

**B.****Dynamics of Child Maltreatment**

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***Conceptual Framework***

The reasons parents abuse or neglect their children are complicated and not fully understood. Many factors have been associated with child abuse and neglect, including personal characteristics of the parents, developmental and behavioral characteristics of the children, environmental stress factors, and a lack of family resources and support. In general, risk to children is believed to be related to the presence and interaction of many contributing dynamics in a family. However, some families with many risk factors never maltreat their children; and, abuse or neglect occurs in some families where it would not be expected. We cannot, therefore, always identify the causes of maltreatment in families, nor can we always predict its occurrence.

Research has identified certain factors that are highly correlated with child abuse and neglect [Steele 1987; Pianta et al. 1989; National Research Council 1994]. This means that certain personal, interpersonal, social, and environmental factors are found frequently in families that abuse or neglect their children, suggesting that the presence of these factors statistically increases the likelihood that maltreatment will occur. This is the fundamental premise on which risk assessment is based. The recognition of these contributing factors in families, and a determination of their severity and their effects on parenting, are essential components of child protection.

However, while certain factors appear to be frequently associated with abuse or neglect, child maltreatment cannot be explained using simple cause-effect models. There are multiple causes of child maltreatment, involving a complicated interaction of personal, interpersonal, environmental, and situational factors [National Research Council 1994.]

In addition, most human traits are not categorical. Consider shyness as an example. It is overly simplistic to say some people are shy and others are not. There is a continuum of possible expressions of shyness. At one end of the continuum are people who are painfully shy, introverted, and uncomfortable in all social situations. At the other end are extroverts who are always congenial, and who never experience social discomfort. In reality, most people demonstrate some combination of shyness and its reciprocal behavior, social comfort, often dependent upon the situation. The same can be said of the many factors and traits associated with child maltreatment.

For each contributing factor to maltreatment, one end of the continuum represents serious and problematic conditions that greatly increase the risk of harm to children. At the other end are reciprocal and constructive conditions that reduce risk, and which can be considered family strengths or safety factors. By viewing the contributing factors to maltreatment on such a continuum, and recognizing the many possible variations on the continuum, we are more likely to conduct an accurate assessment of both problem areas and strengths. Such a fair and balanced family assessment is the essential first step in determining the most effective and relevant services to reduce risk and strengthen families.

### Contributing Factors to Child Maltreatment

Steele [1987] reports that four dynamics are almost always present in families in which child abuse occurs, and may also contribute to child neglect:

- 1) Parents must have the psychological predisposition to abuse or neglect their children. The factors that contribute to this predisposition are complicated, but at their most severe, they represent serious developmental or psychological problems of the parents. The presence of these factors appears related to the parents' own developmental history, and parents who were abused or neglected during childhood are more likely to abuse or neglect their children. However, many

people who were maltreated during childhood never harm their own children.

- 2) Abused children are often perceived by abusive parents as different, or in some way unsatisfactory. Abused children may be developmentally delayed, may have a visible disability or medical condition, or their differentness and deficiencies may exist solely in their parents' perception. By contrast, in families where neglect is prevalent, one child is not typically singled out for neglectful treatment; the level of care is comparable for all children in the family.
- 3) High stress and crisis in the family usually contribute to maltreatment. Child abuse is often precipitated by some external stress on an already-vulnerable family. Chronic stress and crisis also create conditions that increase the likelihood of neglect.
- 4) Maltreating parents often lack interpersonal or environmental support. This makes them considerably more vulnerable to even small stresses, and increases the likelihood of abuse. Some abusive parents have created a "self-imposed isolation" and fail to seek or accept help. In other cases, adequate supports and resources are not available to the parent. The absence of resources and supports can also increase the severity of neglect.

Steele suggests that when all four dynamics are present, the likelihood of child abuse is extremely high. Conversely, the risk of abuse is reduced when some of the dynamics are not present, such as when the family is not experiencing stress. However, for child abuse to occur, parents must have the psychological predisposition to abuse. Without such a predisposition, parents may react in nonconstructive ways to situations of high stress and crisis, and to their children's perceived or real "differentness," but they do not often abuse their children.

Additional research has supported the existence of personality characteristics that are highly correlated with physical child abuse. Pianta et al. [1989] identified a set of parental personality traits frequently associated with child maltreatment that included low self-esteem, poor impulse control, depression and anxiety, and antisocial behavior, including aggression and substance abuse. Further, depression, anxiety, and antisocial behavior have been associated with disrupted social relations, social isolation, unavailability or lack of use of social supports and resources, and inability to cope with stress [National Research Council 1994].

The relationship between a person having been abused or neglected, and abusing or neglecting his or her children is complicated. Certainly, not all parents who were abused or neglected during childhood become maltreating parents. Abuse or neglect, particularly if chronic or severe, can interfere with the healthy development of certain fundamental personality traits, including trust, empathy, the ability to sustain intimate relationships, emotional self-control, and a positive identity and self-esteem. It is the absence of these personality traits that predisposes parents to behave in ways that are harmful to their children.

