CHAPTER 4:

NURTURING FAMILIES SPECIAL CONCERN: CHILD MALTREATMENT

Key Benchmarks in this Chapter:

Child Maltreatment

Ready for School

Teen Pregnancy

Family Poverty

Key Chapter Topics:

Identifying and Responding to Maltreatment

Reduction in Family Risk Processes
- Demographic risks
- Psycho-social risks
- Domestic violence and substance abuse

CHAPTER 4:

NURTURING FAMILIES' SPECIAL CONCERN: CHILD MALTREATMENT

Child maltreatment is a continuing tragedy in America. Over 3.1 million cases were reported nationwide in 1994, a 63 percent increase since 1985. This increase led the U. S. Advisory Board on Child Abuse and Neglect to declare a "child protection emergency."

In part, this dramatic increase reflects a growing public sensitivity to child maltreatment. Experts believe, however, that increasing economic stress on families and crises caused by substance abuse and violence are the main causes of this troubling trend (National Committee to Prevent Child Abuse, 1995).

Although child maltreatment is reported through all social strata, it is disproportionately represented among lower income families where there are higher incidence of unemployment, early child bearing, and substance abuse. Neglect and physical abuse, in particular, have been correlated with poverty, while sexual abuse and emotional maltreatment appear to be more evenly distributed among all social classes (Hay & Jones, 1994).

The earliest years of life are accompanied by the highest risk for physical child abuse and neglect.

- Almost all child fatalities occur among children under 5 years; approximately half of these fatalities are infants one year or younger (Wiese & Daro, 1995).

- Helping families enhance child-rearing competencies *before* dysfunctional patterns are established has been associated with reductions in child abuse and neglect (Guterman, 1997).

- Families at risk are most likely to benefit from early intervention and support in terms of increased knowledge, personal functioning, and maltreatment rates (Olds, 1993).

Identifying and Responding to Child Maltreatment

To effectively identify and respond to child maltreatment, it is essential to understand its dimensions. Yet specification of exactly what constitutes child maltreatment is complex. Definitions often fail to take into account cultural variations in beliefs about "good" parenting. In addition, there is little agreement on such ambiguous terms as psychological maltreatment.

Early definitions of child maltreatment were based on the "battered child syndrome." More recent definitions have broadened to include a wide variety of abusive and neglectful acts. The broadest definition of maltreatment includes "any failure of the environment to meet the developmental needs of children" (Hutchinson, 1994, p. 19).

To fully identify and respond to maltreatment, a two-level approach is needed that uses both broad and narrow definitions (Besharov, 1990).

- A *broad definition of child maltreatment* allows professionals to be sensitive to local community standards and to individualize responses. Recognizing that child rearing philosophies vary substantially, this approach also respects the diversity of family life in the United States.

  Under a broad definition of child maltreatment, prevention and family support are offered through education, connection to formal and informal support, long-term and regular contact, and utilization of needed health and social services (Guterman, 1997). These supports assist families to develop more nurturing ways to children's needs and reduce families' social isolation and vulnerability.

  Early intervention through family support programs provides a "first line defense against child abuse and neglect" (National Commission on Children, 1993, p. 35). Preventive activities strengthen families, improve access to a broad range of services, and foster healthy child development.

- A second, *narrower definition of maltreatment* focuses on sexual abuse, physical injury and neglect, mental injury including exposure to violence, abandonment, or threat of harm. This narrower definition can guide legal regulations and case management to insure appropriate responses to seriously harmful behaviors and outcomes.

  Family preservation, child therapeutic services, and permanency planning services are needed to respond to cases in which families are in serious crisis, abuse or neglect has occurred, or out-of-home placement of children might become necessary to assure their safety.

Recent federal legislation underscores this two level approach, authorizing funding for states to develop not only family preservation and therapeutic systems but also family support programs. Taken together, family support, family preservation and therapeutic approaches, and permanency planning create a continuum of services to promote the wellness of families.

- Growth promotion and primary prevention --- community-based support networks to promote healthy family functioning for *all* families.

- Specialized, secondary prevention --- targeted intensive family support services to strengthen families in need or at higher levels of risk .

- Crisis intervention and long-term support --- therapeutic interventions for maltreated children and comprehensive family preservation services that emphasize family maintenance and reunification to the fullest possible extent. Movement to permanency planning for children who cannot return safely to the family.

Further harm to maltreated children may occur from insensitive responses and procedures used by the child protective system. Potentially harmful procedures include multiple interviews, intrusive medical examinations, separation from family and other support systems, intimidating courtroom activities, lack of advocacy for the child, and lack of system communication. Advocacy, service coordination, and collaboration through multidisciplinary team approaches are needed to minimize the negative effects of entry into the child protective system (Kolbo & Strong, 1997).

Oregon's goals. Reducing child maltreatment and protecting vulnerable children are primary goals in Oregon's strategic plan to create safe, caring and engaged communities (Oregon Progress Board, 1997). Because a multiplicity of individual, family, community, and societal influences contribute to maltreatment, reaching Oregon's goals will require wide-ranging approaches, including:

- reduction in family risk processes;

- reduction in maladaptive child rearing strategies;

- child safety and prevention education;

- advocacy and therapeutic interventions for maltreated children; and

- advocacy and education for child maltreatment prevention.

Research on each of these issues is reviewed in the following sections.

Reduction in family risk processes:
Measurable Interim Outcomes

Adequacy of financial resources.	Family violence.
Availability of neighborhood support systems.	Family involvement with alcohol or substance abuse.
Access to social support resources.	Organization and stability of family lifestyle.

Research Linkages

Three demographic characteristics are associated with maltreatment:
• poverty;
• single parenting, and
• family size.

