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Prior to the recognition of the battered child syndrome in the early 1960s (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962), there was essentially no research on child maltreatment. Even by the early 1970s, there was so little research on child maltreatment that all the research could, according to well-known researchers Richard Gelles and Murray Straus (1988), “be read in one sitting” (p. 11). In the last 30 years, interest in child maltreatment has grown, expanding well beyond its initial academic borders of psychology and sociology to encompass a large number of academic and professional fields such as criminology, medicine, legal studies, social work, and law enforcement. In addition, advocates working with victims and perpetrators of child maltreatment have emerged as a forceful group of activists with a specific moral and political agenda. Perhaps no other social scientific field provides this diverse mix of advocates and researchers.

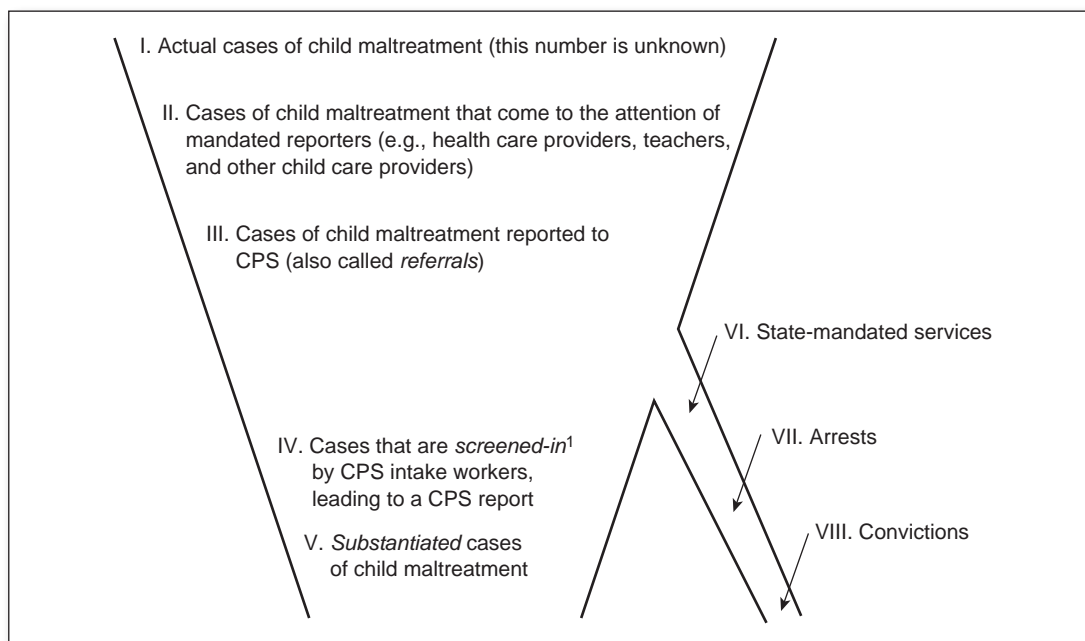
Each group brings its own perspective to bear on the problem, and the results are predictable. Experts schooled in different academic disciplines often employ different research methodologies, collect different types of data, and formulate different theoretical frameworks. In addition, various professionals, whether they are academicians, practitioners, or advocates, often approach the issue of child maltreatment from polarized perspectives, which results in diverse definitions, explanations, and solutions to the problem. These competing perspectives sometimes produce heated disagreements. For example, the often-bitter debate over *recovered memories*—repressed memories of sexual abuse people are said to have had and later remember through therapy—can be understood, at least in part, as a response to the different perspectives that clinical psychologists and counselors (who are more likely to accept recovered memories) and experimental psychologists (who are more likely to question recovered memories) bring to the discussion (see Chapter 9). As we stated in Chapter 1, disagreements about these issues are important because the group that is most persuasive in its arguments typically earns the right to define the problem, offer solutions, and secure funds to help alleviate the problem.

Further complicating matters is the fact that child maltreatment is both challenging to study and to explain. Our task in this chapter is to examine the important theoretical and methodological issues in child maltreatment research. We begin with a discussion of issues related to measuring the extent of child maltreatment. Next, we introduce several theories, primarily from sociology and psychology, which help explain child maltreatment. Finally, we examine a number of methodological issues that make child maltreatment difficult to study.

Determining the Extent of Child Maltreatment

The study of child maltreatment, like the study of other deviant and criminal behavior, is plagued by inevitable estimation challenges. To illustrate the problems inherent in estimating crime, criminologists sometimes use the metaphor of a funnel. Figure 2.1 illustrates what this funnel might look like with respect to child maltreatment. At the top sits the actual amount of child maltreatment present within society (Level I). This number, which can become dramatically larger or smaller depending on how society defines maltreatment, cannot be known for sure. Self-report and/or victim surveys are the only way to estimate the amount of child maltreatment in society. Level II includes all child maltreatment that comes to the attention of the various professionals who are mandated to report abuse (e.g., doctors, nurses, teachers, social workers, counselors, day care workers, and police) plus the child maltreatment that comes to the attention of authorities within Child Protective Services (CPS). In principle, because certain professionals are mandated to report abuse, all the abuse they encounter should appear in CPS data (Level III). In actual practice, however, mandated authorities often chose not to report the abuse they encounter. A therapist, for example, may become convinced that her client has been a victim of abuse but may not want to violate client-therapist trust. In addition, many mandated reporters have little faith in CPS, which makes them less motivated to report the abuse (Melton, Goodman, Kalichman, Levine, Saywitz, & Koocher, 1995; Sedlak & Broadhurst, 1996).

Figure 2.1 Problems in Estimating the Amount of Child Abuse: The Child Maltreatment Funnel



1. The remaining one third are screened out because of insufficient information, workload issues, or referrals to other agencies.

Level III includes all *referrals* that are reported to hotline or intake workers at CPS. Approximately 60% of these referrals are screened-in and result in a CPS report, as shown in Level IV. A screened-in referral is one in which intake workers determine that the report is legitimate and likely satisfies legal definitions of child maltreatment (United States Department of Health and Human Services [U.S. DHHS], 2011). Level V represents the number of reports that are *substantiated*. A case of child maltreatment is substantiated when child protection agencies determine that a preponderance of evidence suggests that the abuse did in fact occur. This is a less stringent criterion than that required in criminal courts. Only approximately 25% of CPS reports are substantiated (U.S. DHHS, 2011). (See Chapter 9 for a discussion of the reasons reports are often unsubstantiated, including the question of false allegations.)

Once a case is substantiated, the assumption is that the state will mandate services (e.g., counseling for the parents, foster care for the child, or permanent removal of the child). In reality, however, the state often does not intervene, so the funnel narrows even more at Level VI. McCurdy and Daro (1993) argue that social services agencies are so overwhelmed that CPS intervenes in only 60% of substantiated cases. The remaining 40% of families are typically encouraged to get counseling on their own (Emery & Laumann-Billings, 1998).

Anywhere along this process, cases may also be turned over to the criminal justice system (Levels VI and VII). Most child maltreatment cases, however, are not treated as criminal cases. Estimates are that less than 20% of substantiated cases involve formal court action (Emery & Laumann-Billings, 1998). In the criminal justice system, which operates independently from the child welfare system, “victimization constitutes harm to the state,” thus shifting the focus away from the victim (the child) to the offender (Levesque, 2011, p. 50).

Among criminologists, the gap between crime that is actually committed and crime that is reported is referred to as the *dark figure*, because researchers cannot know how large it is. Child maltreatment has an especially large dark figure, represented by the gap between the unknown number of actual cases and the relatively smaller number of cases that are substantiated by CPS.

The funneling metaphor is helpful as we turn our attention to a discussion of the specific sources of data on child maltreatment. Each source examines a different level in the funnel. No data source is inherently superior to the others; rather, each has its own strengths and weaknesses.

The primary distinction we make in this next section is between *official statistics* and *self-report surveys*. Official statistics come from the Federal Bureau of Investigation, CPS, or other professionals and represent the amount of child maltreatment that comes to the attention of those officially mandated to protect children. This includes maltreatment that is reported as a crime (Level VI), maltreatment that is reported to CPS (Level III), and maltreatment that is reported to any mandated professional (Level II, which includes CPS and other professionals such as health care workers, social workers, and teachers, who are mandated to report child maltreatment).

