# Early home visitation in families at risk for child maltreatment
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# AN INTRODUCTION TO CHILD MALTREATMENT AND PREVENTION

# 1 INTRODUCTION

*Although child maltreatment has been a problem of all times the conceptualization of this problem has started just little over a century ago. Since that time the perception of this problem has undergone many changes. The developments of possibilities for prevention of this problem are of even more recent date. This chapter is meant as an exploration of these developments.*

*To provide an adequate starting point to this exploration, paragraph two addresses the definitions of the central notions in this chapter, child maltreatment and prevention, and defines some limitations to this study. The third and fourth paragraphs provide a historic overview of the perception of child maltreatment. Essentially history can be divided into two periods of attention to child maltreatment. During the first period, the central notion was that of neglect, interpreted as disorderliness and leading towards delinquency. The predominant approach to maltreated children was a repressive one: the child in danger was essentially a threat to society, a dangerous child, and had to be reformed. The second period constitutes a virtual rediscovery of the problem of child maltreatment. During this period the focus on the problem at hand shifts from the external family functioning towards the internal family functioning: child maltreatment is understood as family violence. Through theory-formation and research, knowledge on the causes and consequences of child maltreatment expands and influences the treatment of maltreated children and their parents.*

*In paragraph five the developments towards actual prevention are briefly discussed. The implementation of prevention programs progresses in different pace in different countries. This has much to do with the legislative interpretations of the Convention for the Rights of the Child. Especially in the Netherlands it appears that the State considers the rights of parents to be more important than the rights of children. This paragraph addresses these issues and contemplates the possibilities for and the benefits of prevention in the Netherlands. The sixth and closing paragraph of this chapter is concerned with the theories or paradigms behind prevention. Aside from exploring the historical developments and legitimizing prevention the main purpose of this chapter is to identify the theoretical principals for prevention in general and specifically the principal of choice for this study.*

## 2 DEFINITIONS AND LIMITATIONS

The study described in this thesis is concerned with the *prevention* of *child maltreatment;* therefore it is important to first establish how these terms should be understood, since many different definitions have been developed over time. Therefore this paragraph will start with an examination of different definitions for both child maltreatment and prevention. After doing so there is a need to set some limitations for this study. This will be done at the end of this paragraph.

### 2.1 Defining child maltreatment

There are many definitions for child maltreatment, each with their own views. The World Health Organization (WHO) defined child maltreatment as follows:

> *"All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust, or power"* [48, p59].

In the Netherlands the following definition is commonly used:

> *Child maltreatment entails every form of threatening or violent interaction of physical, psychological or sexual nature, actively or passively imposed upon a minor in a dependant or tied relationship by a parent or other adult, whereby serious damage of physical or psychological nature is or might be inflicted upon the child [Translation M.B-L]* [70].

When comparing these two definitions it is most noticeable how the WHO-definition elaborates on the many different aspects of both maltreatment and consequences. In the Dutch definition all aspects of maltreatment are described by their nature and the type of interaction being active or passive. Then there are some concepts used in one definition that are not used in the other. The WHO-definition mentions the concept of *potential* aside from actual harm, a term that has been used in previous versions of the Dutch definition but was removed in the current version except for the notion 'might be'. Another difference lies in the way the relationship between caretaker and child is defined in the WHO-definition, where the words *trust* and *power* are used.

What is lacking in both definitions is the boundary between *harmful treatment* or *damaging interaction* and *treatment* or *interaction* that is not *harmful* or *damaging* to the child. For how and by what norms and standards are we to decide when *harm* or *damage* is done? Along these lines Garbarino (1989) pointed out that no definition for child maltreatment is free of ambiguities. "Social meanings of events flow from analysis of the intentions of actors, the consequences of acts, the value of judgments of observers and the source of the standard for that judgment" ([36, P219]). Parke and Collmer (1975), who presented a definition for physical maltreatment only, concluded that the norms and standards for deciding what is to be considered *harmful* or *damaging* have their source in the community:

> *Non-accidental physical injury (or injuries) that are the results of acts (or omissions) on the part of parents or guardians that violate the community standards concerning the treatment of children.* ([60, P153])

This definition may help somewhat in determining what standards should be used to determine the boundaries of *harm* or *damage.* However, there are still huge differences to be found in communities with regards to their standards of the treatment of children, as communities are defined by cultural as well as sub-cultural aspects (i.e. different kinds of communities can exist within one type of culture). In communities where a high level of violence is common, the criteria for defining *harm* or *damage* will probably be very different from low-violence communities. The definition as presented by Garbarino and Gilliam (1980) may help to cover this problem:

> *Acts of omission or commission by a parent or guardian that are judged by a mixture of community values and professional expertise to be inappropriate and damaging.* ([37, P7])

The child as subject of these *acts* is left out of the equation, and all emphasis is placed on the perspective, the judgment of both professionals and community. What is noticeable as well is the choice of the word *inappropriate* as a label for the wrong kind of acts. In light of this definition the professional opinion about what is *harmful* or *damaging* may compensate for the common opinion where a violent community is concerned. Still, even among professionals there is no unambiguous definition of the boundaries between *harmful* and *harmless*. Their view on these

boundaries may well be as much culturally defined as the norms of any community, since professionals too are part of a community.

Gelles (1982) dismissed all definitions when he said: "there is no one, uniform, accepted (or acceptable) definition of child abuse" ([38, P2]). Gelles conducted a study to determine the possibilities for defining and classifying cases of child abuse. In a mailed survey, among 565 professionals from different areas of expertise (physicians, counselors, child and family caseworkers and police officers), 13 items describing children in different conditions were presented. Subjects were asked to indicate whether they viewed a particular condition as child maltreatment. Not one of all 13 conditions was considered to be maltreatment by 100% of all professionals. Substantial consensus was reached on the conditions of 'willful malnutrition', 'sexual molestation' and 'willfully inflicted trauma'. The largest variation in consensus was found in the case of 'a child being injured when struck too hard by the parents'. Gelles explained this variation as follows: "punishing a child through physical force is often considered acceptable and this may mitigate against an injury resulting from this being viewed as abuse" ([38, P8]). This confirms the earlier assumption that the opinions of professionals are as much culturally defined as the norms of a community. It also indicates that the determination of what is *appropriate* is possibly even harder to achieve than the determination of what is damaging.

There are numerous other definitions that could be cited and discussed but ultimately that is not the purpose of this chapter. When attempting to combine the information from all different definitions we can conclude that child maltreatment concerns *acts of omission or commission* of a *physical, emotional, sexual or exploitative nature*. These acts are imposed upon a child in the context of *a relationship of dependency and trust,* by a parent or other adult having *responsibility or power* over this child. The acts or interactions result in *potential or actual harm* to the child's survival, health, development or self-esteem. Standards for defining the actual or potential harm are determined by *professionals and communities* and therefore *culturally* defined.