The Third National Incidence Study of Child Abuse and Neglect provides the most comprehensive information about the current incidence of child abuse and neglect in the U.S. This study identifies three demographic characteristics that are associated with higher risk of maltreatment:

- **Poverty**. Children from families with annual incomes below $15,000 are over *22 times* more likely to experience some form of maltreatment than children from families with annual incomes above $30,000.

- **Single and teen parenting**. Compared to children living with both parents, children of single parents have a *77% greater risk* of being harmed by physical abuse and an *87% greater risk* of being harmed by physical neglect. Children born to teen mothers are at greatest risk of maltreatment.

- **Family size**. Children in the largest families were physically neglected at nearly *three times* the rate of those who came from single-child families (Sedlak & Broadhurst, 1996).

These demographic characteristics do not directly cause maltreatment. Rather, they may lead to other social and personal experiences that reduce parent's capacity for nurturance.

For example, severe poverty is one of the greatest single threats to adequate family functioning (Garbarino & Kostelny, 1992; McLoyd & Wilson, 1991). Economic pressures contribute to parental depression and demoralization, severely restrict families' life options, and weaken their capacity to cope with problems and difficulties (Rogosch et al., 1995).

The strain of financial adversity can intrude on parent-child relationships. Compared to single parents with higher incomes, single parents who live in poverty are at much higher risk of maltreatment, especially if they lack social support (Hashima & Amato, 1994). Similarly, abusive fathers are more likely to have experienced recent unemployment and when they do work, they are more likely to have low skill, poorly paying, unstable jobs (Garbarino & Kostelny, 1992).

Other Risk Factors in Maltreatment

Neighborhood characteristics. A variety of negative conditions tend to characterize neighborhoods and communities where poor families live. Behavioral norms in these neighborhoods may contribute to risk of child maltreatment. Abuse prevention goals are undermined in communities where "there is an emphasis on physical punishment, an acceptance of leaving young children alone for long periods of time, and a tolerance of parental behaviors that puts children at risk" (Thompson, 1995, p 14).

In contrast, the risk of child maltreatment is *reduced* in neighborhoods that have:

- community resource centers for supervision of children of all ages;
- a network of alternative child care for working parents; and
- neighbors who communicate and help one another.

Supportive neighborhoods have a lower incidence of child abuse and neglect.

Such supportive neighborhoods have a lower incidence of child abuse and neglect than neighborhoods where social cohesion is low (Coulton, Korbin, Su, & Chow, 1995; Garbarino & Kostelny, 1992).

Social support. Families who maltreat their children typically are socially isolated and have limited contact with relatives, neighbors and friends who can provide emotional and/or tangible support (Daro, 1993). In some communities, neighbors, extended family members or other natural helpers may be ineffectual because they are poor role models for appropriate parenting (Cochran & Niego, 1995).

Effective social support surrounds families with emotional and tangible assistance. Supportive relationships can relieve the stresses and daily hassles experienced by parents raising children. Having "someone to turn to" for advice or moral support and for tangible help increases personal well-being and is associated with greater parental affection and responsiveness to children (Crnic & Acevedo, 1995).

Supportive social networks also buffer the negative effects of poverty. For example, single parents are better able to cope with parenting stresses and the hassles of everyday life when support networks provide emotional aid and material assistance with concrete tasks such as child care and transportation.

Referral resources that guide families to affordable child care and other material resources are also beneficial. The availability of inexpensive, on-call, emergency respite care can also reduce the risk of child maltreatment (Belle, 1982; Crnic & Acevedo, 1995; Thompson, 1995).

Child neglect is twice as prevalent as physical abuse.

Organization and stability of family lifestyle. Child neglect is more than twice as prevalent as physical abuse (National Center on Child Abuse and Neglect [NCCAN], 1994). Neglect has been defined as a family failure to provide needed, age-appropriate care -- health care, physical care, or protection for children – either through incompetence or irresponsibility.

Many neglectful families are disorganized and lack the skills to cope with daily living. Life events are highly unpredictable. Meals are unplanned, children are unsupervised, and there are few routines surrounding work commitments, going to school, or family activities.

Patterns of interaction between parents and children are primarily negative. Because children in disorganized families have few opportunities to develop self-control, struggles with parents often ended in violence. Children react to their highly unpredictable environment by being always on guard and chronically anxious (Crittenden, 1996; Polansky, Gaudin, Ammons, & Davis, 1985).

Marital quality and stability. The quality of marital or partner relationships has a significant impact on the emotional well-being of the parents as well as parent-child interactions. Conflictual relationships detract from the resources and energy that a parent can devote to a child. Conflict, irritability, and tension spill over into parent-child interactions and increase the likelihood of inappropriate, insensitive parenting.

Maltreating families typically are characterized by unstable intimate relationships between adults. These relationships tend to involve frequent conflict and are often transitory in nature (Howes & Cicchetti, 1993).

Domestic violence. Child abuse is substantially higher among families where domestic violence is present. When homes have high levels of violence, parents are more likely to:

- exhibit anger and other negative emotions as coping or parenting mechanisms;
- use aggressive discipline techniques;
- have low levels of child development knowledge and hold unrealistic expectations of their children; and
- possess poor parenting skills (Jaffe, 1991).

Child abuse is substantially higher among families where domestic

In the United States, from 3.3 to 10 million children under the age of 18 witness their parents resorting to family violence (Carlson, 1984). These children are more likely to learn poor social skill, experience developmental delays, and be victims of child abuse and neglect (Jaffe, Wolfe, Wilson, & Zak, 1986; Wolfe, Jaffe, & Wilson, 1990).

Family violence results in more children:

- experiencing low levels of self-worth, power, and competence;
- being physically abused or neglected;
- being removed from the home;
- having poor cognitive development and academic success;
- developing inappropriate behaviors such as over aggressiveness;
- becoming involved in criminal and substance abusing behaviors; and
- becoming abusive parents (Jaffe, 1991; NRC, 1993).

