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David K. DiLillo
University of Nebraska-Lincoln, ddilillo@unl.edu

Michelle A. Fortier
University of Nebraska-Lincoln

Andrea R. Perry
University of Nebraska-Lincoln

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CHAPTER 11

Child Abuse and Neglect

David DiLillo,[1] Michelle A. Fortier,[1] and Andrea R. Perry[1]

Putting a Face on Injury: The True Case of Little Diana N. Molina[2]

In June of 2003, Germai Molina traveled from his residence in Grand Island, Nebraska, to El Salvador to pick up his two-year-old daughter, Diana N. Molina (referred to henceforth as Little Diana), who had been staying with her maternal grandmother. Approximately a month later on July 23, 2003, in the early morning hours, Little Diana died of blunt head trauma in the emergency room at St. Francis Medical Center in Grand Island, Nebraska. Although the medical staff attempted to resuscitate the child, her body was lifeless, bruised, and lacerated upon arrival at the hospital. Initially, her biological parents, Germai Molina, 22, and Diana C. Molina, 25, indicated that the child had fallen down three flights of stairs. However, medical examinations and subsequent testimony from the girl's mother would reveal that two-year-old Diana had likely been beaten to death. Based largely on the testimony of Diana C. Molina, who agreed to testify against her husband in exchange for receiving a lesser charge of felony permitting child abuse, Germai Molina was convicted and sentenced to 80 years to life in prison for each of two charges—second-degree murder and felony child abuse resulting in death.

During the trial, which began in August, 2004, an emotional Diana C. Molina recounted, through a Spanish-language interpreter, the harrowing events that led to her daughter's death. Mrs. Molina testified that the severe physical and psychological punishment inflicted upon Little Diana was a consequence of the child urinating in her crib the day before her death and failing to alert her parents of the accident. She reported that, in response to the bedwetting, her husband had forced Little Diana to stand on top of a

1. University of Nebraska-Lincoln

2. The case presented herein is an actual occurrence of severe child abuse. The facts described are drawn from various local, regional, and national media accounts of this case appearing between July 2003 and September 2004.

bucket-type platform for a period of approximately three hours. During this time, Mrs. Molina recounted that her husband sat opposite, on the edge of a bed, and beat the child with one of her own belts. If the child fell asleep, Mr. Molina reportedly awoke her and struck her again. Mrs. Molina estimated that Little Diana was belted between 60 and 100 times. Mrs. Molina also testified that Mr. Molina had either picked up Little Diana repeatedly and dropped her on her head or kicked her numerous times in the head.

According to Mrs. Molina, when she asked her husband to stop the abuse, he stated that he was "tired of talking to [Little Diana] and that if he hit her she would understand because it would hurt her." Mrs. Molina admitted that she made no further attempts to intervene because she was terrified at the repercussions she might face from her husband, who had threatened to kill Little Diana, their 10-month-old, her, and himself. She also claimed that she felt powerless in her relationship with her husband. Driven by fear and helplessness, Mrs. Molina reported that she retreated to the bedroom and tried to sleep. However, she stated that she could hear her daughter being beaten and was awake when, at approximately 3:00 a.m., Mr. Molina carried an unresponsive Little Diana into the couple's bedroom. It was at this time that Mr. Molina alerted Mrs. Molina of Little Diana's unconsciousness, and they agreed to take the child to the hospital. On the way to the hospital, Mrs. Molina reported that her husband expressed fear of going to jail and instructed her to tell hospital staff that the child had fallen down the stairs.

Consistent with Mrs. Molina's accounts of severe child abuse, Dr. Jerry Jones of Omaha, Nebraska, a forensic pathologist who performed Little Diana's autopsy, testified that the child's injuries were the "result of a horrific beating" and were highly inconsistent with an accidental death, such as the child falling down the stairs. Accompanied by graphic photos of the deceased child, Dr. Jones illuminated the severity of Little Diana's injuries, which included full body bruising, abrasions and lacerations on her back, blackened eyes, and brain hemorrhaging and swelling. In one of the most disturbing moments of the trial, the forensic pathologist stated that the nature and positioning of some of the marks on Little Diana suggested that she had attempted to defend herself from her father's blows. He concluded that two-year-old Diana's body succumbed to the impact of the trauma, with brain damage causing critical body functions in her heart and lungs to fail. DNA evidence also suggested that Little Diana had not fallen down the stairs.

Putting It into Context: Advocacy

Although all child abuse is disturbing, the story of Little Diana represents a particularly horrific example—one involving extreme cruelty that resulted the death of a young child. While death is not the most common consequence of abuse, it is the most tragic and unacceptable outcome. What can be gleaned from this case that might prove useful in preventing similar incidents of abuse in the future? In considering this question, two factors emerge that may shed light on important directions for child abuse advocacy. These factors center around the unique challenges faced by immigrant families, and the need for increased perpetrator intervention and rehabilitation efforts within the correctional system.

