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A Family's Deadly Sin: Fatal Child Abuse in Florida An Anthropological Perspective on Child Deaths Due to Abuse and Neglect

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A Family's Deadly Sin: Fatal Child Abuse in Florida

An Anthropological Perspective

on Child Deaths Due to Abuse and Neglect

by

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ABSTRACT

This thesis examines child death data in an effort to assist in prevention and intervention, as well as, to provide quantitative and qualitative analysis to improve and enhance policy development around child deaths due to abuse and neglect in Florida. The data reviewed consisted of aggregate data for all incidents of child deaths (N = 266) in Florida where the primary caregiver was the alleged perpetrator of a child fatality for children under age 18. All data examined were recorded and stored in the Department of Children and Families' Child Safety Assessment database between 1998 and 2000.

According to national and state data on maltreatment deaths, the number of physical abuse deaths are slightly higher than fatalities categorized as due to neglect (51% and 43%, respectively), and the remaining 6% are attributed to both abuse and neglect. The data suggest that mothers account for the greatest percentage of child deaths due to neglect, while fathers and other male caregivers are responsible for the greatest percentage of child fatalities due to physical abuse. There was no significant difference between child fatalities committed by biological fathers as opposed to other male caregivers, which

suggests that policies around caregiver relationship has had limited impact on child safety.

Describing and defining different kinds of maltreatment requires that attention be paid to historical and cultural environments. Policies for preventing or reducing child deaths requires understanding of risk factors and protective factors at the level of the individual, the family, the community, and the society.

Whereas men and women differ in types of maltreatment they are likely to commit, the difference in rate of child fatalities committed by biological fathers as opposed to other male caregivers is insignificant. These findings suggest that policies that focus on caregiver relationship have limited impact on child safety.

Anthropological holistic insight on the domains and factors that contribute to the increase in child deaths due to maltreatment may help to develop new policy initiatives. Until research advances our knowledge and that knowledge is used to set policies, and those polices properly implemented, children will continue to fall victim to maltreatment fatalities.

Introduction

"A simple child, that lightly draws its breath, and feels its life in every limb,

what should it know of death?" in a poem titled "We are Seven" by William

Wordsworth (1798) says it best about the emotions felt when investigating a child

death due to abuse. The death of a child is always difficult to accept. Yet, when a

child dies at the hands of a primary caregiver, it is especially alarming and tragic.

Regardless of how the fatality occurs, one issue of major concern is that the

responsible parties are often the primary caretakers answerable for the safety,

well being and supervision of the child victims. The health of children are

imperative because of the importance of children for the future of society and

because the vulnerability of children makes them a good indicator of the health

conditions in the population as a whole. Robert E. Reed reminds us that "just as

in the old days the miner's canary gave warning by its death of the presence of

noxious gases in the mine, infant mortality has served as an indicator of

dangerous conditions, which may affect the entire population" (1984:123).

Child fatalities are the most severe consequences of child abuse and

neglect. The issue of investigating a topic with emotional overtones, like child

death due to maltreatment, it is perhaps more necessary than usual to specify

what the issues are, what are to count as facts, and what theoretical and

methodological approaches to use to address this severe complex social

problem. David Gough states that the potential benefit of conversant research around child abuse is that it offers evidence to inform decision-making around policy initiatives; however, he reminds us that there are also negative consequences of well-intended research (2005:43).

The aim of this thesis is to examine child death data in an effort to assist in prevention and intervention and to provide qualitative and quantitative analysis that will enhance policy making around child deaths due to maltreatment at the state and local level. Nick Spencer and Norma Baldwin suggest that the care of children is not just the responsibility of parents and families, but also that of societies as a whole. Further, that the issue of child neglect requires a holistic framework (2005:26). In order to address an issue with such intricacies, one must first examine the details inherent in child abuse symptomatoloy, diagnosis and reporting.

During the fall semester of 2003, I performed my internship with the Department of Children and Families in Hillsborough County under the supervision of Kim Kutch, the local Child Death Review Specialist, and Peggy Niermann, my immediate supervisor. This research was based on an analysis of existing child death data as well as reviewing all current child deaths with prior abuse history in the SunCoast Region, which consists of Hillsborough, Pinellas, Pasco, DeSoto, Manatee and Sarasota Counties. During my internship, there were thirty-five deaths reviewed by the State's Child Abuse Death Review Team

for the calendar year 2003. As part of my internship, I worked with both the local and state death teams. Additionally, I served as backup to the Region Death Review Specialist in recording and reporting child deaths in the Region.

