Elizabeth Sparks

The purpose of this introductory chapter is to provide a theoretical context for *Patterns of Child Abuse* by presenting an overview of the child abuse literature. In the book, Karson addresses the complexities involved in the assessment of abused children and abusive families. He also highlights a number of issues that have proven difficult for child welfare professionals who must make decisions on a daily basis about the lives of children and families. The initial section of this chapter examines the social construction of child abuse and provides a historical overview of the maltreatment of children that helps us with the misunderstandings that surround the current definition. I next provide a summary of the impact of abuse on children, drawing particular attention to the developmental consequences of exposure to violence. The third section of the chapter examines the factors associated with abusive parenting. The complex interaction among these factors is highlighted, as is the diversity that exists within this population. The final section examines the sociopolitical factors that influence the child welfare system, and the way these affect which families enter the system and the responses they receive.

THE SOCIAL CONSTRUCTION OF CHILD ABUSE

The abuse of children at the hands of their caretakers has been a reality of family life since ancient times. For most of human history, children had little, if any, right to life, and infanticide was routinely practiced on children who had obvious physical deficits at birth. In most ancient societies, children were not recognized as living beings

until culturally prescribed rituals had been performed (Radbill, 1987). Parents, especially fathers, had complete control over the life or death of children, who were often brutally abused (both physically and sexually), with few social sanctions imposed on their perpetrators. In general, the further back in history one goes, the lower the level of child care one finds and the more likely it is that children were physically, sexually, and emotionally abused and neglected (Hamilton, 1989). The situation began to change with the advancement of children's rights during the 1700s, and by the late 1800s there was widespread public demand for the humane treatment of children.

Our present-day concern for the welfare of children is a relatively recent phenomenon. Prior to 1964 there were no effective child abuse reporting laws (Radbill, 1987). The term "battered child syndrome" was first used approximately thirty years ago to describe physical injuries inflicted on children by parents (Kempe et al., 1962). Since then, the definition of child abuse has been expanded to include other forms of abuse and neglect. The Child Abuse Prevention and Treatment Act of 1974 (P.L. 93-247) provides a broad definition of child abuse and neglect that is used by states to frame general legislation governing the welfare and protection of children (Iverson and Segal, 1990). Child abuse covers all forms of behaviors having a negative effect on the child's sociopsychological, educational, emotional, and physical well-being (Hullings-Catalano, 1996). Child abuse and neglect has been defined as any recent act or failure to act on the part of a parent or caretaker that results in death or serious physical or emotional harm to a child under the age of eighteen (CWLA, 1999). Currently, every state has mandatory reporting laws that require professionals who work directly with children (e.g., teachers, social workers, nurses, physicians, and psychologists) to report incidents of child abuse and neglect that they encounter to child protective authorities or police.

Although society has a general consensus regarding what constitutes child abuse, there is no consistent definition of the term as it is used in the literature. This has led to subjective judgment in professional evaluations of child abuse and to problems in the generalization of results of empirical studies. It has been suggested that the definition of child abuse should reflect the norms for appropriate child-rearing practices generally held within the culture, and that it should represent

an interaction between harm to the child, caretakers' behaviors, and societal assignment of culpability or responsibility for the harm (Korbin, 1987).

However, utilizing such a framework does not remove the problems associated with subjectivity that can lead to confusion and misunderstanding. For example, there are various opinions of what constitutes appropriate child-rearing practices, particularly when those making such assessments do not share the values, cultural and ethnic background, or life experiences of those who are being evaluated. In most cases, what is deemed "appropriate" tends to reflect the normative behaviors exhibited by individuals from the mainstream cultural group. Similarly, the determination of the degree of harm to the child may differ between the evaluators and those being evaluated (Trepper and Barrett, 1989). In these situations the determination of abuse is left to the institutional systems responsible for the care and protection of children (e.g., the Department of Social Services and the courts).