The presence of abuse or neglect in the history of many maltreating parents is not always immediately evident. Steele [1987] suggests several reasons for this:

- First, some people do not consider their experiences to have been abuse, even when there were obvious physical injuries. They perceived their parents as providing appropriate punishment or discipline for misbehavior. Many feel they "got what they deserved," and, therefore, it was not abuse.
- While abusive events are more easily remembered, neglect is less strikingly remembered. Adults who were neglected as children may have difficulty evaluating the significance of their early experiences.

Their descriptions about their childhoods may suggest aspects of neglect, but they may not be able to conclude definitively that they were neglected.

- They may have learned early in life that to criticize their parents, or complain about their parents' actions led to censure, chastisement, and possibly further maltreatment. Typically, many abused and neglected adults continue to feel threatened by their parents.
- Some parents may deny that they were maltreated and, instead, maintain a fantasy that their parents were really good to them. This defensive psychological posture helps to maintain a positive identity and self-esteem. Their parents may, in fact, relate better to them now that they are adults. Thus, the memories are painful and not immediately relevant, so there is a natural tendency to suppress or distort them.
- The emotional pain of maltreatment may have been so great that parents actually do not remember being maltreated, or they minimize its importance.

Through careful listening, observing, and supportive interviewing of parents, the caseworker may be able to elicit information descriptive of their own history of maltreatment. Examining their own childhoods can help parents better understand the influence of these early experiences on their own parenting. This information can also help the caseworker and parents design relevant intervention strategies.

It is possible for normally competent parents with little predisposition to abuse to harm a child when under extreme stress or in crisis, particularly if they have no social or interpersonal supports. The clinical picture for these "acute" episodes of abuse is quite different from chronic, or recurring abuse. In acute

situations, crisis intervention services to reduce stress and strengthen coping resources can often prevent the abuse from recurring.

### ***Application***

The primary contributing factors to child maltreatment are outlined below, with behavioral indicators that can help the child welfare caseworker identify significant problems that increase risk, and reciprocating conditions, or strengths, that can mitigate it. Suggested interventions that can promote the development of family strengths are also discussed.

In the following discussion, the term "parent" refers to any adult, male or female, who has primary caregiving responsibility for a child.

### **Parental Personality Characteristics Related to Risk**

*Maltreating parents often have low self-esteem, feel unloved and uncared for, see themselves as inherently bad and lacking in capability, and expect rejection. They may feel they have been abandoned, and they are likely to be depressed.*

#### *Behavioral Indicators That Increase Risk*

- Low self-esteem is pervasive and evident in many areas of life, including relationships, parenting, occupation, and education. The resulting lack of confidence and competence contributes to poor performance in many areas. These parents may experience a chronic underlying depression and/or apathy. They expect rejection and criticism, and may believe such criticism is justified. In the most serious circumstances, these feelings reflect deep pathology, and may not be significantly modifiable through casework.

*Reciprocal Strengths That Decrease Risk*

- The reciprocal of low self-esteem is a high degree of self-worth, and a realistic belief and confidence in our own abilities. This is a considerable strength in confronting and solving problems, and avoiding self-blame for all problems that occur. Self-confident people usually approach problems as challenges, and mobilize resources to address them. This reduces stress, and increases the likelihood of a constructive solution.

*Intermediate Conditions (Potential Strengths)*

- The parents may have stronger self-esteem in certain areas of life. For example, a parent may feel very confident about his work abilities, but may feel less competent and more threatened as a parent, or in a personal relationship that requires intimacy and empathy. A parent may feel confident and able to parent one child, but less competent with a child who presents more challenges; or may be able to parent a child competently in all but one particularly stressful stage of development. Parents may be quick to undermine or underestimate their own worth, but when supported, can be more realistic in their self-appraisal, and can recognize areas of strength and capability. Any evidence of self-esteem and perceived self-worth, if based on a realistic appraisal of abilities, is a strength. A demonstration of parenting ability with any child can be supported to enable competent parenting with more challenging children.

*Suggested Interventions To Promote Growth*

- Self-esteem is learned through social and environmental interactions. If our relationships and experiences are typically positive and rewarding, our self-esteem is enhanced. If our relationships and

experiences are typically negative and critical, our self-esteem is undermined. While the foundations of identity and self-esteem are developed early in life, for most people, self-perception changes throughout life. We can promote self-esteem and competence in families by providing opportunities for success, removing barriers to development, positively reinforcing their adaptive growth, and providing consistent reassurance and support. We can also help parents increase their awareness of their own abilities and strengths by utilizing these strengths in problem-solving activities.