## 2.2 Defining prevention

The term prevention, originating in Latin as '*praevenire', which* can be translated as 'anticipating', literally means 'to keep from happening or existing'. The notion of *what* is to be kept from happening or existing has caused much confusion about the term prevention. Originally this term has been used mainly in application to prevention of disease. For this purpose prevention has been classified into three types of prevention: primary, secondary and tertiary. Mrazek and Haggerty (1994) described these types as they were phrased by the Commission on Chronic Illness in 1957:

> *"Primary prevention seeks to decrease the number of new cases of a disorder or illness (incidence). Secondary prevention seeks to lower the rate of established cases of the disorder or illness in the population (prevalence). Tertiary prevention seeks to decrease the amount of disability associated with an existing disorder or illness"* [57, p20].

As intelligible as this description may seem, especially the first two types of prevention have been defined in different ways by different authors. One of the important sources for the definition of prevention is Caplan (1964). His description of primary and secondary prevention aimed at mental health is:

> *"Primary prevention [...] involves lowering the rate of new cases of mental disorder in a population [...] by counteracting harmful circumstances before they have had a chance to produce illness"* [26, p26].
>
> *"Secondary prevention [...] reduce[s] the disability rate due to a disorder by lowering the prevalence of the disorder in the community. A reduction in prevalence can occur in [lowering] the rate of old cases [...] by shortening the duration of existing cases through early diagnosis and effective treatment"* [26, p89].

Helfer (1982) devised another definition of primary and secondary prevention, which is followed by several authors ([for example 21]) in the specific field of research on child maltreatment:

> *"Primary prevention: any maneuver that occurs to or around an individual (primarily infants), the stated purpose of which is to prevent child abuse and neglect from ever occurring to that individual.*

*Secondary prevention: any program or maneuver that is implemented to or for an individual or group of individuals, who have been identified as coming from a very high risk environment, which has as its intent the prevention of the abuse and/or neglect from occurring to that individual's offspring"* [42, p252].

In the Netherlands a commonly found definition is that of *Zorg Onderzoek Nederland (ZonMw)*. This definition is similar to that of Caplan but considers interventions in groups at risk to be secondary prevention.

With all these definitions (except the one from Helfer) we need to maintain awareness of the substitution we make to apply these definitions to the purpose of this study, prevention of child maltreatment. This means we need to consistently replace words such as illness and (mental) disorder with maltreatment. If we fail to do so this may result in confusion between types of prevention as secondary prevention of child maltreatment could in fact result in primary prevention of mental disorder within the definition of Caplan. In this study the aim is to prevent the occurrence of child maltreatment in families at risk for this occurrence. By decreasing the number of cases of maltreatment before the occurrence of any established cases Caplan's definition of primary prevention applies. However, according to Helfer, by selecting families based on risk factors for child maltreatment the notion of secondary prevention is more applicable.

A fully different classification of prevention has been introduced by Gordon (1983). In his system prevention is divided into the three categories of universal, selective and indicative prevention [40]. Mrazek and Haggerty described these three categories as follows:

*"A universal preventive measure is [...] desirable for everybody in the eligible population [... or for] members of specific groups such as children or the elderly. A selective preventive measure is desirable only when the individual is a member of a subgroup of the population whose risk of becoming ill is above average. The subgroups may be distinguished by [...] evident characteristics, but individuals within the subgroups upon personal examination are perfectly well. An indicated preventive measure applies to persons who [...] are found to manifest a risk factor, condition or abnormality that identifies them, individually, as being at high risk for the future development of a disease"* [57, p21].

All categories can be considered primary prevention as defined by Caplan. Thereby the classification of Gordon provides us with subtypes for primary prevention. In this study primary prevention is applied as an indicated preventive measure. When considering the literature available the choice of a definition for primary prevention appears up to the individual author. In this study the definition of Caplan will be used.

## 2.3 Setting limitations

Now that definitions on both child maltreatment and prevention have been explored, it is time to determine some limitations for this study. Child maltreatment is a heterogeneous phenomenon, as became clear in the definitions introduced earlier. Commonly five forms of maltreatment are described, concerning the first three types of interaction as mentioned in paragraph 2.1: physical, emotional and sexual. The nature of the interaction (passive or active) creates the five types, being physical maltreatment, physical neglect, emotional maltreatment, emotional neglect and finally sexual abuse. Technically this description allows for a sixth type, being sexual neglect, which in fact we do not consider to be child maltreatment. In reality more than one form of maltreatment is found simultaneously in many cases. For instance physical and emotional maltreatment as well as emotional neglect have been found to co-occur with sexual abuse [31]. Therefore differentiating between specific types may prove useful when attempting to systematically identify and explain maltreatment, however when it comes to treatment or prevention too much differentiation will be more hindrance than help. In case of prevention an exploration of similarities and differences between forms of maltreatment may be more useful. For the purpose of prevention this exploration should focus on two central notions: child maltreatment as a parenting problem and the risk factors to identify this problem.

As was determined in paragraph 2.1, the nature of the relationship between child and adult is defined by an inequality in dependence, responsibility, trust or power. This means the adult can be many different persons. He or she can be a parent, guardian or family-member older than the child, but also any teacher or professional caretaker. Therefore child maltreatment can take place both in- and outside the family. Van der Kolk, Crozier and Hopper (2001) found that 81% of all people maltreating children are parents [74]. Thus the majority of child maltreatment takes place within the family. This supports the notion that

maltreatment is mainly a parenting problem. However, this notion does not apply completely to all forms of maltreatment as can be seen in a parenting continuum described by Baartman (1996): "Physical maltreatment and neglect can be placed on a continuum ranging from sensitive, respectful parenting to rejecting and careless parenting [the same could be said for emotional maltreatment and neglect]. It is much more difficult to place sexual abuse on such a continuum" [7, p32]. Although sexual abuse can be perpetrated by a parent and can be considered an exponent of a digressed parenting situation just as the other types of maltreatment, the parent committing the abuse does not take on a parenting role. Sexual abuse should be considered foremost a psychosexual disorder, committed mainly by men.

The differentiation between sexual abuse and other forms of child maltreatment becomes particularly clear in the design of prevention programs. Programs regarding maltreatment and neglect are often aimed at parents, helping them to improve their skills and knowledge [53]. Programs regarding sexual abuse are aimed mostly at the education of children as possible future victims [54] and not at the perpetrators, even less so in selective or indicative prevention programs. This is explained by the fact that the targeted population for prevention is determined amongst other things by the risk factors for child maltreatment.

Risk factors for physical and emotional maltreatment or neglect have been studied extensively. Many parent-, child- and context-related factors have been found to be related to child maltreatment outcomes [See for instance 15; 16; 17; 22; 69]. Even though there is a difference between violence and neglect towards children these types of maltreatment are difficult to separate, both in practice and when it comes to risk factors. It seems that many of the risk factors for both types display large overlap. Knowledge of risk factors for child sexual abuse is still less definite. Although some studies point out certain risk factors, other research does not support the predictive value of these factors [See for instance 13; 33]. Designing a prevention program for sexual abuse targeted at parents is therefore difficult.

In this study child maltreatment is understood as a parenting problem. This problem is the main target for the indicated prevention program that is designed. Thus, on the grounds described above, child sexual abuse is excluded as a subject in this study. By targeting parenting problems, prevention is aimed at families, in

particular families with young children, where most child maltreatment occurs ([29; 71; 74]). For prevention to be of true primary nature it should start with or even before the birth of a child in the family.