Self-report surveys are mail, phone, or face-to-face surveys of the general public concerning violence in the family. Self-reports are essentially perpetration or victimization surveys, in which researchers promise confidentiality and anonymity and hope that respondents will honestly answer questions about their own use of violence or victimization. Self-report surveys are the only way to estimate Level I rates of child maltreatment.

Official Estimates

There are two primary sources of official statistics on child maltreatment: the **National Child Abuse and Neglect Data System (NCANDS)** and the National Incidence Study (NIS).

National Child Abuse and Neglect Data System (NCANDS)

The National Child Abuse and Neglect Data System (NCANDS) is a federally sponsored data collection system that originates with state CPS agencies. As part of the Child Abuse Prevention and Treatment Act (CAPTA; established in 1974, amended in 1988), the Department of Health and Human Services (DHHS) established a national CPS reporting system. Every state that receives federal child protection funds is required to report data on child maltreatment. NCANDS produced its first report in 1992, summarizing data from 1990. Now in its 21st edition, *Child Maltreatment 2010* reports state-level data on the number of child abuse and neglect reports, the source of child abuse reports, investigation outcomes, types of maltreatment, description of the victims of maltreatment, and the relationship of perpetrators to victims (U.S. DHHS, 2011).

The annual NCANDS report is, arguably, the most important data source on child abuse and neglect in the United States. These data, however, are not without their problems. The biggest problem is that the NCANDS compiles statistics only on child maltreatment reported to CPS (Levels III, IV, and V in Figure 2.1). Also problematic is the fact that definitions of abuse, investigative procedures, and data collection procedures are determined at the state level. As a result, what is or is not counted as abuse will vary from agency to agency (U.S. DHHS, 2011).

National Incidence Study (NIS)

The NIS is a congressionally mandated effort of the United States Department of Health and Human Services (U.S. DHHS) to measure the incidence of child maltreatment in the United States and to estimate change in incidence rates over time. There have been four NIS studies published—in 1981, 1988, 1996, and 2010 (Sedlak, Mettenburg, Basena, Petta, McPherson, Greene, & Li, 2010). The NIS estimates the child maltreatment that has come to the attention of mandated professionals and thus goes beyond the estimates provided by CPS (Level II in Figure 2.1). We know that many professionals who are mandated to report suspected cases of child maltreatment to CPS do not do so. Such professionals may have conflicting responsibilities, may not want to get involved with CPS, or may not trust the reporting system. The NIS is an attempt to estimate the amount of child maltreatment that comes to the attention of these mandated authorities, even those cases that are not reported to CPS.

The Fourth National Incidence Study on Child Abuse and Neglect (NIS-4) uses sampling procedures to select community professionals who work in agencies where it is common to come into contact with abused and neglected children (e.g., police departments, school and day care centers, hospitals, social service agencies, shelters, etc.). The nearly 11,000 professionals involved in NIS-4 essentially served as lookouts for child abuse and neglect. Researchers then extrapolate from the reports filed by these professionals to create national estimates.

The NIS is a widely respected data source for two reasons. First, NIS researchers employ uniform definitions of abuse and are, therefore, able to standardize the abuse label. The second advantage is that the NIS employs a relatively broad definition of abuse that includes a **harm standard** as well as an **endangerment standard**. The endangerment standard allows researchers to include children who have not been physically harmed but who have experienced maltreatment such that they are in danger of being harmed.

Self-Report Surveys

The only way to get a sense of the actual amount of child maltreatment that is committed is with self-reports. There are two types of self-report surveys: self-report *perpetration* surveys ask

respondents about their own abusive and neglectful behavior; self-report *victimization* surveys ask respondents about their experiences as victims of child maltreatment. Often, child maltreatment surveys contain elements of both. The **Parent-Child Conflict Tactics Scales (CTSPC)** (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998), for example, not only asks parents to report their own violent behavior (a perpetration survey) but also elicits from them disclosure of sexual victimization that might have occurred to them in childhood (a victimization survey). There are, however, slight differences in the potential methodological problems associated with victimization and perpetration surveys, and that is why it is important to distinguish between the two.

The obvious advantage of both types of self-report surveys is that they provide access to information about maltreatment that is not reported to official agencies. These surveys are especially useful for information on normative violence (e.g., corporal punishment and sibling aggression). The retrospective nature of the reports, however, is problematic (e.g., memory lapses and distortions), especially when adults are asked to recall childhood victimization. One of the most contentious debates about child sexual abuse, for example, is the question of whether adults can recover previously repressed memories of childhood abuse (see Gleaves, Smith, Butler, & Spiegel, 2004). Some question the accuracy of these recovered memories and the motivations of the therapists who have helped in their recovery (see Kihlstrom, 2004; Loftus, 2003a; see also Chapter 9).

Another problem with self-report data is that respondents might not be truthful. This is always a potential problem, but it is especially so in perpetration surveys in which respondents disclose their own abusive and neglectful behavior. Respondents may perceive their own violence as justified and therefore not reportable. They may blatantly lie. At the very least, we should recognize that respondents may be motivated to underestimate their own level of violence and may minimize the severity of the violence.

Conflict Tactics Scales

The **Conflict Tactics Scales (CTS)** are the most widely used scales in self-reported family violence research, representing an impressive leap forward in the identification and quantification of specific, violent behaviors. The original CTS (Straus, 1979) was designed to measure marital or dating violence, but it could be altered to measure child maltreatment by changing the reference from “your partner” to a specific child. Eventually Straus and his colleagues (1998) created a modified version of the CTS specifically to measure child maltreatment: the Parent-Child Conflict Tactics Scales (CTSPC).

The CTSPC measures various tactics or behaviors that parents might use when they are upset with a child. The survey begins with this statement:

Children often do things that are wrong, disobey, or make their parents angry. We would like to know what you have done when your (SAY age of referent child) year-old child did something wrong or made you upset or angry. I am going to read a list of things you might have done in the past year, and I would like you to tell me whether you have: done it once in the past year . . . (Straus et al., 1998, p. 267)

The interviewer then reads a list of 22 types of conflict resolution strategies parents might employ, including four nonviolent responses (e.g., “discussed the issue calmly”), five psychological aggression responses (e.g., “threatened to hit or throw something”), and 13 physical aggression responses (e.g., “threw something”; Straus & Hamby, 1997). Table 2.1 lists some sample items from these 22 responses and divides them into the definitional categories. The CTSPC also includes supplemental questions on neglect, corporal punishment, and sexual abuse. Some samples of these items are listed in Table 2.2.

Table 2.1 Sample Statements From the Parent-Child Conflict Tactics Scales (CTSPC) Version

The Parent-Child Conflict Tactics Scales (CTSPC) is a self-report survey of parents. Parents are asked to respond to a series of 22 conflict resolution strategies that they may or may not have employed in the raising of their child. Items range from those that are nonviolent (e.g., a time-out) to those that are physically abusive (e.g., purposely burned a child).

In an attempt to illicit honest responses, the survey creates a context of legitimization by beginning with two items of appropriate nonviolent discipline. The next 20 items are listed randomly, with nonviolent and violent items mixed together. In randomly listing the items, as opposed to listing the items in order (from less to more severe), the researchers hope to avoid biasing the respondents with their own perceptions of severity (Straus et al., 1998).

The 22 items are then categorized to create measurements of *nonviolent discipline*, *psychological aggression*, and *physical assault* (*minor*, *severe*, and *extreme*). Examples of some of these items, along with the item number in the survey, are listed below.