*Some parents are unable to trust or depend upon other people to meet their needs or to care about them. They do not view the world as a safe and nurturing place, and they have no confidence that other people will act in their best interests. They may believe themselves to be alone in facing the chronic adversity that life delivers. They also may isolate themselves emotionally to avoid further pain.*

#### *Behavioral Indicators That Increase Risk*

- For many maltreating parents, the absence of trust is pervasive; they trust neither others nor themselves. Trustworthy acts by others are usually viewed with suspicion. Relatively insignificant acts are viewed and interpreted as reflecting negative intent. The parents may be emotionally detached, avoid intimacy, and often cannot be reached.
- An inability to trust other people contributes to conflict and inconsistency in interpersonal relationships. Maltreating parents often expect to be attacked, often behave in a hostile, defensive manner, or avoid interpersonal contact. As a result, sources of support and help that might otherwise be available are not. The inability to trust may be combined with emotional dependence, which creates anxiety and feelings of vulnerability. They may fear authority, yet behave authoritatively. They may be hostile, demanding, threatening to



others, and unwilling to collaborate. This may be interpreted as an attempt to assume and retain control in an "unpredictable and threatening" world.

*Reciprocal Strengths That Decrease Risk*

- People who have developed fundamental trust understand that the presence of problems, or predatory and distrustful people, does not mean that the world is inherently evil. They have a generalized trust in themselves and other people, born of previous positive and consistent experiences. Hurtful experiences are viewed simply as isolated negative experiences, not a reflection of the general state of the world. These parents can engage in and sustain mutually trusting and empathic relationships with others. They are able to be open-minded when considering whether other people are trustworthy prior to making judgments about them.

*Intermediate Conditions (Potential Strengths)*

- In family systems theory, people at intermediate points on the trust continuum are often described as "approach/avoid." Their behavior often reflects their ambivalence about trust; they may truly desire intimacy and wish to trust, yet they have sufficient fear of being hurt or rejected that they avoid close relationships. They may openly or hesitantly approach other people, or allow others to approach them; yet, when they experience the discomfort associated with intimacy they withdraw, or create a situation whereby they can reject another person before that person can reject them. This is designed to increase emotional distance, thereby reducing the perceived threats associated with intimacy. However, they are not comfortable with emotional distance, and begin the cycle again by making approach overtures to other people.

"Approach/avoid" parents may relate to the caseworker by at first being accepting and willing to collaborate, but then becoming threatened, and rejecting the caseworker as soon as a stronger relationship appears to be developing. When the caseworker withdraws, these parents will again seek out the caseworker. An example of this dynamic is when a parent consistently approaches a caseworker with angry hostility, or negative, confrontive behavior. The caseworker might feel like asking, "If you dislike me so much, why do you keep calling me?" While these behaviors often reflect deep-seated ambivalence, the intact desire to trust reflected by the "approach" behaviors should be considered a considerable nascent strength. A caseworker who is consistently trustworthy and supportive, and who is not put off by a parent's intermittent displays of rejection, can often help the parent eventually learn that relationships can be safe, and do not always result in hurt or rejection.

*Suggested Interventions To Promote Growth*

- Caseworkers should be consistently trustworthy, explaining their intent and plans; following through, or explaining clearly why they cannot follow through; verbally reassuring parents of their intent to be helpful, and behaving in a manner that is perceived as helpful by parents; being honest and direct in discussing family issues, and in explaining the reasons for agency interventions; recognizing when parents display "approach/avoid" behaviors and understanding their ambivalence; directly discussing the issue of trust with parents; and responding positively to healthy "approach" behavior without expecting parents to reciprocate. Patience is important; parents who are pushed too quickly will retreat. Workers should allow the parents to set the pace, while providing them with gentle and consistent encouragement.

*Parents who maltreat their children are often preoccupied with trying to find ways to get their own emotional needs met, and they often expect their children to meet these needs.*

*Behavioral Indicators That Increase Risk*

- With limited ability to meet their own emotional needs, and feeling isolated from and rejected by others, abusive parents often seek nurturance and emotional support from their children. Contrary to common belief, many abused children were "wanted" children. Abusive parents often say they chose to have children because they believed their children would love them, even if no one else did.
- By positively reinforcing their children's nurturing behaviors, parents promote the development of the classic "role reversal" often seen in abusing families. In such situations, children behave in nurturing and caregiving ways to their childlike, needy parents. When the children fail to meet their parent's emotional needs, the parents experience rage, which then precipitates abuse. Children in these circumstances, learn to be very adultlike in their behavior to gain the approval of their parents, and to avoid being hurt. These children often behave in a pseudo-independent manner. Their own emotional needs often remain unmet. Role reversal can be seen in children as young as preschool age.
- Neglectful parents may leave their children unattended while they go out, or engage in activities that satisfy them at the moment, without consideration of the long-term consequences. For example, they may spend their money to buy things for themselves, and fail to feed their children; or they may leave their child with a neighbor while they

drive across the country with a friend. The impulsive, selfish behavior of many neglectful parents can be explained as a lack of empathy for the needs of their children, and a preoccupation with themselves and meeting their own immediate emotional needs. They have deep feelings of deprivation and need. These parents cannot delay gratification of their own needs to meet those of their children. In many respects, they are in competition with their children to have their personal needs met. This can seriously interfere with effective parenting, and may be difficult to change, even in therapy.