With a clarification of definitions and limitations for this study it is now time to locate the notion of prevention of child maltreatment in history. In the next paragraph it will become clear that it took quite a long time before prevention became the main focus of efforts. As Confucius said: *"study the past if you would define the future"* the next issue of this chapter is to explore our recent history.

# 3 THE FIRST DISCOVERY OF CHILD MALTREATMENT: DANGEROUS CHILDREN

The recognition of the different forms of child maltreatment as described in the previous paragraph has evolved remarkably during history. As Parton (1985) indicated, it is important to take into consideration that not only concerns and norms have changed regarding this issue, but also that the labels attached to it have evolved over time ([61]). Dating the beginning of public and professional attention for the maltreatment of children has been the subject of some discussion. In some publications history is claimed to begin in the 1960s ([as described by 52; 56]). Others, such as Parton, Gordon (1988) and Van Montfoort (1994) pinpointed the beginning of history around the 1870s, when the notion of *cruelty to children* arose ([39; 61]).

During the seventeenth and eighteenth century societal structures changed due to the rise of capitalism demanding a more complex division of labor. Peasant societies where families were a unit of production in an economic system diminished with migration towards growing urban areas that soon became overcrowded with families relying on wage labor in factories ([56]). Migration caused change in the family: women became more dependent of their husbands for sustenance and less able to rely on kinfolk; in other words, the old system of social cohesion and control was diminishing ([39; 56]). Ideally, "fathers were to have single-handed responsibility for economic support of their families [...] women and children were not to contribute to the family economy, at least not monetarily. Children instead were to spend full time in learning – cognitive lessons from professional teachers, psychological and moral lessons from the fulltime attention of a mother" ([39, P57]). In reality though, women and children often had to contribute to the family economy as jobs were scarce in the overpopulated urban areas, and if unemployment struck a family for too long a time they had to resort to begging, parents and children alike.

## 3.1 The response to 'the social issue'

In the nineteenth century the level of poverty in these urban areas became an increasing point of concern as it became more visible. "In big cities people of different classes lived and worked in proximity and the poor, particularly children, lived much of their lives on the streets" ([39, P29]). All this 'deviant' behavior was

perceived as threatening to social order and therefore became a 'social problem'. The threat of poverty was not only based on the dangers of theft, vandalism, prostitution and violence, but also in a difference in classes. The nineteenth-century reformers were mostly white, upper-class men and women. Gordon, studying United States case-records from those times, concluded there was substantial bias towards clients. The early reformers were mostly influenced "by class, ethnic and cultural anxieties. They were reacting above all against urbanism and the new immigration, which jointly created an urban underclass threatening to their whole vision of a good society" ([39, P28]). In England Parton signaled the same prejudice: "[during the 1860s] it was assumed after 25 years of economic growth and an apparently substantial rise in working-class living standards, that chronic poverty and wide-spread deprivation had disappeared. [...] As a consequence any deprivation that did exist resulted from moral failure" ([61, P31]). Van Montfoort gave a similar description of the Dutch situation: "the interference of community and state with the poor and paupered was based on a mixture of social emotion, religious commands and fear or well-understood self-interest, as poverty and pauperism constituted a continuous threat to the rich and well-established" ([56, P77]).

The general concern about what Van Montfoort called 'the social issue' caused the development of numerous philanthropic societies and charity-organizations, as well as a demand for new legislation. Amidst the rise of these organizations as first signs of modern social work, the United States were first to establish an institute called the Society for the Prevention of Cruelty to Children (SPCC) in 1874. Direct influence for the establishment of the very first SPCC (the NYSPCC) was the media coverage of the Mary Ellen Wilson case, a severely maltreated young girl in New York. While more SPCC's were established all over the United States, in 1883 the American example was followed in Great Britain where the first SPCC was founded in Liverpool ([61]). Germany followed suit in 1898 when they established *Der Verein zum Schutze der Kinder vor Ausnutzung und Misshandlung* in Berlin, and in Belgium several associations were established around the turn of the century. Even though the Dutch leaders of the child protection movement had many international contacts, a Dutch version of the SPCC was not established ([56; 65]).

All SPCC's and similar institutions made every effort to protect children from the worst disorderliness. To increase the possibilities to do so, SPCC-workers insisted

upon new legislation, which was realized in several countries. For example 'the Prevention of Cruelty to and Protection of Children Act' was passed in England in 1889. Parton described the act as creating "an offence if anyone over 16 who had custody, control or charge of a boy under 14 or a girl under 16 willfully ill-treated, neglected or abandoned the child in a manner likely to cause unnecessary suffering or injury to health" ([61, P35]). Gordon described several accomplishments of legislation against particular behavior as deemed cruel to children by the SPCC's in the United States; such as acts against 'baby farming', against the public exhibition of (deformed) children, against peddling by minors and against truancy ([39]). In the Netherlands new laws were adopted as well at the turn of the century. These laws became known as the children's laws (*kinderwetten*). The civil youth law regulated the legal authority over children and enabled the possibility of termination of parental authority by the state in case of failing parenthood. The criminal youth law regulated the measures to be taken in case of delinquent children and the administrative youth law indicated the organizational and financial structure for both the civil and criminal youth law ([66]). Other countries such as Norway, Sweden, Denmark and France developed similar legislation, sometimes influenced by public opinion, to protect "l'enfant martyr" ([45, P108]), around the same time ([73]).

The new legislations empowered the reformers to do their jobs, which was according to Gordon literally going "out onto the streets seeking abuses to correct. They looked for children begging, children outside when they should have been in school or inside, children improperly dressed or excessively dirty, children peddling" ([39, P37]). Cases of child maltreatment and disorderliness were first sought out by 'agents' (as they were called) themselves, by patrolling the streets and scanning the newspapers for items suggesting mistreatment of children. Soon however, cases were reported by non-staff; neighbors reporting their neighbors, notables reporting their servants. Gordon pointed to the irony of the fact that clients corrupted the name of the SPCC, calling it 'the Cruelty', a term often used by feuding neighbors: "don't cross me or I'll report you to the Cruelty" ([39, P28]). Nevertheless, people came to charity organizations such as the SPCC's for all kinds of help. Parton summarized the interventions in families in England: "families were expected to take full responsibility for their members and if this was not possible the state would intervene in a harsh, controlling way – in effect 'rescuing' the child and punishing the parents" ([61, P36]).

## 3.2 Child maltreatment as a threat to society

The rise of the SPCC's and other institutions such as the house-of-refuge movement as described by Pfohl, (1980 [63]) could be summarized as humanitarian reform. As children constituted the future of society and families constituted the core of society it makes sense that the humanitarian reform was aimed at families and their upbringing of their children. Van Montfoort distinguished between three different notions of reform. The first notion largely concerned itself with the negligence in child rearing. This negligence was considered to cause immoral and delinquent behavior in children and thus had to be halted. The Dutch term *verwaarlozing* and moreover the German term *verwahrlosung* applies well to this notion as it implies not only negligent rearing-practices but refers as well to a state of disorderliness, deterioration, even wickedness. The second notion considered children to be the victims of 'cruelty'; therefore they had to be protected since this cruelty was in defiance of law and morality. The third notion was the pedagogical '*Reformbewegung'*, which was mostly concerned with physical discipline and punishment, which was considered to be too harsh, and thus a demand was made for a milder kind of child rearing. ([6; 56]). The first notion of reform was dominant in most countries. As Parton concluded: "while there was an increasing concern for humanitarian reform and 'child-saving' the primary impetus was not to save children from abusive or cruel parents but to protect society from future delinquents" ([61, p28]).