Nonviolent Discipline

1. Explained why something was wrong
17. Gave your child something else to do instead of what he or she was doing wrong

Psychological Aggression

6. Shouted, yelled, or screamed at your child
10. Swore or cursed at your child
12. Said you would send your child away or kick him or her out of the house

Physical Assault

Minor—Corporal Punishment

3. Shook your child (this is scored as *extreme* if the child is less than 2 years old)
4. Hit your child on the bottom with something like a belt, hairbrush, a stick, or some other hard object

Severe Violence

15. Hit your child on some other part of the body besides the bottom with something like a belt, hairbrush, a stick, or some other hard object
20. Threw or knocked your child down

Extreme—Physical Maltreatment

11. Grabbed your child around the neck and choked him or her
13. Burned or scalded your child on purpose

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Table 2.2 Samples From the Parent-Child Conflict Tactics Scales (CTSPC) Questions on Weekly Discipline, Neglect, and Sexual Abuse

The Parent-Child Conflict Tactics Scales (CTSPC) includes a series of optional supplemental questions designed to measure *weekly discipline* (specifically corporal punishment), *neglect*, and *sexual abuse*.

Weekly Discipline (optional)

Researchers interested specifically in parental discipline and corporal punishment can ask four questions on discipline. For these items, the time referent is changed from *past year* to *past week*. Listed below are two examples of the *weekly discipline* measures.

- 24. Shouted, yelled, or screamed at your child
- 26. Slapped your child on the hand, arm, or leg

Neglect (optional)

Measuring neglect is difficult because it typically involves ongoing acts of omission rather than specific acts of commission. The time referent for these five items is past year. Listed below are two examples of the *neglect* measures.

- 27. You had to leave your child home alone, even though you thought some adult should be with him or her.
- 30. You were not able to make sure your child got to a doctor or hospital when he or she needed it.

Sexual Abuse (optional)

The *sexual abuse* section of the survey includes two items about the respondent's victimization as a child and two items about the victimization of the respondent's child. Listed below are two examples.

- 32. Before the age of 18, were you ever forced to have sex by an adult or older child—including anyone who was a member of your family or anyone outside your family?
- 33. As far as you know, in the past year has your child been touched in a sexual way by an adult or older child when your child did not want to be touched that way, or has he or she been forced to touch an adult or child in a sexual way—including anyone who was a member of your family or anyone outside your family?

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Straus and his colleagues acknowledge that measuring self-reported parental violence, psychological aggression, and neglect present several problems. First, although the test-retest reliability is good, the internal consistency of the CTSPC is low, possibly because parents who engage in one form of maltreatment do not necessarily engage in others (Straus & Hamby, 1997). A bigger

problem, as we discussed above, is that parents are being asked to assess their own level of violent behavior and may not be honest. To minimize this problem, the survey attempts to create a context of legitimization by beginning with two socially acceptable discipline techniques. The rest of the items are listed randomly so that the researchers' perception of severity does not bias the respondent (Straus et al., 1998). Despite these precautions, parents no doubt often underreport their violence. Even with this assumed underreporting, however, prevalence studies based on the CTSPC suggest rates of maltreatment that are considerably higher than those reported by the NIS-4 (Straus et al., 1998).

National Crime Victimization Survey (NCVS)

The most commonly cited victim survey is the NCVS, a semiannual survey of 60,000 households conducted by the U.S. Census Bureau on behalf of the U.S. Department of Justice. The NCVS has been conducted since 1973 and is the primary source of information in the United States on the characteristics of criminal victimization and on the number and types of crimes committed. We mention the NCVS only briefly here because although it is an important measure of criminal activity in the United States, children under the age of 12 are not interviewed and physical and sexual abuse are not covered in the survey. It is also problematic that NCVS interviews are not conducted in private, which would obviously affect children's disclosures. Because of these various limitations, the NCVS is only marginally useful in the study of child maltreatment. As we mentioned in Chapter 1, however, it is a very valuable source of data on childhood victims of conventional crime (Finkelhor, 2008).

Juvenile Victimization Questionnaire (JVQ)

The Juvenile Victimization Questionnaire (JVQ) was developed partially because of the researchers' desire to measure the overlap of childhood victimizations. Child maltreatment research is often fragmented, with studies focusing on the measurement of one specific form of child maltreatment. In reality, of course, there is considerable overlap between the various forms of child maltreatment. If we read, for example, that 10% of children are physically abused and 10% are neglected, we cannot conclude that 20% of children are victims of physical abuse or neglect, because it is likely that a high percentage experienced both abuse and neglect.

The JVQ measures exposure to a wide variety of childhood victimization, including conventional crime, child maltreatment, peer and sibling victimization, sexual assault, and witnessing an indirect victimization. The other significant contribution of the JVQ is that it not only measures the most serious forms of childhood victimization but also a wide variety of indirect forms of exposure (e.g., witnessing fights in and outside the home, hearing gunfire) as well as relatively common forms of victimization, including bullying and teasing (Finkelhor, Ormrod, Turner, & Hamby, 2005b; Hamby, Finkelhor, Ormrod, & Turner, 2004).

Section Summary

There are numerous sources of data on child maltreatment, but none of them are perfect. In general, researchers rely on two types of child maltreatment data: official statistics and self-report surveys. Official statistics are estimates of reported child maltreatment, whereas self-reports survey victims or perpetrators in an attempt to estimate the actual amount of child maltreatment committed.

The NCANDS data is provided by state CPS agencies. These data are published annually and include information on the number of child abuse and neglect reports, the source of child abuse reports, investigation outcomes, types of maltreatment, description of the victims of maltreatment, and the relationship of perpetrators to victims. The NIS is a congressionally mandated survey of childcare professionals conducted by the United States Department of Health and Human Services. NIS estimates the prevalence of child maltreatment, demographic correlates of abuse, and various issues surrounding substantiated and unsubstantiated cases.

Self-report surveys such as the CTSPC and the JVQ ask parents about their own verbally and physically aggressive behaviors directed toward their children and also about their own experiences as children (i.e., as victims of maltreatment). Despite significant limitations (potential dishonesty in describing their own violent behavior, relying on memory to describe their own victimization), surveys such as these are the only way to estimate the actual amount of child maltreatment in society.

Explaining Child Maltreatment

We human beings are complex and our behavior is often unpredictable. The question of the etiology of human behavior, therefore, is inevitably complicated. This may be especially true of child maltreatment, which encompasses many different kinds of behaviors and is influenced by many different factors. Abusive adults vary widely in their psychological, social, and demographic characteristics, so it is unlikely that any one explanation can account for all (or even most) cases of abuse. Indeed, we are not likely to find the cause of child maltreatment.

This realization does not mean we should cease trying, however, and research on the causes of child maltreatment is ongoing. Since the 1960s, explanations have moved beyond the notion of psychologically disturbed adults to include factors like parent-child relationships, family environment, social support, socioeconomic disadvantage, and cultural factors. Most recently, scholars have incorporated various factors into multidimensional, interactional explanations, which integrate various theoretical traditions (see Hoffman & Edwards, 2004).

The theories discussed in the sections that follow are broad in scope and are relevant to all forms of child maltreatment. We begin with a discussion of several macro-level factors that help us understand why child maltreatment occurs in society. We then consider various theories that help us understand who does or does not become abusive.

Cultural and Structural Antecedents

All families have tension and all families sometimes resolve these tensions in inappropriate ways. Even the best parents may lose their tempers, squeeze an arm harder than they should, say something intentionally hurtful, or yell louder than they need to. It is probably counterproductive, however, to label all inappropriate interactions between parents and children as *child abuse*, because in doing so, the term becomes so broad that it loses its usefulness. Nevertheless, it is important to remind ourselves that most parents probably behave inappropriately from time to time. Given this reality, it is fruitful to consider the many cultural and structural conditions that contribute to physically violent and verbally aggressive family interactions. As we will see, in many respects, aggression is a normal (i.e., common and culturally approved) part of family life. Why is this so?

The Cultural Context

We would argue that violence is an accepted, encouraged, and even glorified form of cultural expression. One does not have to watch many movies, cartoons, or sporting events to see that physical violence as a way of expressing one's emotions is in some ways acceptable in society. Is it possible that the acceptance of violence in a society, or the pervasiveness of violence in a society, might create a context that fosters child maltreatment (Djeddah, Facchin, Ranzato, & Romer, 2000)?