*Reciprocal Strengths That Decrease Risk*

- Parents are able to meet their own emotional needs in more appropriate adult ways, and they turn to other adults, rather than to their children, for primary need satisfaction. They are also able to delay gratification of their own needs to assure that their children's needs are met first. Healthy parents receive considerable emotional pleasure and satisfaction from their children; however, this not the same as expecting their children to meet all their adult psychological and social needs.

*Intermediate Conditions (Potential Strengths)*

- Parents may recognize that they should meet their children's needs first, and may also be able to describe how their own needs conflict with those of their children. They may be able to express strong feelings of personal deprivation. These parents may provide proper and nurturing care for their children, often for long periods, until they begin to feel particularly stressed or emotionally deprived; then their own needs take precedence over those of their children. The ability to empathize with and understand their children's needs is a considerable

strength, even if they have difficulty always acting on this understanding.

*Suggested Interventions to Promote Growth*

- It is unrealistic to expect parents to always meet their children's needs without consideration of their own. However, healthy parents can delay gratification of their own needs until their children's are met. Through counseling, parents can better understand their feelings of emotional deprivation, and can learn alternative ways to meet their needs that do not place their children in jeopardy. The caseworker can help parents feel self-worth and personal satisfaction in proper parenting, can validate their importance, and can use the casework relationship to provide nurturance and continued support. The worker can also link parents to adult support groups and family-oriented recreational activities through churches and community centers.

*Abusive parents may look to their children to validate their self-esteem.*

*Behavioral Indicators That Increase Risk*

- Abusive parents sometimes project developmentally inappropriate meanings into their children's behavior. Anger and rejection by their children may be interpreted as valid indication of their own low self-worth, rather than the normal selfish behavior of immature and normally egocentric children. In the parents' minds, if their children are happy, content, pleasant to be around, responsive, and express appreciation for their parents' care, this confirms the parents' feelings of worth and that their children love them. Conversely, if children are unresponsive, oppositional, or appear unhappy, abusive parents often interpret this as personal failure. Their self-perceptions may change

from moment to moment, depending on their children's mood. This misperception usually indicates that parents have very poor self-esteem, a poorly developed identity, and considerable interpersonal dependency.

*Reciprocal Strengths That Decrease Risk*

- Parents are able to understand that all children cry, scream, throw tantrums, and reject their parents, and that it is not a reflection of the parent's worth or value as a human being or as a parent. The parent understands that a young child is very egocentric, and that resulting selfish behaviors are not an accurate indication of their parents' social adequacy or worth, or even of the child's feelings for the parent. The parents have other, more valid criteria with which to evaluate their personal abilities and worth, and trust the strength of their relationship with their children, despite the children's negative or oppositional behavior.

*Intermediate Conditions (Potential Strengths)*

- Parents have some awareness or understanding of the irrationality of their responses to their children's behavior. "I don't know why I get so upset when he doesn't want to eat, but I get so angry at him." At times, they can objectively and accurately describe their children's behaviors and the reasons for them: "I know he's crying because he's so tired." They can cognitively acknowledge the irrationality of their feelings, but they cannot stop themselves from feeling personally threatened by their children's behaviors.

*Suggested Interventions To Promote Growth*

- Parents should be helped to understand the developmentally appropriate reasons for their children's misbehavior, and to learn to separate their children's behaviors from their perception of self-worth. Teaching normal developmental expectations can help parents understand that negative behaviors by children are developmentally expected, and not a reflection of the parents' capabilities or self-worth. Parents can learn more appropriate criteria with which to measure personal worth and parenting ability. Counseling can help parents develop more enduring and mature identities. Continual positive reinforcement by caseworkers of good parenting practices, and repeated clarification of the reasons for children's behaviors can help parents more realistically and effectively intervene when their children misbehave.

*Many abusive parents have poor emotional control. They may be volatile and prone to emotional outbursts.*

*Behavioral Indicators That Increase Risk*

- These parents may carry a residue of anger from childhood. They have low frustration tolerance and deep feelings of insecurity, and often experience even minor events as major assaults to an already fragile self-esteem. When their own feelings of inadequacy are triggered by parenting activities, they may experience uncontrollable rage, which is then expressed in violent behavior against their children. These parents may have lived with violence all their lives, and may expect it to be a normal part of relationships.