The context surrounding Karson's description of patterns in abused children and abusive families is one where the definition of "child abuse" and the determination of "abusive parental behavior" are often not agreed upon by all of the individuals involved in a case. Many of the families that are embroiled in conflict with the child welfare system hold very different opinions about the abusive nature of their behaviors and the degree of harm to their children as a result of this behavior. Similarly, many of the abused children that Karson describes in the prototypical cases may also disagree with the characterization of their behavior as problematic or harmful. And yet, professionals concerned with the safety and welfare of children must work within an institutional system that accepts the socially constructed definition of child abuse. This can pose challenges as they endeavor to assess and therapeutically intervene with abused children and abusive families. The patterns that Karson describes can assist child welfare professionals as they navigate these challenges. However, it is important to keep in mind that this work, and Karson's analysis of the issues involved, takes place within a sociocultural context where there is very little agreement on the definition of child abuse

OVERVIEW OF CHILD ABUSE RESEARCH

Prevalence

Research suggests that the incidence of child physical and sexual abuse and neglect is extremely high. Data from the National Center of Child Abuse and Neglect (NCCAN, 1996) indicate that the annual incidence of child physical abuse doubled from 1986 to 1993, with the number of children known to be physically abused in 1993 totaling over 600,000. During this same period, the number of children seriously injured from all forms of child maltreatment (physical and sexual abuse and neglect) nearly quadrupled to more than 572,000 yearly. This study also documented that approximately 300,000 children were found to have been sexually abused in 1993. In 1996, more than 3 million children nationwide were reported as abused and neglected (CWLA, 1999). One million of these children were confirmed victims of maltreatment (U.S. Department of Health and Human Services, 1998). These national statistics provide a general overview of the number of children who are annually subjected to maltreatment. However, differences in the way states collect this data make it difficult to make comparisons across states. The most common categories of child maltreatment (in order of prevalence) are neglect, physical abuse, and sexual abuse. Some states also maintain data on the number of children who experience emotional abuse and medical neglect. When examining the data on child maltreatment from Massachusetts, for example, we find that 22,148 children were neglected, 6,650 were physically abused, and 1,415 were sexually abused in 1996 (CWLA, 1999). With a child population of 1,439,763, these figures reveal that approximately 2 percent of all children in Massachusetts are victims of physical and sexual abuse and/or neglect.

Clearly, child maltreatment is a serious national problem and there is an urgent need to understand the impact of these different forms of violence on the lives of children. There is also a critical need to determine the most appropriate ways to assess child maltreatment and to determine interventions that are effective in ameliorating, and possibly preventing, the adverse effects of abuse. Karson's discussion of the patterns of child abuse provides information that is useful in ac-

complishing this task and is therefore a timely addition to the child abuse literature.

Etiology

Four major theoretical approaches are presented in the literature that attempt to explain why parents abuse their children. These include: (1) the psychological/individual approaches, which are concerned with the psychological characteristics or traits of abusive parents; (2) the interactionist explanation, which focuses on the relationship between the parent and child; (3) the situational/contextual approaches, which examine factors outside the family (e.g., economic status and institutional racism) that can significantly affect the lives of families; and (4) the cultural-social perspective, which is concerned with the social values and social organization of the culture, community, and the family that can significantly contribute to child abuse (Leeder, 1994; Wiehe, 1989).

Most of the early theoretical work in the field of child maltreatment viewed the problem of child abuse and neglect as being largely the result of parental personality disorders (Pardeck, 1989a). Currently, explanations of the etiology of child abuse reflect more of an ecological perspective. The ecological models integrate variables from several levels (e.g., individual, familial, social, and cultural) to explain family violence (Browne, 1988a; Garbarino, 1977; Vondra and Toth, 1989). They incorporate such factors as parents' individual dynamics, the parent/child interaction, social network supports, economic issues, sociocultural milieu, and the balance between protective and vulnerable factors in both the child and the family system (Vondra and Toth, 1989).

The ecological perspective is useful because of its ability to explain such a complex social problem as the maltreatment of children; however, it is far from definitive (Pardeck, 1989b). The challenge when working with abused children and families from an ecological perspective is to maintain a clear focus on the individual. It is possible to lose sight of individual responsibility and accountability for behavior when environmental and systemic factors are incorporated into the analysis. Yet when children are abused, there is always an identified perpetrator who is responsible for the harm that results.

The challenge for those working with abusive families from an ecological perspective is to integrate individual accountability for abusive behavior with the role of environmental and sociocultural factors in the initiation and maintenance of child abuse.