The acceptance of violence certainly extends into families. In fact, families are, arguably, *especially* likely to accept violence. Spouses push one another and siblings fight. We are told these things “just happen” and that it is “natural” for family members to mistreat one another. Many also believe that children need strong discipline and that good parents are, at least in part, parents who are willing to hit their children when they misbehave. The General Social Survey, a national survey conducted by the National Opinion Research Center at the University of Chicago, finds that almost three fourths of Americans agree or strongly agree that it is “sometimes necessary to discipline a child with a good hard spanking” (Smith, Marsden, Hout, & Kim, 2011). Other national surveys on parental behavior suggest similar figures (Straus, Sugarman, & Giles-Sims, 1997). Although much of this violence is relatively minor, nearly half of all parents engage in more severe violence, including hitting children with objects such as sticks or belts, slapping children's faces, hitting children with fists, kicking children, or throwing/knocking children down (Straus et al., 1997).

This cultural acceptance of family violence is problematic partially because aggression generally deemed legitimate in American society (e.g., a slap on the hand of a misbehaving child) and aggression deemed illegitimate (e.g., a fist to the face of a misbehaving child) exist on the same continuum. It stands to reason that the more society encourages and condones some forms of violence as legitimate, the more illegitimate violence will occur. Many abusive parents report, for example, that they lost their tempers while disciplining their children and did not mean to cause physical harm (Straus, 2001). Because corporal punishment puts children at risk for physical injury, it is at least indirectly connected to child maltreatment. A child who is never hit cannot be hit too hard (Gershoff, 2002).

The influence of culture extends to many other areas as well. One explanation of child sexual abuse, for example, suggests that the historic inequality between men and women in patriarchal social systems extends to include children. That is, women and children share the same minority status and this is why they have historically been subjected to sexual abuse by men (Rush, 1980). Others implicate mass media portrayals of sexuality and children as factors in the etiology of sexual abuse (Wurtele & Miller-Perrin, 1992). Many depictions of sexuality in the popular media contribute to misperceptions that women and girls deserve or desire sexual contact (Millburn, Mathes, & Conrad, 2000).

Structural Characteristics of the Family

The nature of family interactions and the structure of the family also help explain why the family is prone to violence (Brinkerhoff & Lupri, 1988). One factor is the *time risk* of spending considerable time with family members, which increases the opportunity for violence. Another factor is that family interactions are often tense and emotional, the intensity of which can make family relationships especially volatile. In addition, a power differential exists between family members. Children are subordinate to parents and as a result, sometimes become targets of

aggression. Children cannot, for example, fight back. Nor can they always choose with whom they will or will not interact. One way adults relieve conflict in interpersonal interactions is simply to dissolve the relationship. Parent-child relationships, however, are involuntary and difficult to dissolve. In fact, federal law mandates that families be preserved whenever possible, and as a result, parents are often given every opportunity to change (see Chapter 9 discussion of the family preservation debate). The privacy of families also contributes to child maltreatment by making violence relatively easy to hide and by dictating a hands-off policy when it comes to family matters (Brinkerhoff & Lupri, 1988).

All these family structure factors combine to make children vulnerable. Imagine, for example, what you would do if you were in a grocery store and saw a mother slap the face of her 3-year-old child? Would you intervene or would you walk away? Parental aggression is condoned in our culture, and corporal punishment is not only permissible but also protected by law. In addition, family privacy norms provide parents with considerable autonomy in deciding how to discipline children. Given these factors, one might assume that many people would conclude that such an event is none of their business.

Low Costs of Child Maltreatment

Sociologists define **social control** as the collective efforts of a society to ensure conformity. Various formal (e.g., criminal justice system, CPS) and informal (interpersonal pressures) mechanisms of control ensure conformity. As discussed in Chapter 1, deterrence **theory** explains deviant behavior as a breakdown of *formal* social controls (i.e., the criminal justice system). When there are few legal costs to antisocial behavior, the behavior is more common (Gibbs, 1975). *Costs* are defined as the perceived probability of getting caught (*certainty* of punishment) and the perceived seriousness of the punishment (*severity* of punishment). Of course, *informal* social controls are also powerful. Family, friends, work colleagues, bosses, and even strangers may react to us when we violate norms. The reactions of society—whether they are formal or informal—ensure that most of us conform most of the time.

Many scholars argue that the cost of committing a violent act against a family member is simply too low, which partially explains the high rates of child maltreatment (Finkelhor, 2008; Gelles & Straus, 1988). Gelles and Straus (1988) illustrate the low costs in their book *Intimate Violence* when they argue that family members hit one another “because they can.” That is, there are insufficient controls or costs to keep them from hitting one another. Children are so often victimized because we tolerate and fail to sanction violence toward children. Part of the reason, according to Finkelhor (2008, p. 9), is the belief that childhood victimizations are “different in nature from most others: that they are less serious, that they are simply an inevitable part of childhood or family life, and that they can even be educational or build character.”

The costs of child maltreatment have risen dramatically in recent years. Mandatory reporting laws and the increasing awareness of the public mean that child maltreatment is more often recognized today than it has been at any other time in history. There is also increasing pressure to remove children from dangerous homes and to prosecute abusive parents. There is every reason to believe, furthermore, that these changes have contributed to the declining rate of child maltreatment (Finkelhor & Jones, 2006). We would argue, however, that even today the costs of family violence—and especially child maltreatment—are relatively low.

Etiological Theory: Trying to Understand Abusive Behavior

The factors discussed in the previous section may help us understand why children are so frequently victimized, but they do not explain patterns of child maltreatment. That is, they may successfully explain why child maltreatment exists in a society, but they fail to explain why a particular individual may or may not mistreat a child. Ultimately, we hope to understand why some individuals are abusive whereas others are not.

Interest in child maltreatment theory has grown in recent years. Additionally, child maltreatment is a form of deviant behavior, and there is no shortage of theory in psychology and sociology devoted to explaining deviant behavior. In the sections that follow, we consider several theories, some originating from the field of psychology and others from the field of sociology.

Social Ecology/Social Bonding Theories

Social ecology theory is macro in scope, locating deviance in the breakdown of environmental controls (Traub & Little, 1999). Sociologists who study crime and deviance sometimes referred to this tradition of thought as the *Chicago School*, because the original research was conducted by sociologists at the University of Chicago during the 1920s. For sociologists, social ecology theory suggests that when there is a breakdown in a sense of community and shared responsibilities, entire neighborhoods can become prone to deviance. In many poor, inner-city neighborhoods, for example, there is geographic instability, heterogeneity of residents, and a breakdown of churches and other community-building institutions. Residents of these neighborhoods may have few emotional attachments to one another and may care little about the community in which they live. When the residents lose their links to one another and to their community, they also lose the ability to monitor (i.e., sanction) the behaviors of others.

From this perspective, child maltreatment is a breakdown in the social bonds that tie people to society's expectations. One such theory is Travis Hirschi's (1969) **social bonding theory**. Social bonding theory begins with the assumption that humans are inherently motivated to commit deviant acts. Therefore, while most theories of child maltreatment attempt to answer the question "Why do adults abuse children?" social bonding theory turns this question on its head: Given the cultural and structural factors that encourage family violence, why don't adults abuse children? That is, what social forces *prevent* most adults from abusing children? According to Hirschi, people refrain from committing deviant acts when strong social bonds give them a stake in conformity. Three components of the social bond are most relevant to child maltreatment discussions: *Commitment* refers to the degree to which the individual is invested in conventional activities and conventional success. People with a lot to lose (e.g., home, family, career, and standing in the community) have a tremendous stake in conformity and are less likely to abuse children. *Attachment* refers to the bonds people feel with significant others. Attachments create strong bonds to society because we do not want to disappoint people who are important to us. People with few significant attachments are freer to commit deviant acts. Finally, *belief* is the degree to which one feels the laws on child abuse are justified and right. There is variation, for example, in the degree to which people believe hitting children is wrong. There are also people who believe that children are their property and that society has no right to tell them what they can or cannot do to their child (Hechler, 1988). Obviously, this belief results in an increased probability of deviant behavior.