As an immigrant family from El Salvador, Mr. and Mrs. Molina relied on work visas to maintain legal residency in the US. However, reports that Mrs. Molina quit her job to stay at home following the birth of their second child suggest that fear of deportation may have discouraged her from reaching out for help during the stressful events leading up to Little Diana's death. For immigrant families, fear of deportation—in addition to other cultural and linguistic barriers associated with the transition to life in another country—may accompany and exacerbate more broadly recognized risk factors for abuse. In the case of Little Diana, Mrs. Molina may have feared that discovery by authorities would threaten her status as a US resident. It is also reasonable to wonder whether other common risk factors were present in the Molina household, including substance abuse, domestic violence, social isolation, parental views of punishment and developmental expectations, and psychopathology. Unfortunately, Little Diana's family appeared to have no contact with agencies that could have initiated interventions to address such issues. How can professionals and groups work together to provide services to immigrant families who may fear deportation, yet also be at risk for child maltreatment? Can family violence coalitions provide support to families who fear being identified or cannot easily access services because of linguistic or cultural barriers? Although the answers to these questions are complex, it seems vital for child abuse advocates to increase efforts to provide at-risk families, regardless of ethnic or citizenship status, access to social services. These collaborative efforts may be particularly crucial in cases where there is a presence of multiple risk factors for abuse.

A second area in which increased advocacy is needed concerns the rehabilitation and treatment of convicted child abuse perpetrators. Currently, the majority of psychosocial interventions are aimed at ensuring the physical safety of children in the aftermath of abuse and, occasionally, providing psychological interventions to victimized children and non-offending parents. As important as these efforts are, the "other side of the coin" (ie, perpetrator treatment) has too often been overlooked as a potential point of intervention to prevent the recurrence of abuse. Although the primary offender in Little Diana's case is likely to remain incarcerated for life, most abusers are eventually re-integrated into society without having experienced remedial services during their imprisonment. Indeed, the period of confinement represents an opportune time to attempt treatment and rehabilitation of child abuse offenders. Unfortunately, although inmates occasionally receive services for select issues such as alcohol and drug problems, rehabilitation for physical child abusers is practically unheard of within the US corrections system. Especially concerning is the likelihood that Mrs. Molina, who will be released within a few years, will not receive abuse-specific education or intervention to reduce the risk subsequently repeating her patterns of neglectful parenting. In Mrs. Molina's case, imprisonment provides an opportunity to provide education regarding the need for appropriate protective supervision and developmental expectations of children, as well as individual therapy to address issues that maintained her abusive relationship with her husband. Although criminal punishment may be the primary societal motivation behind incarceration, confinement also presents a unique opportunity to implement remedial steps to reduce the perpetration of future abuse.

Morbidity/Mortality and Risk Factor Information

Conceptual Issues

Child maltreatment is not a new phenomenon. However, research, practice, and advocacy efforts in this field have been relatively slow to develop.[1] Child physical abuse and neglect began to receive increased attention in the early 1960s, following the efforts of pediatrician Henry Kempe and his colleagues, who coined the term "battered-child syndrome" to describe traumatic injury inflicted upon children by parents.[2] Kempe and his colleagues directed much of their efforts at describing the syndrome of child abuse in terms of the injury and physical impairments caused to children, and focused on parental factors (eg, psychopathology) as contributing factors. The efforts of Kempe and colleagues sparked an interest in the topic of child physical abuse and neglect that continues today, although professionals still struggle with how to define the phenomena. In fact, as noted by the National Research Council,[1] little progress has been made in generating a clear and consistent definition of child abuse and neglect in the past several decades. Some researchers have further observed that investigators may shape their definitions to fit the agenda of inquiry.[3] For example, the definition of a researcher may be influenced by his or her theoretical orientation, while legal professionals may focus on documentation of abusive acts.[3] Regardless of one's definitional goal, researchers acknowledge that child maltreatment is a complex and heterogeneous problem[4-6] that is difficult to define.[7,8]

Many experts have noted that determining whether an act is abusive involves consideration of a variety of factors surrounding the behavior. Regarding physical abuse, for example, Zuravin[6] acknowledged the importance of taking into account the potential for severe consequences of an act (eg, slapping versus scalding). Other important factors deserving consideration include prevalence, severity, chronicity, duration, and age of onset of abuse[6-10] as well as the impact of cultural and community values on parents' socialization practices.[7] Moreover, although data suggest that almost all children in the United States have experienced corporal punishment (eg, spanking, slapping) at some point,[11-13] there is lack of consensus regarding whether this form of discipline should be considered abusive. Views among even prominent child abuse experts vary on this issue, with some proposing that corporal punishment has harmful effects for children (eg, antisocial behavior) and that discipline should never involve spanking,[14,15] while others question the link between spanking and detrimental effects, and suggest that corporal punishment may be as effective as other means of discipline.[16] Thus, distinguishing between acts that constitute an extreme form of physical discipline and those that qualify as abuse is quite problematic.[17,18]