Karson takes a different approach to the problem of child abuse. His thesis reflects the psychological/individual perspective. As such, the patterns that he describes explain the individual component of the problem. The value of this perspective is that it provides an in-depth analysis of the psychological functioning of abusive parents and abused children, which can assist child welfare professionals in their efforts to provide more effective clinical interventions with this population. The challenge when working with abused children and families from an individual/psychological perspective is to not lose sight of the significance of environmental and systemic factors. If we focus exclusively on the individual psychodynamics in abusive parents and abused children, the problem may be conceptualized in such a way that the resulting solutions will have limited effectiveness. Karson recognizes this challenge and cautions against it.

THE EFFECTS OF ABUSE ON CHILDREN

The literature has identified a number of psychosocial problems that result from child maltreatment. Violence (of any sort) directed toward children typically has a negative effect on development and psychosocial functioning. The specific nature of this effect, however, is determined by such factors as the type and severity of the abuse, the age of the child when the abuse began and was terminated, the nature of the child's relationship with the perpetrator, and the child's resilience. Studies have documented a high prevalence of psychological symptomatology in children who have suffered extreme physical and/or psychological trauma from such events as wars, hurricanes, kidnappings, bombings, shootings, and sexual and physical abuse. In a study of maltreated children seen in a hospital setting, Ackerman and his colleagues (1998) found that 35 percent of the children met criteria for post-traumatic stress disorder (PTSD). Exposure to violence has also been found to be associated with both short-term and long-term psychological suffering in children. Acute symptoms of

stress include nightmares, enuresis, and phobias (Dawes and Tredoux, 1989; Pynoos and Eth, 1985). Longer-term effects include aggression, anxiety, depression, withdrawal, and suicidal ideation. Factors such as age, gender, temperament, coping responses, and defense mechanisms also seem to influence the effect of stress on children (Folkman, 1991). Research findings indicate that roughly twice as many young males as young females are physically abused and twice as many young girls as young boys are sexually abused. Abused boys, regardless of type of abuse, had higher rates of behavioral disorder, and abused girls had higher rates of internalizing disorders (Ackerman et al., 1998). Children who have been jointly physically and sexually abused, however, are at greatest risk for psychiatric disturbance. This risk is increased if the abuse began when the child was young and if coercion has been used to maintain secrecy.

Thus, children can respond to maltreatment in many different ways. Karson identifies two patterns: the sexually powerful adolescent girl and the disruptive boy. In both of these patterns, the abused child has found ways to transform feelings of helplessness, anger, and despair into behaviors that challenge adult control. In these patterns the "victimized child" has become the "powerful child" who is not easily controlled by adults, even when these adults are attempting to provide care and protection. Yet, within these two patterns many factors can influence the specific ways that victims respond to the environment and to the therapeutic process. The more we understand the ways in which these factors interact, the more effective we can be in intervening in children's lives.

CHARACTERISTICS OF ABUSIVE FAMILIES

Karson identifies two patterns that pose particular challenges in decision making for child welfare professionals: the sexual abuse victim's mother and the absent parent returned. He also draws attention to some of the more prevalent characteristics of abusive families, identifying such issues as the intergenerational nature of abusive parental behavior and the dysfunctional personality organizations that are sometimes found in abusive parents. These are only a few of the possible characteristics of abusive parents that have been identified in the literature. There

is a substantial body of research that examines this issue (for comprehensive reviews, see Jones and Alexander, 1987; Brown et al., 1998). Studies suggest that abusive families (when compared to nonabusive families) have the following characteristics (Gillespie, Seaberg, and Berlin, 1977; Halperin, 1979; Denicola and Sandler, 1980; Browne, 1988b):

- 1. Poor family and parent/child relationships
- 2. Use severe forms of physical punishment more often
- 3. Have more conflict between parents
- 4. Experience more disruptions in relationships between children and biological parents
- 5. Have a higher proportion of parents who have maladaptive personality characteristics and lower self-concepts

Research has also identified trends of the dysfunctional behavior exhibited by abusive families. These include (Jones and Alexander, 1987; Hamilton, 1989):

