professionals in recognizing and preventing child abuse.

By 1973, the need for a federal stand on the issue became obvious. The Child Abuse Prevention bill (S. 1191) was proposed on March 13, 1973, largely under the sponsorship of Senator Walter Mondale, chairman of the Subcommittee on Children and Youth. Ellen Hoffman (1978), primary author of the Child Abuse Prevention and Treatment Act proposal, was greatly influenced by C. Henry Kempe. Hoffman’s proposal to establish a National

Center on Child Abuse and Neglect under the auspices of the Department of Health, Education and Welfare (HEW) was in four parts:

1. The center would be responsible for research, establishment of a clearinghouse, and distribution of training materials.
2. Demonstration projects to “prevent, identify and treat child abuse and neglect” would be encouraged by the provision of \$10 million in 1973 and \$20 million for the next four years to be used for grants and contracts.
3. To study the effectiveness of child abuse and neglect reporting laws and “the proper role of the federal government” in assisting state and local efforts, a board, known as the National Commission on Child Abuse and Neglect, would be established.
4. States would be required to adopt specific procedures to identify, treat, and prevent child abuse and to maintain information and report to HEW on the efficiency of these procedures. States would also be required to cooperate with state health education and other agencies in the interest of coordinating the treatment of child abuse and neglect cases. Complying with these standards would protect the states’ eligibility for certain funds under the Social Security Act.

Hearings for the adoption of this bill went on for four days in Washington, Denver, and New York. Slides of abused and neglected children were shown, and experts attested to the need for such a law. A witness who made a substantial impact was Jolly K., the founder of Parents Anonymous. She candidly described how she had at one time beaten her own children. What she did not tell the assembled group, however, was that she had been a victim herself of beatings, abandonment, and rape. Her testimony had a phenomenal impact, and in January 1974, the Child Abuse Prevention and Treatment Act was passed. This act mandated the reporting of child maltreatment, provided funds for research, mandated training, and made provisions for the treatment of child abuse and neglect. It was 100 years after Mary Ellen Wilson shivered on the steps of her home that the nation officially recognized the need to provide for all children like her.

The Child Abuse Prevention and Treatment Act, although perhaps the most far reaching, would not be the last legislation to influence services to abused and neglected children. While not directed toward abuse in the child’s home, the Indian Child Welfare Act of 1978 (ICWA) was to address what might be seen as societal abuse—that is, the placement of Native American children away from their families and cultural roots. A 1976 study by the Association of American Indian Affairs uncovered the fact that 25 percent of Native American children were in out-of-home care, with 85 percent of these in non-Native American homes. Concerns over this cultural injustice led to legislation that sought to terminate the practice of removing children from their parents and tribes and to preserve and strengthen Native American families. It gave tribal administration complete jurisdiction over child custody for any child living on a reservation or other tribal land and jurisdiction over any Native American child who is under state or tribal care regardless of location. The intent was that state and tribal courts will work together when there is a question of jurisdiction. The purpose of the ICWA was to protect the best interests of Native American children and their families and the security of tribes and families through federal standards outlining the rights and protocol in cases involving Native American children and families.

Some years later, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) sought to prevent removal of all children from their families by making “reasonable efforts” to keep families together or to unify families in a timely manner if placement could not be avoided. When reunification was not possible, this act mandated that the best permanent plan (often adoption) be sought.

Three years later, the Family Preservation and Support Services Act was passed as part of the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66), building on the previous legislation by expanding the services available to strengthen families as well as providing additional supports for children who must be placed outside the home (Jackson & Brissett-Chapman, 1999).

Another far-reaching piece of legislation to protect children was the Victims of Trafficking and Violence Protection Act of 2000 (TVPA), which prohibited the commercial use of children for sexual acts. Although the number of children involved in sexual trafficking remains unknown, there are increased efforts to document and investigate such cases. The Department of Justice (DOJ) funded the Human Trafficking Reporting System (HTRS), which set up task forces to attempt to collect data. In addition, the National Human Trafficking Resource Center (NHTRC), a program of the Polaris Project, sponsors a hotline that encourages tips and reports of human trafficking.

Unfortunately, the demand for sex with children in both commercial and non-commercial situations remains high. As a result, the TVPA has been reauthorized four times since 2000, most recently in 2013 as part of the Violence Against Women Reauthorization Act of 2013 (P.L. 113-4) (Finklea, Fernandes-Alcantara, & Siskin, 2015).

For more information on federal legislation impacting the protection of children, see <https://www.childwelfare.gov/pubpdfs/majorfedlegis.pdf>.

Professional Awareness and Response to the Movement to Protect Children and Families

As the movement to provide safe environments for children attracted more and more national attention, various professionals began to emphasize the importance of their discipline's involvement in intervention. Kempe and his colleagues led the way in helping fellow physicians and other medical personnel recognize the vital role they could play in detecting and reporting child abuse. The article "The Battered-Child Syndrome" (1962) stimulated increased interest in the phenomenon, research, and programs within medical communities. In 1977, Kempe and several of his colleagues created the International Society for the Prevention and Treatment of Child Abuse and Neglect in an effort

to promote opportunities, facilities and organizations which will enable the children of all nations to develop physically, mentally and socially and in a normal manner . . . and in particular, to promote the protection of every child, in every country against all forms of cruelty and exploitation. (ISPCAN, n.d.)

This organization continues to support efforts in the area of treatment and research largely through the publication of the *International Journal of Child Abuse and Neglect*.

Sexual abuse was not widely studied until the late 1970s, when David Finklehor surveyed New England College students to determine if they had been sexually abused as children. About the same time, Diana Russell's study of 940 San Francisco women uncovered that 38 percent reported sexual abuse as children. As researchers looked for indications that children were being sexually abused, survivors began speaking out. Sandra Butler's *Conspiracy of Silence* (1996) and Katherine Brady's *Father's Days* (1979) recounted abuse perpetuated against children by their fathers.

Physician Suzanne Sgroi urged those in the medical community to pay closer attention to venereal disease in children as an indicator of child sexual abuse (1988). In 1983, Roland Summit, thought by many to be the initiator of our current understanding of the dynamics of sexual abuse,

published his now well-known article “The Child Sexual Abuse Accommodation Syndrome” (Summit, 1983) in which he outlined his theory of how children are affected by such abuse. Thus, sexual abuse, once a concept foreign to most of us, had become widely recognized by the 1980s and 1990s.

As society became more aware of the need to protect children from a variety of types of maltreatment, the importance of having schools involved became more obvious. In the early 1980s, the National Education Association commissioned Cynthia Crosson-Tower, a former protective services worker and then an educator, to write a book to help to bridge the gap between schools and protective service agencies. *Child Abuse and Neglect: An Educator’s Guide to Recognition, Reporting, and Classroom Management* (Tower, 1984) soon gave rise to a multimedia training package for educators. Since then, schools have become significantly involved in responding to child maltreatment issues.