- A generalized lack of emotional control is also expressed in emotional volatility, rapid changes in mood, and exaggerated and overly-intense responses in minimally stressful situations. These persons are much more vulnerable to even minimal challenges and stressors, because of their often unrealistically negative interpretation of the meaning of events.
- It is important to differentiate intense emotional expression from the loss of emotional control. Some people are very open and emotional in their expression of all feelings, including anger and frustration. They deal with conflict openly. This culturally sanctioned behavior is usually restricted to verbal expression, and it does not necessarily mean the person is on the verge of losing emotional control or hurting someone, even though it may appear that way to persons whose own emotional style is more restrained and controlled. Caseworkers must know the normal communication styles of these families and their cultural reference group to correctly differentiate healthy emotional expression from potential loss of emotional control.

*Reciprocal Strengths That Decrease Risk*

- Parents exhibit good emotional control and frustration tolerance. They express their anger in nonviolent and nondestructive ways, including withdrawing from a tense situation to calm down, releasing tension through physical activity, or talking out their frustrations with others. They know where to draw the line between appropriate and inappropriate expressions of emotion and frustration. Their responses are appropriately intense for the situation.



*Intermediate Conditions (Potential Strengths)*

- Parents have good emotional self-control, unless a situation is particularly stressful, or they are feeling particularly threatened and vulnerable. Episodes of explosive behavior are viewed in retrospect with shame and guilt, but the parents cannot control their outbursts at the time they occur.

*Suggested Interventions To Promote Growth*

- Counseling may be appropriate to determine the source of parents' anger, and to help them learn more constructive ways to express it. This may include training in anger management; teaching parents socially appropriate ways to defuse anger; teaching a cognitive process whereby parents can "talk themselves down" to prevent an outburst; teaching parents how to disengage emotionally from stressful situations; and helping parents learn to seek help when they feel overwhelmed. Caseworkers can be a resource to help parents talk through and manage their anger when needed.

Persons who are usually emotionally appropriate, but who have occasional extreme or volatile emotional outbursts, may have significant, but treatable, underlying psychopathology. Psychological assessment and follow-up counseling can be very helpful in minimizing emotional volatility.

*Both abusive and neglectful parents may exhibit a serious lack of empathy for their children, and lack understanding of their children's developmental needs.*

*Behavioral Indicators That Increase Risk*

- Apathetic and emotionally distant parents often seem totally unable to provide physical or emotional nurturance, and appear largely unaware that their children even need such nurturance and attention. Caregiving is often performed mechanically, at the parents' convenience, without warmth, sensitivity, or empathy. The parents fail to recognize their children's behavioral cues, or grossly misinterpret these cues. This lack of empathy causes parents to be grossly neglectful, without understanding how this is experienced by their children. They relate to their children as objects of unwanted responsibility. This inability to relate empathetically often reflects serious underlying emotional disturbance, and is not easily changed.

*Reciprocal Strengths That Decrease Risk*

- The parents are empathetic, are aware of and responsive to their children's moods and needs, and can interpret their children's behavior correctly and respond appropriately. For example, they can differentiate when their children's crying represents hunger, fatigue, fear, or anger. When their children are upset, they persist until they can determine the cause, and it distresses them when they cannot provide comfort. They also understand their children's patterns of escalating needs, and can intervene early enough to prevent their children from experiencing unnecessary distress.

*Intermediate Conditions (Potential Strengths)*

- Parents express and sometimes demonstrate affection for their children, but cannot always translate this into caregiving activities. The parents want to be nurturant, but don't know how to read their children's cues; they may not know what infants and children need to

feel good; or they may never have learned even basic parenting interventions. A genuine desire to meet their children's needs is a considerable strength, regardless of whether the parents currently have the capacity to act on this. Clinical depression may reduce the effectiveness of child care, even if the parents have the knowledge and capacity to provide good care and nurturance.

*Suggested Interventions to Promote Growth*

- Parent education and training; modeling effective parenting; teaching patterns of nurturance, and providing consistent positive reinforcement to parents when they behave in appropriate and nurturant ways toward their children. Provide help to parents to correctly recognize their children's behavioral cues, and help them correctly interpret what these cues mean. Clinical depression should be properly diagnosed and treated.

*Some parents who have been raised with violence make the assumption that violence is "natural."*

*Behavioral Indicators That Increase Risk*

- This includes parents for whom violence is an accepted way of life, who deny that it constitutes a problem, and who are resistive to change. For example, a young mother said of her husband, "He wouldn't bother to hit me if he didn't love me." She could not be dissuaded from her opinion. Violent attention is still attention, and is often preferred to indifference. This type of repeated violence is typical in situations of spousal abuse. Some of these persons have deep-seated emotional disturbance or personality disorders. Others may be the developmental victims of subcultures that are more tolerant of family violence.

*Reciprocal Strengths That Decrease Risk*

- The parents understand that violence is harmful, hurtful, and dangerous, and know and use nonviolent ways of interacting with other people. This includes disciplining their children.