- 1. Emotional unavailability to family members
- 2. Intrusive behavior between parents and children
- 3. History of intergenerational abuse
- 4. Indiscriminate sexuality both within the nuclear family and among extended family members
- 5. A lack of privacy within the context of the family unit
- 6. Family boundary alterations
- 7. Parent-child role reversals
- 8. Hierarchical confusion
- 9. Marital dysfunction
- 10. The presence of maladaptive family viewpoints and myths

Social isolation has also been identified as having a negative affect on abusive families (Kempe and Kempe, 1978; Hamilton et al., 1987; Miller and Whittaker, 1988). American cultural norms pertaining to the sanctity of the family and the value placed on family privacy serve to compound this variable. Although not every abusive family displays these dysfunctional trends, it is possible to find some constellation of these factors in all families that maltreat children.

9

SOCIAL AND ENVIRONMENTAL FACTORS ASSOCIATED WITH CHILD ABUSE

In addition to the personal and family characteristics just discussed, social and environmental factors such as parental substance abuse and poverty also heighten the risk for child abuse. The National Committee for the Prevention of Child Abuse (1989) estimates that 675,000 children annually are maltreated by a substance-abusing caretaker, while the estimates on the number of child abuse cases that involve parental substance abuse range from 20 to 90 percent (Famularo, Kinscherff, and Fenton, 1992). Poverty places children at risk for a variety of experiences that can hinder optimum development, and low-income families have been found to have the highest rate of child physical abuse (Brown et al., 1998). Children born in poverty are also at increased risk for such poor developmental outcomes as high mortality rates in infancy and childhood, prematurity, infectious diseases, and increased rates of both intentional and accidental injuries (for a more comprehensive discussion, see Lerner, Sparks, and McCubbin, 1999).

The child welfare system has been established within a socio-political context in which the majority of maltreating families identified for intervention are from the lowest socioeconomic groups. These families struggle with many of the factors that have been cited as threats to adequate family functioning, such as severe economic stress, hardship, and dependency (Gil, 1970; Garbarino and Gilliam, 1980). Sociological risk conditions are thought to be both a cause and an outcome of child maltreatment, in that socioeconomic status influences child-rearing practices that help shape adult psychological and sociological circumstances, which in turn contribute to the quality of parental care in the next generation (Vondra and Toth, 1989). In this sense, child maltreatment and family social and economic impover-ishment go hand in hand.

The child welfare system must also contend with a sociocultural climate that frowns on public intervention in the private lives of individuals. Such macrosystem forces are filtered down to families from larger social and cultural institutions and can have a significant and pervasive contribution to the quality of parenting and of family life (Bronfenbrenner, 1977; Garbarino, 1977). It is evident from the literature that abusive families are beset with multiple problems and

stressors that affect their daily lives (Belsky, 1980; Hamilton et al., 1987). As can be seen from this brief overview of the literature, many characteristics associated with child maltreatment can complicate both the evaluation of child abuse and the process of engagement with abusive families. The patterns described by Karson draw our attention to the dysfunctional behaviors and attitudes in abusive families of most concern to child welfare professionals, and can provide assistance in their work with these families.

THE CHILD WELFARE SYSTEM

The child welfare system has been charged with the responsibility of providing for the care and protection of this nation's children. In this book, Karson presents the notion that the child welfare system can sometimes inadvertently replicate abusive patterns by the way it responds to abused children and maltreating families. To gain a broader perspective of this issue, it is helpful to examine the history and current functioning of the child welfare system. The Society for the Prevention of Cruelty to Children was founded in the late 1800s and initially approached child protection in a punitive manner. Abusive parents were perceived as deviant, disturbed individuals whose children should be placed in institutional care.

Currently, child protective laws have evolved and are oriented more toward nonpunitive protection of children (Janko, 1994). The focus is on helping families in crisis to preserve good standards of parental behavior and to provide basic necessities for the optimum care of children (Radbill, 1987). The British Children Act of 1989 (c. 41) stated that the child's needs were paramount, while attempting to establish a balance between the child's needs and the rights of the parents. It mandated that parental responsibilities could only be removed by the state when a determination of sufficient cause was made after court investigation and adjudication. White, Essex, and O'Reilly (1993), in their discussion of the legal and political context surrounding the child welfare system, suggested that social workers, therapists, and other professionals are expected to forge a consultative partnership with parents, caretakers, and kin from the early stage of suspicion of abuse right through investigation, decision making, and

therapy. The Act also required that issues of race, culture, and religion be taken into account in the determination of parental responsibility for child abuse.