Forty-four percent of maltreated children lived in families where the parent abuse drugs or alcohol.

Substance abuse. Although not all parents who abuse substances neglect or abuse their children, there is a high correlation between child maltreatment rates and substance abuse. In Oregon, 44% of maltreated children lived in families where the parent abused drugs or alcohol. Around 73% of parental neglect centered involved parental substance abuse problems (Oregon's Services to Children and Families, [SCF] 1995).

In Oregon, about 50% of children who spend at least one year in foster care were previously living in homes with parents who abused substances (SCF, 1995). Often children of substance abusing parents have health issues that include premature births, infectious diseases, Fetal Alcohol Syndrome, failure to thrive, and other developmental issues (Tower, 1996).

The problems facing these families are both internal and external. For example, substance abuse issues often lead parents into illegal behaviors. Parents, especially single mothers who abuse substances, typically require comprehensive and multiple services in addition to child protective services to address the multiple stresses they face. Stress is typically related to crime and other legal issues, income and employment, housing and relocation, domestic violence, and substance abuse treatment (SCF, 1995).

Child characteristics. Children who are at risk of maltreatment, and those who have been maltreated, frequently face health, social or psychological conditions that increase their risk of future maltreatment. For example, a review of federally funded child abuse intervention projects indicates that among children under age 13 who were abused and neglected:

- Over half had school difficulties, including behavior problems; over 20% had some learning disorder that required special education.
- About 30% had some cognitive or language disorder.
- About 30% had some chronic health condition.
- Almost 15% exhibited self-mutilation or other self-destructive behaviors (Schene, 1996).

Children with health, cognitive, or social-behavioral problems are at greater risk of

The rates of such problems among adolescents who were abused were even higher. Certainly some of these problems are the result of abuse but it is also very likely that *children with health, cognitive, or social-behavioral problems are at greater risk of maltreatment.*

Maladaptive parenting strategies. Lack of knowledge and skill in parenting is a clear risk factor for maltreatment. Abusive parents often lack a basic functional understanding of child development, nurturing behavior, or positive guidance strategies. As a result, they may hold unrealistic expectations of their children and be unable to redirect or guide children in ways that reduce problematic behaviors and interactions.

Because parents' use of maladaptive parenting strategies is such a critical issue in maltreatment, an in-depth review is located in the following section of this chapter.

Reducing Risk Factors for Maltreatment

To reduce the risks of maltreatment, a *full range of comprehensive, community based prevention and intervention services* are needed. These will include violence prevention, family support, family preservation and therapeutic approaches, and permanency planning when safety cannot be assured.

To reduce the risks of maltreatment, a full range of comprehensive, community based prevention and intervention services are needed:

- ***primary prevention,***
- ***early intervention,***
- ***crisis intervention and long-term***

- Violence prevention must include primary prevention to reduce domestic and other violence in communities and increase community supports for nurturing children in order to promote healthy functioning for *all* families.

- Family support must offer early identification, early intervention, and long-term to higher risk families, including teen parents and low income parents, and others facing extraordinary stressors in parenting; these family supports will intervene before maltreatment occurs and must focus specifically on *reducing risk factors faced by individual families.*

- Crisis intervention and long-term support for *families and children already involved in maltreatment* must focus on reducing risk factors, including substance abuse, domestic violence, social isolation, children's health and behavioral problems, as well as prolonged poverty and poor parenting strategies (see next section of chapter). Combined with therapeutic interventions for maltreated children, comprehensive family preservation services for these families emphasize reunification following the reduction of risks. When risks cannot be reduced sufficiently to assure children's safety, movement to permanency planning must occur.

Resources. There are literally hundreds of programs nationwide that seek to reduce the risk of child maltreatment. Resources for building positive parenting skills are reviewed in the following section of this chapter, reducing maladaptive parenting strategies. Examples of *early intervention and crisis intervention* approaches that have been proven to be effective are:

Among the most effective *early intervention* approaches is home visitation for at-risk families, targeting families who are at risk because of social (teen parent, poverty) and/or personal risk (substance abuse, domestic violence, poor coping skills, chaotic lifestyle, social isolation). Successful home visitation:

- Intervenes before maltreatment occurs, generally prenatally or at birth and links families to education, social support, and other informal and formal services that build parenting skills and stabilize access to basic resources.

- Provides long-term and frequent (weekly or biweekly) contact and support to address changing needs and capacities.

- Combines regular contact by paraprofessionals or professionals with more service intensive approaches to address individual family needs (Guterman, 1997).

Oregon Healthy Start is an example of a home visitation program with these elements (See the end of Chapter 1). For information, contact:

Fritz Jenkins
Oregon Healthy Start
Oregon Commission on Children and Families
530 Center Street
Salem, OR 97310
(503) 373-1283

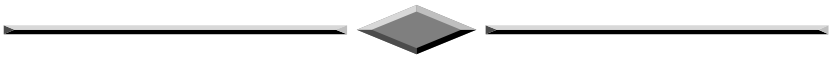
Crisis Intervention: Family preservation services offer crisis intervention and intensive, long-term support for families who are involved in maltreatment. Family preservation services focus on reducing risk factors and moving families to reunification whenever possible. (See following sections of this chapter for further discussion and resources.)

Homebuilders/Intensive Family Preservation Services serves families in imminent danger of having one or more children placed in out-of-home care. Homebuilders provides crisis and intensive services over a four-week period in the family home or a location convenient for the family. Services include meeting basic needs, individual and family therapy, substance abuse treatment, instruction in learning life skills and family support. Through intensive intervention (10 - 12 hours/week) the program seeks to stabilize the family, teach new coping skills, and develop decision-making partnerships. Evaluations show improved parent-child relations and overall family functioning. A majority of children were able to stay home due to family participation in comparison to less than 15% of a comparison sample.