*Intermediate Conditions (Potential Strengths)*

- Parents may have a history of violence, and may be explosive under stress, but they make some attempts to control their behavior, or express guilt or shame about their violent outbursts. Parents are aware that violence has the potential to be harmful and hurtful to themselves and others. They express a desire to learn nonviolent ways of interacting.

*Suggested Interventions to Promote Growth*

- Counseling is needed to address the underlying problems; training should be provided in nonviolent alternatives for discipline and expression of anger; referrals should be made to support groups. Parents should be helped to choose and relate to persons who are nonviolent, and to seek assistance from friends and others in the community who can support nonviolence.

*Both abuse and neglect may occur in families in which parents are mentally ill, mentally retarded, or emotionally disturbed. However, the percentage of abusive or neglectful parents with disorders of this type is relatively small.*

*Behavioral Indicators That Increase Risk*

- A psychotic parent's pervasive thought disorder, hallucinations, delusions, and distorted perceptions of reality contribute to abnormal

and potentially dangerous parenting. A psychotic parent might withdraw and be unaware of the child's existence for long periods of time, hide the child from imagined dangers, expose the child to highly erratic and unpredictable parenting behavior, or have paranoid delusions and punish the child for imagined misdeeds. (Refer to Section IV-C, "Conducting the Family Assessment," for additional information regarding mental illness.)

- Mentally retarded parents may have very little understanding of parenting responsibilities, have poor caregiving skills, and have very limited judgment. As a result of their deficits in cognitive and social skills, parents who are mentally retarded may both abuse and neglect their children. These parents need support, education, and continual monitoring in order to learn and maintain proper methods of child management and care. (Refer to Section IV-C, "Conducting the Family Assessment," and Section VI-C, "The Primary Developmental Disabilities: Identification and Early Intervention," for more information regarding mental retardation.)

*Reciprocal Strengths That Decrease Risk*

- Parents who have the necessary emotional stability and cognitive abilities to allow them to make appropriate judgments about their children's needs, and choose the best approaches to meet those needs; and, who can be nurturant, attentive, and consistent in their approach to caregiving.

*Intermediate Conditions (Potential Strengths)*

- The degree to which parents' mental illness or mental retardation affects their children varies with the severity of the condition and the ways in which it is expressed. Psychotic conditions can often be

effectively managed with the proper combination of medication and therapy. Parents whose mental disorders are well-controlled can often parent effectively, particularly if the expressions of their psychosis do not put their children in immediate danger. If a parent with a mental disorder is aware of its potential negative effects and actively seeks treatment, the prognosis for management is greatly improved.

- Some parents with mental retardation can care for their children, provided they have sufficient support and education. The degree of mental retardation, their level of adaptive behavior, and the presence of other complicating conditions are important factors in determining the degree to which parents with mental retardation can appropriately meet their children's needs. Open adoption and shared parenting are possible options for parents with either mental illness or mental retardation, particularly if the children are older and have affectionate ties to their parents.

*Suggested Interventions to Promote Growth*

- Comprehensive psychological, developmental, and/or psychiatric assessment; assessment of adaptive behavior for parents with mental retardation; referral to community supports and resources; identification of other responsible adults in the family or neighborhood who can assist in aspects of caregiving; formal therapy, counseling, or support groups for parents. Children may also need supportive counseling.

## Child Factors Related To Risk

*Children who are perceived by their parents as different, abnormal, defective, or lacking in comparison to other children are more likely to be victims of child maltreatment.*

### *Behavioral Indicators That Increase Risk*

- Children are at higher risk of both abuse and neglect if they are hyperactive, mentally retarded, developmentally disabled, premature, emotionally disturbed, or have chronic illnesses or medical conditions. These children often need continuous care, which places excessive demands on the parent. Children are also more prone to abuse if they cannot meet an abusive parent's expectations for "good" or "right" behavior. While the particular criteria that make children "good" or "different" are defined by parents, certain factors and characteristics typically place children at a higher risk of maltreatment. An illness or condition that requires hospitalization or some other type of special care can also reinforce a parent's belief that a child is somehow defective or less than adequate.
- Some children are more difficult to care for because of personality and temperament. A child who is stubborn, rebellious, extremely energetic, easily distressed, temperamental, distractible, withdrawn and self-absorbed, or otherwise challenging, is at greater risk of abuse.
- While it is possible for more than one child in a family to be abused, it is more typical for one particular child to be the target of abuse.
- In situations of neglect, the quality of parental care is typically more consistent for all the children. It is less likely that a parent will selectively provide high quality care for some children and neglect

others. Older children may have learned to fend for themselves; young children and infants are more vulnerable to the effects of serious neglect.