Other professions were also urged to enhance the training and knowledge of professionals. Publications began to address not only the medical, psychiatric, and educational professions but the criminal justice and legal arenas as well.

Professionals within community organizations, such as churches and civic groups, have also recognized the need for involvement. Increasingly, a variety of religious denominations are recommending or requiring that churches develop Safe Church policies to protect children who worship there (Crosson-Tower, 2006).

Today, a glance at the booksellers’ booths at any major child abuse conference confirms that much has been written for a variety of readers. In addition to texts, a variety of clearinghouses available through websites offer resources for professionals and laypeople alike.

The Child Welfare Information Gateway (<http://childwelfare.gov>) offers a wealth of information, along with sites sponsored by the Kempe Center (www.kempe.org) and the American Humane Association (www.americanehumane.org). Prevent Child Abuse America (www.prevent-childabuse.org) also helps to coordinate and circulate information on child abuse prevention. Currently, numerous journals—including the *International Journal of Child Abuse and Neglect*, *Child Maltreatment*, and the *Journal of Child Sexual Abuse*—serve to keep professionals better informed.

Professionals now realize that their strength in combating the problem of child abuse and neglect is through communication.

EMERGING INFLUENCES ON CHILD PROTECTION

Although helping professionals recognized the correlation between adult health and behavior issues and childhoods fraught with negative and traumatic experiences such as child abuse, there was little conclusive proof in the form of an overarching study. Then, in 1995, a group of medical investigators designed a study to examine the association between child abuse and trauma and a variety of adult health and behavior issues.

Adverse Childhood Experiences (ACE) Study

The Adverse Childhood Experiences (ACE) Study—a collaboration between Kaiser Permanente’s Health Appraisal Center (HAC), the Centers for Disease Control (CDC), and Emory University in Georgia—was conducted between 1995 and 1998 and looked at specific negative experiences during the childhoods of their adult study group of 17,332 subjects. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against

mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. Participants were asked a series of questions in each category. Criteria used to categorize these events as adverse involved whether the events caused traumatic stress; felt overwhelming at the time (possibly by virtue of being a child); involved a perceived threat; and led the victim to feel helpless, vulnerable, out of control, and fearful. The events usually involved the significant relationships in their lives. The study found that two thirds of those surveyed had at least one adverse childhood experience (ACE), and that one in six people had four or more adverse childhood experiences. The researchers further concluded that there is a significant correlation between child abuse and household dysfunction and such adult issues as suicide, impaired parenting, substance abuse, deviant sexual behavior, and a variety of other health issues. While the original intent was to determine the correlation between child abuse and the leading causes of death among adults, the results were much more far-reaching and have impacted the intervention and treatment of childhood adversity today (Felitti et al., 1998).

The study also found that an abundance of ACEs causes repeated trauma and toxic stress and that this impacts the developing brain significantly. The brain becomes wired for survival when it constantly encounters such threats, resulting in adults who have difficulty leading healthy lives. As a result, individuals with significant ACEs (four or more) may be more likely than others to experience social, emotional, and cognitive impairment; exhibit behaviors that put them at health risk; succumb to disease; and experience disability and social problems and possibly early death (Felitti et al., 1998). This 10-year-long study has been the largest ongoing examination of the correlation between childhood maltreatment and dysfunctional households and adult well-being, and has spurred other researchers to further explore the influence of adverse childhood experiences and brain development.

Child Maltreatment Through the Lens of Trauma

Although various professions may bring slightly different perspectives to the recognition of and intervention with child abuse and neglect (see Differing Frameworks later in the chapter), there is an increased recognition that child maltreatment is a form of trauma. Theorists and practitioners alike have recognized that being abused or neglected as a child is traumatic, but increased study of and emphasis on trauma as a debilitating experience and trauma as seen through neurobiology has significantly colored the field of child welfare today.

THE EMERGENCE OF TRAUMA THEORY

Trauma theory can be attributed to the study of several populations: those who exhibited mental illness and those who experienced combat. In the late nineteenth century, Jean Martin Charcot, a noted French physician working with women exhibiting hysteria, was the first credited with recognizing that the origin of psychological symptoms such as hysteria might have some physiological basis, but he theorized that hysteria found its roots in the uterus. Through hypnosis, Charcot also discovered that many of the young women he treated had suffered from a variety of violent experiences such as rape and sexual abuse (van der Kolk, Weisaeth, & van der Hart, 1996; Herman, 2015).

Pierre Janet, a student of Charcot, continued to study the influence of traumatic experiences on later patient behavior and discovered that when he re-exposed these women to the traumatic events through hypnosis, their symptoms could often be alleviated. Sigmund Freud based his *Studies on Hysteria* on this earlier work, but later veered away in favor of his seduction theory (van der Kolk et al., 1996; Herman, 2015).

By World War I, Abram Kardiner began treating traumatized veterans and he, too, observed that subjects acted as if the original traumatic event still existed and took protective measures to shield against the threat. After World War II, it was the survivors of concentration camps who attracted the attention of researchers and clinicians. Years later, the effects of the Vietnam War brought psychologically incapacitated veterans who required treatment, and also brought trauma into the awareness of the public.

In the 1980s, Diana Russell studied 900 women, discovering that many had been sexually abused as children and were exhibiting symptoms of psychological trauma (Herman, 2015). Although these early studies recognized that the initial trauma might have been in childhood, no one fully understood the impact that these events had on the brain or on development. Herman (2015) was the first person to suggest that the origins of trauma must be considered and coined the term “complex trauma” to refer to the intensity of the impact of multiple traumas throughout a person’s life. It was Besel van der Kolk who suggested a new diagnosis of developmental trauma to describe those children who had been early victims of child maltreatment. He noted that, of the 17,337 members of the ACE Study (mentioned earlier), 11 percent said that they had been emotionally abused, 30 percent reported early physical abuse, and almost 20 percent reported being sexually abused (van der Kolk, 2005, 2015).

THE INFLUENCE OF NEUROBIOLOGY ON THE UNDERSTANDING OF TRAUMA

While the influence of trauma on the developing child will be covered more fully in Chapter 3, *Maltreatment and the Developing Child*, it is important to note here that the field of child protection has changed over the last decade or so as we have become more aware of the impact of trauma and how trauma affects the brain. The neurological findings uncovered in recent studies give us more insight into the causes of behavioral and psychological problems that are often correlated with childhoods filled with dysfunction and maltreatment. The merging of the knowledge of neurobiologists with social scientists and practitioners gives us a wealth of information on which to build positive intervention that will hopefully lead to better treatment outcomes for abused and neglected children (Glaser, 2000; Teicher, 2000; van der Kolk, 2005; Delima & Vimpani, 2011; Painter & Scannapieco, 2013).