Not only is it difficult to establish a consistent operational definition of child physical abuse, some researchers propose that the current conceptual divide between unintentional child injury and intentional injury to children is a false dichotomy.[19,20] More specifically, these researchers argue that the two areas of research are likely part of a larger, multifaceted phenomenon, noting that both fields have much in common.[20] For example, Peterson and Brown[20] note that virtually all serious injuries to children could be

prevented, thus, the label of neglect becomes "meaningless" (p. 297). Moreover, although some make the distinction that unintentional injuries are "accidental" and that intentional injuries involve an intent to harm, investigators have reported that the risk factors for both categories of injury are similar, regardless of intent.[19] Consequently, as noted by Liller,[19] the continued distinction between these types of injury to children may preclude collaborative prevention and intervention efforts that may apply to the broader field of violence to children. Thus, it has been argued that rather than classifying abuse as unintentional or nonaccidental, both child physical abuse and neglect are better conceptualized as a violation of standards of care for children.[21]

Although some consider neglect to be "the central feature of all maltreatment,"[22] this form of abuse has been the focus of far fewer investigative efforts than has physical abuse. The many difficulties encountered in trying to operationalize neglect may be one reason why this form of abuse has received less attention. First, and possibly most problematic, is the difficulty in determining which parental behaviors constitute minimum standards of care. This task is challenging because it involves placing a subjective judgment on what "adequate" parenting/caregiver behavior involves.[23] Further, the detrimental effects of neglect may be difficult to observe, particularly in the short-term. Thus, many professionals have suggested that definitions of neglect should not be contingent upon the presence of short-term sequelae because, in many cases, the effects of neglect do not emerge in the immediate aftermath of maltreatment.[22]

Definitions of Child Physical Abuse and Neglect

Despite difficulties in formulating cohesive definitions of child physical abuse and neglect, several concepts have converged in the literature to provide some conceptual consistency. As cited by Peterson and Brown,[20] a common definition of child abuse and neglect includes intentional harm to a child's development as a result of contact with a caregiver.[24] States are mandated by the federal government to incorporate the following into determinations of child maltreatment: 1) "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation" or 2) "An act or failure to act which presents an imminent risk or serious harm."[25,26] Further, physical abuse is often conceptualized as an act(s) of commission in which a caregiver intentionally inflicts physical pain or injury upon a child.[6,17,27] Conversely, neglect is thought of as act(s) of omission, or failure to provide for a child in a manner that promotes healthy growth and development.[6,23,27]

Consistent with these perspectives, the National Center for Child Abuse and Neglect (NCCAN)[26] defined child physical abuse as "physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child" (p. 2). Moreover, any behavior that results in injury to a child qualifies as abuse, regardless of the caregiver's intent. In addition, NCCAN defines neglect as a "failure to provide for a child's basic needs" in one or more of the following areas: physical, medical, educational, and emotional (p. 1). Supplementary categories of neglect have been proposed, such

as mental health neglect,[22] supervisory neglect,[1] and abandonment.[28] Thus, in determining neglectful behaviors, areas of providing proper nutrition and shelter, protection from harm, appropriate medical, mental health, and educational services for children, and attention to a child's physical, psychological, and emotional needs must be considered.[22,28]

Physical Injury and Death

According to the National Research Council,[1] the increase in reported cases of child maltreatment has caused some to label the phenomenon an "epidemic." Data from the National Incidence Study of Child Abuse and Neglect (NIS-3) suggest that between 1993 and 1994, 614 100 children were deemed at-risk for harm from physical abuse, 1 335 100 from physical neglect, and 585 100 from emotional neglect.[29] Similarly, an investigation of maltreatment cases reported to Child Protective Services indicates a national victimization rate of 12.3 per every 1000 children (18.6% physically abused; 60.5% neglected[26]). However, databases that include only reported incidents of abuse underestimate the actual prevalence of child maltreatment. Surveys including non-reported abuse incidents suggest an estimated 110 incidents of parental assault per 1000 children occur in a one-year period.[30]

Injuries sustained from acts of abuse range from minor physical injuries (eg, bruises) to serious disfigurement and disability. Obviously, the most severe consequence of child abuse is death. According to Daro,[31] deaths related to child abuse are a leading cause of both infant and child mortality. It has been reported that an estimated 1400 children died from some form of child abuse or neglect in 2002.[26] Approximately two-thirds of all maltreatment deaths are related to child physical abuse.[32] Furthermore, it has been suggested that many injuries classified as unintentional were in fact due to child abuse or neglect and that as many as 50% to 60% of deaths that are a result of abuse or neglect are not recorded.[33] Thus, it is likely that mortality rates may be higher than estimated.[34] Children who sustain physical force or violent shaking often suffer head injuries, which are one of the most life-threatening injuries related to maltreatment.[35] In fact, head injuries are the most common cause of death in maltreated children and it has been estimated that approximately 20% to 25% of infants who suffer from shaken-baby syndrome die as a result of their injuries.[36] Other common injuries sustained by abused children are burns, chest and abdominal injuries, and fractures.[9,37] Finally, neglect may result in growth and developmental delays, lead poisoning, and failure to thrive.[9,38]