The focus of this thesis is to examine the factors or combination of factors that contribute to the death of children under the supervision of the State Department of Children and Families (DCF). I argue that prior Departmental policies have failed to address the cultural, political and socio-economic factors that influence child deaths. I suggest that mothers are the primary perpetrators of child deaths due to neglect and that males in a caretaker role are the primary perpetrators of child deaths due to physical abuse. Consistent with both the goals of CADRT and the methods of applied anthropology it is my goal to enhance services to children at risk of child maltreatment death. In lending my research to the goals and mission of Florida's child welfare system, my research questions are:

1. What are the demographic data on the population served?
2. Do mothers or mothers' paramours cause more child deaths?
3. Do more children die at the hand of female or male caregivers?
4. What are the cultural implications of defining child abuse?
5. Do race and gender inequalities affect the rate of abuse?
6. How do local rates of child death compare to State and National data?
7. How do economic factors affect child safety and well-being?
8. Is abuse more likely in single parent versus two parent homes?

9. What role does a lack of education play in predicting children at risk of abuse?

10. What are the impediments to services provided by the Department of Children and Families, and how can they be improved?

11. How do current child abuse policies promote safe and stable families?

The National Child Abuse and Neglect Data System (NCANDS) reported an estimated 1,400 child fatalities in the United States in 2002. This translates to a rate of 1.98 children per 100,000 children in the general population. The rate of child abuse and neglect fatalities reported by NCANDS has increased slightly over the last several years from 1.68 per 100,000 children in 1998 to 2.0 in 2003. According to NCANDS, statistics on approximately 20 percent of fatalities were from health departments and fatality review boards for 2002, as compared to 11.4 percent for 2001. However, experts do not necessarily agree whether this represents an actual increase in child abuse and neglect fatalities or greater coordination of data collection among agencies and improvements in reporting procedures.

According to the National Center on Child Abuse Prevention Research (1998), national statistics estimate that 51% of maltreatment fatalities are from physical abuse, 45% from neglect and 4% from multiple forms of maltreatment. The World Health Organization (WHO) suggests that there is convincing evidence that child maltreatment is a growing global concern. Additionally, that

child maltreatment can occur in some form in every country, whether rich or poor, and that the factors affecting child abuse is deeply rooted in cultural, economic and social practices (WHO, 2002).

Due to a lack of equity in reporting as well as over reporting child abuse, the methodological and theoretical toolkit of an anthropological investigation could provide a beneficial perspective in which to conceptualize child abuse and neglect statewide. For example, during the early 1990s, children born to mothers that tested positive for drugs at delivery were placed in foster care. This practice resulted in more children from lower socio-economic mothers reported for neglect. Yet, drug usage is not limited to only mothers from lower socio-economic status. Further ethnographic observation can provide the necessary scientific framework needed to inform policy and enhance prevention efforts at the individual, family, community and state levels around the child deaths due to severe maltreatment as well as child abuse in general. The absence of consistent data on child maltreatment has contributed to the inconsistent way in which child abuse and neglect is defined, thereby making cross-cultural definitions difficult and absolute comparisons worldwide complicated.

When one applies a cultural lens, defining child abuse becomes more problematic from an epistemological perspective. Nancy Scheper-Hughes observes that mothers in Brazil find it inappropriate to interfere with the death of children who seem weak (1995). Caroline Bledsoe, in reference to parenting

strategies in Sierra Leone, asserts that some parents believe in order for children to advance they must work and study hard, endure beatings and suffer sickness to mold their characters and earn knowledge (1990:71). These ideologies are part of the socio-political, socio-economic and socio-cultural fabric of life in these cultures. Yet, either of these parental patterns would be in conflict with western views of abuse and neglect, thereby, complicating an operational definition of child abuse and neglect that would serve a cross-cultural perspective.

Cultural relativity aside, there are some cultural practices around childrearing that create a firestorm of controversy. For example, such practices as tribal scarification and female circumcision are among the cross-cultural childrearing practices that are in conflict worldwide (Korbin, 1977). While some cultures uphold one particular custom, yet in another society, that same custom is offensive, if not criminal. In the United States, the term child abuse can include any form of physical punishment. The present social trends no longer support the physical disciplining of children, as evidenced by the current debate over "to spank or not to spank" (Straus, 1991; Ellison et al., 1996). The use of corporal punishment continues to be highly debated. In Sweden, for example, laws prohibit any physical punishment of children, which include spanking. By contrast, in some Asian, African, and Caribbean countries not only is corporal punishment legal it is expected (Gelles, 2005; Innocenti Report, 2003). In the United States, most states have incorporated laws against this practice. However, as evidenced through the news media and other broadcast

entertainment venues (Gil, 1970; Strauss, 1974), Americans continue to live in a culture that accepts physical, emotional and psychological violence. While we cannot take the extreme cultural relativist position that any cultural childrearing practice would be acceptable by worldwide standards, we must avoid imposing our own emic view expecting it to serve as an internationally acceptable definition of child abuse worldwide (Korbin 1977). The United Nations Convention on the Rights of the Child rejects the notion of cultural relativism in favor of a universal approach that transcends cultural, religious, historical and economic differences in order to set a minimum standard worldwide (Innocenti Report Card, 2003).