The recognition that childhood trauma is an important lens through which maltreatment should be viewed has impacted the field of child welfare and especially child protection. Trauma-informed intervention and treatment has become integrated in the practice of child protection both in dealing with children and also with their parents, who have probably had their own childhood trauma.

INCIDENCE OF CHILD MALTREATMENT

It is difficult to accurately determine how many children are victims of maltreatment at any given moment. The best statistical estimate is available through the data collection of the National Child Abuse and Neglect Data System (NCANDS), established in 1988 as a voluntary national collection and analysis program to keep track of information pertaining to abuse and neglected children. Data from the 50 state child protection agencies (as well as from those in the District of Columbia and the Commonwealth of Puerto Rico) has been collected every year since 1991 and published in a public document. Although this may be the best statistical data available, it is not completely up to date given the collection methods. For example, the most recent statistics available at the writing of this text were from 2015. Nonetheless it does give us data on the incidence of child maltreatment as most recently collected.

According to NCANDS, in 2015 the number of victims of child maltreatment as reported had increased from 658,000 to 683,000 (an increase of 3.8 percent) over the previous five years.

About 75.3 percent of the children in question suffered from neglect, 17.2 percent were physically abused, and 8.4 percent were sexually abused. Approximately 1,670 children died in 2015 as a result of abuse or neglect. Children were the most vulnerable in their first year of life and 84.7 percent of the fatalities were of children under 3 years of age, with 77.7 percent of these deaths involving at least one parent (U.S. Department of Health & Human Services, 2015).

As we consider these statistics, it is important to recognize that these are not just numbers but incidents of children being traumatized early in their lives.

DIFFERING FRAMEWORKS

A significant problem in child abuse intervention is the fact that there is no universally agreed-on way to define maltreatment, neither is there just one framework used to understand the focal point at which intervention should be initiated or how this intervention should proceed. Brissett-Chapman (Jackson & Brissett-Chapman, 1999) expressed her concern over this issue by commenting that

[the] no universal operational definition of child abuse and neglect, and the multiple and overlapping definitions challenge the very ability of professional helping systems to adequately and universally address the assessment of risks, the allocation of resources, the accurate assessment of the need for the child's removal from the family, or the opportunity to engage the involvement of other actors (i.e., neighbors, family, community institutions, allied disciplines) in ensuring that children are safe and adequately cared for. (p. 53)

Intervention ideologies can be broken down into three basic orientations: penal, medical, and social welfare. Each of these has a characteristic way of viewing the abuser, the act, and the type of intervention necessary. As you continue reading this text, it will be important to bear these differences in mind. As the field builds a more multidimensional set of intervention strategies, it is hoped that these views can borrow from and influence one another. Certainly, the ideal would be a universally accepted framework, but that is not something that appears to be immediately on the horizon.

THE ROLE OF CHILD PROTECTION SERVICES

Contrary to the provision of services for maltreated children in the past, it is the child protective services (CPS) agency that currently serves the pivotal role in responding to reports of abuse and neglect. Depending on the state that it serves, CPS is known by a variety of titles, including the Department of Social Services, the Department of Health and Human Services, the Department of Family and Children's Services, and others. The fact that this agency acts as a division of the state or county has both positive and negative points.

Child Protection Emerging

From the 1960s to the mid-1980s, CPS enjoyed relative autonomy, while also becoming an entity feared by parents for its ability to "take kids away." Despite this belief, CPS was largely dependent on the legal arm of the juvenile court to remove children. Only in a case of severe emergency or abandonment did CPS have the authority to place children for a specified period (usually 72 hours) while their parents were sought or plans were made for their welfare.

(For those early years, see Crosson-Tower's *From the Eye of the Storm: The Experiences of a Child Welfare Worker*, 2002.)

Throughout the 1980s and 1990s, the role of CPS shifted in scope and emphasis. Part of the responsibility for the shift can be attributed to the Adoption Assistance and Child Welfare Act of 1980 and later the Family Preservation and Support Services Act (both mentioned previously). Weber (1997) suggests that there were several other underlying causes for the transformation in the role of CPS. First, there was a lack of consensus about the role of CPS, as parents whose children were removed began to protest through legal channels. Lawsuits argued that CPS had not had enough evidence to prove the need for removal, and this led to the formation of Victims of Child Abuse Legislation (VOCAL), a group that advocated for themselves and others. The court actions complaining of insufficient evidence forced CPS to hone its investigative procedures and ensure that the lawyers responsible for representing its contention that children needed to be better protected were better trained (Weber, 1997).

These events came to the attention of the media. Because the parents protesting their innocence saw media attention as a way to publicly plead their cases, whereas CPS was bound to silence by the agency regulation requiring confidentiality, the agency did not fare well in public opinion. When a child was finally identified as the victim of severe abuse or died, Weber (1997) suggests that the scenario was amazingly predictable. CPS was portrayed as a

government agency with no public accountability which had not done its job of protecting children. The scenario was usually followed by a mayor's or governor's task force or blue-ribbon commission. One or more CPS staff members were then found not to have taken every reasonable action to protect the child; a reorganization of the CPS agency was instituted; the task force recommended smaller caseloads, more training and clearer policies; and elected officials provided the funds for CPS programs which might have been requested and denied earlier. (p. 124)

At the same time, as children's rights became more widely debated, advocates for children argued that injuring a neighbor could subject the perpetrator to criminal charges, while beating or abusing your wife or children would result in merely being referred to a protective agency. As a result, numerous states began to pass legislation making child maltreatment a criminal offense. The attention of the general public also focused on the phenomenon of the sexual abuse of children. Until the late 1970s, this type of maltreatment had rarely been discussed. Now, the calls to investigate sexual abuse allegations began to far outweigh the reports of physical abuse and neglect (Weber, 1997).

The debates surrounding child maltreatment did bring three positive challenges: the search for risk assessment tools; the development of child abuse registers; and the formation of child protection teams. Risk-assessment protocols came about as an effort to standardize the collection of information in maltreatment cases, with the hope of allowing CPS workers to make more effective decisions that would be more reliable if legally challenged (Righthand, Kerr, & Drach, 2003; Sameroff & Gutman, 2004; Weber, 1997). Child abuse registers sought to track abusive parents who might move from city to city or state to state. Those who were found to have abused children were registered in a central database that could be accessed by other concerned CPS staff. Knowing that abusers had been identified by CPS in other jurisdictions gave investigators support in their efforts to intervene with the abusive family or protect children who might come in contact with an abuser (Weber, 1997). Some of these registries met with controversy, but a number still facilitated CPS intervention in maltreatment cases.