Contact:
Innovative Technologies
1901 Markham Ave NE
Tacoma, WA 98482
(206) 927-7547

Other responses to maltreatment. Effective responses to child maltreatment involve complicated legal, ethical, social, psychological, cultural and medical issues. It is not possible here to discuss the full range of these issues or professional responses. For an overview of these issues the reader is referred to major professional resources, including:

The APSAC Handbook on Child Maltreatment. J. Briere, L. Berliner, J. Buckley, C. Jenny, and T. Reid (Eds). Thousand Oaks, CA: Sage. 1994.



Reduction in Maladaptive Parenting Strategies: Measurable Interim Outcomes

Emotional quality of parent-child interactions	Adequacy of basic physical and emotional care
Age-appropriate expectations for child behavior and development	Authoritative parenting and disciplinary style

Research Linkages

Younger parents, particularly teens, may not have reached the level of emotional maturity necessary for sensitive, nurturing parenting.

Emotional maturity. Parents' emotional maturity is a critical factor in positive parent-child interactions. Maltreating parents often have difficulty seeing things from the child's perspective or understanding that behavior is influenced by the child's developmental level and the or situation. As a consequence, parental age has been linked with child maltreatment with younger parents being more likely to maltreat their children. Younger parents, particularly teens, may not have reached the level of emotional maturity necessary for sensitive, nurturing parenting (Erickson & Egeland, 1996).

Parents who have not resolved interpersonal issues of trust, dependency, and autonomy are likely to be highly stressed when confronted by the demands of a young child. When a young child fails to meet the parents' own emotional needs, psychologically immature parents may become hostile toward the child (Pianta, Egeland, & Erickson 1989; Wolfe, 1985). Psychologically immature parents

- typically have had negative experiences with their own parents when they were children, including rejection, abuse, or emotionally unresponsive caregiving;
- tend to have a crisis orientation and be less emotionally engaged in family support services than parents who have had a more secure upbringing;
- need strategies that focus on long-term relationship building and attention to basic needs in order to engage in family support services (Kortmacher, Adam, Ogawa, & Egeland 1997).

Expectations for children's behavior and development. Parental flexibility is essential to deal with children. Parents who provide nurturing care are able to take the child's perspective and understand the child's behavior as a function of the context or situation and the child's developmental level (Sameroff, 1994).

Maltreating parents often have unrealistic expectations for babies and children's behavior and

In contrast, maltreating parents often have unrealistic expectations for babies and children's behavior and development. These parents are unable to see children's behavior as a function of developmental level and environment. Rather, they are likely to label a young child as "bad" or "out of control" when the child explores, fails to obey commands, or is cranky, noisy or non-compliant.

In such cases, children are at greater risk of maltreatment because of their "failure" to meet unrealistic expectations and inappropriate strategies applied to force compliance.

Neglecting basic physical and emotional care. Parents who do not provide basic physical or emotional care are neglectful of children's needs. Child neglect is very closely tied to poverty and great personal limitations.

Child neglect is very closely tied to poverty and parents' great personal

- The vast majority of neglecting families receive public assistance.
- Neglecting parents have less education than other maltreating parents and many function in the mildly retarded range (Crittenden, 1996).
- Neglecting parents tend to be psychologically immature in their inabilities to consider the needs of others, postpone gratification of basic impulses, and to invest themselves emotionally in another person.
- They may lack social skills, have negative views of themselves as parents, and little confidence in their ability to improve their parenting.
- They often appear psychologically detached and are unresponsive to their children's bids for care and attention (Erickson & Egeland, 1996; Gaudin, 1993; Polansky et al., 1985).

Frequently, neglecting parents were neglected themselves as children. However, there are important mediating factors in the transmission of neglect from one generation to the next. Victims of neglect who do *not* repeat the cycle tend to have:

- Fewer stressful life events, including financial insecurity;

- Stronger, more stable and more supportive relationships with husbands or boyfriends;
- Physically healthier babies;
- Fewer ambivalent feelings about the child's birth;
- A supportive childhood relationship with one parent or other adult; and
- Therapeutic interventions that enabled the parent to achieve greater emotional stability, maturity, and resources (Erickson & Egeland, 1996; Gaudin, 1993).

Some mildly retarded parents neglect their children because of lack of basic skills.

Appropriate interventions are most successful when tailored to the specific situation and type of neglect situation. For example, some mildly retarded, parents neglect their children because of lack of basic skills and resources. In these situations, behavioral approaches can break down problems of poor hygiene, unsafe home conditions, and child management techniques into manageable units and then teach specific skills using modeling, coaching, and positive reinforcement (Lutzker, 1990).

In abusive families adults often ignore positive behaviors.

Ineffective child-rearing strategies. Supportive, nonabusive families show more affection, engage in more positive behaviors and fewer negative behaviors than do abusive families. In abusive families, there are relatively low levels of interaction, adults often ignore positive behaviors, respond primarily to negative behaviors and/or or give inconsistent messages (Milner & Chilamkurti, 1991).

- Abusive and nonabusive parents differ in how frequently, and especially how long and how intensely, their negative behavior is directed toward their child.
- Both abusive and nonabusive parents use physical discipline but abusive parents do so more frequently and use more severe forms of physical discipline than nonabusive parents (Wilson & Whipple, 1996).
- Abusive parents tend to engage in longer disputes and are more likely than non-abusive mothers to escalate the intensity of their negative behavior (Reid, 1986). Abusive mothers are twice as likely to report feeling angry during a confrontation or to discipline their child by kicking or slapping in the face (Trickett & Kuczynski, 1986).

Building Positive Child Rearing Strategies

Parents can develop more positive, nurturing child rearing strategies.