Short- and Long-Term Psychological Consequences

In general, maltreated children may experience a variety of detrimental abuse-related outcomes, including intellectual difficulties, and impaired physical, social, and psychological development. In particular, abuse and neglect are associated with poorer long-term physical health among children (eg, cancer, heart disease[26]). Moreover, child physical abuse has been linked to emotional difficulties such as depression, anxiety, and suicide attempts,[39,40] impaired language and cognitive development, as well as poor academic achievement,[26] and externalizing behaviors (eg, heightened oppositionality and aggression).[41] Research specifically examining neglect has suggested that neglected children experience disruptions in attachment and various psycho-

logical factors such as self-esteem[42,43] as well as cognitive deficits, particularly when coupled with a child's failure to thrive.[44] Additionally, it has been found that neglected children exhibit impaired social interactions and are seen as dependent and distractible in classroom settings.[45]

Not only do maltreated children experience short-term cognitive, emotional, and behavioral difficulties, but the detrimental effects of abuse and neglect have been shown to extend beyond childhood. For example, research has demonstrated that internalizing symptoms are seen not only in abused children, but also adolescents[46] and that physical abuse is associated with many internalizing as well as externalizing mental health diagnoses in both children and adolescents.[47] In fact, adolescence may be a particularly troublesome time for physically abused and neglected children, as maltreatment is associated with higher rates of delinquency among youth.[48,49] Even beyond adolescence, the effects of child maltreatment have also been found to extend into adulthood. For example, physical abuse is associated with an increased likelihood of violence in subsequent dating relationships as well as greater rates of perpetrating abuse against one's children.[28] Widom[51] has also documented associations with child physical abuse and adult violence. Further, adults abused as children also display greater rates of substance abuse[50] and have been found to be four times more likely to experience personality disorders during early adulthood.[52]

Costs

Although children bear the overwhelming personal costs of physical abuse and neglect, the financial toll of maltreatment extends far beyond the boundaries of the child and family. For example, child physical abuse exacts an indirect toll on society through its relationship to violent crime, symptoms of antisocial personality disorder, prostitution, and lower I.Q.[52] Abuse-related costs can also be seen in loss of job productivity by adults with a history of abuse and neglect, and such costs have been estimated at more than $69 million per year.[53] Direct costs to society include those incurred through the child welfare system, which investigates potential incidents of abuse and neglect, as well as costs to mental health, legal, healthcare, and judicial systems.[26] The cost of providing services to maltreated families has been estimated to be $24 billion per year.[53]

Risk Factors

Child

Investigations to determine individual child risk factors for abuse and neglect often produce inconsistent and contradictory results.[1] Difficulties in such research include disentangling those factors that truly serve as risk variables, and those that are consequences of abuse. However, such research efforts have provided insight into potential child-related factors that may place children at increased risk for physical abuse and neglect. For example, data suggest that child fatalities are more common among young children, particularly those under the age of three.[26] Further, health status (eg, physical and emotional disabilities) and difficult temperament/behavior (eg, increased oppositionality) have also been linked to an increased risk for maltreatment.[18,26] NCCAN[45] suggests that childhood trauma, birth-

related difficulties (eg, premature birth, exposure to toxins), and involvement with antisocial peer groups are risk factors for child abuse and neglect. However, it is important to note that investigators have suggested that child risk factors may play a greater role in the maintenance of abusive and neglectful behaviors, rather than their onset.[54,55]

Parent

A number of factors related to caregivers place children at an increased risk for physical abuse and neglect. With regard to fatalities, those related to child physical abuse are more often caused by male caregivers, including fathers, and those associated with neglect tend to be due to mothers.[26] Furthermore, data suggest that younger parents are more likely to physically abuse their children[56] and that abusive mothers report decreased social support networks.[57] Kolko[18] summarizes a number of parental factors associated with child maltreatment, including those with a history of abuse, increased stress, maladaptive coping strategies (eg, anger management difficulties, emotion-focused coping) and psychological factors (eg, depression). Additionally, parental substance abuse and parenting styles that are inconsistent or overly controlling or critical, have been linked to physical abuse and neglect.[18] Caregivers who have inappropriate developmental expectations of their children and those who demonstrate negative attributions about their children's behaviors are also at an increased risk for maltreatment.[26]

Family

Ecologically-based models of child maltreatment suggest that abuse is a product not only of the immediate family context, but also of the relationship of the family with the surrounding environmental influences.[58] Indeed, although maltreatment occurs within the context of the parent-child relationship, it is a complex phenomenon that results from an interaction of child, parent, and larger societal factors.[38] Thus, a number of family variables, including family interactions with the broader community and societal contexts, may place a child at increased risk of abuse and neglect. More specifically, coercive parent-child interactions and poor family relationships (eg, limited cohesion and satisfaction), unemployment, poverty, marital discord, exposure to domestic violence, and lack of social support have all been suggested as risk factors for maltreatment.[18] Furthermore, NCCAN[26] reported that low socioeconomic status, homelessness, community violence, poor schools, life stressors, divorce, and domestic violence are all family variables that increase the probability that maltreatment will occur. According to researchers, poverty, substance abuse, maternal depression, social isolation, and negative life events (eg, family stress) have been identified as risk factors that have been predictive of neglect specifically.[59]

Up-To-Date Research Findings and Recommendations for Practice

Prevention of Abuse

Due to the potential risk factors associated with abuse and neglect, as well as the deleterious sequelae of maltreatment, efforts at preventing child mal-

treatment are of enormous importance. Typically, prevention efforts are organized using a primary, secondary, and tertiary framework[60] or the more recent basis for organization, universal, selected, and indicated prevention.[61,62] The majority of treatment approaches can be classified as tertiary/indicated, and sometimes secondary/selected prevention attempts. Thus, this section will largely focus on primary/universal prevention efforts.