Child Rearing, Maltreatment, and Public Opinion

How the general public sees child abuse and efforts to intervene has a significant influence on the support and funding of programs to address the needs of children. It is clear that the general public is concerned about children and child maltreatment, even if this concern does not always manifest itself through providing funds for prevention programs.

A 2003 study (see Public Knowledge LLC, 2003) on the perception of the public on parenting, child development, and child maltreatment sheds some interesting light on public attitudes at the time. The majority of those surveyed felt that life had gotten worse for children in recent years. In addition, when asked their opinion of teens and children, 71 percent of the respondents described teens negatively, using such terms as *rude*, *irresponsible*, and *wild*, and 53 percent of adults and 58 percent of parents had negative views of younger children (p. 6). When asked to pinpoint the causes of such problems, those surveyed asserted that the parents were responsible and complained that they were not “paying attention to what is going on in their children’s lives” (83 percent called this very serious; p. 6). Although parents protest that they are teaching their children important values (97 percent say they are), the general public (61 percent) views parents in a very negative light (p. 7).

When looking specifically at child abuse issues, most people equated maltreatment with physical abuse (55 percent), which is somewhat surprising, given the recent media coverage of child sexual abuse (only 9 percent mentioned sexual abuse, and 8 percent neglect). At the same time, a significant number (81 percent) of the general public believed that abusing drugs during pregnancy is a form of child abuse. In addition, 75 percent of people also felt that drinking alcohol, smoking marijuana (75 percent), and smoking cigarettes (57 percent) during pregnancy are also abusive to the unborn child (p. 19). When sexual abuse *was* mentioned, most respondents, not surprisingly, brought up recent scandals in the Catholic Church (p. 23).

Granted, this study is dated, but Americans continue to be conflicted about what constitutes abuse and what constitutes discipline. Many do not feel that spanking is abusive. Most parents feel they rely more on nonphysical discipline (e.g., grounding, time-outs), but many describe themselves as too lenient with their children, with 60 percent of the study respondents saying that how they respond depends on the circumstances, rather than consistency (p. 20). Might not concerns about leniency lead to increased physical punishment?

In the 2003 study, when asked what they felt were the causes of child abuse, 69 percent pointed to increased alcohol and drug use among parents, 67 percent to lack of parenting experience and skills, 64 percent to abuse of parents when they were children, and 48 percent to the presence of nonfamily members in the home (p. 25). Because most people see child abuse as a crime, the emphasis is on accusation, and criminal sanction, rather than education and support.

It would be interesting if a study like this were repeated today. The attitudes held by the public today have a significant impact on the treatment of and prevention efforts for child abuse and neglect. It is clear that there is a need for increased education and community awareness if CPS and communities are to join together in the protection of children and the provision of help for abusing families.

Child Protection Today

Currently, child protection is influenced by the knowledge being gained about trauma and brain development. It is no longer enough to merely protect children from further abuse and neglect. Now, protective services workers must understand how the trauma inflicted upon children at early ages influences their behavior and attitudes. There is increased emphasis on not retraumatizing

children through exposing them to multiple relationships in the helping system or in any way replicating the unpredictability and abuse they have already suffered.

Trauma-informed intervention and treatment has also brought into focus the need for multidisciplinary teams. At a macro level, a multidisciplinary team is composed of a variety of community professionals, including medical, law enforcement, legal, and psychiatric/mental health representatives as well as other professionals who, using their own individual perspectives, aid CPS in its intervention with child protective cases. At a micro level, schools and other organizations have created school- and agency-based child protection teams to facilitate effective reporting of maltreatment situations.

Today, the functions of CPS agencies are to:

- Receive reports of child maltreatment made by mandated reporters
- Screen the accepted reports
- Intervene directly in emergency situations
- Investigate alleged maltreatment cases
- Determine the risk to the child of maltreatment
- Make a disposition as to the likelihood of maltreatment and need for service
- Formulate case plans for cases
- Facilitate court intervention when necessary
- Provide case management
- Provide or contract for social services for families and children
- Facilitate out-of-home placement and supervision when necessary
- Make “reasonable efforts” to keep families together or reunite them
- Provide the least restrictive permanent plan for children who are unable to remain at home, and
- Close cases and provide aftercare when needed (Myers, 2011; Weber, 1997).

The overreaching team perspective as the CPS worker carries out duties and works with a multidisciplinary team is the recognition that the children have been victims of multiple traumas and it is vital not to retraumatize them in any way. Intervention must be undertaken with this in mind. Given the complexity of child services work, this is not always an easy task.

Those envisioning the future of CPS agencies express concern that they will be forced, due to the severity and number of child maltreatment cases, to take on more of an investigative role and to slight their social work backgrounds, which emphasize family treatment. In addition, with the increased emphasis on client rights, some fear that protective workers will be increasingly hampered in the roles of protecting children. Weber (1997) expresses the hope that CPS agencies will develop a way to offer more than one response as they seek support from and collaboration with other community agencies. Only through community efforts can children be truly protected from maltreatment.

Summary

The maltreatment of children is a long-standing problem. Since ancient times, children have been viewed as property to be sold, given, or exploited by adults. Throughout history, children have been

overworked, prostituted, and physically maltreated for a variety of reasons. Severe beatings administered with religious fervor were inflicted to gain the child's salvation and to exorcise evil. Employers

used children to further their own economic interests. Poor children were often subjected to the fate of their parents, ending up in poorhouses and workhouses. Others were relegated to orphanages where they might remain until majority. Such arrangements were mostly for White children, however. There were some efforts to meet the needs of African American children through separate orphanages but these often met with prejudice. In later years, Asian families and Native American families were more likely to choose to care for their own.

The sexual exploitation of children, throughout history, has often been influenced by the culture of that period. During the Victorian era often known for its conservative standards, child molestation was not uncommon. Child pornography and child prostitution became one way of saving Victorian wives from distasteful sexual duties. Sigmund Freud uncovered some of this hypocrisy when he recognized that some of his female patients had been abused as children.

There have been crusaders for children throughout history, some of whom have been spurred on by their concerns over child labor. The settlement house movement played an important role in curbing child labor. Charles Dickens used his own painful background to speak out against child maltreatment. Then the case of Mary Ellen Wilson and crusader Henry Bergh set in motion a mechanism for the future protection of children. Bergh's efforts on behalf of Mary Ellen gave birth to the SPCC, which provides help for children even now.

The discovery by radiologists of multiple, unexplained fractures and the coining of the phrase *battered-child syndrome* in the 1960s added impetus to the child protection movement. In 1974, the Child Abuse Prevention and Treatment Act required that states intervene in abuse situations and provided financial and material resources to aid the states.

