

Prevention of Child Abuse: Theory, Myth, Practice

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ABSTRACT

The focus of professional and public concern with child abuse has been on identification and reporting of the victims. Prevention is largely ignored. This is in part due to an intellectual failure to come to terms with theoretical issues of causality. The frailty of the theory base may be more responsible for the failure of programs to treat child abuse than the lack of intervention resources.

The explanatory theories of child abuse are classified into unitary and interactive theories. The former predominate. Although each theory contains important insights and action implications, the narrowness of each explanatory framework also contributes to prevailing myths about cause, prevention and, cure. Unitary psychodynamic theory defines and limits much current protective service work. The focus on individuals and the belief in the curative value of love and talk obscures familial and social dimensions and confines intervention. In ecologic theory, child abuse is seen as a symptom of disturbance in a complex ecosystem with many interacting variables. It provides a more holistic conception of cause and effect, with more useful implications for prevention.

Politically plausible preventive actions are suggested, derived from theories of etiology. Prevention must be broadly conceived at levels of individual, community, and society, to be effective.

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PROFESSIONAL and public concern with the increasingly visible problem of child abuse has focused primarily on identification and reporting of the victims. Where in 1967 there were fewer than 7,000 case reports, there were more than 700,000 in 1978.^(1,2) Virtually every professional in contact with children is obliged by law to report suspected cases. In the absence of sufficient personnel and in an inadequately developed and managed national child welfare program, much harm is done to children and families in the guise of helping them.⁽³⁾ This has led to recommendations from groups such as the Carnegie Council on Children and the Juvenile Justice Standards Project of the American Bar Association to recommend greatly limiting the reach and authority of child welfare and protective services and family and juvenile courts.^(4,5)

The president of the City Council of New York City announced on October 9, 1979 that her office would investigate the city's system of providing foster home care. She cited a death rate among the city's foster children that is nearly twice the national average and noted that 18 foster children in the city's program had died since the beginning of the year, with at least five of the deaths attributed to maltreatment by foster parents.⁽⁶⁾ Other inquiries suggest a bleak picture of services for victims of abuse and neglect even though they are reported as law requires to child welfare agencies.^(7,8) A recent court initiative by the Massachusetts Committee for Children and Youth attempts to redress the disparity between the promise of help implicit in the reporting laws and the failure of the protective service effort by asserting a legal (as well as moral) right for children to be protected by the state from abuse and neglect in their homes.⁽⁹⁾ It is well to note that this concern and activism is necessary despite public pronouncements of support for children. 1980 was the International Year of the Child and the 20th anniversary year of the United Nations Declaration of the Rights of the Child that codified a child's right to protection from harm: "The child shall be protected from all forms of neglect, cruelty, and exploitation."⁽¹⁰⁾

What accounts for the failure adequately to provide services that protect children from harm, despite clear public statements of concern and well-developed mechanisms for reporting children who are at risk? This discrepancy may be explained in part as a consequence of limitations in the ways in which we think about the causes of child abuse, which give rise to myths about its prevention and treatment, reflected in turn by policies that do not work.

THE IMPORTANCE OF THEORY CONSTRUCTION

In the child abuse literature, insufficient attention has been given to the nature of the processes whereby etiologic formulations are made and tested, and thus to the validity of the theories used to explain, and to generate strategies to prevent and to treat child abuse. The frailty of the theory base may be more responsible for the failure of programs to treat child abuse than the lack of intervention resources.⁽¹¹⁾ To target adequately efforts at prevention will require first a reckoning with the etiology of child abuse. This, in turn, cannot be understood without a formal coming to terms with the assumptions and limitations implicit in various theoretical approaches.

The process of theory construction in regard to child abuse began in 1962, when Henry Kempe and his colleagues at the University of Colorado Medical Center

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surveyed the landscape and called to public attention something that physicians hadn't noted before, that children were being injured nonaccidentally. He called this "The Battered Child Syndrome."⁽¹⁷⁾ The process began with the discrimination of a phenomenon and giving it a name.

Even though child abuse was known to exist for centuries, it was not identified as a discrete entity apart from a swirl of childhood misfortunes associated with tumult in family and society. The next task in the development of the field was the generation of hypotheses about why this phenomenon occurred. At this early point in the development of theory simple cause and effect relationships were identified. In other words, the implicit assumption in the search for etiology was that a single powerful factor could be found that would universally explain why children are abused. As several factors were identified, one by one, each gave rise to unitary theory, i.e., a single factor formulation of the origins of child abuse, and each theory carried with it implications for action.