Van Montfoort explained the link between neglect and delinquency. He claimed that with the development of modern sciences new insights were presented, such as the notion that child rearing constitutes an important foundation for the future behavior of people. "Delinquency was the consequence of bad child rearing: the neglected child became the future criminal" ([56, p81-82]). Thus "a distinction between 'delinquency' and 'dependency' was considered irrelevant for 'child saving'" ([63, p325]). For years it was assumed that there was no substantial difference between neglected and delinquent children, and thus 'acting in the child's best interest' meant correcting these minors and teaching them discipline as well as protecting them from violence, neglect and abuse. In fact, over time, acting in the child's best interest meant mostly "keeping minors in check and guarding their ethical and moral development" ([56, p111]).

As a consequence of the fact that child neglect was considered equal to delinquency, other forms of child maltreatment received little attention. This did not mean other forms of maltreatment were not known; physical maltreatment, just as sexual abuse, alcohol abuse, abandonment, immorality and criminal behavior were all considered symptoms of the same problem: neglect. In much the same way the term 'emotional maltreatment' is scarce in literature from this period. However, what is nowadays considered emotional maltreatment was definitely a focal point of attention, be it in terms of moral decay ([27; 56]).

## 3.3 Child protection

As child maltreatment was mainly understood as a threat to society in these days, child protection meant in fact protection of the state. Children were to be removed from their homes and placed in correctional institutions as described by Pfohl: "neglect statutes providing for the removal of the young from bad home lives were originally enacted to prevent children from mingling freely with society's dregs in alms houses or on the streets". These statutes were now used to put children in a "controlled environment, where they shared a 'proper growing up' with other vagrant, abandoned and neglected youths as well as with delinquents who had violated criminal statutes" ([63, P325]). Pfohl added that this method of child protection was in fact nothing else than imprisonment without due process.

With neglected children being perceived as societies future criminals there was little attention for the child as a victim. As Parton put it: "the problem of children as victims conceptualized in any independent form has only appeared very fleetingly on the political agenda. Its initial appearance [...] was dependent upon the emergence of the idea of childhood as being a separate category, with children having needs different to little adults. [...] The response to the problem at that time however was influenced by the poor law philosophy, with heavy overtones of rescue, control and parental irresponsibility" ([61, P46]). According to Gordon the picture of these irresponsible parents shifted somewhat over time. During the late nineteenth century the 'culprit' was mainly "a drunken immigrant father" while after the turn of the century the "incompetent, insensitive, and possibly untrained mother in need of professional guidance" became the main focus ([39, P61]). Although reform workers adopted the rhetoric of 'prevention' in these times (child neglect was considered 'a preventable social disease'), the approach of parents and children was

still relying on prosecution; "prevention meant protecting children from harm by disciplining parents" [39, p73].

As becomes clear in this paragraph, the approach of the problem of child maltreatment during the nineteenth and early twentieth century was a repressive one. This approach can be explained by the dominant perceptions of what child rearing entailed: the family constituted a cell in the organism of society and the main goal of child rearing was to deliver well-adapted citizens to the orderly society. Regarding child neglect three elements were fused in this perception according to Baartman (1992): an environment damaging for the child, a character disorder in the child being the lacking social adaptation and the danger of this lack of social adaptation to society expressed as delinquency. The main course of action in order to stop and correct the damaged and corrupted moral development of children was outplacement [5].

During the largest part of the period described in this paragraph (roughly between 1870 and 1960) there was little attention for the preservation of the nuclear family; as far as the influence of the parent-child bond was recognized in maltreating families it was considered a threat to the child. It was not until the end of this period, influenced by the increasing breakup of families, the experiences of evacuation during the Wars and the increasing knowledge on family-functioning that the concept of family preservation started to gain grounds on the concept of outplacement and the control model was more and more replaced by a model of compassion [61]. These new approaches were improved in the decades after World War II as will be addressed in the next paragraph.

# 4 THE REDISCOVERY OF CHILD MALTREATMENT: CHILDREN IN DANGER

Influenced by the two World Wars and the intermediary depression years, but also by developments in the fields of child welfare and public policy there was a gradual shift in the perception of child maltreatment. Van Montfoort described how the SPCC's became rather marginalized and for instance the Berlin *Schutzverein* in Germany was adjourned by the Nazi-regime [56]. Gordon saw the same in the United States where she describes the 1940s and 1950s as "the low point in public awareness of family-violence problems and in the status of child-protection work within the social-work profession" [39, P23]. Starting in the 1940s the medical specialists 'rediscovered' child maltreatment, aided by the development of new medical equipment. Radiologists Caffey (1946), Astley (1953) and Woolley & Evans (1955) were the first to consider the possibility of external violence as the cause of inexplicable bone-fractures.

Caffey, after describing several cases, concluded: "fractures of the long bones are a common complication of infantile subdural hematoma. The fractures appear to be of traumatic origin but the traumatic episodes and the causal mechanism remain obscure" [25, P173]. Astley discussed in length all possible differential diagnoses and ascertained, just as Caffey, the absence of a history of adequate trauma accounting for his findings. He maintained however that in all cases parents were "normal, sensible individuals" [3, P583] and therefore concluded that the cause had to be a new syndrome to which he suggested the label of "Metaphyseal Fragility of Bone". Woolley and Evans however, studied files of patients seen over an eight-year period and stated: "there is little evidence, clinical or roentgenographic, supporting belief in unusual fragility of bone" [79, P542]. They concluded "it is difficult to avoid the over-all conclusion that skeletal lesions having the appearance of fractures – regardless of history for injury or the presence or absence of intracranial bleeding – are due to undesirable vectors of force" [79, P543]. They took their explanation one step further in stating that the children reviewed "...came invariably from unstable households with a high incidence of neurotic or frankly psychotic behavior on the part of at least one adult..." [79, P543].

It was the United States that took the lead in a new development when, based on the studies of a.o. Caffey, Astley and Woolley & Evans, Dr. C. Henry Kempe was asked to study the cases of maltreatment encountered in hospitals. Results of this study were first presented at a meeting of the American Academy of Pediatrics in 1961 and consequentially published as *the Battered Child Syndrome*, the article that is claimed to be the beginning of the modern response to child abuse and neglect in numerous publications ([for example 30; 61]). Kempe, Silverman, Steele, Droegemueller and Silver (1962) described the battered child syndrome as "a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent" ([46, p105]). With this definition there is no doubt as to the cause of the injuries described in children.

## 4.1 The problem of domestic violence

It is evident that the beginning of the new era in the perception of child maltreatment took a much more medical approach, thereby emphasizing physical maltreatment. As Parton (1985) stated: "the way it was conceptualized focused attention on a disease model of physical abuse from parents, thus emphasizing the injuries to the child and deflecting attention from wider social, cultural and economic factors that might impinge" ([61, p52]). Another consequence of the medical approach was the explanation of child maltreatment in terms of parental psychopathology ([55]).