African American children were neglected by child welfare reformers who advocated for White children. Fortunately, several reformers emerged

who specifically addressed the needs of this population. The establishment of the National Urban League in 1901 provided a more active voice for Black children.

Native American children found their families and cultural origins destroyed when reformers sought to assimilate them into the Caucasian culture by removing them from their parents and communities by placing them initially in boarding schools designed to educate and Christianize them. Later, children would be placed in non-Native American homes, assuming that their parents were not fit to raise them. These injustices gave rise to the Indian Child Welfare Act of 1978, which returned the jurisdiction over Native American children to tribal courts.

Efforts to meet the needs of children gave rise to the White Conferences beginning in 1909 and continuing almost every 10 years until the 1970s. The 1935 Social Security Act also brought to the attention of legislators the need for children's services and expanding the efforts for families and children.

One major influence on child protection today was the 1995 Adverse Childhood Experiences (ACE) Study, which uncovered the fact that traumatic events in childhood had a significant impact on the later adults' ability to function. This study also suggested that childhood trauma had an impact on the developing brain. Today intervention in child protection is informed by trauma theory, which emerged as a result of early studies of childhood abuse and the combat experiences of veterans.

Today, we know that child abuse is seen from the view of three ideologies—penal, medical, and social welfare. From the social service perspective, child protective agencies are responsible for direct intervention from investigation and case management to case closure. These agencies can be hampered if there is not community and public support for their work. Toward this end, there needs to be more extensive community awareness and education.

Applying the Concepts of This Chapter

1. Imagine that you are a 3-year-old child with a 7-year-old sister. Your father is no longer in the home and your mother is poor. The stress has driven her to consume large quantities of alcohol when she can get it. She often leaves you in the shack where you live, in the care of your sister, while she entertains men who buy her drinks. When she is drunk, she often hits you or locks you outside for the night. Imagine that you have come to the attention of the neighbors who are concerned for your welfare. Consider how you might be treated and what would be your future at these various times in history. Speculate what might happen to you given what you have learned in this chapter.

- a. The year is the early 1700s.
- b. The year is 1895 in New York City.
- c. The year is 1967.
- d. The year is 2017.

How would your experience differ during each of these time periods? What if you were an African American or Native American child?

2. According to the Adverse Childhood Experiences Study, how many adverse childhood experiences could you document for the children in Question 1? Are there others that you could speculate about even though these ACEs were not specifically named?

References

- Addams, J. (1910). *Twenty years at Hull House*. New York: Signet.
- Ambrosino, R., Heffernan, J. J., Shuttlesworth, G., & Ambrosino, R. (2015). *Empowerment series: Social work and social welfare*. Stamford, CT: Cengage.
- Billingsley, A., & Giovannoni, J. (1972). *Children of the storm: Black children and American child welfare*. New York: Harcourt Brace and Jovanovich.
- Brady, K. (1979). *Father's days: A true story of incest*. New York: Seaview Books.
- Bremner, R. (Ed.). (1970). *Children and youth in America: A documentary history* (Vol. 1). Cambridge, MA: Harvard University Press.
- Butler, S. (1996). *Conspiracy of silence: The trauma of incest*. Volcano, CA: Volcano Press.
- Caffey, J. (1946). Multiple fractures in the long bones of infants suffering from chronic subdural hematoma. *American Journal of Roentgenology*, 56, 163–173.
- Conte, J., & Shore, D. (1982). Social work and sexual abuse. *Journal of Social Work and Human Sexuality* 1(1–2), 201–211.
- Crosson-Tower, C. (2002). *From the eye of the storm: The experiences of a child welfare worker*. Boston: Allyn & Bacon.
- Crosson-Tower, C. (2006). *A clergy guide to child abuse and neglect*. Cleveland: Pilgrim Press.
- Delima, J., & Vimpani, G. (2011). The neurological effects of childhood maltreatment: An often overlooked narrative related to long-term effects of early childhood trauma? *Family Matters*, 89, 42–52.
- deMause, L. (1998). The history of child abuse. *Journal of Psychohistory*, 25(3), 1–20.
- Dickens, C. (1892). *Oliver Twist, or, The parish boys progress*. London: Macmillan.
- Eglinton, J. Z. (1965). *Greek love*. New York: Oliver Layton.
- Family and Children's Service Division, Minnesota Department of Human Services. (1995). Orphan-ages: An historical overview. Retrieved December 10, 2017, from <https://www.leg.state.mn.us/docs/pre2003/other/950265.pdf>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S.