We see support for these perspectives in research, which suggests that social isolation (including a lack of extended family or peer support networks) is correlated with child maltreatment.

Compared with nonabusive parents, abusive parents have relatively fewer contacts with peer networks as well as with immediate family and other relatives (Coohey, 2000; Whipple & Webster-Stratton, 1991). Corse, Schmid, and Trickett (1990) evaluated social support networks both within and outside the family in terms of the presence of family social support, child-rearing help, and the size of any existing support networks. They found that abusive mothers reported less family social support, less child-rearing help from peers and professionals, and smaller peer networks than nonabusive mothers. Research consistent with this perspective points to the important role of *social capital* in mitigating child maltreatment (i.e., the degree of solidarity and cohesion existing within a community; Runyan et al., 1998). Children who live in communities with low social capital appear to be at greater risk for child maltreatment than children who live in communities with well-developed social networks and community connections (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Also popular among developmental psychologists (Bronfenbrenner, 1979) is the theory of social ecology, which suggests that child development is best understood as an interplay between the child and the environment. A child's social ecology is the concentric circles of social influence that surround that child—family, peers, institutions, and community. These factors protect that child from abuse. When the child's social ecology breaks down, risk of abuse increases (Swenson & Chaffin, 2006).

The effect of social ecological risk factors is, of course, cumulative. No single risk factor is likely to explain much. Yet much of the research in this area, at least historically, has focused on single risk factors, thus severely limiting the predictive power of the models. In an important exception, MacKenzie, Kotch, and Lee (2011) conducted a longitudinal study on the cumulative ecological risk in a sample of young mothers. A sample of over 800 young mothers, interviewed shortly after giving birth, provided the researchers with information on a 10-factor cumulative risk index. These 10 risk factors included items such as maternal education, family size, marital status, maternal age, maternal history of abuse, socioeconomic status, maternal depression, and low self-esteem. Based on these interviews, each family was assigned a total risk score, and this score was used to predict maltreatment through the first 16 years of the child's life. The results were not surprising, with individual risk factors explaining very little, whereas the cumulative effect of the risk factors were powerfully predictive.

Social Class, Strain, and Frustration

Social ecology and social bonding theories both acknowledge a class link to child maltreatment, but neither determines the cause of child maltreatment to be in poverty, per se. That is, to the degree that poor neighborhoods tend to be socially disorganized, they should be prone to deviance. For social class theories, on the other hand, poverty is a direct contributor to deviance. One such theory is Robert Merton's strain theory, which suggests that in segments of society where there is a disjunction between a cultural emphasis on financial success (e.g., the "American dream") and the legitimate opportunities for achieving that success, deviant behavior is common (Merton, 1938). When goals for financial gain are blocked, people experience strain and frustration, becoming more prone to deviant behavior.

Strain theories are supported by the recognition that rates of child maltreatment are higher in lower-class neighborhoods, lower-income families, and unemployed families (Boyer & Halbrook, 2011). These patterns are consistent in both self-report studies and officially reported

abuse, suggesting that the maltreatment-class connection is not simply a result of a tendency to define the acts of the less successful as abusive (Milner, 1998). Strain theorists argue that the unequal distribution of opportunities, along with the inevitable stressors associated with poverty (e.g., financial worries, ill health, and crowded living conditions), produce high levels of frustration in lower-income families. Deviant behavior, including child maltreatment, is a reflection of a collective frustration experienced by a segment of society that perceives itself to be left out in its pursuit of the American dream.

Of course, strain and frustration are not limited to the lower classes. Any situational variable that is associated with levels of stress within families might contribute to child maltreatment. Black, Heyman, and Slep (2001a) found that physical abuse is generally associated with large numbers of stressful life events as well as stress associated with parenting. Stressful situations include the presence of a new baby in the family, illness, death of a family member, poor housing conditions, and larger-than-average family size. Other situational variables associated with physical abuse include high levels of stress in the family from work-related problems and pressures, marital discord, conflicts regarding a child's school performance, illness, and a crying or fussy child (Barton & Baglio, 1993).

Social Learning Theories

Any discussion of theory must begin with the observation that humans are social and that our way of living is determined more by culture and socialization than by instincts. Given our social nature, it should come as no surprise that **social learning theory** is a dominant perspective in the study of deviant behavior (Akers & Jensen, 2002). Clearly, it is important in the study of child maltreatment as well.

The process begins with *modeling*, in which a person learns social and cognitive behaviors by simply observing and imitating others (Bandura, 1971). When children are exposed to violence, they are exposed to a set of norms and rationalizations that justify violence. They are also deprived of the opportunity to learn appropriate and nurturing forms of adult-child interaction. Children learn that violence is an acceptable way, or perhaps even *the* acceptable way, of resolving family conflict and expressing emotions. In addition, learning in the observer is strengthened through observation of rewards and punishment dispensed to the model. As applied specifically to child maltreatment, observing or experiencing violence (e.g., father hits child for mouthing off) and reinforcement of violence within a social context (i.e., child shuts up) teaches children that violence works. Violence is reinforced as a way of getting what one wants.

A large number of studies have successfully linked childhood victimization to violence in adulthood. Although the intergenerational pattern is far from perfect, it is clear that adults with abusive childhood histories are more likely to abuse their own children (Crouch, Milner, & Thomsen, 2001; Ehrensaft, Khashu, Ross, & Wamsley, 2003; Widom & Maxfield, 2001). Evidence also suggests that children who witness abuse (e.g., between parents) but who do not experience abuse directly may learn violent interpersonal interaction styles. Through witnessing negative interactions, children learn maladaptive or violent methods of expressing anger, reacting to stress, and coping with conflict (Jaffe, Wolfe, & Wilson, 1990; Kalmuss, 1984; we discuss children who observe marital violence further in Chapter 6). Studies have consistently demonstrated that adults who abuse children are more likely to have come from homes characterized by considerable marital discord and violence (Gelles, 1980; Hotaling & Sugarman, 1986; Kalmuss, 1984).

To a limited degree, the intergeneration patterns describe sexual abuse as well. Overholser and Beck (1989) found that 58% of their sample of child molesters reported having been molested as children, compared with 25% of their rapist group and only 5% of matched comparisons. In a similar study, Glasser and colleagues (2001) found that the overall rate of past victimization among perpetrators was 35%, whereas the rate among nonperpetrators was 11%. The relationship between perpetration and a history of previous sexual victimization holds for adolescent sexual offenders as well (Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Johnson, 1989; Katz, 1990). Several studies have also found frequent reports of sexual abuse against another family member in offenders' families of origin, and others have noted a relationship between sexual abuse perpetration and high rates of physical abuse in the backgrounds of offenders (Williams & Finkelhor, 1990).

While it is difficult to question the intergenerational patterns, C. S. Widom (1989b) points out that there are many methodological problems with the social learning theory research. First, there has been an overreliance on self-report and retrospective data. Retrospective reports are problematic because they depend on the memories and perceptions of violent adults concerning their childhood experiences. Second, there has been a general lack of comparison groups of nonviolent adults also asked to provide retrospective reports. Finally, as we discussed in Chapter 1, childhood maltreatment is often perceived as *the* cause of adult perpetration, and this generalization is clearly far too simplistic. Childhood abuse is neither a necessary nor sufficient cause of adult violence. At best, the data suggest that children who were abused (or who witnessed abuse) are more *likely* to be abusive adults.

They are not predetermined to be abusive. Kaufman and Zigler (1993) reviewed the empirical literature on this question and concluded that the rate of intergenerational transmission is approximately 30%, which means that 70% of those who were abused as children do not go on to become abusive adults. Clearly, the majority of abused children do not grow up to be abusive adults (Kaufman & Zigler, 1993; Widom, 1989b).

Attachment and Parent-Child Interaction Theories

Parent-child interaction theories suggest that difficult child behaviors interact with specific parental behaviors to result in child maltreatment (Cerezo, 1997; Crittenden, 1998). That is, it is the behavior of both parent and child, rather than the behavior of either alone, that promotes violence. Some parents may lack the skills to manage children who are annoying, argumentative, defiant, or vindictive, for example, and this may lead to abusive interactions.