As acknowledged by Wekerle and Wolfe,[63] there has been a shift from away from the pathological view of abusive and neglectful families toward efforts that attempt to target parenting skills and education, as well as reduce parenting related stress. Thus, the identification of families at-risk for abuse is crucial in prevention efforts. Consequently, similar to many treatment approaches, specific prevention efforts are aimed at assisting and supporting parents. Home visitation programs are one such approach, and often involve targeting new parents to provide education and mold early parent-child interactions.[64] Specific in-home approaches often involve nurse visitation programs, which have demonstrated efficacy in improving caregiving behaviors (ie, reduced rates of maltreatment, as well as medical encounters related to injury), and maternal health care.[65-67] In addition, these programs provide both support and education for parents[28,68] and are recommended in the prevention of child physical abuse.[28]

Related interventions, such as Project SafeCare,[69] target families at-risk for abuse or neglect, and may be classified as a secondary/selected effort. This in-home approach has been shown to improve child health care, home safety, and strengthen the parent-child relationship.[69] Alternative universal prevention approaches are group interventions, which provide parents with the opportunity to gain support and knowledge from one another, and are often successful in providing motivation to commit to services due to the support network inherent in the group.[64] Such interventions may be provided by local schools or community-based programs (eg, Head Start) and have been linked to positive outcomes such as increased parental functioning, positive parent-child interactions, and a strengthened social support network.[64]

Rather than target parents specifically, some prevention efforts adopt a broader focus by targeting society in an attempt to prevent child maltreatment. The argument behind this approach is that maltreatment is a product not just of parenting deficits or child behavior problems, but of various social factors (eg, poverty, unemployment) that exert influence on the occurrence of abuse and neglect.[3,70] Examples are efforts at public education, which often utilize the media to publicize child abuse awareness campaigns. Several organizations, both nationwide and at state and local levels have attempted to increase public awareness regarding the problem of child abuse for several decades. For example, Prevent Child Abuse America (PCAA) promoted public service announcements depicting the horrors of abuse beginning in the 1970s.[64] Such efforts have been associated with increased public awareness, as well as an increase in reports of child abuse.[71] Various other efforts, including the Blue Ribbon Campaign to Prevent Child Abuse in Virginia and the Nebraska Health and Human Services public awareness campaign entitled, "You Have the Power to Protect a Child" represent state-wide approaches to alert society to the

tragedy of child abuse. The former campaign includes television and radio spots highlighting child maltreatment as well as newspaper advertisements.

Treatment Approaches

Once physical abuse has occurred, interventions include those that target the individual child, those that focus on the parent, family treatment, and multisystemic approaches. For neglectful families, interventions primarily focus on caregivers' parenting behaviors. Such interventions are typically time intensive and involve multiple providers. What follows is a brief overview of some of the main treatment approaches for child physical abuse and neglect.

Child-focused interventions

The treatment of abused and neglected children can be challenging because there is no consistent clinical picture of an abused child. Thus, as noted by Wurtele,[72] there are several potential domains of intervention (eg, physical, cognitive, behavioral, socioemotional); effective treatment must involve comprehensive assessment across these domains to determine the necessary targets for intervention. Interventions directed at physically abused children may initially involve medical practitioners to treat physical injury, as well as set the foundation for later psychological, psychosocial, and legal intervention.[38] For neglected children, initial intervention will likely also involve medical intervention to establish a stable environment and determine the developmental, education, and medical and emotional health status of the child.[38] Psychological interventions for maltreated children are designed to assist them in managing the emotional and behavioral sequelae of physical abuse and neglect. Such interventions include day treatment programs, individual therapy, and play therapy sessions.[28] Although studies have demonstrated the effectiveness of child-focused interventions,[73,74] continued research in this area is necessary, as most of these investigations have involved young children and have not differentiated between types of abuse.

Despite some limitations in the literature, the National Crime Victims Research and Treatment Center (NCVRTC) recently prepared a report synthesizing current knowledge about the effectiveness of interventions for abuse and neglect and with goals involving organizing treatment approaches with empirical support of both efficacy and effectiveness (*Child Physical and Sexual Abuse: Guidelines for Treatment [Revised Report: April 26, 2004]*).[75] Although some treatments in the report receive the highest rating, indicating an empirically-supported, efficacious treatment, the majority of the treatments were classified only as "supported and acceptable" (see Chambless and Ollendick[76] for details of effective and efficacious classification criteria). The majority of interventions for abused and neglected children are tertiary approaches.