The emphasis on physical maltreatment changed however in the decades after the publication of the Battered-child Syndrome, for instance with the establishment of the International Society for Prevention of Child Abuse and Neglect (ISPCAN) in 1977. Their targets are "to prevent cruelty to children in every nation – whether cruelty occurs in the form of abuse, neglect, or exploitation – and thus to enable the children of the world to develop physically, mentally and socially in a healthy and normal manner" (See each issue of Child Abuse & Neglect, the international journal). Thus the other forms of child maltreatment re-enter the scope. The last type of maltreatment to emerge on the agenda was child sexual abuse. The breakthrough of sexual abuse as a social problem did not emerge from the movement against child maltreatment per se ([56]). Gordon identified the influence of other movements as well: "the context of the rediscovery and redefinition of family violence in the last decades was the civil-rights, anti-war, student and

women's movements, all of them challenging family norms in different ways. Combined, these movements raised critical questions about the sanctity of family privacy, the privileged position of the male head of the family and the importance of family togetherness at all costs" ([39, p25]).

The rather medical approach of the problem of child maltreatment in this period of 'rediscovery' does not exclude other branches of science. In fact, this medical approach literally visualized the problem of child maltreatment as a problem of violence. This means an important shift in the predominant paradigm towards the problem at hand: from anti-sociality in the first 'era of attention' to domestic violence in the new era of attention. In other words: where child maltreatment was previously interpreted in terms of the external functioning of families, the new interpretation of child maltreatment as family violence focuses on the internal functioning of families.

Through research and the development of new theories such as the attachment theory ([see 20]) and the 'General System Theory' (seen by Baartman as a precursor to the ecological approach of Bronfenbrenner and Belsky ([7])), the internal structure and functioning of families became more visible. Families were understood as a network of relations between people that depend upon each other for both their autonomy and their need for togetherness ([4]). This helped to understand child maltreatment and violence in the family as an exponent of a relational problem. Another effect of theoretical progress (with the introduction of notions such as violence as a response to structural or situational stress as well as the influence of violence in society) is that it becomes clear that child maltreatment is not confined to the lower classes but can occur in any societal level ([5; 21]).

## 4.2 Child maltreatment as a threat to becoming a person

Change can be seen not only in the field of theoretical explanations of child maltreatment; the conception of child rearing itself changed as well. No longer did child rearing simply imply the delivery of well-adapted citizens to society. Rearing principles such as compliance, submissiveness and obedience, which implied that a child had to be taught his place, respect for authority and ordinance to power and tradition, were cast aside. Instead notions such as autonomy, authenticity and self-respect became important ([5; 6]). Child rearing became the fundament to becoming a

person, or, in Dutch, *persoonswording*. This term was introduced by De Ruyter in 1995 ([68]) and elaborated on by Willems (1999). He explained this term as follows: "Becoming a person is striving for and working towards optimum rationality, morality and authenticity, a general human aspiration – individually shaped by individual choices, the individual self-determination or self-definition towards the true, the right and the beautiful" ([76, P107]).

If, with the old rearing principles, force may have been acceptable as a method to teach children respect, ordinance and obedience, within the new rearing principles there is no more room for harsh discipline. Generally speaking all forms of child maltreatment become a threat to becoming a person, an attack on the rationality, morality and authenticity of the child.

## 4.3 Dilemma's in child protection

Over the course of time the approach to the issue of child protection has evolved in a way that is adequately described by Krugman (1999) using a wave-metaphor. He signalizes a *'social welfare paradigm'* between the late nineteenth century and the inter-war period, where the impetus was on preventing cruelty to children by intervening and removing children from their homes. A second wave was initialized by Kempe's publication and introduced the *'medical paradigm'*. In the United States this second wave again primarily implied the rescue of children by removing them from their homes. By the 1980s this approach was caught up by the facts when children placed in foster care presented themselves with numerous problems. In reaction the impetus became to keep families intact by providing treatment from a systems-oriented and family-centered approach ([49]). In other countries the value of family preservation was discovered earlier, giving this second wave different amplification in different countries.

Krugman's wave-metaphor addresses an important dilemma in the field of child maltreatment: that of compassion versus control. This dilemma was addressed in 1977 by Rosenfeld and Newberger. The compassion model is described as deriving "from the need for insight and the formation of a helpful professional-parent relationship to understand and to improve the functioning of abusing families". The control model "refers to the aggressive use of intervention to limit and, if

necessary, to punish deviant behavior. It assumes that an individual must take full responsibility for his actions and the State will hold him accountable" ([67, p2087]).

The model of control is primarily adopted by the judicial system where child maltreatment is considered a crime and the response to parental shortcomings is punitive. After the rediscovery of child maltreatment in the 1960s these models were adopted in different ways by different countries. With the acceptance of the statutory reporting laws the United States seemed to give prevalence to the notion of control ([50]). The model of compassion, of understanding child maltreatment as a symptom of family problems, seems favored in the Netherlands where a strong plea was made for social, psychological and pedagogical assistance and guidance to families instead of judicial punitive action ([47]). Moreover, in the Netherlands there was considerable sepsis about the interference of the civil court in the protection of children ([56]). In more recent years these choices have been re-evaluated. Influenced by the increasing attention towards sexual abuse in the 1980s and the understanding of this type of child maltreatment as a crime more than anything else, a demand was made for a more punitive course of action ([56; 65]). Thus the amplification of the wave described by Krugman differs not only in different countries but also regarding different types of maltreatment.

Regardless of the advantages and disadvantages of either approach, the dilemma of compassion versus control overlooks the root of the problem since it deals with tertiary prevention: the treatment of maltreated children and their (family) context. As many interventions have been, these treatment systems have been evaluated over the past years. The results of these evaluations are disappointing. Tertiary prevention proves to be neither very effective nor very efficient and recurrence rates of maltreatment incidents are high, both during and after treatment ([28; 44; 65]). Cohn and Daro (1987) concluded their study very definitively in stating: "If research findings are to be of any use in setting policies, the results of a decade of evaluative research on treatment programs suggest that putting all resources into intervention after the fact does not make sense" ([28, p440]). These kinds of statements give rise to the notion that perhaps we should not tarry with providing support to families in need until the damage is done. Instead of attempting to restore the optimal conditions for the child's process of becoming a person, efforts should be directed at maintaining these conditions.

Oddly enough there are many objections against primary prevention as it is claimed that the evidence on the effectiveness of both the selection of families for prevention and the actual methods of prevention is inconclusive. The connotation 'odd' is used since similar objections could be raised against tertiary prevention. Yet the treatment of 'damaged' individuals seems fully accepted in our society, regardless of the outcome (or lack thereof), while society appears to remain very skeptical when it comes to primary prevention. Leventhal (1996) stated: "we do know how to prevent abuse and neglect [... the question is] whether we, as a society, can afford the resources to provide the necessary preventive services to families" ([51, p647]). The fact that we 'do know how to prevent abuse and neglect' may be a bit of an overstatement but the fact of the matter is, that even though fine-tuning of theory remains necessary on many aspects, we do have a general idea about how to prevent child maltreatment. This issue is the subject for the next paragraph and will be revisited in chapter four.