- Children are at higher risk of maltreatment during certain developmental periods. Infants require constant care and attention to meet their most basic needs. They are, therefore, predisposed to neglect by parents who provide marginal care. Infants may cry continuously for no apparent reason. This can try the patience of even the most tolerant parent. The stress this can create for a potentially abusive parent may cause an eruption of violence against the child.
- Toilet training can create power struggles and conflicts, particularly when the child is stubborn, oppositional, and fails to comply with the parent's toileting demands. Many abusive parents view toileting accidents or autonomy on the child's part as willful noncompliance, or "doing it just to spite me." Inflicted injuries to the genitals, and dunking burns on the buttocks in toddlers are common patterns of abuse for toileting accidents.

*Reciprocal Strengths That Decrease Risk*

- Parents are able to interpret their children's behavior accurately; they understand appropriate developmental expectations; and they do not personally assume blame for their children's perceived lacks, deficiencies, or attributes. Parents with children who are developmentally delayed or disabled can make an accurate assessment of their children's strengths and problems, and generally value their children, regardless of their children's conditions and problems.



*Intermediate Conditions (Potential Strengths)*

- Some parents are able to adequately parent an "easy" child, who makes few unusual demands, who is emotionally calm, who is easily satisfied, who is like other children, or who reflects their ego-ideal of what a child should be like. When the difficulty of caregiving increases and the satisfaction to the parent decreases, the quality of care declines. These parents have good basic child care skills, but are not able to apply or modify them to care for more challenging or frustrating children.

*Suggested Interventions To Promote Growth*

- Accurate education about a child's medical or physical condition to make caregiving easier and to promote healthy development; parent education; parent support groups; linkage to the appropriate community service resources to meet a child's special needs. Provide reassurance, and appropriate resources to reduce the stress resulting from a child's condition. Respite care is an excellent way to prevent stress from escalating to crisis.

## Stress and Crisis in the Family

*The precipitation of an abusive event is often related to chronic or excessive stress or family crisis. High levels of chronic family stress may also contribute to neglect.*

*Behavioral Indicators That Increase Risk*

- Abuse may occur during times of severe situational stress in families where there has been no previous maltreatment. The stress does not cause abuse, but it increases the likelihood that it will occur when the

parents are predisposed to abuse. These "acute" abusive incidents are often related to major life changes, including death, divorce, loss of employment, or illness. There is also a positive correlation between situational stress and lack of resources, and the neglect of children.

- Some parents may have difficulty dealing with stressful situations because of poor coping skills. They may never have had the opportunity to learn effective strategies to solve problems or to cope with stress. Less productive coping strategies, such as denial, fighting, blaming others, or avoiding situations are used instead. Since these do not effectively resolve the problems, these families are subsequently more vulnerable to additional stress. An abusive parent's reaction to stress is often characterized by frustration and self-criticism. Unmanageable stress is, therefore, often the "trigger" that precipitates an abusive event.
- It is important to remember that even people with typically excellent coping skills can be pushed to crisis if the situational and environmental stresses are excessive.

*Reciprocal Strengths That Decrease Risk*

- Families that have well-developed and effective coping and problem-solving skills are less vulnerable to the effects of stress. These include the ability to use other people for support and assistance; sufficient problem-solving skills to identify and resolve problems before they reach a critical level; the ability to prioritize; and the ability to act independently.

*Intermediate Conditions (Potential Strengths)*

- Many families successfully cope with and manage small problems, but have more difficulty when environmental or situational stress is excessive, or when their coping skills are routinely and constantly taxed. This also includes families who are not utilizing all the resources that are available to them, or may not know how, but are willing to do so.

*Suggested Interventions To Promote Growth*

- Crisis intervention counseling; direct assistance by the caseworker in problem solving; concrete interventions that reduce or eliminate stressors; modeling and teaching constructive coping and problem-solving skills; breaking down large and complicated problems into manageable components; linkage to community supports and resource organizations; home-based supportive interventions.

## The Absence of Supports and Resources

*The unavailability of supports and resources, or a family's inability to access or utilize them, contributes greatly to maltreatment.*

*Behavioral Indicators That Increase Risk*

- The absence of supports and resources greatly exacerbates stressful situations. Families that do not have the resources to meet even basic needs, and who cannot access necessary services, are at much higher risk of chronic and repeated crisis. Dealing with continual stress without interpersonal and emotional support also greatly increases the risk of crisis. Chronic stress and crisis contribute to personal immobility and loss of hope.

- The inability to trust other people, the expectation of attack and criticism, and a sense of shame about perceived failures can result in self-imposed isolation, which is an unwillingness or inability to ask for or to accept help from others. This isolation prevents some families from utilizing available support to help in coping with stress situations. These persons lack support even within their own families and communities. Their interpersonal relationships are often conflictual, and they exhibit distrust and a pervasive lack of confidence in other people.