Parents, including those at risk of maltreatment and those who have already maltreated their children, can develop more positive, nurturing child rearing strategies. These strategies will emphasize *authoritative parenting* in which parents:

- Offer love and warmth to their child through their actions and words;
- Have consistent, high, but age-appropriate expectations for children's behavior;
- Create environments in which children are able to safely explore and make decisions based on their abilities; and
- Emphasize positive reinforcement and praise to develop desired behavior; use sanctions *only* in limited, clearly defined situations (Baumind, 1996; also see Chapter 3, parent-child interactions and Chapter 6, family support).

A major component of authoritative parenting is "inductive discipline" in which parents reason with children as opposed to enforced proscribed rules with power. Reasoning with children means providing an age appropriate explanation and a rationale for changing their behavior. Such reasoning helps children to develop prosocial, cooperative behavior, communication skills, and positive peer status (Wilson & Whipple, 1995).

In contrast, "power-assertive" discipline approaches use threats, reprimands, and physical punish to force a child's compliance without providing reasons for the behavior change. Studies consistently find that:

- abusive parents tend to use power-assertive discipline, authoritarian control, guilt, and physical punishment; and
- nonabusive parents who are more likely to use simple commands or reasoning and positive guidance strategies that reinforce positive behavior (Chilamkurti & Milner, 1993; Milner & Chilamkurti, 1991; Trickett & Kuczynski, 1986).

Many parents need support to develop parenting knowledge and skills as well as conflict resolution and anger management skills.

When parents have these skills, aversive interactions with their children, and risk of maltreatment, are reduced. Overall, families and children benefit when parents:

- understand children's level of development;
- have realistic expectations for behavior;
- see behavior as in interaction of development and the environment; and
- are skilled in guiding behavior with reasoning and positive attention.

Resources for Positive Parenting

There are many approaches to developing positive parenting skills. The general guidelines for positive family support and parent education efforts are summarized at the end of Chapter 3. Here we focus on approaches that have been proved to be successful with developing parenting skills among *higher* risk families.

Mentoring, modeling, problem-solving, parent-child interactions, support groups, and other activities are essential to build skills among higher risk parents.

All families benefit from active involvement in learning. In particular, higher risk families often need longer-term support and greater emphasis on practice through one-on-one and group opportunities. Mentoring, modeling, problem-solving, parent-child interactions, support groups, and other activities are essential to build skills among higher risk parents.

In addition to *Healthy Start* and *Home Builders* (see first section of this chapter), five *examples* of successful positive parenting approaches to build skills among higher risk families are:

- ***Birth to Three.*** This program builds on support groups for new parents. Groups are run by professional staff and volunteers. Parents share experiences, form a support network, and learn about child development and community resources. Specialized groups are formed for single parents, parents with multiple births, and others. Home visits, crisis assistance and life-skills training are added to programs for teenage parents and other higher risk families. The parenting curriculum, *Making Parenting a Pleasure, is* group-based and can guide a year long program. Extensive materials are available to facilitate replication. Birth to Three has been demonstrated to build positive parenting skills among families at all risk levels.

Contact:
Minalee Saks, Executive Director
Birth to Three
3875 Kincaid, #15
Eugene, OR 97405
(541) 484-5316

- *Common Sense Parenting Program*. This parent training program is based on social learning principles and is designed to teach practical child management skills for parents to use in their own homes. The program is an adaptation of the Boys Town Family Home Program, a well-researched approach to providing family-style residential treatment for children with significant behavior and emotional problems. Service components include an assessment and identification of family goals, an eight week parent training program consisting of weekly group and individual meetings, and a follow-up parent support group. Teaching methods include presentation, discussion, role-play, modeling, home assignments, and videotapes. Both middle income, low income, and higher risk families profit from the program, with significant reductions in children's problem behaviors

  Contact:
  Raymond Burke.
  Common Sense Parenting
  Boys' Town
  Boys' Town, NB 68010

- ***The Exchange Sponsored Child Abuse Prevention Effort (ESCAPE)*** is sponsored by the National Exchange club and local affiliates in all states. ESCAPE programs pair at risk and maltreating families with volunteer parent aides. A *critical* component of this parent aide program is intensive training and professional supervision. Parent aides work with individual families, meeting at least twice each week. Aides model positive parenting and assist families with problem-solving and resource access. Long-term contact with at-risk families is maintained. Parent aides do *not* replace professional providers but offer intensive, long-term, individual support to families. As *part* of a comprehensive approach to reducing maltreatment, such parent aide models may be particularly useful.

Contact:

Jess Armas
ESCAPE
PO Box 2268
Salem, OR 97308
(503) 390-0112

The National Exchange Club
Foundation for the Prevention of
Child Abuse
3050 Central Ave.
Toledo, OH 43606-1700
(419) 535-3232

- ***Family Focus***. Founded in 1976 by Bernice Weissbourd, Family Focus is a family support program that operates community-based family resource and support centers. Program settings vary from a churches, shopping malls, school buildings, and local YMCAs. Center-based and home-based activities are provided including information and resource referrals, parent support and discussion groups, life skills training, one-time workshops and classes, on-site child care while parents attend activities, transportation services, and a variety of family recreational activities. Family Focus addresses the needs of parents with young children and of teens at risk of early childbearing. In serving Latino families, *Family Focus Nuestra Familia* emphasizes three themes: literacy, parent-child relationships, and leadership and has developed a "Play 'N Learn" curriculum.

  Reference/Contact:

  Maureen Patrick
  Exec Director
  Family Focus, Inc.
  310 South Peoria, Suite 401
  Chicago, IL 60607

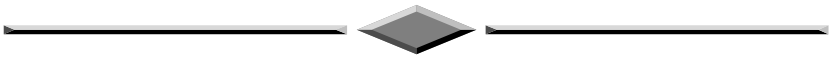
  Blanca Almonte
  Exec Director
  Family Focus Nuestra Familia
  310 South Peoria, Suite 510
  Chicago IL 60607

- ***The Infant-Family Resource Program*** is targeted to mothers who hold negative perceptions of their infants. First-time mothers who rate their infants lower than average on the Neonatal Perception Inventories (Broussard, 1979) are invited to bring their babies and meet with each other every other week for 1.5 hours in groups led by skilled group leaders. Goals for these group experiences include:

  - supplementing the mother and infant relationship;

- supplementing the mother's current and past interpersonal relationships;
- modeling and encouraging mothers' caring behaviors with their infants;
- providing the mothers with opportunities to develop trust, improved self-esteem and increased self-confidence through empathic and respectful interaction;
- supporting the child's development over the duration of the program.