An examination of the demographics of families involved in the child welfare system raises questions about the effectiveness of the Children Act to reduce what appears to be bias against ethnic minority and poor families. Statistics indicate that African-American children are overrepresented in the official reports of child abuse and neglect. Hampton, Gelles, and Harrop (1989) noted that 26.8 percent of the reports of abuse and neglect involved African-American children. More recent statistics from the state of Massachusetts indicate that approximately 20 percent of all maltreated children are African American, even though this ethnic group represents less than 10 percent of the state's population (CWLA, 1999). These statistics also indicate that there are differences between ethnic groups in the number of substantiated cases of child maltreatment over a six-year period (1990 to 1996). When we examine the figures, evidence suggests that there may be differential reporting and/or treatment of abusive families according to race and ethnicity. During this six-year period, the reported incidents of abuse and neglect for European-American children fell substantially, while comparable statistics for children of color either fell less dramatically or rose slightly. In 1990, 17,174 European-American children were victims of maltreatment, and in 1996 this number fell to 14,448 (a 16 percent reduction). For African-American children, 5,476 were maltreated in 1990, while in 1996 this number was 5,070 (a 7 percent reduction). For Hispanic children, the number of substantiated cases of abuse or neglect rose during this six-year period, from 4,132 in 1990 to 5,005 in 1996 (a 17 percent increase). A similar rise was noted for Native American and Asian children, although the total number of maltreated children in these two ethnic groups was substantially lower (CWLA, 1999).

Many researchers (e.g., Hampton and Newberger, 1985) suggest that factors such as race, ethnic background, and social class can determine what labels are applied to an injury or a situation, which in turn can influence the decisions made by child welfare professionals. It is possible that this bias in the decision-making process may account for the disproportionate number of reported abuse and neglect cases involving children of color. In a national study of hospital cases

in which child abuse and neglect was suspected, Hampton and Newberger (1985) found that 91 percent of the Hispanic families were reported to child protection agencies; the corresponding number of black and white families were 74 percent and 61 percent respectively. Research has also found that physicians' judgments of possible child abuse are affected by socioeconomic and ethnic status, such that the determination of whether an injury to a child is "accidental" or "abuse" seems to be associated with the degree of social distance between the physician and the parents. This suggests that low-income, ethnic-minority families may be victimized by a process in which their personal characteristics, rather than their behavior, define them as abusive (O'Toole, Turbett, and Nalepka, 1983; Katz et al., 1986).

Studies that examine the way in which child abuse is handled outside the medical system have also found that class, race, and other family characteristics affect decision making. Families receiving general welfare and perceived by authorities as having a member with a mental health problem or a parent who is ineffectual were more likely to have a child removed as a result of suspected abuse and/or neglect. Katz and his colleagues (1986) found that physical injuries might more frequently be diagnosed as "abuse" in poor families and as "accidents" in more affluent families. A similar set of premises and biases that might lead professionals to identify and report certain families as abusers at an initial setting, such as a hospital, subsequently seem to influence decisions made about the fate of the family as it is channeled through the protective services and justice systems.

The conclusion that can be drawn from this research is that class, race, and ethnicity bias child abuse reporting. If this is indeed the case, then we need to question the way in which decisions are made within the child welfare system. Karson acknowledges that there are academic, political, and clinical debates surrounding the discussion of the sociopolitical and cultural factors that impinge upon abused children, abusive families, and professionals in the child welfare system. His proposed solution follows from his theoretical perspective and suggests that we find ways to improve our ability to make accurate distinctions between situation and pathology. If, however, child welfare professionals are responding to abusive families of color with

the type of bias that has been identified in the literature, it will also be important to subject their decision-making process to critical review.