- (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.
- Finklea, K., Fernandes-Alcantara, A. L., & Siskin, A. (2015). Sex trafficking of children in the United States: Overview and issues for Congress. Retrieved January 8, 2018, from <https://fas.org/sfp/crs/misc/R41878.pdf>
- Fong, R., Dettlaff, A., James, J., & Rodriguez, C. (2015). *Addressing racial disproportionality and disparities in human services: Multisystemic approaches*. New York: Columbia University Press.
- Freud, S. (1966). *The complete introductory letters of psychoanalysis*. New York: Norton.
- Friedman, A. B. (1956). *The Viking book of folk ballads of the English speaking world*. New York: Viking.
- Gardner, L. (1980). The endocrinology of abuse dwarfism: With a note on Charles Dickens as child advocate. In G. J. Williams (Ed.), *Traumatic abuse and neglect of children at home* (pp. 375–380). Baltimore: Johns Hopkins University Press.
- Glaser, D. (2000). Child abuse and neglect and the brain—A review. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(1), 97–117.
- Gryzlak, B. M., Wells, S. J., & Johnson, M. A. (2005). The role of race in child protection screening decisions. In D. Derezotes, J. Poertner, & M. Testa (Eds.), *Race matters in child welfare: The overrepresentation of African American children in the system* (pp. 163–172). Washington, D.C.: CWLA Press.
- Halverson, K., Puig, M. E., & Byers, S. R. (2002). Culture loss: American Indian family disruption, urbanization, and the Indian Child Welfare Act. *Child Welfare*, 81(2), 319–336.
- Helfer, R. E., & Kempe, C. H. (1968). *The battered child*. Chicago: University of Chicago Press.
- Herman, J. (2015). *Trauma and recovery*. New York: Basic Books.
- Hindman, H. D. (2002). *Child labor: An American history*. New York: Routledge.
- Hoffman, E. (1978). Policy and politics: The Child Abuse Prevention and Treatment Act. *Public Policy*, 26, 71–88.
- Holt, T. C. (2010). *Children of fire: A history of African Americans*. New York: Hill and Wang.
- Idaho Department of Health and Welfare. (2018). Indian Child Welfare Act (ICWA): Historical perspective. Retrieved January 10, 2018, from <http://healthandwelfare.idaho.gov/Children/IndianChildWelfareAct/HistoricalPerspective/tabid/1363/Default.aspx>
- Inglis, R. (1978). *Sins of the fathers*. New York: St. Martin's Press.
- International Society for Prevention of Child Abuse and Neglect (ISPCAN). (n.d.). Retrieved from <http://www.ispcan.org/?page=History> on July 2, 2012.
- Jackson, P. (1978). Black charity in progressive era Chicago. *Social Service Review*, 52, 400–417.
- Jackson, S., & Brissett-Chapman, S. (1999). *Serving African American children*. Washington, DC: Child Welfare League of America.
- Kempe, H., Silverman, F., Steele, B., Droegemueller, W., & Silver, H. (1962). The battered-child syndrome. *Journal of the American Medical Association*, 181, 17–24.
- Krugman, R. D., & Korbin, J. E. (Ed.). (2014). *C. Henry Kempe: A 50 year legacy to the field of child abuse and neglect*. New York: Springer.
- Lazoritz, S. (1990). Whatever happened to Mary Ellen? *Child Abuse and Neglect*, 14, 143–149.
- Lennon, F. (1972). *The life of Lewis Carroll*. New York: Dover.
- Lenoir-Degoumois, V. (1983). The manifestations of ill-treatment of children. Historical background. *International Journal of Offender Therapy and Comparative Criminology*, 27, 55–60.
- Mannes, M. (1996). Factor and events leading to the passage of the Indian Child Welfare Act. In E. P. Smith & L. A. Merkel-Holgin (Eds.), *A History of Child Welfare* (pp. 257–275). New Brunswick, New Jersey: Child Welfare League of America.
- Mass, A. I., & Yap, J. (2000). Child welfare: Asian and Pacific Islander families. In N. Cohen (Ed.), *Child welfare: A multicultural perspective* (pp. 107–129). Boston: Allyn & Bacon.
- Meiselman, K. (1992). *Incest*. San Francisco: Jossey-Bass, 1978.
- Mintz, S. (2006). *Huck's raft: A history of American childhood*. Cambridge, MA: Harvard University Press.
- Mitchells, M. N. (2008). *Raising freedom's child: Black children and visions of the future after slavery*. New York: New York University Press.
- Myers, J. E. B. (2011). A short history of child protection in America. In J. E. B. Myers (Ed.), *The APSAC handbook on child maltreatment* (pp. 3–15). Thousand Oaks, CA: Sage.
- Nabokov, V. (1989). *Lolita*. New York: Knopf.
- Olafson, E., Corwin, D. L., & Summit, R. (1993). Modern history of child sexual abuse: Cycles of discovery and suppression. *Child Abuse and Neglect*, 17, 7–24.
- Painter, K., & Scannapieco, M. (2013). Child maltreatment: The neurobiological aspects of posttraumatic stress disorder. *Journal of Evidence-Based Social Work*, 10(4), 276–284.

- Parton, N. (1985). *The politics of child abuse*. London: Macmillan.
- Peeples-Wilkins, W. (2006). Three notable African American women in early child welfare. *Social Welfare History Project*. Retrieved from <http://socialwelfare.library.vcu.edu/programs/child-welfarechild-labor/three-notable-african-american-women-in-child-welfare-1888-1930/>
- Popple, P. R., & Leighninger, L. (2010). *Social work, social welfare and American society*. Boston: Allyn & Bacon.
- Public Knowledge LLC. (2003). *Discipline and development: A meta-analysis of public perceptions of parents, parenting, child development and child abuse*. Severna Park, MD: Author.
- Richardson, C. (2003). Physician/hospital liability for negligently reporting child abuse. *Journal of Legal Medicine*, 23, 131–150.
- Righthand, S., Kerr, B. B., & Drach, K. M. (2003). *Child maltreatment risk assessments*. New York: Haworth.
- Roberts, D. (2003). *Shattered bonds: The color of child welfare*. New York: Civitas.
- Rose, S. R., & Fatout, M. F. (2003). *Social work practice with children and adolescents*. Boston: Allyn & Bacon.
- Rosenthal, C. M. (2013). *Child labor in America: A history*. Jefferson, North Carolina: MacFarland.
- Rush, F. (1992). *The best kept secret: Sexual abuse of children*. New York: Tab Books.
- Sameroff, A. J., & Gutman, L. M. (2004). Contributions of risk research to the design of successful interventions. In P. Allen-Meares & M. W. Frazer (Eds.), *Intervention with children and adolescents* (pp. 9–26). Boston: Allyn & Bacon.
- Sanders, L. (1982). *The case of Lucy Bending*. New York: Berkeley.
- Sgroi, S. (1988). *Handbook of clinical intervention in child sexual abuse*. Lexington, MA: Lexington Books.
- Shelman, E., & Lazoritz, S. (2003). *Out of the darkness: The story of Mary Ellen Wilson*. Lake Forest, CA: Dolphin Moon Press.
- Smuts, A. (2005). *Science in the service of children, 1893–1935*. New Haven: Yale University Press.
- Summit, R. (1983). The child sexual abuse accommodation syndrome. *Child Abuse and Neglect*, 7, 177–193.
- Teicher, M. H. (2000). The wounds that time won't heal: The neurobiology of child abuse. *Cerebrum*, 2(4). Retrieved January 10, 2018, from http://www.dana.org/Cerebrum/2000/Wounds_That_Time_Won't_Heal_The_Neurobiology_of_Child_Abuse/
- Ten Bensel, R. W., Rheinberg, M. M., & Radbill, S. X. (1997). Children in a world of violence: The roots of child maltreatment. In M. E. Helfer, R. S. Kempe, & R. D. Krugman (Eds.), *The battered child* (pp. 3–28). Chicago: University of Chicago Press.
- Tower, C. C. (1984). *Child abuse and neglect: An educator's guide to recognition, reporting and classroom management*. Washington, DC: National Education Association.
- U.S. Department of Health & Human Services, Administration on Children, Youth and Families Children's Bureau. (2015). *Child maltreatment 2015*. Washington, D.C.: U.S. Government Printing Office.
- van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401–408.
- van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Penguin.
- van der Kolk, B. A., Weisaeth, L., & van der Hart, O. (1996). History of trauma in psychiatry. In B. A. van der Kolk, A. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society* (pp. 47–76). New York: Guilford.
- Weber, M. W. (1997). Assessment of child abuse: A primary function of child protective services. In M. E. Helfer, R. S. Kempe, & R. D. Krugman (Eds.), *The battered child* (pp. 120–149). Chicago: University of Chicago Press.