Evaluation reveals little difference between intervention and comparison families at the time of the child's first birthday. However, for those who continued participating until children were 2.5 years, intervention children were more likely to show healthy growth and development. Adolescent parents had fewer repeat pregnancies and were more likely to have finished high school (Broussard, 1997). These results demonstrate the importance of *long-term* support in higher-risk families.



Child Safety and Prevention Education:
Measurable Interim Outcomes

Knowledge of safety rules	Access to child assault prevention education
Utilization of safety skills	Disclosure of abuse

Research Linkages

Schools have become increasingly involved in helping children learn how to protect themselves, particularly in the area of child sexual abuse CSA) education. The National Education Association has developed a national training program to help teachers learn about child abuse and neglect prevention and make teachers feel more comfortable about teaching prevention in the classroom. In-service training is necessary for teachers to become comfortable with and committed to child abuse prevention education (Tower, 1996).

Most school-based prevention programs strive to:

- educate children about what sexual abuse is;
- make children more aware of who potential abusers are;
- teach children what to do if someone tries to assault them; and
- offer a range of resources to use if they have been abused (Daro, 1996).

Educational programs increase children's knowledge of child victimization and appropriate responses.

Educational programs can increase children's knowledge of child sexual victimization and appropriate responses if victimization occurs. Evaluations of personal safety programs consistently show that children gain knowledge and skills thought to be useful in helping them avoid sexual victimization (see Berrick & Barth, 1992; Daro, 1996). However, evaluations also indicate that CSA education alone is *not* sufficient to protect children (Sarns & Wurtle, 1997).

Developmentally appropriate CSA education. Children vary in their understanding and retention of concepts. Younger children find it difficult to imagine defying an adult's request. Older children were better able to integrate these ideas, arguing for repetition of the material through the school years to allow for maximum absorption of the ideas. In general, children find it easier to accept the idea that a stranger could abuse them than a family member or someone they know (Tutty, 1994).

Young children. Although preschool-aged children tend to learn less from child safety programs than older children, young children *do* learn. Recent evaluations indicate positive outcomes when programs are age-appropriate. For preschoolers, developmentally appropriate practices include:

- avoiding abstract concepts;
- providing multiple opportunities to practice the skills being taught;
- repeating important concepts such as abuse is never the child's fault;
- presenting the material over several days and in a lively stimulating manner (Sarno & Wurtele, 1997).

Preschool children are able to recognize that victims may be boys as well as girls. Sarno & Wurtele (1997) point out, "Personal safety programs need to inform children that boys can be and often are victims of sexual abuse. Helping children realize this at an early age may promote disclosure from, and thus interventions for, boys." (Sarno & Wurtele, 1997, p. 43).

Personal safety programs need to inform children that boys can be victims.

School aged children. Role-playing responses, such as assertiveness, effective communication, and maintaining a safe distance, are associated with improved skills. Students report using skills to avoid conflict, to avoid suspicious strangers, or to help a friend (Daro, 1996).

Outcomes. Child assault prevention programs often result in increased disclosures of abuse as children learn how to reach out for help. In studies that examine this outcome, school guidance counselors tend to receive increased numbers of *confirmed* reports of inappropriate sexual or physical touching following interventions (Daro, 1996).

Counselors receive increased numbers of confirmed reports following interventions.

In a review of child assault prevention programs, Deborah Daro (1996) points out that positive outcomes can be maximized when programs include the following features:

- Behavioral rehearsal of prevention strategies;
- Tailoring curricula to children's cognitive level and learning ability;

- Teaching generic concepts such as assertive behavior, decision-making skills, and communication skills that can be used in *everyday* situations, not just to fend off abuse;

- *Repeatedly* stressing the need for children to tell every time someone continues to touch them in a way that makes them uneasy;

- Developing longer programs that are better integrated into regular school curricula and practices; and

- Creating more formal and extensive parent and teacher training components, particularly targeting young children (Daro, 1996, p. 352).

Resources

The Behavioral Skills Training Program is a 5-day program that teaches children personal safety skills from a behavioral perspective. Children are told stories and practice discriminating between (1) appropriate and inappropriate touch requests and (2) appropriate verbal and physical responses for inappropriate situations. Children learn:

- they are the bosses of their bodies;

- to identify the location of their "private parts;"

- it is acceptable for children to touch their own private parts as long as it is done in private;

- it is appropriate for doctors, nurses, or parents to touch children's private parts (e.g., for health and hygiene reasons);

- otherwise, it is not okay to have their private parts touched or looked at by a bigger person, especially if the person wants them to keep it a secret;

- it is wrong to be forced to touch a bigger person's private parts; and

- a bigger person's inappropriate touching of a child's private parts is never the child's fault.

Evaluation results show that 4 and 5 year old children attending a Head Start classroom significantly improved their ability to recognize abuse; respond appropriately in potentially abusive situations; report "secret" touching; and remember that abuse is never a child's fault (Sarno & Wurtele, 1997).

Four and five year old children improved their ability to recognize abuse, respond appropriately, and remember that abuse is never a child's fault.

Advocacy and Therapeutic Interventions for Maltreated Children: Measurable Interim Outcomes

Support of child by adult external to family	Reduction of child symptoms of maltreatment including phobias, anxiety, and depression
Timely resolution of child maltreatment cases	Reduction in family risk factors for child maltreatment
Appropriate child protective system response to needs of child and family	Adequacy of health care in out-of-home placements

Research Linkages

Maltreatment increases the risk that children will develop emotional and behavior problems.