Some experts have suggested that these difficult behavior patterns affect the parent-child attachment during the abused child's infancy (Erickson & Egeland, 1996; Malinosky-Rummell & Hanson, 1993). Attachment is an enduring emotional bond that develops progressively during the first year of an infant's life while the infant is completely dependent on his or her caregiver for survival. This bond serves an important function because through the caretaker-child relationship, the infant develops a sense of trust and security, a sense of self, and an ability to learn and explore (Ainsworth, 1973; Bowlby, 1980). Failure to form a secure attachment early in life may contribute to difficulties in adulthood, such as the inability to develop close personal relationships (Ainsworth & Bowlby, 1991; Bowlby, 1980; Frankel & Bates, 1990).

Envision a child, for example, who is born with a particular characteristic such as a difficult temperament or a physical disability. Attachment theory suggests that these problems interfere

with the development of a secure attachment between the parent and child. This vulnerability may in turn lead to further difficult child behaviors and increased challenges for the parent. The problems may escalate and result in physical abuse when the challenges exceed the parent's tolerance or capability threshold. Several studies have found that, compared with parents who don't maltreat their children, maltreating parents more frequently have insecure attachments to their infants (Crittenden, 1992a; Erickson & Egeland, 1987; Kolko, 1992). In addition, findings from several studies support a theory of negative escalation in abusive parent-child dyads (for reviews, see Cerezo, 1997; Crittenden, 1998).

It is important to note that while the child's behavior is relevant to abuse, the behavior of a child should never be accepted as an excuse for an adult's violent behavior. When an adult inflicts injury on a child, he or she is responsible for that behavior. Children cannot be held responsible for their own victimization. Legal statutes governing adult behavior, furthermore, do not grant adults the right to inflict physical injury on children who are difficult. In addition, it is important to remember that although characteristics of the child are important, they are only one factor among many that contribute to child maltreatment. Sidebotham and Heron (2003), for example, conducted a large prospective study that examined characteristics of children that might predispose them to child maltreatment. They found that although child factors were significant, parental attitudes toward the child played a more significant role in child maltreatment.

Psychopathology and Behavioral Traits

As we have noted in Chapter 1, many observers trace the discovery of child physical abuse to the 1962 publication of Kempe and associates' article, "The Battered Child Syndrome," in which the authors argued that adults who physically abuse children suffer from a psychopathology and are in need of psychiatric treatment. They also suggested that child maltreatment is a rare social problem, which facilitated the assumption that perpetrators are disturbed individuals who must be crazy or sick. Likewise, early theorists in the study of child sexual abuse viewed perpetrators as psychotic, brain-damaged, senile, or mentally retarded individuals who could not control their own behavior (Weinberg, 1955).

Because child maltreatment has come to be defined more broadly to include greater numbers of adults as perpetrators, however, it has become increasingly difficult to view child abusers as people who suffer from mental illnesses. Although research has identified a subgroup of severely disturbed individuals who abuse children, only a small proportion of abusive parents (less than 10%) meet the criteria for severe psychiatric disorders (Kempe & Helfer, 1972; Straus, 1980; Walker, Downey, & Bergman, 1989). This conclusion applies to sexual abuse as well, where research suggests that severe psychiatric, intellectual, and neurological problems characterize only a small minority of offenders (National Center for Prosecution of Child Abuse, 1993; Williams & Finkelhor, 1990).

Although only a minority of child maltreatment perpetrators display severe forms of **psychopathology**, many reports demonstrate that child maltreatment offenders display *elevated scores* on measures of cognitive distortions, depressive symptoms, stress, low self-esteem, substance abuse, anger control problems, parenting difficulties, and physiological hyperactivity (Chan, 1994; Culp, Culp, Soulis, & Letts, 1989; Ethier, Lacharite, & Couture, 1995; Hayashino, Wurtele, & Klebe, 1995; Milner, Halsey, & Fultz, 1995). The perpetrators of child sexual abuse have likewise been found to have a variety of behavioral traits, including a disregard for the interests and concerns of others and lack of empathy and impulse control (Bresee, Stearns, Bess, & Packer, 1986; Phelan, 1995;

Yanagida & Ching, 1993). Some researchers have described child molesters as passive; as having feelings of vulnerability, inadequacy, and loneliness; as displaying deficits in intimacy; as being overly sensitive about their sexual performance with women; and as exhibiting deficits in heterosexual skills (Cortoni & Marshall, 2001; Hayashino et al., 1995; Seidman, Marshall, Hudson, & Robertson, 1994). Perpetrators of child sexual abuse also generally demonstrate ineffective means of coping with stress (Marshall, Serran, & Cortoni, 2000). Presumably, such difficulties may lead them to avoid the demands of adult relationships by turning to children to have their social and relational needs met.

Biological Factors

There are a number of ways in which biological factors might be related to child maltreatment. For instance, perpetrators of physical child abuse show hyperresponsive physiological activity to both positive and negative child stimuli (Milner & Dopke, 1997). Such unusual hyperresponsiveness might make child abusers more physiologically reactive in stressful situations with children and lead to abuse. Underlying biological mechanisms may also play a role in sexual abuse. Perpetrators of child sexual abuse, for example, demonstrate differences in hormonal and neurotransmitter levels relative to comparison groups (Langevin, 1993; Ward & Beech, 2006). Many have suggested that deviant sexual arousal (e.g., being sexually attracted to children) is biologically linked, perhaps resulting from abnormal levels of male hormones called *androgens* (Bradford, 1990). Other correlates of child maltreatment are also presumably biologically based, including low IQ, neuropsychological deficits, attention deficit disorder, physical disabilities, and physical health problems in offenders (Crittenden, 1992a; Elliott, 1988; Nayak & Milner, 1998; Ward & Beech, 2006).

Section Summary

There are several cultural and structural antecedents to child maltreatment that help us understand why child maltreatment occurs in society. Cultural factors set the stage for child maltreatment, focusing on broad, cultural forces that may allow or promote negative parent-child interactions. In many ways, North American culture accepts parental aggression and violence. The acceptance of this type of violence creates a climate in which abuse can occur as well as contributes to ambiguous boundaries between abusive and acceptable behavior. Other cultural factors are relevant as well, including the devaluation of children in general and media depictions of children as sex objects. Structural characteristics of the family may also contribute to child maltreatment. The continual interaction, intensity of emotions, and power imbalances inherent in most family life make children especially vulnerable targets. Furthermore, family privacy conceals violence from other members of society, thus making its occurrence more probable. Finally, the relatively low social costs of family violence mean that perpetrators are often not held accountable for their behavior.

Several etiological theories are relevant in the discussion of child maltreatment. Social control theories, including social ecology theory and social bonding theory, find the cause of child maltreatment in the breakdown of mechanisms of societal constraint. Social ecology theories are macro in scope, focusing on the disintegration of entire communities. Social bonding theory is micro in scope, suggesting that people without much of a stake in conformity (e.g., attachments, conventional commitments, and beliefs) will face fewer social costs when they commit deviant

acts. Social class, strain, and frustration theory predicts that people who are frustrated by their inability to attain culturally defined goals of success (i.e., those who are poor and unemployed) are more likely to commit deviant acts. Research suggests that there is indeed a strong empirical link between class and child maltreatment. Other stressors—anything from a new baby to a death in the family—might contribute to abuse. Social learning theories predict that children who are victims of assault or who witness assault learn that violence is an acceptable way of resolving family conflict and expressing emotions. Attachment and parent-child interaction theories find the cause of abuse in the weak attachments that are formed between parent and child. Psychopathology explains only a small percentage of child maltreatment, but various other behavioral traits (e.g., cognitive distortions, depressive symptoms, stress, low self-esteem, substance abuse, anger control problems, parenting difficulties, physiological hyperactivity) are linked to child maltreatment. Finally, biological factors such as a physiological reaction to stress or deviant sexual arousal might play a role.