2

The Family: Roles, Responsibilities, and Rights

Learning Outcomes

After reading this chapter, you should be able to:

- Explain the function of the family in the United States today.
- Describe how the family can be seen as a system.
- Outline the various types of cultural variations in family—specifically African American, Hispanic American, Asian American, and Native American families and how they differ. Discuss the stressors for refugee and newly immigrated families.
- Cite the other types of family systems often defined by structure and explain what you should consider when working with each.
- Describe the types of problems that might bring families to the attention of service providers.
- Discuss the rights of children and parents and how these might involve child maltreatment.

Chapter Outline

The Definition and Function of the Family
The Twenty-First Century Family
The Family as a System
Subsystems and Boundaries
Roles
Communication
Bonding and Attachment
Rituals
Cultural Family Systems
African American Families

THE DEFINITION AND FUNCTION OF THE FAMILY

The family as an institution has changed significantly over the years, and each culture has a different interpretation of what it expects a family to be. No matter what the culture, society has particular expectations of a family and, in some cases when those expectations are not met, is entitled to intervene. The changes in society itself have put additional pressures on families and can make functioning and meeting societal expectations of a stable unit even more difficult.

What factors in today's culture have altered families' functioning? An industrialized, impersonal climate has increased mobility, as wage earners follow the expansion or relocation of businesses in search of satisfying, better-paying, or continuing positions. Moves frequently promote further isolation of families. Emphasis on faster, more competitive, more affluent lifestyles produces stress. Some theorists suggest too that our current technology may be divisive to family functioning (Taylor, 2013). And the military conflicts in Afghanistan and Iraq mean that some families are influenced by the military service of one or more of their adult members.

Amid the stresses of living in a high-pressure world, the family has had to make adjustments. The *nuclear family* (mother, father, and children), which for a time had all but replaced the *extended family* (parents and children often living with grandparents or adult siblings), is now decreasing (Walsh, 2012; Berk, 2018). The current divorce rate, once the highest ever, has now leveled out, but recently the single-parent family has come to represent a large percentage of the parenting population. One in four families is headed by a single mother (Fabes & Martin, 2003; Skolnick & Skolnick, 2013; Walsh, 2012). Today there are numerous constellations that can be considered a family—each with its own strengths and weaknesses and issues. In the blended family, spouses care for children from their previous marriages and perhaps their children from their present marriage. Within this context, cohabitation, or two people living together without legal sanction and caring for children, is practiced widely today, and gay and lesbian families (two same-sex partners) are

increasingly more common. Communal living, more popular during the 1960s than today, joins several adults and their various offspring in one living arrangement (Berk, 2018; Walsh, 2012; Zinn, Eitzen, & Wells, 2014; Fabes & Martin, 2003).

Some African American families may rely extensively on kinship networks—that is, blood relatives or friends who become kin and often take on the duties of family members. African American children are also more frequently taken into the homes of grandparents to be raised (Goode, Jones, & Jackson, 2011). Some Hispanic families have the institution of *compadres*, or companion parents. *Compadres*—godparents named at baptism—may have an integral part in children’s upbringing (Gonzalez & Acevedo, 2013; Zuniga, 2011; McAdoo, 2006; Lum, 2003; Falicov, 2012). Members of Hopi Indian tribes may practice *bifurcate merging*; in other words, the father’s or mother’s relatives are divided into separate lineages. Relatives of the same sex and generation are then grouped together in helping clusters. For example, the mother’s sister would be seen as a close relation and would behave toward the child as the biological mother would (Lum, 2003).

Whatever the type, here the term *family* refers to a group of people who live together (or at least have regular contact) and who are expected to perform specific functions, especially in reference to the children involved. In the context of this book, the primary function of the family is the task of raising children. The parents, or parenting adults, are assigned certain responsibilities. Parental responsibilities are not, for the most part, recorded in a book of how-tos. However, mores and customs are passed from generation to generation and now are considered by popular opinion to be tasks and roles for parents to undertake. The way in which these responsibilities are characterized may vary widely. Some family texts outline the parental functions as follows:

1. Reproduction
2. Socialization
3. Assignment of social roles (social order)
4. Economic production and consumption
5. Emotional support (Berk, 2018; Berns, 2015).

Basically, the family prepares the child to take his or her place as a functional adult within society. If this relationship continues to foster the child in the way that society demands, the family unit is promised relative autonomy and freedom from government intervention. Therefore, the parent–child relationship is expected to provide stability and integrity; financial security; health and education; and morality and respect.

Chapter Outline (*continued*)

Hispanic American Families
 Asian and Pacific Islander Families
 Native American Families
 Arab American and Middle Eastern Families
 Additional Types of Family Systems
 Grandparents Raising Grandchildren
 Lesbian, Gay, Bisexual, and Transgender Families
 Military Families
 The Challenges of Developing Cultural Awareness
 Family Problems and Dysfunction
 The Family and Child Maltreatment
 Parents’ Rights
 Children’s Rights
 Impact on the Child Protection Movement
 Summary
 Applying the Concepts of This Chapter
 References

Stability and integrity mean parents need to provide a secure, stable, constant relationship on which their children can base their expectations and model their future relationships. Within this realm of security, parents have an opportunity to teach their children what society and their own culture will expect from them as adults. To enable the child to learn these lessons, parents are expected to provide comfort—the comfort of being properly housed, clothed, and fed. The assurance of these comforts requires financial security, which should be provided by the parents. Emotional well-being also necessitates being healthy and educated. A healthy future adult will benefit society as a whole.

The Twenty-First Century Family

The picture of the American family is changing with each year. A 2015 report by the Pew Research Center reports that first-marriage, two-parent families are in the decline, while divorce, remarriage, and cohabitation have increased. Families are smaller, with fewer children, while four in ten births are to women who are single or living with a partner to whom they are not married. Many more women are in the workforce and many of these are primary breadwinners (40 percent) (Pew Research Center, 2015).

In light of the changes taking place in the composition of families, it is impossible to discuss a typical, traditional, or dominant family structure as was possible in previous decades. For example, as recently as 1980, 61 percent of children were living with two parents in their first marriage, while today this accounts for only 46 percent of all children's families (Pew Research Center, 2015). In addition, the structure of a child's family may very well change (possibly several times) during his or her growing up.