Nevertheless, it would be negligent to review the problem of child abuse and neglect in America without looking at the racial and cultural differences within the society deemed to be a "melting pot" as well as the historical and social trajectories that have contributed to the current problem. To address this phenomenon, the issue of child maltreatment must first be understood in its historical framework. According to the historical and cross-cultural evidence, violence in the family has been around for as long as humankind, family life or recorded history (Zigler and Hall, 1989). According to James Garbarino, child maltreatment is a phenomenon as old as humanity (1977). Robert L. Burgess and James Garbarino suggest, "When we look beyond the press of public concern, the clamor of the news media, and the incentives of federally financed research grants, it becomes evident that violence, aggression, and the severe mistreatment of children dates from antiquity" (1983:90).

Historical Overview

In order to appreciate the evolution of child protection, we must garner an understanding of the historical context that paved the way for the development of our current child welfare system. Trattner suggests, "Like all other social institutions, social welfare systems did not develop within a vacuum; rather, it is the product of customs, statutes and practices of the past" (1999:1). In order to comprehend the present state of child protective policy and procedures, it is necessary to examine child maltreatment in a historical context. The guiding principles of what constitute child maltreatment have always been deeply rooted in the political, social, economic and religious fabric of any given society. Maria Scannapieco and Kelli Connell-Carrick (2005) remind us that the plight of children prior to the nineteenth century was filled with documented evidence of the violence against children.

Throughout history, children worldwide have suffered at the hands of caregivers and society through sexual exploitation, starvation, domination, murder, abandonment, mutilation, beatings, and forced labor just to name a few (Zigler and Hall, 1989). Historically, children were most often cared for within their band, tribe or kinship network, and as such, were often cared for well. The anthropological literature suggests that in most instances children were valued

members of their kinship networks. However, the anthropological literature also presents studies of traditional societies, such as the Yanomamo people of South America, where the practice of infanticide was accepted (Chagnon, 1968).

In ancient Greek and Roman society, a father could dispose of his child as he saw fit. Among some traditional patriarchal groups of ancient China, female infanticide was practiced. Some societies have promoted the killing of children born with birth defects, mental challenges, or disease. Often children were considered personal possessions and that it was the parents' right and responsibility to mold them into socially acceptable citizens by any means necessary (Giovannoni and Becerra, 1979). This ideology can be traced from English feudal society where personal relationships were defined in terms of property (Giovannoni and Becerra, 1979). The idea that stern discipline as a parenting strategy was widely embraced as a religious practice and was practiced by many cultures and passed down through the generations.

Currently, there is still a broad consensus among conservative religious enclaves who believe that corporal punishment is a necessary and important part of child rearing (Ellison, Bartkowski and Segal, 1996). While there are biblical passages in the Old and New Testaments on importance of children (Psalm 127 and Mark 10), the Bible also offers passages where children were intentionally murdered (Exodus and the Book of Deuteronomy). The biblical quote "Spare the rod, spoil the child" has historically been used to justify the punishment of

children and, in fact, is still used today. While the Bible's teaching cannot solely be held accountable for the atrocities perpetrated upon children, suffice it to say, religious beliefs have played an important role in shaping parents' disciplining techniques (Radbill, 1968; Shepard, 1965). Hence, religious beliefs contributed significantly to shaping the role and value of children in the family as well as society as a whole prior to the early nineteenth century (Giovannoni, 1989).

As civilizations continued to expand so did the number of abandoned children. As the number of abandoned children grew beyond the caring capacity of relatives, family friends, or in some instances close neighbors, the plight of children became one of growing public concern. Child welfare services were born out of the benevolence of individual and church endowments who sought to redress the impact of epidemics, wars and in fact, the industrial revolution had on the plight of children. The industrial revolution adversely affected child well-being (Trattner, 1999; Giovannoni, 1989).

The works of Henry Mayhew in "London Labour and London Poor" further evidence the plight of poor children (1860). The mistreatment of the poor, and in particular children, is immortalized in fiction by the works of Charles Dickens and Charlotte Bronte. With increased urbanization came big city problems, which included long working hours, crime, unhealthy living conditions and poverty. Poor economic conditions of the time made it necessary for families to send their

children to work in factories with unsafe working conditions in order to avoid abject poverty (Katz, 1986; Trattner, 1999; Mayhew, 1860).