It is important that child welfare professionals working with abusive families recognize the diversity that exists within this population. MacKinnon (1998) suggests that child abuse is not simply the outcome of individual or family pathology but rather the inevitable outcome of an individual's position within gender and class contexts, as well as a particular genealogy of relationships (p. 233). In a similar way, Leeder (1994) maintains that child welfare professionals must develop practices that reflect an awareness of how race, social class. ethnic group membership, and cultural background influence abusive parents' lifestyle and value system. This suggests that not only must we gain skills in distinguishing pathology from circumstances, as Karson recommends, but we must also begin to develop culturally sensitive approaches to intervention. When we position *Patterns of* Child Abuse in the theoretical and empirical literature, we find that its thesis represents an in-depth view of the individual/psychological perspective. Its value lies in the application of these patterns to assessment and intervention with abusive families and abused children. and as such, it is an important and timely resource for child welfare professionals.

REFERENCES

- Ackerman, P.T., Newton, J.E., McPhearson, W.B., Jones, J.G., and Dykman, R.E. (1998). Prevalence of post traumatic stress disorder and other psychiatric diagnoses in three groups of abused children (sexual, physical, and both). *Child Abuse and Neglect*, 22:8, 759-774.
- Belsky, J. (1980). Child maltreatment: An ecological integration. *American Psychologist*, 35:4, 320-335.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32:7, 513-530.
- Brown, J., Cohen, P., Johnson, J.G., and Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse and Neglect*, 22:11, 1065-1078.
- Browne, D.H. (1988a). High risk infants and child maltreatment: Conceptual and research model for determining factors predictive of child maltreatment. *Early Child Development and Care*, 31:1, 43-53.

- Browne, D.H. (1988b). The role of stress in the commission of subsequent acts of child abuse and neglect. *Early Child Development and Care*, 31:1, 27-33.
- CWLA (1999). Child Welfare League of America Web Site: http://www.cwla.org, National Data Analysis System, 11/12/99.
- Dawes, A. and Tredoux, C. (1989). Emotional status of children exposed to political violence in the Crossroads squatter area during 1986/1987. *Psychology in Society*, 12, 33-47.
- Denicola, J. and Sandler, J. (1980). Training abusive parents in child management and self-control skills. *Behavior Therapy*, 11:2, 263-270.
- Famularo, R., Kinscherff, R., and Fenton, T. (1992). Parental substance abuse and the nature of child maltreatment. *Child Abuse and Neglect*, 16:4, 475-483.
- Folkman, S. (1991). Coping across the life span: Theoretical issues. In E.M. Cummings, A.L. Greene, and K.H. Karraker (Eds.), *Lifespan developmental psychology: Perspectives on stress and coping* (pp. 3-19). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Garbarino, J. (1977). The human ecology of child maltreatment: A conceptual model for research. *Journal of Marriage and the Family*, 39:4, 721-735.
- Garbarino, J. and Gilliam, G. (1980). *Understanding abusive families*. Lexington, MA: D.C. Heath and Co.
- Gil, D. (1970). Violence against children: Physical child abuse in the U.S. Cambridge, MA: Harvard University Press.
- Gillespie, D.F., Seaberg, J.R., and Berlin, S. (1977). Observed causes of child abuse. *Victimology*, 2:2, 342-349.
- Halperin, M. (1979). Helping maltreated children. St. Louis, MO: C.V. Mosby Co.
- Hamilton, A., Stiles, W.B., Melowsky, F., and Beal, D.G. (1987). A multilevel comparison of child abusers with non-abusers. *Journal of Family Violence*, 2:3, 215-225.
- Hamilton, L.R. (1989). Variables associated with child maltreatment and implications for prevention and treatment. *Early Child Development and Care*, 42, 31-56.
- Hampton, R., Gelles, R., and Harrop, J. (1989). Is violence in Black families increasing? A comparison of 1975 and 1985 National Survey Rates. *Journal of Marriage and the Family*, 51:4, 969-980.
- Hampton, R.L. and Newberger, E.H. (1985). Child abuse incidence and reporting by hospitals: The significance of severity, class, and race. *American Journal of Public Health*, 75:1, 56-60.
- Hullings-Catalano, V. (1996). Physical abuse of children by parents. In D.M. Busby (Ed.), *The impact of violence on the family: Treatment approaches for therapists and other professionals* (pp. 43-74). Boston: Allyn & Bacon.
- Iverson, T.J. and Segal, M. (1990). *Child abuse and neglect: An information and reference guide*. New York: Guilford.
- Janko, S. (1994). *Vulnerable children, vulnerable families: The social construction of child abuse.* New York: Teachers College Press.