One approach noted in the NCVRTC report is cognitive behavioral therapy (CBT), which involves helping children identify and alter abuse-related cognitions, teaching new coping skills to manage the emotional and behavioral symptoms related to abuse, and increasing social competence[77] in an effort to decrease the interpersonal outcomes related to maltreatment. Several CBT approaches have demonstrated empirical support and

are considered acceptable treatments for maltreated children, including an individual child physical abuse-focused CBT protocol by Kolko and Swenson[78] that consists of child components that involve addressing views of family violence, coping strategies, interpersonal skills and the use of role-plays, feedback, and homework exercises. CBT approaches for children may also target trauma-related symptoms of abuse, including Cognitive Processing Therapy (CPT)[79] and trauma-focused models of CBT.[80,81] Such interventions are designed to reduce the emotional outcomes related to abuse, as well as address cognitive distortions and negative, abuse-related schemas. Neglected children may evidence a variety of developmental delays; thus, intervention efforts may include therapeutic school settings that focus on addressing cognitive, motor, and social delays, or in the case of severe neglect, hospitalization and medical management.[70]

Parent-focused interventions

As noted, child physical abuse may stem, in part, from increasingly coercive parent-child interactions.[82] More specifically, abusive parents often demonstrate negative conceptualizations of their children (eg, seeing innocuous behaviors as defiant) and perceive that the only effective discipline techniques are those involving physical punishment.[82] Interventions have been used to help maltreating caregivers alter these perceptions and interrupt the coercive patterns that develop with their children. In general, these interventions target children who display behavioral problems and involve teaching parents skills to increase child compliance, decrease disruptive behaviors, and increase positive parent-child interactions.[83]

One model that is widely used with physically abusive parents is Parent Child Interaction Therapy (PCIT),[84] which has received support as an acceptable treatment. When applied to physical abuse, PCIT targets deficits in the dysfunctional parent-child relationship that can lead to violence.[85] PCIT has been shown to reduce child behavior problems and increase positive parent-child interactions.[86] It has also been shown to reduce the incidence of future child abuse reports.[82] Furthermore, PCIT has demonstrated effectiveness across a variety of populations,[84] with treatment gains having been shown to generalize across time,[87] settings,[88] and even to untreated siblings.[89] Several other parent training interventions used with maltreating families include Patterson and Gullion's[90] Living With Children, Forehand's[91] Social Learning Parent Training, and Barkley's[92] Defiant Children.

Family-focused and multisystemic interventions

Family focused interventions not only address individual child (eg, disruptive behavior) and parent (eg, anger management) variables, they also target the parent-child relationship and various family issues (eg, boundaries).[93] For example, intensive family preservation programs (IFPP) provide interventions that may be tailored to a family's needs, and may involve crisis intervention and behavior modification to address a variety of family risk factors.[18,94] Such interventions are designed to prevent the out-of-home placement of abused and neglected children[28] and have not only been shown to prevent children from being placed out-of-home,[95] but have demonstrated improvements in family functioning (eg, communication, behavior problems[96]). An additional family treatment program is the

Parent-Child Education Program,[97] which targets the use of power in discipline and aims to establish positive parent-child interactions. This program involves the use of effective parenting strategies, increasing compliance, strengthening the parent-child relationship, and learning new coping strategies to deal with parenting stress.[98] Another family-focused intervention is Physical Abuse-Informed Family Therapy,[99] which includes each family member and addresses understanding of coercive behavior, problem-solving, and communication skills. This treatment has been shown to improve child outcomes related to abuse and reduce violence when compared to traditional community services.[99]

According to the perspective of multisystemic approaches, abusive behaviors are maintained through interactions between a variety of factors within the systems (eg, family, school, peer, society) surrounding the behavior.[100] Therefore, these treatment approaches are aimed at a number of factors, including systemic problems, which may aid families in maintaining motivation to change,[101] as well as reducing the stress level of abusive parents so that therapeutic concerns can be addressed.[28] Abusive families may display a wide variety of dysfunction that requires the provision of multiple services, and multisystemic and societal approaches emphasize this need.[18] A well-known approach for abusive and neglectful families is Multisystemic Therapy (MST).[102] Although created to target antisocial behavior in youth, MST has been used with maltreating and neglectful families and has been shown to improve parent-child interactions when compared to parent training approaches.[103]

Role and Importance of Advocacy

Advocacy has been defined as the pursuit of influencing outcomes—including public policy and resource allocation decisions within political, economic and social systems and institutions—that directly affect people's lives (Advocacy Institute, 2004). Much like those with severe mental illnesses, children, as a constituency, are lacking in the ability to advocate for themselves. They must instead depend upon others to work on their behalf toward the prevention of abuse and neglect, and to serve as a voice for their interests when maltreatment does occur. As noted previously, child abuse advocacy might be said to have started with Kempe and colleagues' exposure of the battered child syndrome over 40 years ago. It was this exposure that brought attention to what had previously been considered private family matters, and precipitated scientific and public interest in the physical abuse of children. Today, child abuse advocacy is not a highly organized or integrated movement. Rather, it is a conglomeration of various entities, including specialized organizations, professional associations, and legal and policy groups that work in various ways to reduce the prevalence and impact of child abuse and neglect. Discussed here will be some of the most visible entities representing these groups. To aid readers in learning about child abuse advocacy, Web addresses for relevant organizations are provided.