Maltreatment increases the long-term risk that children will develop emotional and behavior problems. In a review of empirical evidence on the effects of maltreatment. Strong relationships exist between maltreatment and the following child outcomes:

- **Attachment**. Young children who are maltreated are more likely to form insecure attachments with parents than matched controls. Children who are insecurely attached are prone to academic and behavior problems.

- **Social competence and social adjustment**. Based on parent and teacher ratings, maltreated children have more social problems, more problems with peers, and show significantly more aggression than similar children who are not maltreated. These findings apply for children from the preschool years through adolescence.

- **Behavioral problems**. Maltreated children are more likely to experience unhappiness or depression, fears and anxiety, and show self-abusive and/or disruptive behavior.

- **Cognitive ability and problem solving**. Young children whose parents are "psychologically unavailable" show a decline in cognitive competence during early childhood. Psychologically maltreated children from disadvantaged populations are significantly more likely to show school-related problems in ability and academic achievement. (Hart, Brassard, & Karlson, 1996).

Advocacy for Maltreated Children

Once abuse has occurred, it is critical to reduce its negative impact through advocacy for children in the legal system and therapeutic interventions. Over the past two decades, numerous innovations have to improved the legal system's handling of child abuse and neglect cases. These reforms include:

- establishing interdisciplinary teams to review;
- coordinating juvenile and criminal proceedings cases;
- providing special advocates for the child;
- preventing excessive interviews with children;
- developing methods to avoid child's testimony at hearings and at trial (Bulkley, Feller, Stern, & Roe, 1996).

CASA volunteers can reduce emotional trauma and insure that the child is not lost in the

When children have been maltreated, court appointed special advocate (CASA) volunteers can advocate for the child in both juvenile and criminal proceeding to reduce emotional trauma and insure that the child is not lost in the process.

Time delays can compound trauma for children. A recent study of court processes in Massachusetts found the majority of child abuse and neglect cases were in process for an average of 5 years, from the initial filing to the close of the court case. During that time, 45% of the children remained in foster care, some moving from foster home to foster home (Bishop et al., 1992). CASA volunteers or other child advocates must work to insure that solutions not only include appropriate treatment, but are timely and include permanency planning for the children when family reunification cannot be achieved within a reasonable amount of time.

Therapeutic Interventions

Effective therapeutic interventions are multi-dimensional. A study of 19 federally funded clinical demonstration programs suggests that specialized services need to be targeted to specific family dynamics and individual situations:

- A combination of therapeutic care, including individual, family and group service is most successful with families involved in child sexual abuse.

Effective therapeutic interventions target specific family dynamics and individual situations.

- Families involved in child neglect respond best to family therapy and case management approaches, including supportive services and in-home visits that allow for the modeling of parenting and family life skills.

- Families involved in emotional maltreatment profit from to programs offering formal classes on child development, parenting, and personal management.

- Families who were physically abusive benefit from individual and group interventions that focus on improving parent-child interactions and increasing parent ability to respond flexibly to their children.

- Families who have substance abuse problems respond most positively to intensive individual, family, and group support services *integrated* with drug treatment programs (Daro, 1993).

One intervention used to protect children from maltreatment is out-of home placement in kin or non-kin foster families or group homes. Studies on the health status of children already in out-of-home care provide evidence that many of these children continue to be at high risk for multiple health problems (Risley-Curtiss et al., 1996). National statistics indicate that among maltreated children in out-of-home care:

- approximately 85 - 90% have some type of physical problem.

- abnormalities in growth, vision, and hearing are common.

- chronic health problems affect 34% - 76% of children in out-of home care; 15% or more have multiple disabilities.

- from 40% - 60% have symptoms of psychological disturbance, in contrast to an estimated 10% prevalence in the general school population (Chernoff et al., 1994).

- even when referrals are made, fewer than half of referrals for physical, dental, and mental health care are completed (Risley-Curtiss et al., 1996).

Advocacy for children in foster care to receive adequate health and psychological services is essential.

Advocacy and Coordination of Prevention and Treatment Efforts: Measurable Interim Outcomes

Appropriate reporting of child maltreatment	Community coordination of child maltreatment services
Advocacy for child maltreatment prevention and services	Community coordination of child maltreatment prevention

Research Linkages

Inaccurate reporting overlooks the child protective system and underreporting endangers children.

Child abuse reporting laws require professionals who come in contact with children in the course of their work to report suspected maltreatment to child protective services. In Oregon, child protective services are administered through the State Office for Services to Children and Families (SCF). Accurate *and* comprehensive reporting is essential. Inaccurate reporting overlooks the child protective system and underreporting endangers children.

Reporting Child Abuse and Neglect

Increased public awareness and a broadening of the definition of child maltreatment can overload the child protective system with reports of suspected abuse. Investigating these reports is a time-consuming process. When a large proportion turn out to be unsubstantiated either with no evidence of maltreatment or insufficient evidence for proceeding, workers are less able to respond effectively to seriously endangered children. In addition, for both children and families, the effects of investigating allegations can be devastating. *Thus, accuracy of reporting is a critical factor in protecting children and family.*

Underreporting occurs when mandated reporters do not report endangered children. Reasons for failing to report fall into three clusters:

- definitional ambiguities as to what should be reported;
- apprehensions about becoming involved in an investigation;
- lack of confidence in the child protective system to handle the problem in a timely or appropriate fashion (Zellman & Faller, 1996).

Training and education for all mandated reporters can result in more sensitive, appropriate, and complete reporting.