*Reciprocal Strengths That Decrease Risk*

- A family's ability to access and utilize resources and support is a considerable strength in reducing stress, and thereby reduces the likelihood of maltreatment in stressful situations. Families that have and use strong personal and interpersonal support systems with extended family, friends, neighbors, and community members, are less vulnerable to the effects of stress. Families that know how to find and use formal resources in their community are also less vulnerable.
- In some cultures, people value independence or privacy, and believe that personal or family problems should not be discussed with people outside the immediate or extended family. These families, however, often have excellent support systems within their extended families or immediate communities. While they may choose not to access help from strangers or formal agencies, their informal support networks can be very strong. The caseworker must be cautious not to misinterpret a family's unwillingness to use formal agency support systems as self-imposed isolation.

*Intermediate Conditions (Potential Strengths)*

- Families that have no inherent mistrust of people or public institutions may still not utilize supports and resources for other reasons, such as: a lack of knowledge about how to access resources; fear or lack of confidence; embarrassment; previous negative experiences with certain agencies; misperceptions about the formal service system; or environmental barriers such as lack of transportation or babysitting.

*Suggested Interventions To Promote Growth*

- Home-based services that involve the parent in designing the intervention plan; use of naturally-occurring and culturally appropriate supports and resources, such as community groups, the church, a neighborhood service center, etc; providing assistance in meeting basic needs; helping families access community services, including transportation and child care; strengthening family and extended family supports. Removing barriers and facilitating linkage to the proper resources for emotional, financial, and environmental support can often alleviate much family stress for people who are willing, but not independently able, to access them.

## Summary of Intervention Strategies

Throughout the previous discussion, we have suggested intervention strategies that address common contributing factors to child maltreatment. These should be included in case plans for maltreating families where appropriate. These strategies are particularly valuable when families are found to have nascent strengths, and when the risk of abuse or neglect results from developmental or environmental problems, rather than serious parental pathology. The following list summarizes the most relevant types of services recommended for maltreating families:

- The development of a relationship with a trusting, consistent, supportive, dependable caseworker or therapist, who will be patient while the parent is learning to trust, and who will not be threatened by ups and downs in the relationship. This includes continuing to strengthen the relationship even when protective interventions, such as referral to court or placement of the child, are necessary. An honest, nonpunitive, and consistent worker can maintain a casework relationship with a family in most situations. (Refer to Section IV-B, "The Casework Relationship: The Foundation of Family-Centered Child Welfare.")
- Utilization of a coordinated network of community-based resources, including agencies, culturally-relevant service providers, and naturally-occurring neighborhood, family, and extended family supports to build or strengthen a consistent support base for families, and to reduce or eliminate stress.
- Outreach to assist parents in finding socially acceptable ways to meet their own adult needs for nurturance, dependence, attachment, and affiliation. This may take time, as it will require a relearning process through participation in nurturing interpersonal relationships. The caseworker must be patient.
- Provide parents with support and resources to help care for difficult children. This may include in-home supportive services, parent education, protective day care, homemaker or parent aide services, use of preschool babysitters for respite care, and strengthening support networks of extended family. Immediate access to respite care when the parent is feeling overwhelmed or out of control can prevent abuse.

- Provide education regarding normal, developmentally-appropriate behaviors of children, and help parents understand that their children's negative behavior is not a direct reflection of the parent's competence or worth. Parents should also hear this from persons other than the caseworker, preferably people in the parents' community and cultural group, other parents in parent support groups or parenting classes, and extended family members.
- Provide training to use effective, nonviolent discipline strategies in managing children's behavior. This training may be provided by modeling and coaching parents in the home, or in a formal group or class setting. However, isolated parents with limited trust may initially find a group too threatening, and may resist attending formal parenting classes. The use of volunteers, parent aides, foster parents, and other in-home supports may be more effective in teaching parents child care methods.
- Teach parents strategies to engage their children into mutually satisfying activities and play. A child's pleasure and enjoyment of the parent can positively reinforce the parent's self-esteem and, at the same time, provide activities that stimulate development, and nurture the child emotionally.
- Help parents learn to accept support from other people; reduce self-imposed isolation; link families with naturally occurring or self-help groups, such as Parents' Anonymous or church groups; be conscious of cultural values that reduce willingness to seek help outside the family or community. Use skilled volunteers or parents who have learned not to abuse their children, in a "buddy system," to provide support and teach parenting skills to abusive parents.

- Help families reduce and manage environmental stress to lessen the likelihood of crisis; establish linkages with community resources and educate families in their proper use; rehearse with families ways to talk with other people to increase confidence and reduce embarrassment. Provide necessary resources to assure basic subsistence.
- Provide family or marital counseling when the parents appear to have some insight into their problems and are willing to utilize help. Counseling can improve trust and reduce interpersonal conflict. It can also help parents communicate their needs more effectively, and encourage them in turning to family members for help.
- Identify situations in which parents' drug or alcohol abuse, psychosis, mental illness, or other conditions contribute to the maltreatment of children, and provide the specialized services necessary to treat these conditions.