Methodological Issues: Conducting Better Research

During the 1980s, editors of major social science journals were asked why they seemed unwilling to publish research on child maltreatment. They responded that they would like to publish about child maltreatment but that the research they had seen generally did not meet minimal standards of scientific rigor (Rosenbaum, 1988). Researchers and advocates interested in child maltreatment, therefore, were faced with two alternatives: either improve the quality of the research or find alternative outlets. In many respects, the past 30 years have seen both alternatives occur. Today, numerous journals are devoted primarily to child maltreatment (e.g., *Journal of Family Violence*, *Child Abuse and Neglect: The International Journal*, *Journal of Interpersonal Violence*, *Sexual Abuse: A Journal of Research and Treatment*, *Journal of Child Sexual Abuse*, and *Child Maltreatment*). Some of these journals trace their roots back to the late 1970s (e.g., *Child Abuse & Neglect*) whereas others are only a few years old (e.g., *Child Maltreatment*).

At the same time, methodological rigor has increased. The federal government, for one, has become active in collecting and disseminating important data (e.g., the NIS and NCANDS). And increasingly, the top social science and medical journals are publishing child maltreatment research. For example, a series of influential articles recently appeared in the prestigious British medical journal, *The Lancet* (2009, Volume 373).

Despite improvements, however, research on child maltreatment continues to be plagued by many problems. The overreliance on small, selective samples; the lack of comparison groups; and difficult measurement issues have resulted in a research literature that is extensive but certainly not definitive. Part of the problem is the nature of the subject matter. Victims are vulnerable and difficult to study, and perpetrators are reluctant to be included in studies. **Experimental designs** are rarely feasible, and long-term longitudinal studies are difficult and costly. In the following section, we consider several specific problems that continue to plague child maltreatment research.

Definitional Ambiguity

The behaviors that categorize abuse are often difficult to define objectively, and as a result, certain acts are seen differently by different people. The definitional criteria deemed important (i.e., severity or frequency of the act, consequences of the act, and intent of the perpetrator) vary

from one audience to the next, as do distinctions between illegitimate and legitimate aggression. Terms like *abuse*, *maltreatment*, *assault*, *neglect*, and so on are inevitably used differently by various claims makers. Cross-cultural comparisons are nearly impossible because definitions vary so dramatically from one country to the next. Even in North America, comparisons across various studies are not easy to make because researchers have operationalized variables so uniquely. Prevalence estimates of how much abuse exists in society are also affected by definitional variation.

As an example, think about how the word *abuse* is used in the popular and professional literature—as if everyone agrees on its meaning. Clearly, no such consensus exists. The problem, at least in part, is that we want our facts delivered neatly and succinctly (see Best, 2001). The headline, “New Study Finds That One Out of Four Children is Physically Abused,” may grab attention, but it is not especially helpful to those of us who want to engage in a serious discussion about the topic. Indeed, without knowledge about how the word *abuse* is operationally defined, the information means very little. It is certainly not surprising that the media sometimes oversimplify complicated issues; unfortunately, sometimes the professional community is guilty of the same thing. We will have more to say about this in Chapter 9. For now, our intent is merely a reminder of the need to clearly articulate the operational definitions used in a given study.

Correlation Isn't Cause: Problems Establishing Cause-and-Effect Relationships

Most of the research in child maltreatment is retrospective and correlational. With research of this nature, it is impossible to clearly identify causal relationships, and thus conclusions are usually tentative. If a researcher wanted to study the effects of physical child abuse, for example, he or she might examine a sample of abused children for emotional, behavioral, or cognitive problems. These children would then be compared with a group of children who are not abused. In general, this is how research on the effects of abuse is conducted. Predictably, most of this research reveals that abused children have more cognitive problems (e.g., relating to IQ, academic performance, memory, and verbal skills), behavioral problems (e.g., aggression, drug use, and juvenile delinquency), and emotional problems (e.g., problems with peers, depression, and low self-worth) than do their comparisons (Azar, Ferraro, & Breton, 1998). In other words, abuse is correlated with a number of emotional and behavioral patterns.

Does the violence *cause* these emotional and behavioral problems? This is a much more difficult question to answer. Two variables can be associated without necessarily being causally related. A causal link between correlated variables can only be established if two criteria are met: *time order* and *nonspuriousness*. *Time order* refers to the obvious fact that a cause must occur before an effect. For example, the correlation between spanking and behavioral problems in children is well established in the literature (see Straus et al., 1997). If one hopes to argue that spanking causally contributes to behavioral problems in children, however, it must be established that the spanking occurred before the behavior problems. Obviously, parents who spank are likely to make the opposite argument. *Nonspuriousness* refers to the requirement that the relationship be nonaccidental. A spurious relationship is one in which a third unknown and uncontrolled variable accounts for the correlation between the two variables in question. The number of fire trucks is indeed correlated with the amount of financial damage caused by a fire, but not because fire trucks cause fire damage. Rather, the size of the fire determines both the number of trucks and the damage done by the fire. Perhaps spanking and behavioral problems are correlated because emotionally

detached parents (or poor parents, or physically aggressive parents, etc.) are more likely to hit and have poorly behaved children. Or perhaps child maltreatment victims are more likely than nonvictims to suffer from adult depression because of other factors that are also correlated with abuse and depression (e.g., living in a chaotic family environment, living in poverty, and few social supports).

Conducting Experiments

The best way to establish cause-and-effect relationships is to devise an experimental design. In an experiment, the researcher randomly assigns participants into two or more groups and then introduces the independent variable into one or more of the groups. Because subjects are randomly assigned, one can reasonably assume that the groups are alike on any trait that might be causally relevant, essentially controlling for all extraneous effects. Any observed differences between the groups can then be attributed to the independent variable.

Of course, experimental research is rarely feasible in the study of child maltreatment. It is hardly ethical, for example, to take a sample of 200 orphans and randomly assign 100 into abusive families and 100 into nonabusive families and see how they turn out! Interestingly, one area where experimental designs are feasible is in evaluation research of prevention and intervention programs. Even here, however, ethical dilemmas present themselves. For example, researchers who randomly assign at-risk families into prevention and programs must consider the potential consequences of excluding at-risk families that are in the control group and therefore miss out on the potential benefit of intervention.

Longitudinal Studies

With longitudinal designs, the researcher can track the effects of child maltreatment through time, thus controlling for the time order problem inherent in many correlation studies. Unfortunately, these studies are expensive, participants are difficult to obtain, and attrition rates for participants are high. In addition, researchers are under pressure to produce immediate results (Azar, 1988). As a result, most research designs are cross-sectional, using retrospective self-report survey data. Only a few researchers have successfully conducted longitudinal studies on child maltreatment, the most notable being Cathy Spatz Widom, who has been following a cohort of 500 abuse victims since the late 1960s. Widom's research is discussed below in the section, "When Correlation Comes Close to Cause: Two Examples."

Comparison Groups

One of the ways researchers can control for potential extraneous effects is to include a satisfactory comparison group. Suppose, for example, one wants to study the long-term effects of child abuse and neglect on adult criminality. One could obtain data on the criminal records of adults who were abused as children and then compare these data with a sample of nonabused adults. In a study like this, it would be important to know that the two groups are as alike as possible so that any observed differences could be more reasonably attributed to the independent variable. Of course, one can never know all the potential confounding variables, so comparison groups can never be perfect. Yet if comparison groups are matched for presumably relevant characteristics (e.g., age, gender, class, and race) causal assertions become somewhat more reasonable.

When comparison group data cannot be easily obtained, researchers sometimes use normative data (i.e., published standards). As an illustration, researchers might initially obtain mothers'

ratings of abused children on the Child Behavior Checklist (CBCL), a standardized checklist of a variety of behavior problems (Achenbach & Edelbrock, 1983). The investigators could then compare this sample of mothers' ratings with those obtained previously from a large sample of mothers from the general population (the normative sample) who had also rated their children using the CBCL.

The advantage to researchers in using the normative data is the ability to compare participants' scores without recruiting a comparison group of mothers who would be willing to rate their children. The disadvantage is that a researcher cannot generally control for confounding variables (e.g., prenatal drug exposure) with normative data. As a result, establishing cause-and-effect relationships is difficult. If the abused children in the above illustration, for instance, are rated as displaying more behavioral problems than children rated from the published norms, there is no way of determining what has caused this difference.