While mandated reporter compliance with reporting laws is far from complete, recent data from the Third National Incidence Study of Child Abuse and Neglect suggests that the capability of community professionals to recognize abuse and neglect has improved markedly over the past several years. Nevertheless, continual education is essential to assure that mandated reports know what, when, and how to report (Sedlak & Broadhurst, 1996). Training and education for all mandated reporters can result in more sensitive, appropriate, and complete reporting (Hutchinson 1994; Besharov, 1990).

Community Coordination

Clarification and collaboration on reporting policies and procedures can reduce under-reporting of child abuse and neglect.

- Evaluation of child abuse and neglect demonstration projects underscores the importance of close cooperation and coordinated policies among child protective agencies, law enforcement, schools, hospitals, and private agencies that leads to decentralized decision-making.

- Clear but flexible rules can assist intake workers to screen calls (scrutinizing anonymous calls in particular, since fewer than 25% are substantiated) and refer those that are inappropriate to designated agencies (Zellman & Faller, 1996).

Community organization is essential to provide effective services and assure citizens that everything is being done that can and should be done about mounting incidents of child maltreatment. Obstacles to better coordination of community resources:

- limited resources;
- lack of communication among providers of services;
- conflicting agency goals and distrust of other agencies; and
- ambiguities in law or policy about the responsibilities of each agency.

Each community needs its own plan for coordinating child maltreatment services. Developing community protocols that describe how different forms of abuse are to be handled is the first step in the process of interagency collaboration. Joint training meetings, written agreements with clearly defined roles, and shared service protocols are practices associated with more effective collaboration to improve child maltreatment services (Chadwick, 1996).

Advocacy for Child Maltreatment Prevention and Services

A 1996 publication from the National Center on Child Abuse and Neglect titled, "Marketing Matters: Building an Effective Communication Program," emphasizes the importance of marketing child abuse prevention messages and provides examples of successful strategies. Careful marketing includes:

- defining the target audience;
- developing and pretesting materials;
- working with the media;
- implementing the plan;
- conducting assessment activities; and
- learning lessons from the field.

Advocacy efforts and community education programs have had an effect on the general public. Surveys conducted by the National Committee to Prevent Child Abuse demonstrate changes in several areas of public attitudes:

- There has been a *decline* in parents who report using physical punishment over the past decade.
- More parents recognize the harmful effects of yelling and swearing at their children.
- Parents report they are more likely to stop and think before hitting their children. (Daro & Gelles, 1992).

There has been a decline in parents who report using physical punishment over the past decade.

Communities must advocate to prevent child abuse and neglect. Public support for agencies involved in the intervention and treatment of abuse is vital to advocacy efforts. As Anne Cohn Donnelly from the National Committee to Prevent Child Abuse notes:

We must each be VERY ACTIVE child advocates.

"It is going to be very difficult for us to achieve what we want to achieve if we remain silent. . . This means being very active child advocates. For clinicians whose work is very much one on one with families, it is hard to think about standing up and advocating publicly for what you know from your clinical practice; for people employed in public agencies it is almost unthinkable, if at times not illegal, to advocate publicly; and for program managers it is tough to do. But unless each of us regularly speaks out about what we know and what we believe whenever we can, it is going to be very difficult to make the changes we need to make." (Donnelly, 1997, p. 11).

Table 4-1
Oregon's 1997 Benchmark Indicators[a] Related to OCCF Wellness Goals: Strong, Nurturing Families/Special Concern Child Maltreatment

	1990	1995/96	2000	2010
INCOME, POVERTY, & HOUSING BENCHMARKS				
✔ • Per capita personal income as a percentage of the U.S. per capita income (#14)[b]	92%	95%	100%	110%
• Percentage of Oregon workers (age 16 and older) employed in a job that pays wages of 150% or more of poverty (for a family of 4) (#17)	5%	45%	50%	60%
✔ • **Percentage of Oregonians with incomes below 100% of the Federal poverty level (#57)**	**11%**	**12%**	**11%**	**9%**
• Percentage of Oregonians without health insurance (#58)	15%	11%	9%	4%
• Number of Oregonians that are homeless on any given night (#59)	---	6,141	5,196	5,196
• Percentage of current court ordered child support paid to families (#60)	50%	68%	72%	80%
• Percentage of low income households spending more than 30 percent of their household income on housing (including utilities) (#78)				
a. Renters	59%	60%	55%	55%
b. Owners	38%	45%	32%	32%
CIVIC PARTICIPATION BENCHMARKS				
• Percentage of Oregonians who feel they are a part of their community (#35)	---	41%	45%	60%
HEALTH BENCHMARKS				
• **Percentage of babies whose mothers received early prenatal care (beginning in the first trimester) (#44)**	**75%**	**79%**	**90%**	**95%**
• Percentage of families for whom child care is affordable (#51)	---	67%	70%	75%
• **Number of child care slots available for every 100 children under age 13 (#52)**	**14**	**16/20**	**21**	**25**
PROTECTION BENCHMARKS				
✔ • **Number of children abused or neglected per 1,000 persons under 18 (#54)**	**11.2**	**9.9**	**8.8**	**6.5**
• Percentage of infants whose mothers used: (#56)				
a. Alcohol during pregnancy (self-reported by mother)	5%	3%	2%	2%
b. Tobacco during pregnancy (self-reported by mother)	22%	18%	15%	12%
DEVELOPMENTAL BENCHMARKS (No baseline or targets are yet established)				
• **Percentage of children entering school "ready-to-learn" (Developmental Benchmark #13)**	**---**	**---**	**---**	**---**
• Reported incidence of spousal abuse per 1,000 (Developmental Benchmark #25)	**---**	**---**	**---**	**---**

[a] Oregon Shines II: Updating Oregon's Strategic Plan, 1997; Oregon Progress Board.
[b] Benchmark number in Oregon Shines II
✔ Key Benchmark to be tracked by Progress Board
Bold = Benchmark tracked by OCCF, 1995-97