Specialized Organizations

A fundamental belief of many advocacy groups is that increased societal awareness of abuse can help reduce its prevalence. Along these lines, there

are several national organizations that focus on public education campaigns about specific abuse issues. The National Center on Shaken Baby Syndrome (www.dontshake.com), for example, has a mission of educating parents and childcare providers about the dangers of shaking babies and promoting research on the prevention of shaken baby syndrome. The Center also works to train professionals to prevent and identify cases of shaken baby syndrome. Similarly, the National Organization on Fetal Alcohol Syndrome (www.nofas.org) works through communities to help local advocates evaluate and address the prevalence of fetal alcohol syndrome.

There are also organizations with broader objectives that subsume issues related to abuse and neglect. The Child Welfare League of America (www.cwla.org), for example, is a membership organization, dedicated to the overall well-being of children. This organization's advocacy agenda is broad, dealing with host of interrelated issues, ranging from childcare, to teen pregnancy, to youth substance abuse issues. Child abuse and neglect are also included in this agenda. Within this realm, the League supports community based approaches to preventing abuse and neglect by strengthening families, as well as improving child protective service's ability to address maltreatment. The League also draws attention to specific abuse-related issues, such as baby abandonment. Like the Child Welfare League, the Children's Defense Fund (www.childrensdefense.org) pursues a broad child-oriented agenda that includes the problems of under-education, poverty, and illness. Their efforts in the area of maltreatment are based on the belief that partnerships between public child protection agencies, other agencies and organizations serving children, and families themselves, can be most effective in combating abuse. The CDF works at national, state, and local levels. A third organization, Prevent Child Abuse America (www.preventchildabuse.org), also works to advocate for children on multiple levels. This organization serves to influence the legislative process, build awareness, and provide education regarding child abuse and neglect. The organization is also involved in ongoing research efforts to track patterns of child abuse prevention and fatalities.

Professional Membership Associations

Membership associations are multidisciplinary groups consisting of professionals who have a vested interest in reducing the incidence or effects of child abuse and neglect. These nonprofit groups contain members of various fields that span the areas of research, treatment, and policy related to child maltreatment. The American Professional Society on the Abuse of Children (www.apsac.org) is one such group, dedicated to identifying, treating, and preventing child abuse. The group also seeks to educate the public and impact policy on multiple levels. Part of APSAC's mission is fulfilled by local chapters in several states. The International Society for the Prevention of Child Abuse and Neglect (www.ispcan.org) is another prominent organization that promotes the exchange of information related to child maltreatment, with an explicitly global focus. Both these professional organizations facilitate communication through the publication of newsletters, official society journals that provide outlets for empirical research, and regular conferences to facilitate exchange information and ideas relevant to maltreatment.

Legal and Policy Groups

The Court Appointed Special Advocate (www.nationalcasa.org) program represents a significant and growing source of advocacy for abused children within the legal system. Although CASA operates with several different models, the essence of the program consists of volunteers serving as advocates for child abuse and neglect victims who are involved in judicial proceedings. These volunteers (70 000 nationally) are appointed by the court to familiarize themselves with the facts of a case (through interviews with the child, parents, and involved professionals), to develop a relationship with the child victim, and to advocate for that child during legal proceedings. CASAs are able to make official reports to the court regarding recommendations for placing children in permanent, safe living situations. One strength of the CASA program is that data supporting its effectiveness are starting to emerge. For example, there is evidence that CASAs are at least as affective as attorney guardian ad litems in achieving several goals, including: being more likely to make face-to-face contact with children, more likely to file written briefs with the court, and most importantly, having more cases that result in adoption and fewer that involve repeated stints in foster care.[105]

Other law and policy related groups are also involved in child abuse advocacy, at both the national and local levels. The American Bar Association Center for Children and the Law (www.abanet.org/child/home.html) was formed in the late 1970s exclusively to focus on issues of child abuse and neglect. Although its purview has expanded, the Center remains involved in abuse and neglect issues, ranging from improving the judicial processes related to abuse and neglect, to developing alternative techniques for the forensic interviewing of child victims, and influencing public policy that impacts the well-being of children.

On more of a state than national level are law and policy centers that seek to monitor legal and policy matters related to abuse and neglect, and to empirically evaluate their implementation and effectiveness. Staffed primarily by attorneys and behavioral and social scientists, these centers attempt to link research to the legislative and policy issues that affect families, such as poverty, domestic violence, unwanted pregnancy, and matters related to abuse and neglect, including child welfare reform, the foster care system, and juvenile justice. One such center is the Center for Children, Families, and the Law at the University of Nebraska-Lincoln (ccfl.unl.edu). Established in 1987, the Center fulfills it mission through a combination of research, outreach, and training activities, which include competency-based case management training for child protection and safety workers in the state of Nebraska.