For example, child abuse has been explained as the direct product of parental psychopathology.⁽¹³⁾ With a unitary psychodynamic theory, parental psychological characteristics are considered the primary determinants of child abuse, and must be understood in order for a treatment to take place. This theoretical orientation in fact, guides most modern child welfare work. As with all theories, its action consequences derive from how the problem is understood. And to a great extent the limits of current protective service work derive from a relentless focus on individuals and a collective belief in the curative value of love and talk.

As the field has developed, there has been an increasing appreciation for the variety and complexity of etiology, which has produced an approach to theory that can be described as interactive. In other words, etiology is understood not as the product of a single powerful factor, but as the consequence of interactions among several factors. For example, child abuse might be explained as the consequence of effects of stress on vulnerable personality types. The action consequences would include attention both to situations or conditions that produce stress, as well as counseling around issues of personal adaptation.

Much of the thinking in the field, however, still rests on unitary hypotheses, and these have given rise to myths of cause, prevention and cure that have hampered efforts to effect meaningful change.

In Table I are outlined major theories that have been applied to explain the etiology of child abuse; myths of cause, prevention, and cure that have arisen from too narrow a focus on one or another of these explanatory formulations, and practice implications contained within these approaches.

Each of these unitary theories has provided a focus and generated research that has expanded our understanding of the origins of child abuse, but they are each limited to one explanatory lens focused on one part of a complex picture. As a field develops in its search for an adequate theory base, the limitations of the unitary theories become clear to some thinkers. For example, with regard to psychoanalytic theories, the few controlled studies suggest that only a few of the abusing parents show severe neurotic or psychotic characteristics and that child abuse may be associated with several parental personality types.⁽¹⁹⁾

Even for those individuals in whom individual pathology is found, the unitary psychoanalytic theory does not necessarily explain the presence of a history of child

TABLE 1. UNITARY THEORIES OF ETIOLOGY IN CHILD ABUSE: THEORY, MYTH, PRACTICE

<i>Theory</i>	<i>Myth</i>	<i>Practice</i>
<i>Psychoanalytic:</i> Child abuse is a product of parental psychopathology. ⁽¹⁴⁾	Parents who abuse children are “ill” and require professional intervention for prevention and cure.	Psychotherapy and/or counseling
<i>Learning:</i> Child abuse is a behavior learned from the experience of having been abused as a child. Parents model abusive parenting for their children. ⁽¹⁵⁾	Children who are abused grow up to abuse their own children.	Parent education, and reeducation to learn nonabusing techniques
<i>Attachment:</i> Child abuse is a consequence of early separations between mother and child that interfere with the process of forming a protective bond of closeness and love. ⁽¹⁶⁾	Parents who abuse their children are not “attached” to or do not love their children. There is a critical period during which attachment must occur.	Preventive attention to the provision of contact between mother and newborn, i.e., encouraging rooming-in and handling of prematures.
<i>Stress:</i> Child abuse is a product of poverty and other factors that stress families, including sexual and economic inequality. ⁽¹⁷⁾	Short of a social revolution, preventing child abuse is impossible.	Advocacy to reduce or eliminate sources of stress in individual families. Political action directed toward social change. Community services to support persons in times of stress.
<i>Labeling:</i> A child abuser is a person to whom that label has been successfully applied. By labeling some (usually socially marginal) parents as deviant, (i.e., abusive) others do not have to acknowledge their own abusiveness toward children, and their own personal and professional interests are served (e.g., it creates a need for the “helping” professions). ⁽¹⁸⁾	Paying attention to persons identified as abusive is a cover-up of the wider violence in our society.	Social action directed toward a change in values about violence and inequality in our society.

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abuse. A particular psychiatric diagnosis does not predict abuse. The theory does not in itself enable a differentiation between parents with a given diagnosis who do and who do not abuse a child.

The stress theory is also insufficiently comprehensive. Obviously, not all poor or stressed families abuse their children. A history of poverty is disproportionately represented because of the large number of lower class families who receive services from institutions that report the large majority of cases, and from which research samples are drawn. And although poorer families are more likely to be given the child abuse label, it would be a grave disservice to dismiss their very real problems as socially defined, or to interpret those who seek to help them as acting only to maintain their own social dominance.