Cara was 6 when her parents divorced. When her father (Sam) moved out, she and her mother (Grace) lived with Grace's mother, allowing Grace to continue her work as a secretary in a large company. The divorce agreement allowed Sam to take the child every other weekend and Cara enjoyed these times with her father. She did not enjoy them as much when her father's friend Jed started coming over and spending the night. When Cara was 9, her father and Jed married, much to the displeasure of Cara's grandmother, who asserted with conviction that "marriage was between a man and a woman only." Cara was so conflicted by her grandmother's attitude and the reality of her father's relationship that she became moody and sullen during her visits. The weekend visits became so unpleasant that Sam and Jed sued for custody of Cara, feeling that Cara would be better off away from her grandmother's constant influence. Grace begged them to drop their quest for custody in exchange for a more liberal visiting schedule the grandmother's promise that she would keep her feelings to herself. Grace also got her own apartment as Cara was now in a full day of school and Grace could work her schedule around Cara's needs. Several months after Grace and Cara got their own apartment, Harry came to live with them and it was clear that the plan was for him to stay. Cara did not like Harry and, when Grace became pregnant with his child, Cara was sure that she would be replaced. She begged her father to let her live with him and his husband. Caught up in her boyfriend and their soon-to-be-born baby, Grace agreed to this arrangement provided she had a regular visiting schedule. This arrangement lasted for several years until Cara discovered that she enjoyed the new baby and pleaded to return to her mother's home. When Jed's job took him to a distant city, Sam followed and Cara remained with her mother's new family with occasional trips to her father's.

During her short life, Cara was exposed to numerous different living arrangements, not unlike many children today. Over one fourth (26 percent) of children live with a single parent and 39 percent will live with a mother who is cohabitating before the child is 12, while the number rises to 49 percent before a child is 18 (Pew Research Center, 2015).

The picture changes slightly culture by culture. Fewer Black children are living in two-parent households than White, Hispanic, or Asian children. About 78 percent of White children live with two parents (52 percent first marriage, 19 percent remarriage, and 6 percent cohabiting), while two thirds of Hispanic children live with two parents (43 percent first marriage, 12 percent remarriage, and 11 percent cohabitating). Asian children are the most likely to be living with two parents at 84 percent (71 percent first marriage, 11 percent remarried, and 3 percent cohabiting), while African American children are the least likely to live with two parents, at 38 percent (22 percent in the first marriage, 9 percent remarried, and 7 percent cohabiting). Instead, 54 percent of Black children live with a single parent (Pew Research Center, 2015).

Blended families are households with stepparents and stepsiblings or half-siblings. Of women who remarry, 63 percent are in blended families. The Census Bureau also estimates that 16 percent of children are raised in blended families. Racially, Black (17 percent) and Hispanic (17 percent) children are the most likely to live in blended families, while 15 percent of White children and 7 percent of Asian children reside in such households (Pew Research Center, 2015).

The size of the American family in the twenty-first century has also decreased. Today, 22 percent of mothers have one child, 41 percent have two children, 24 percent have three, and only 14 percent have four children. This may be a result of the fact that women are tending to have children later in their childbearing years, with many choosing education and career building prior to having children. However, family size also varies across races. About 50 percent of Hispanic women give birth to three or more children, while 40 percent of Black women, 33 percent of White women, and 27 percent of Asian women have three or more children during their childbearing years. There is also an inverse correlation of education to fertility. Despite an increase in the fertility rate among more highly educated women, the Pew study found that only 27 percent of women with postgraduate degrees have given birth to three or more children. Most mothers (55 percent) have less than a high school diploma, with 38 percent having a high school diploma and some college and 32 percent having a college degree (Pew Research Center, 2015).

As we look at the stressors on the American family, it is not surprising that some parents might be overwhelmed by the pressures that parenting places upon them. Of the mothers surveyed by the Pew study, 37 percent felt that parenting was tiring and stressful all of the time, 54 percent said that it is stressful some of the time, and only 8 percent had not been taxed at some point by the role of parent. These statistics for fathers are similar: 29 percent said that parenting is tiring all of the time, 56 percent some of the time, and 15 percent never (Pew Research Center, 2015). Whether parents who find their role unrewarding will become abusive or neglectful depends on numerous other factors, but certainly lack of job satisfaction is a risk factor.

No matter the composition of the family, it operates as a complex system, especially in its role of raising children, and must be seen as such.

THE FAMILY AS A SYSTEM

Like any system, families must maintain some type of balance, continue a flow of information, and monitor the communication among their members. Families do this through a series of sub-systems, boundaries, roles, and communication patterns. Another important piece of family life is

the fact that family interactions set the stage for the child's future relationships, through the ability of members to attach or bond with one another (Berk, 2018; Walsh, 2012).

Subsystems and Boundaries

A subsystem consists of smaller units that carry out specific functions and together make up the whole. In a healthy, functioning family, the parents unite in a major subsystem responsible for making decisions and regulating family activities.

Parents are expected to understand and adapt to developmental needs and to explain the rules they impose. They must guide and control, keeping in mind the child's need to mature and gain autonomy. The parents provide models, not only of behavior but of the use of authority. They must also introduce children to their own culture and serve as interpreters to explain differences between that culture and that of the larger society.

The sibling subsystem helps children experiment with the complexities of peer relationships. Here, they have an opportunity to fight, accommodate, isolate, negotiate, compete, and basically learn from each other. In later life, children transfer their interactions with siblings into their dealings with extrafamilial peers.

In addition to these two major subsystems, the family is composed of numerous others. For example, all the females in the family comprise one subsystem, all the males another, and there may be expectations of each of these. Subsystems exist by virtue of sex, age, interest, and function, and each family member is simultaneously part of several subsystems. Boundaries, which are divisions between subsystems, allow these minisystems freedom to operate. Boundaries also define who can interact with whom and how. These are also influenced by cultural values. For example, in many cultures, the boundary around the spouse or parent subsystem allows children access to each parent but not to interfere in the relationship between these parents. The parents' closed bedroom door is one symbol of this boundary and says to the children that the parents are then maintaining their right to privacy.

In some families where the boundaries are extremely rigid, there is little interaction between subsystems, and family members appear unresponsive to each other. For example, parents whose lives have little involvement with their children and who fail to perform such normal family rituals as eating meals with their children are probably not overly responsive to their children's needs. At the other end, the family with unclear or overly flexible boundaries may also present problems. Often, the incestuous family has unclear generational boundaries. Relationships, especially those that are sexual and normally kept to the older generation, begin to involve the rest of the family.

Boundaries can also be maintained between the family and the external world. Those that are too rigid create isolation for the family, but if the boundaries with the outside are poorly defined, non-family members may float in and out of the family constellation to the confusion of all. Some families join together in cultural groups, moving freely within that ethnic heritage but remaining relatively isolated from the external world.

Roles

Each family member is given or assumes a series of *roles*. These roles may enhance family functioning or may cause dysfunction. Roles in a family shape how people think of themselves, how others see them, and how they function or behave within a family. One parent may be the breadwinner, while the other is the stay-at-home nurturer. In other families, parents share both roles. Sometimes, the roles others expect us to take shape how we behave. For example, the mother