## 5 The need for prevention

In the previous paragraph we have seen how the developments in research have led to an increased understanding of the problem of child maltreatment. Several authors have reflected upon this progression. The wave metaphor of Krugman has been briefly addressed above. Where Krugman pointed to the developments in the treatment of maltreated children Helfer was steering towards prevention when, in 1976, he drew an analogy with a serious disease model in which he identified seven steps. Step 1, the recognition of "the most serious form of a given disease" occurred in the early 1960s with Kempe's publication on the Battered Child Syndrome. Over the following fifteen years step 2, the development of nonspecific and supportive treatment programs was followed by step 3, concurrent research into the causes of the problem, which led to step 4, the initiation of more specific treatment programs. At the time of publication of his analogy Helfer saw the first signs of step 5: the expansion of the concepts of the problem to related areas. He eagerly awaited the last two steps: the research on early identification and prevention followed by the initiation of screening and prevention programs ([41]).

More recently Daro and Donnely (2002) tried to describe the development of prevention by dividing recent history into three periods ([30]). They described the period between 1962 (when Kempe et al published "the Battered Child Syndrome") and 1980 as the period of *the prevention concept*. As it was believed that effective prevention hinged on substantially increasing public awareness and acceptance of the problem, several public and private entities made great efforts to accomplish this. The success of these efforts is demonstrated in a dramatic increase of reports of suspected child abuse towards the end of this first period. There was considerable optimism about the possibilities for early prevention services, although not unanimous: criticism regarding the predominantly single factor theories on the etiology of child maltreatment led to the eventual adoption of more complex, ecological frameworks as will be addressed in paragraph six. The next ten years (1980-1990) were considered the *prevention continuum*. With new theoretical models prevention efforts became largely multi-focused. The scope for these services also widened when more types of maltreatment were incorporated. In short, dozens of programs were launched all over the United States, unhinged by a flourishing economy. Studies on the effectiveness of these programs pointed out

that some had indeed managed to reduce maltreatment rates; however others had missed the mark. Overall these programs lacked clear empirical guidance, which was improved during the 1990s (the third and current period called *the prevention system*) with the return to the scientific and empirical roots, which were so important during the period of *prevention concept*. Clinical trials and sophisticated quasi-experimental designs are providing increased confidence in the efficacy of early intervention services; however, "full promise of prevention has yet to be realized" ([30, P737]).

At a scientific level it appears that we have acquired a substantial volume of knowledge and tools for the prevention of child maltreatment although the effectiveness of intervention is still ambiguous ([See for instance 32; 53]). At a policy level however there seems to be much hesitation regarding the issue of prevention. The state seems to struggle with its responsibilities, a struggle which is by no means new. In describing the situation in the sixteenth and seventeenth century Parton said: "if the State was to maintain notions of individual freedom, contract and responsibility, it could not become all-encompassing and hence a threat to those same recently established freedoms. The dominant solution was to allow the State to intervene into childrearing only when families were considered to have failed" ([61, P26]). In reviewing the current situation this solution seems hardly outdated.

## 5.1 The rights of parents and children

The policy of prevention touches on the delicate subject of the rights of parents and children. Especially the rights of children did not receive much attention in the past, according to Price Cohen (1992): "Until the latter part of this century the image of the child as a person, separate from the family, with rights of his or her own, was totally missing from the writings of philosophers and/or social scientists" ([64, P59]). Starting in 1979, the international year of the child, these rights have been elaborately recorded in a ten-year process, resulting in the United Nations Convention for the Rights of the Child (henceforward referred to as 'the Convention'), which was unanimously accepted by the United Nations on November twentieth 1989 ([76]). During the next seven or so years almost every country in the world subscribed to this Convention, which implied substantial consequences for legislation. Three of the articles established in this Convention are cited here because of their special significance to the subject.

Article 3 establishes the importance of the best interest of the child as primary consideration in all actions concerning children:

> *Article 3*
> *1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.*
> *2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.*
> *3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision* [1].

Article 18 recognizes the fact that the primary responsibility for the upbringing and development of the child lies with the parents of that child, implying the parental duty to act in the child's best interest. It also emphasizes the parental right to appropriate assistance in performing their duties:

> *Article 18*
> *1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.*
> *2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.*
> *3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible* [1].

Article 19 expresses the duties of the State to protect the child from any form of maltreatment and insists on the application of curative and preventive measures for the fulfillment of this duty:

> *Article 19*
> *1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*
> *2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement ([1]).*

Many articles in the Convention can be applied to the notion of becoming a person. The one that perhaps best reflects this notion is number 27 with the recognition of the child's right to "a standard of living adequate for the child's physical, mental, spiritual, moral and social development". Overall the Convention does establish the child's right to becoming a person. These rights are first and foremost the responsibility of the child's parents. However, the state is obligated to ensure that parents are able to fulfill these responsibilities. Willems called the connection between these three parties the trias pedagogica, "a constitutional social-pedagogical triangulation between parents, children and the state" ([76, p877]).

## 5.2 Trias Pedagogica

Although parent, child and state are intertwined in this trias pedagogica, the responsibilities of parent and state are not equally balanced. As Willems put it: "One of the most heavy responsibilities, the responsibility for the rearing of children, is in western society almost exclusively placed in the hands of parents" ([76, p274]). Helped by the Convention for the Rights of the Child this balance should become more equalized. In some of the subscribing countries this is indeed very much the case, however others seem to fail incorporating the rights of the child into national legislation as is the conclusion of Veldkamp after an analysis of six subscribing countries including the Netherlands ([75]). It appears that, even though

the Convention is subscribed to, the central notion in the Netherlands remains that the primary responsibility for the child's development is a private matter of parents and not directly a joint responsibility of society; a phenomenon referred to by Willems as "the cultural phenomenon of parental libertinism, also referred to as the privacy-culture" ([76, p528]).

Of course the notion of parental primary responsibility to the child's development is one of the central premises of the Convention. However, this notion does not relieve the state of its responsibilities. Non-interference until danger to the child's development is eminent, as is common policy in the Netherlands, violates another central premise of the Convention: the state's responsibility to provide adequate and sufficient support for parents. In other subscribing countries a legal right to support as well as a legal obligation to offer support is established. The conviction that the family is the most ideal environment for the child to grow up in, and the recognition that, once this environment becomes too dangerous for the child to remain at home, the state can only provide less desirable alternatives, constitutes the main argument for the provision of support in an early stage. In general the central conviction in some other countries (as opposed to the Netherlands) is that the efforts of both childcare and child protection should primarily be targeted at averting the risks for the development and well being of the child. This should first and foremost be accomplished by enforcing the parenting and protective abilities of parents, not by taking over parenting responsibility ([75]).

The less than desirable level of responsibility taken on by the Dutch state is justified as 'respecting parental responsibility and the sanctity of the family'. Leaving parents to do as they see fit until the damage is done beyond repair seems however hardly respectful, neither to parents nor to the child. As Willems states: "Respect for parenthood (taking the secondary child rearing responsibility seriously) and respectful parenthood (taking the primary child rearing responsibility seriously) are communicating vessels, that together lead to more respect for children" ([76, p875]). Thus the conclusion should be that true respect for parenthood implies not only enabling parental support but also actively offering this support, and in the presence of risks for the well being and development of the child possibly even enforce this support. Only then will the trias pedagogica be truly balanced and the rights of the child adequately served.