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

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

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

With the development of a field from a set of unitary theories to a set of integrative hypotheses, investigations shift in focus from trying to find *the cause* to enabling the identification of individual differences in etiology. We will need basic research into the identification of the many variables that are implicated in child abuse, but the focus is on elaboration rather than closure.

It is in what has come to be called ecologic theory that major strides have been made in understanding and dealing with the interrelationships among attributes of child, parent, family, and social setting. Child abuse is seen in this theoretical context as a symptom of disturbances in a complex ecosystem with many interacting variables. We and our colleagues on the Family Development Study have reported elsewhere on findings of a large epidemiologic study at the Children's Hospital in Boston,⁽²⁰⁾ and Garbarino and Starr have reported on large data sets in New York and Michigan.^(21,22) These studies lead to what David Gil called a more holistic notion of child abuse and its prevention, with a conceptualization of cause and effect that operates at different levels (individual, family, society) and with different modes of etiology for different children and families.⁽²³⁾ A decade ago, Julius Richmond coined the notion of a family's ecology of health. This seems now to be an especially relevant concept for the understanding and study of child abuse.⁽²⁴⁾

CHILD ABUSE PREVENTION

Because child abuse is a complex problem with multiple causes, prevention strategies must be comprehensive and operate at the different levels of individual, community, and society. Each of the theoretical approaches discussed above contains important implications for prevention. The following measures are among the politically plausible prevention initiatives that show promise of an effective impact.

From Psychoanalytic Theory

1. Acknowledge the importance of mental health to the functioning and well-being of children and families by formalizing a conception of health that includes emotional as well as biological health. This can be achieved through the training of physicians and others to recognize and attend to emotional as well as physiological issues in practice, and by providing third party reimbursement for performing "as the patient's advisor, counselor, and health advocate."⁽²⁵⁾

From Learning Theory

2. Give parents access to information and understanding of child development, including nonviolent methods of socializing their children.⁽²⁶⁾

From Attachment Theory

3. Elevate the parent-child relationship to an appropriate position of respect and importance in clinical practice, through facilitating the formation of bonds of attachment at birth, by preventing prematurity through prenatal care, humanizing the delivery experience, bringing fathers into the delivery room and emphasizing their supportive role toward mothers and their participation in child care, and by encouragement of paternity as well as maternity leaves from employment.⁽²⁷⁾

From Stress Theory

4. Provide quick telephone access to parents at times of distress with their children through hotlines.⁽²⁸⁾

5. Make available to all children health and mental health well child care, diagnosis, and treatment. Children who are sick or handicapped may be more vulnerable to abuse.⁽²⁹⁾

6. Make available emergency homemaker and/or child care services to families in crisis.⁽³⁰⁾

7. Reduce social isolation by making universally available such avenues of access to other people as telephones and public transportation.⁽³¹⁾

8. Support existing community institutions such as churches and women's organizations that offer support and a sense of community and of personal value to their membership.⁽³²⁾

9. Empower women. Acknowledge the extent to which sexual dominance and subservience ramifies both in the abuse of women and children and in professional settings where male-dominated, symptom-oriented professions (medicine, surgery,

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law) hold sway over professions composed mainly of women (social work, nursing, child care).⁽³³⁾

From Labeling Theory

10. Remove the stigma from getting help with family problems by detaching protective service programs from public welfare agencies. Abandon the heavily value-laden nomenclature of "the battered child syndrome," "child abuse," and "child neglect" in favor of a broader and more humane conception of childhood social illness. Increase the sensitivity, timeliness, and competency of medical and social work practice.⁽³⁴⁾

11. Expand public awareness of the great prevalence of child abuse and domestic violence, and disassemble the conventional wisdoms attaching child abuse to deviant and minority individuals and groups, placing emphasis on the reality that the potential for violence is in all of us, and priority on individual and social action to intervene when violence occurs.⁽³⁵⁾

CONCLUSION

Systematic attention to the prevention of child abuse will force a needed communication among clinicians, social scientists, and architects of social policy. The National Center on Child Abuse and Neglect in Washington can guide this effort through the implementation of its comprehensive plan for the prevention and treatment of child abuse which was mandated by Congress in the continuation of Public Law 93-247 in 1977.⁽³⁶⁾

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

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