- Jones, D.P. and Alexander, H. (1987). Treating the abusive family within the family care system. In R. Helfer and R.S. Kempe (Eds.), *The battered child* (pp. 339-359). Chicago: University of Chicago Press.
- Katz, M.H., Hampton, R.L., Newberger, E.H., Bowles, R.T., and Snyder, J.C. (1986). Clinical decision making in cases of child abuse and neglect. *American Journal of Orthopsychiatry*, 56:3, 253-262.
- Kempe, C.H., Silverman, F.H., Steele, B.P., Droegmueller, W., and Silver, H.K. (1962). The battered children syndrome. *Journal of the American Medical Association*, 181:1, 17-24.
- Kempe, R.S. and Kempe, C.H. (1978). *Child abuse*. Cambridge, MA: Harvard University Press.
- Korbin, J.E. (1987). Child abuse and neglect: The cultural context. In E. Heilfer and R.S. Kempe (Eds.), *The battered child* (Fourth edition, pp. 23-41). Chicago: University of Chicago Press.
- Leeder, E. (1994). *Treating abuse in families: A feminist and community approach*. New York: Springer.
- Lerner, R., Sparks, E.E., and McCubbin, L.D. (1999). Family diversity and family policy: Strengthening families for America's children. Boston: Kluwer Academic Publishers.
- MacKinnon, L.K. (1998). Trust and betrayal in the treatment of child abuse. New York: Guilford.
- Miller, J.L. and Whittaker, J.K. (1988). Social services and social support: Blended programs for families at risk of child maltreatment. *Child Welfare*, 67:2, 161-174.
- National Center of Child Abuse and Neglect (NCCAN) (1996). *Third study of national incidence and prevalence of child abuse and neglect.* Washington, DC: U.S. Department of Health and Human Services.
- National Committee for the Prevention of Child Abuse (1989). Substance abuse and child abuse fact sheet. Washington, DC: Author.
- O'Toole, R., Turbett, P., and Nalepka, C. (1983). Theories, professional knowledge, and diagnosis of child abuse. In D. Finkelhor, R.J. Gelles, G.T. Hotaling, and M.A. Straus (Eds.), *The dark side of families: Current family violence research* (pp. 349-362). Beverly Hills, CA: Sage.
- Pardeck, J.T. (1989a). Child abuse and neglect: Theory, research and practice. *Early Child Development and Care*, 42, 3-10.
- Pardeck, J.T. (1989b). Family therapy as a treatment approach to child maltreatment. *Early Child Development and Care*, 42, 151-157.
- Pynoos, R.S. and Eth, S. (1985). Children traumatized by witnessing acts of personal violence. In S. Eth and R.S. Pynoos (Eds.), *Posttraumatic stress disorder* (pp. 17-44). Washington, DC: American Psychiatric Association Press.
- Radbill, S.X. (1987). Children in a world of violence: A history of child abuse. InE. Heilfer and R.S. Kempe (Eds.), *The battered child* (Fourth edition, pp. 3-21).Chicago: University of Chicago Press.
- Trepper, T.S. and Barrett, M.J. (1989). Systemic treatment of incest: A therapeutic handbook. New York: Brunner/Mazel.

- U.S. Department of Health and Human Services (1998). *Children's Bureau*. Washington, DC: Government Printing Office.
- Vondra, J.I. and Toth, S.L. (1989). Ecological perspectives on child maltreatment: Research and intervention. *Early Child Development and Care*, 42, 11-29.
- White, J., Essex, S., and O'Reilly, P. (1993). Family therapy, systemic thinking and child protection. In J. Carpenter and A. Treacher (Eds.), *Using family therapy in the nineties* (pp. 57-86). Cambridge, MA: Blackwell.
- Wiehe, V.R. (1989). Child abuse: An ecological perspective. *Early Child Development and Care*, 42, 141-149