## 5.3 Parental support as prevention of child maltreatment

In the previous paragraph it is argued that legally the Dutch state should provide parental support, especially to families at risk. There seem to be three last reservations regarding this issue: how can the enforcement of support (i.e. interference in the family) be justified prior to actual damage done to the child's development; how certain can we be in identifying families at risk and what kind of support is effective.

Regarding the first issue Baartman (1998) argued as follows: "when someone – in this case a child – has a right, there is a duty to (help) honor this right, a duty that primarily lies with parents. When there are reasons on empirical grounds to assume that the honoring of this right is endangered, because of the reasonable possibility that parents cannot sufficiently follow their duty, then the following of this duty should be otherwise ensured. [...] When the duty to ensure a right implies that not only action is employed regarding restoration of the right (i.e. treatment) but also regarding prevention of violation of this right, than the provision of preventive support to parents is a duty that the state, in subscribing to the Convention of the Rights of the Child, has accepted" [9, p376]. On legal and logical grounds preventive support can thus be enforced. This being said, the fact remains that the reason to offer this support is the presence of a risk for damage, not of actual damage.

This leads to the second issue: how certain is this risk for damage? Several figures about this issue have been presented: first of all, 67-100% of maltreating families has been known as a family at risk at the time of the first birth in the family. Secondly, the chances of actual maltreatment in families at risk are up to 30 times higher than in low-risk families. Both figures are supportive to the notion at hand. However, child maltreatment does not occur in all families at risk: this percentage varies between 6 and 53% depending on what study is reviewed [10]. Still, should we be able to predict with utmost certainty what would happen without preventive intervention? Can we predict the outcome of non-intervention in any other case regarding family-problems? According to Baartman (1997) we appear to often hide behind the argument of empirical uncertainty to avoid taking initiatives that essentially place the rights of children above the rights of parents [8]. Furthermore, it is not the risk for future child maltreatment but the presence of an alarming

current family-situation that justifies a preventive intervention. This recognition applies to the first issue addressed above as well: the main argument to provide parents with a preventive intervention is not the debilitating notion that they might end up maltreating their children but the positive approach that their current situation has room for improvement which will benefit their child.

This leaves us with the final issue at hand: what kind of support is effective? This question has been the subject of an increasing amount of studies in several countries worldwide. In the Netherlands however no evidence-based attempt has been made to answer this question. The study at hand constitutes such an attempt. Foreign research indicates the success of home-based interventions targeting both parental attitudes as well as the direct family-context. The next chapter will continue on the notion of risk factors as predictors for future child maltreatment whereas preventive interventions and their design will be addressed in chapter four. As a bridge to chapter three the final paragraph of this chapter will establish a theoretical principle for the aim of preventive interventions.

# 6 Paradigms for prevention

Adequate prevention requires a principle on which to operate. Targeted preventive intervention can only be developed by adopting a paradigm to understand and explain the causes of child maltreatment. Over the course of history, aided by the progressing research on the issue of child maltreatment different explanatory models have been developed. This closing paragraph will briefly discuss these models. In conclusion a paradigm for this study will be investigated.

A first model for child maltreatment regards *the psychiatric explanation*, introduced by Steele and Pollock (1968) as well as Galdston (1965) ([34; 72]). Here the roots for maltreatment are sought in parental characteristics. Different studies pointed out personality disorders, mental illnesses, a negative self-image or depression in maltreating parents. Other studies pointed to the parents' childhood experiences: parenting styles are learned and simply repeated, indicating the concept of intergenerational transmission: parents being themselves maltreated as children. Still other studies targeted a lack of inhibition in maltreating parents: aggression, frustration and other impulsive behaviors are more easily expressed by maltreating parents. The notion of emotional immaturity is found as well in many of the early studies ([See 43; 78]).

A second model describes *the contextual explanation,* discussed by Garbarino (1980) and Pelton (1980) and others ([35; 62]), wherein both parent and child are seen as victims of circumstance. Contributing to this explanation, studies pointed out that maltreating parents live in social-economical deprivation; they are often unemployed and socially isolated. In families, living in poverty, factors such as deteriorated or overcrowded housing, insufficient money and a pervasive pattern of social stress are associated with maltreatment. Other studies found characteristics of the social context, such as low levels of neighborly exchange, residential instability and transience, and poor relations with institutions (e.g. schools) to be related to child maltreatment. Still other studies claimed the subcultural climate, supporting a differential orientation to violence as reflected in values, beliefs and norms regarding the appropriate conditions for violence and child-discipline, is related to child maltreatment ([See 14; 35; 78]).

A third model can be called *the interactional explanation,* introduced by Bugental, Mantyla and Lewis (1989) ([24]). Here, studies placed emphasis on the influence children themselves have on the process of child rearing. Aspects within the child, such as prematurity, handicaps, illnesses and temperament are associated with maltreatment in several studies. Also, regarding the parent-child interaction, disruptions in attachment and sensitivity are found in maltreating families. Other studies concluded that maltreatment does not result from the child characteristics as such, but from the perception of the child by the parent: maltreating parents perceive their children as more difficult than non-maltreating parents. Finally there are studies finding a lack of developmental knowledge in maltreating parents, leading to inappropriate expectations of the child ([See 43; 59]).

None of these explanatory models in itself sufficiently explain the problem of child maltreatment. The psychiatric explanation, emphasizing the disordered parent, was born from the disbelief and perplexity felt by researchers in the 1960s after the publication of the Battered-child Syndrome. Wolfe (1991) saw the emphasis on the psychopathology of the abusing parent as a logical consequence of the fact that attention to the problem of child maltreatment was mainly cranked up by the medical profession ([78]). Traditionally, the psychiatric model, as a medical model, used to emphasize factors of disease and under-estimates the social circumstances in which maltreatment is embedded. In the late 1960s, helped by large-scale survey studies, knowledge of the etiology of child abuse was expanded, leading to the contextual explanation. New theories on family functioning and the understanding of child maltreatment as an intra-familial problem led to approaches emphasizing the interaction between parent and child. Up to this point explanatory models assumed that child maltreatment was caused by one factor or cluster of factors (such as parental personality) and the relationship between cause and consequence was linear and unidirectional. The interactional explanation may be the first to acknowledge a bidirectional linearity within a more comprehensive cluster of factors (i.e. both the family system and, through interaction, the parental personality) but it lacks the multi-causality we have since come to know.

With the rise of the conception that maltreatment is multi-causal, that is, no single factor can explain its occurrence, several multifactor models were introduced. Herrenkohl (1990) mentioned several models such as an ecological model, which

has been elaborated on by Garbarino emphasizing situational factors. He also addressed a model described by Gelles, in which "a network of influences, such as stress, social isolation, parents' child rearing experience amongst other factors are hypothesized to contribute to maltreatment" [43, P91]. Ammerman and Hersen (1990) described Wolfe's transitional model, in which families pass three stages towards the development of violent domestic conflict: reduced tolerance of stress combined with disinhibition of aggression, poor management of acute crises as well as provocation and finally habitual patterns of arousal and aggression with family members [2].