When Correlation Comes Close to Cause: Two Examples

We conclude this section with two correlational studies that employ some of the methods discussed above in an effort to make causal assertions. Both are longitudinal in design, and both introduce controls for confounding variables. In a study on corporal punishment that attracted national attention (Lemonick, 1997), Straus and associates (1997) examined antisocial behavior (e.g., cheating, lying, bullying, disobedience in school) in 6- to 9-year-olds during a 2-year time period. They found that corporal punishment during the 2 years was associated with an increase in antisocial behavior. Studying the same children for 2 years allowed the researchers to measure changes in antisocial behavior over time. This longitudinal design makes the time order assumption of causality more reasonable. The researchers analyzed the data while introducing statistical controls for demographic and parental deficiency variables known to be correlated with both spanking and antisocial behavior. Researchers controlled for extraneous variables in hopes of addressing the spurious problem.

In an ambitious prospective longitudinal study, Cathy Spatz Widom has been following a group of abused children for over 40 years now. The original sample, selected between 1967 and 1971, included almost 1,000 children, ages 11 years and under, all of whom were court-substantiated victims of abuse and neglect. Widom also selected a comparison group, matched for known correlates (e.g., age, sex, race, class) for abuse and criminality. Making the two groups as similar as possible is important, of course, because casual assertions are dependent on the assumption that the primary difference between the two groups is the abuse they endured as children. Widom's research focuses on the long-term effects of child maltreatment and continues to produce impressive and important findings (Currie & Widom, 2010; McIntyre & Widom, 2011; Widom, Czaja, & Dutton, 2008).

Problems With Samples

Researchers have used widely divergent samples, including random samples of the population, convenience samples of available parents, and clinical samples. Obviously, systematic differences among these samples are likely, and their noncomparability further hampers cross-comparison.

The representativeness of samples is always an important issue in social science research, and child maltreatment is no exception. When samples are representative, they can be used to make inferences about the population. Nationally representative surveys thus provide the only types of data that allow an examination of patterns of child maltreatment in the United States as a whole.

Much of the child maltreatment research, however, is based on clinical samples rather than on representative samples. Clinical samples tend to be small, nonrepresentative, or convenient (handy) samples that provide little information about the general patterns of behavior in a broader population. Data derived from clinical samples often lack generalizability even within small subgroups of the population. Despite serious limitations, studies based on clinical samples provide useful information about the dynamics and causes of abuse and often provide preliminary notions about prevention and treatment (Weis, 1989).

Some researchers have been inclined to misapply findings derived from one type of sample to another (Straus, 1993). Specifically, Straus describes the problem as the *clinical fallacy* and the *representative sample fallacy*. The *clinical fallacy* refers to inappropriate generalization of clinical samples to the entire population. Generalizations may not hold because persons who seek or receive treatment are often not representative of the entire population. On the other hand, automatically assuming that large population samples are superior to smaller clinical samples (the *representative sample fallacy*) is unwarranted if the two groups are different. Clinicians, for example, often need information about specific groups of people, such as male sex offenders. In this case, clinicians would like to obtain a representative sample of male sex offenders, not just a representative sample of males.

Chapter Summary

This chapter summarizes the theoretical and methodological issues that make child maltreatment one of the most difficult and problematic areas of social science research. The many difficulties associated with determining the extent of child maltreatment are illustrated in Figure 2.1. The top of the funnel (Level I) is the actual amount of child maltreatment that exists in society. Although this figure is obviously unknown and unknowable, it can be estimated with self-report surveys such as the CTSPC or the JVQ. The CTSPC, for example, asks parents about a variety of conflict resolution tactics they might employ when upset with a child (e.g., nonviolent responses, psychological responses, and physical aggression responses). The CTSPC also includes supplemental questions on neglect, corporal punishment, and sexual abuse.

One important source of official statistics is the National Incidence Study (NIS), a congressionally mandated survey of child protection workers and other mandated professionals. This widely respected data source employs a standardized definition plus a harm standard and an endangerment standard. The NCANDS is made up of data reported by CPS agencies to the DHHS. The limitations of this data source include the fact that many mandated professionals choose not to report suspected cases of abuse to CPS. Additionally, because these data are collected at the state level, definitions and investigative procedures are not standardized.

Many cultural and social-structural antecedents contribute to physically violent and verbally aggressive family interactions. The culture encourages and condones verbal and physical aggression by parents that, arguably, could indirectly contribute to maltreatment. Family structure factors also are thought to contribute to child maltreatment. Family members spend a great deal of time together, and interactions tend to be intense. The subordination and dependency of children make them vulnerable to abuse, and family privacy norms make child maltreatment easy to conceal. Child maltreatment is also a relatively low-cost form of deviant behavior, which partially explains why it is so common.

Several theories, many borrowed from the deviance literature in sociology and psychology, are relevant in child maltreatment discussions. Social ecology theory and social bonding theory find the cause of child maltreatment in the breakdown of community and individual level restraints that keep people from maltreating children. Social class and stress theories maintain that child maltreatment will be most common among people who are blocked in their attempts to achieve economic success. Social learning theory suggests that children exposed to violence, either as direct victims or as witnesses of marital violence, are likely to see violence as an acceptable way of expressing frustration. Attachment and parent-child interaction theories suggest that difficult child behaviors interact with specific parental behaviors to result in weak attachment between parents and children, contributing to child maltreatment. One psychological explanation is that perpetrators possibly suffer from a mental disorder, but psychopathological issues seem to be present in only a small percentage of adults who physically or sexually abuse children. Perpetrators do often suffer from a variety of less severe psychological and behavioral problems, including stress, low self-esteem, substance abuse, hostility, and anger control problems.

Despite the growing volume of published research, problems continue to plague the field. The most glaring of these may be definitional ambiguity. For example, the phrase *child abuse* is commonly used in popular and professional circles, but there is little agreement on exactly what it means. Without specific information on how abuse is operationalized, findings are difficult to compare across studies. Another problem is that most child maltreatment research is retrospective and correlational. This makes it very difficult to establish cause-and-effect relationships. Experimental research is rarely feasible. Longitudinal research is expensive and difficult to conduct. Many studies also lack appropriate comparison groups, making it difficult to know how perpetrators of abuse are different from (or similar to) other people. Finally, child maltreatment research suffers from an overreliance on clinical samples, which means the results cannot be generalized to the entire population.

Discussion Questions

1. What is the *dark figure* and why is it problematic in child maltreatment research?
2. What is the difference between self-report surveys and official statistics? What are the strengths and weaknesses of each?
3. In what ways does the culture accept/encourage violence within society? In what ways does it accept/encourage violence in the family?
4. Social bonding theory suggests that people are less likely to commit deviant acts if they have a *stake in conformity*. In what ways do your attachments, commitments, and beliefs give you a stake in conformity?
5. How did your upbringing—including violence in the home—contribute to your views on parenting?
6. Contemplate several parent-child interaction scenarios that could conceivably be seen as abuse. Be specific. Which of these would you label *abuse*?
7. When is it reasonable to conclude that two correlated variables are causally related?
8. Why is an experimental design the best methodology for establishing a cause-and-effect relationship?

9. In child maltreatment research, experimental designs are rarely feasible or ethical. What are some other methodological techniques researchers employ in an attempt to make causal assertions?
10. If you were going to do an empirical study on an aspect of child maltreatment, what would you study? Write a specific hypothesis that you would like to evaluate.

Recommended Resources

- Finkelhor, D. (2008). *Childhood victimization: Violence, crime, and abuse in the lives of young people*. New York, NY: Oxford University Press.
- Gelles, R. J., & Straus, M. A. (1988). *Intimate violence*. New York, NY: Simon & Schuster.
- MacKenzie, M. J., Kotch, J. B., & Lee, L. (2011). Toward a cumulative ecological risk model for the etiology of child maltreatment. *Children and Youth Services Review, 33*, 1638–1647.
- Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2011). *Child maltreatment 2010*. Washington, DC: Government Printing Office.