Critics of Child Advocacy

Advocacy groups are in the vanguard of efforts to reduce and prevent child abuse and neglect. Despite the seemingly indisputable merit of their goals, the abuse advocacy movement is not without detractors. Some opposition groups have coalesced around the notion that individuals are sometimes accused falsely of child abuse. A quick search of the Web uncovers sites such as the Resource Center to Help the Falsely Accused (www.accused.com), which claims that extreme cases of abuse involving severe injuries are rare yet often used by advocate groups to promote their legislative agendas. This

group also attempts to focus attention on cases of accidental injury that are wrongly prosecuted as abuse, as well as to highlight a supposed blurring of boundaries between science and advocacy in the field (eg, trained scientists testifying more like advocates). Although the skepticism brought about by these groups may have been useful in drawing attention to issues such as the possible overzealous prosecution of child molesters based on adult memories of childhood sexual abuse, advocates may feel that these organizations introduce an unnecessarily adversarial element to issues of child physical abuse and neglect. Of course, just as children have a need for advocacy, so too do opposing interest groups have a right to express their views. Ultimately, it would seem beneficial for child advocates and their critics to engage in more direct dialogue in order to identify common ground and establish consensus about issues such as the scientific validity of adult recollections of abuse and the admissibility of child testimony. After all, both parties would agree that those who are guilty of abuse (and not others) should be prosecuted.

Future Research, Practice, and Advocacy Directions

Research

Researchers have typically divided child maltreatment into different subtypes, including child physical abuse, sexual abuse, neglect, psychological abuse, and exposure to domestic violence. Traditionally, research has been conducted independently in each of these realms. To a large degree, however, the traditional divisions between abuse types—and those who research them—may be false. Households in which one type of abuse occurs are often fraught with other forms as well.[106] Consider, for example, the interrelated nature of physical mistreatment and accompanying emotional and verbal abuse. The failure to examine the overlapping features of different forms of maltreatment has been a limitation in previous research, particularly when looking at the long-term consequences of such acts. Rather than examining the ill effects of isolated abuse types, a more realistic picture of child maltreatment may come from examining the range of outcomes (eg, social, cognitive, occupational) associated with the co-occurrences of multiple abuse types.

A related issue is the need to develop more comprehensive etiological models of child abuse and neglect, and to examine the mechanisms by which they have their impact. Most studies to date have investigated single factor theories of the causes and effects of abuse. However, the complex nature of maltreatment calls for models that take into account multiple contributing factors. Conceptual models that consider transactions among various levels of risk factors have been proposed.[107] However, from both a methodological and resource standpoint, it difficult to account for the many factors—societal, cultural, family, individual—that play a role in the development of abuse. Longitudinal studies, which follow abused and matched nonabused controls prospectively to evaluate adjustment across time, hold promise for illuminating the complex nature of abuse and neglect. Although a few such studies are in existence, greater use of longitudinal approaches would shed light on important questions about the etiology, consequences, and mechanisms of abuse.

Finally, definitional inconsistencies have long plagued this area of research, limiting generalization of findings and making comparisons across studies difficult. Neglect, in particular, has been difficult to define, probably because of the inherent challenges in measuring the absence of parental behaviors, rather than the more salient acts of commission that constitute physical abuse. The field would benefit from greater consensus regarding what constitutes various abuse types.

Practice

There are several directions in which the prevention and treatment of abuse issues could go in the future. Most importantly, perhaps, is the need for interventionists to utilize current scientific knowledge in the course of practice with maltreated children. As noted previously, prevention and treatment approaches for abused and neglected youth are still in the early stages of development. As more randomized controlled trails are conducted, it will be incumbent upon practitioners to stay abreast of the current findings in order to employ the most empirically supported approaches in their practice. Too often there has been a disconnect between those producing the empirical research on abuse and neglect and the practitioners for whom those findings are most relevant. It will be important for both researchers and practitioners to reach across this divide to offer more coordinated services to those in need.

To date, most empirically supported interventions are aimed at younger children, often preschool age. There is need, however, to extend treatment gains made with younger populations to older victims. Many victims are in late childhood or early adolescence when abuse occurs, or there is a delay in the emergence of symptoms.

Advocacy

Advocates have long led the way in increasing awareness about cutting edge issues related to abuse and neglect. From this standpoint, the advocacy movement is in an excellent position to keep child maltreatment on the "radar" of policy makers and the public at large. Topics such as shaken baby syndrome have come into the public's consciousness largely through advocacy efforts. Advocacy organizations also strive to keep maltreatment issues at the top of policy makers' agendas, so that their cause is not adversely affected by the usual dips in political attention that affect so many social issues. It will be important for the movement to continue to spotlight the topic of abuse and neglect, for not only do traditional problems in the area persist, but new issues emerge all the time (for example, recent awareness of Munchausen's Syndrome by proxy).

There are certain challenges that face the advocacy movement as well. One issue involves the need to remain vigilant about the accurate use of research findings. Whereas the research enterprise is based upon a premise of remaining values-neutral, this is not necessarily the case in the world of advocacy, where—because of passion and ardent beliefs—proponents of a specific viewpoint may sometimes be tempted to pick, choose, or occasionally distort so called "facts" to support a particular cause. Although this may be less of an issue in the field of abuse, which is less politically charged than others (eg, abortion, the environment), it will nevertheless be beneficial for

advocates to make continued yet careful use of research findings when supporting their cause. Arguments that are derived from empirical data rather than emotions may help bridge the gap between child abuse advocates and those groups who oppose such causes. After all, it is by basing intervention and policy on sound scientific evidence that children will best be served in the long run.

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