The most well known multifactor model is that of Belsky (1980). He attempted to integrate previous explanatory models into one ecological synthesis using the ecological framework developed by Bronfenbrenner. He described this model as follows: "While abusing parents enter the microsystem of the family with developmental histories that may predispose them to treat children in an abusive or neglectful manner (ontogenetic development), stress-promoting forces both within the immediate family (the microsystem) and beyond it (the exosystem) increase the likelihood that parent-child conflict will occur. The fact that a parent's response to such conflict and stress takes the form of child maltreatment is seen to be a consequence both of the parent's own experience as a child (ontogenic development) and of the values and child rearing practices that characterize the society or subculture in which the individual, family, and community are embedded (the macrosystem)" [11, P33]. In this model parenting becomes the central notion, influenced by the personality of both parent and child as well as the context in which they find themselves, specifically the marital relation, social network and occupational experiences of the parent.

## 6.1 A paradigm for this study

When comparing the earlier multifactor models to that of Belsky it seems that he is the first to acknowledge not only the complexity of the interaction of all factors in play but their reciprocity as well. This constitutes a breach with the linear thinking and opens the door to circular causality [7]. Previous models, although acknowledging bidirectional influences between different factors, essentially maintained an accumulative approach to risk factors resulting in a rectilinear pathway from cause to consequence. Commonly the model of Belsky is accepted as

the best integration of previous explanatory models into one multifactor model. In our study what is most important about Belsky's model is the fact that the qualities of the parent are placed in the center. As Baartman (1996) put it: "child rearing is not just the result of a complex interaction of factors implemented upon the parent. The parent is an important actor in this process. Child rearing is shaped based on the way the parent perceives his relationship with his child as well as individual traits operating as a filter through which other factors have to pass in order to influence the child rearing process" [7, P42]. Although the parent takes center stage in Belsky's model the question remains what causes a parent to maltreat his child. In order to complete an adequate paradigm for this study this question needs to be answered.

As an answer to this question Baartman introduced the notion of 'parental awareness' as developed by Newberger (1980). Newberger defined parental awareness as "an organized knowledge system with which the parent makes sense out of the child's responses and behavior and formulates policies to guide parental action" [58, P47]. This system touches on ideas, knowledge, emotions and sensitivities [7]. Newberger differentiated two dimensions in this system, a perspective-taking dimension, implying a parental understanding of the mental activity founding the child's actions, and a moral dimension implying "the obligation to promote the well-being of the child and the intention to do so" [7, P70]. This moral dimension requires the notion of parental action, which is, according to Newberger, "to a great extent a process of negotiating conflicting claims" [58, P48].

Baartman explored Newberger's two dimensions more in-depth. To the first dimension, that of perspective-taking, the notions of expectations, perception and sensitivity towards the child play an important role. The expectations parents have of their children need to be realistic (which requires knowledge of the child's developmental capabilities), appropriate (which is linked to the role that is attributed to the child in the parent's life) and attuned (which refers to an understanding of the child's potential in life). The perception of the child is related to three aspects of meaning a parent attributes to parenting: being needed as a caretaker, being loved as a parent and being witness to the child's development. Finally the notion of sensitivity implies sensing, understanding and acknowledging the needs, emotions and experiences of the child. This sensitivity is

influenced by what is described as the sensitivity towards the child that the parent once was, i.e. towards ones' own history as well as towards one's actual feelings. Central to the second (moral) dimension is, as Newberger expressed, the notion of 'conflicting claims'. In psychodynamic literature this notion should be understood as "the dilemma of individuation and togetherness" ([7, p77]), in other words, the conflict is between the need for independence and the need for commitment. This conflict takes place within the parent, within the child and within the interaction between parent and child. Baartman essentially chose a different wording for this dilemma when he speaks of the conflict between the parent's provision of his or her own 'good life' and the parent's availability for the 'good life' of the child ([7]).

Two concepts introduced by Brunnquell, Crichton and Egeland (1981) are closely related to parental awareness. These concepts are 'psychological complexity' and 'level of personal integration'. Psychological complexity is explained as "the extent to which the mother has the psychological maturity and sophistication necessary for adequate parent-child relations" ([23, p688]). This concept can be understood as a summary of the notions of expectations, perception and sensitivity as described by Baartman and thus applies to Newberger's first dimension of parental awareness. The level of personal integration relates to "the integration of the mother's experiences and personality organization"; it is composed of affective and intellectual elements contributing to the "overall conception of the mother's recognition of her own psychological needs and processes, her ability to perceive those needs and processes in others and her ability to integrate the two sets of needs and processes" ([23, p689]). This concept is closely related to specifically Baartman's notion of sensitivity as explained earlier, but it also provides an additional understanding to the concept of conflicting claims.

Through the above explorations we can see how parental awareness hinges on two dimensions, that of perspective-taking and that of 'moral-driven' action. Various studies have demonstrated how maltreating parents can often be found to have deviant expectations of their children, to perceive their child as rejecting and unappreciative and to be less able to be sensitive to their child ([7]). The ability to allow the psychological needs and processes of one's child to prevail over one's own psychological needs and processes has much to do with the parent's ontogenic system according to Baartman. "In light of the personal developmental history, the desire to serve the interest of the child also offers the possibility to settle the score with one's past. This possibility

implicates a high dependence on the child, as the child's appreciation is an important indication that scores have been settled. [...] This dependence has implications for parental action: parenting becomes a heavy duty, the child is seen as difficult and the parent becomes over-sensitive to failures" ([7, p83 & 84]). Here we see clearly how the concept of parental awareness can well be integrated with the different systems in Belsky's model. Further support for the relationship between the dimension of conflicting claims as described by Baartman and Newberger and the ontogenic system as described by Belsky can be found in theories such as that of Boszormenyi-Nagy ([18; 19]) and Winnicot ([7]). There are more close ties between both paradigms, for instance the fact that parental action towards the child is driven by the parental norms on the use of physical violence ([7]), which are highly dictated by the macrosystem in which a family resides ([12]). So, the influences of the different systems of the ecological model remain important. However, based on several studies Baartman concluded that the problem lays not so much in the amount of contextual stress as in the vulnerability of the parent towards this contextual stress. It is the combination between this vulnerability and a weak parental awareness that creates the ultimate risk for child maltreatment ([7]).

Based on this paradigm the quintessential parole for preventive intervention becomes clear. As Brunnquell et al put it: "a complex variable such as the one tapped by the Personal Integration factor cannot be changed by providing information, skills training or therapy aimed at specific behavioral patterns [...]. Such change can only occur through integration of the experiences of child rearing and relations with others [...], which implies dealing with the specifics of the mother's reactions, feelings and perceptions of the day-to-day tasks she faces with the child. Asking about the mother's notion regarding the baby's motivation provides an excellent means for highlighting the mother's own needs and how they affect her understanding and perception of her infant and their relationship" ([23, p690]). Although most studies on the subject of child maltreatment provide information on mothers only, we propose that paternal mechanisms hold the same complexity and require as much support as do maternal mechanisms. Therefore it is the aim of this study to support parents, both mothers and fathers, in their parenting role as well as in their immediate context. In the next two chapters the possibilities for the selection of families at risk as well as for the practical design of a preventive intervention will be explored in order to reach a legitimate, convincing decision on the implementation of an indicated preventive program as the core of this study.

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