In addition to the aforementioned factors, wars played a significant role in creating parentless children. The Civil War, in particular, helped to shape the trajectory of neglected and abandoned children in the United States during the mid nineteenth century. Because of the Civil War, many thousands of children were orphaned. At a time when countries conceived prisons and insane asylums, it also sought to institutionalize the overpopulation of children that were a by-product of the war. This benevolent ideology was the result of a society that believed safeguarding the children was essential to a strong and productive society (Trattner, 1999).

Almshouses, also known as poor houses, first appeared on the scene in England and Europe in the eighteenth century and were an attempt to address the growing population of abandoned children as well as adult debtors and the mentally ill. By all accounts, "many almshouses were vile catchalls for victims of every sort of misery, misfortune, and misconduct who were herded together and badly mistreated" (Trattner 1999:113). Most of the financial supports for these institutions were through the generosity of private and church endowment, while at the same time orphans were expected to contribute to their care through hard labor. Public outcries at the condition and treatment of children in almshouses

lead to reforms and in particular the creation of institutions specifically for children, known as orphanages (Katz, 1996).

Prior to the Civil War, North America saw the birth of orphanages in different areas of the United States: Louisiana, Georgia, South Carolina and New York and Ohio (Trattner, 1999). In most instances, orphaned children were removed from the almshouses and placed in orphanages as a means to better their health and well-being. By some accounts, while orphanages improved slightly the conditions for children, it did not offer the panacea it promised, as children still received less than standard living conditions. Walter I. Trattner says, "Although these separate institutions were on the whole superior to the almshouses . . . they too had many defects" (1999:114). At this time in North America, orphans remained in relatively small numbers due to the population of abandoned children. By 1850, New York State had twenty-seven orphanages and there were between 71 and 77 orphanages in the United States. Unlike almshouses, financial supports for these institutions were through state subsidized funding. By 1870, societies were looking for additional solutions to cleanup the growing number of children living on the streets and at the same time improve the plight of neglected children (Olasky, 1996; Duplantier, 1996).

During the eighteenth and nineteenth centuries, institutions such as almshouses, poor farms and orphanages developed and evolved as societal responses to the continuing grow of homeless children. As of 1800s, there were

no more than seven institutions in America for abandoned children. According to

Marvin Olasky, orphanages increased during the early nineteenth century in

order to meet the growing need of abandoned children. The casualties of the

Civil War greatly expanded demand for orphanages, and the number of

institutions grew to over 600 by 1880 (Olasky, 1996; Trattner, 1999 and Thomas,

1972). Continued public concerns regarding the treatment of children in

institutions, gave way to the development of foster family placement. According

to Trattner (1999), the New York Children's Aide Society, founded in 1853 by

Reverend Charles Loring Brace instituted the first organization in America to

adopt this method of placing children with foster families instead of orphanages.

However, it would be over a hundred years later before it would be socially

accepted that the placement of children in foster family homes would replace

orphanages.

One of the first severe cases of child abuse propelled into the American

public conscious in 1874 was when a New York City social work discovered the

abuse of Mary Ellen Wilson. Mary Ellen lived when children were considered

property and the only existing anticruelty organization, The American Society for

the Prevention of Cruelty to Animals (ASPCA), was for animals and not children.

In 1874, ASPCA's founder, Henry Bergh, and Etta Wheeler, a Methodist social

worker, took steps to save Mary Ellen when no one else would. Mary Ellen was

found confined to a bed, severely neglected and brutally beaten by her

stepmother (Watkins, 1990; Scannapieco and Connell-Carrick, 2005; Giovannoni, 1989).

While she certainly was not the first abused child in the United States, nonetheless, the news of her severe abuse prompted the development of one of the first privately organized child protective institutions in the country. This landmark case changed the course of child protection in America in that it highlighted the plight of abused children. Because of the media coverage on the troubles of dependent children, a small group of citizens in New York City formed the New York Society for the Prevention of Cruelty to Children in 1875. Due to the aid and assistance of Henry Berg, Mary Ellen's case won in court, in which the caretaker was convicted of child abuse (Gelles, 1993a; Zigler and Hall, 1989).

Philosophical changes in the 18th or 19th century began to view children as innately good and began to question the depravity model of the past (James and Prout, 1997). Scientific advances forged a school of thought that children needed nurturing and not the harsh treatment of the past as a means to mold character (Trattner, 1999). However, it was not until the late 19th century that the work of some noted philosophers and theorists that society's views were turned toward the importance of nurturing children and the importance of education and protection.

Charles Darwin's (1809-1882) and Herbert Spencer (1820-1903) and their contribution to biological and social evolution were instrumental in the way the scientific community thought about childhood and the role of parents. Darwin's evolutionary principles, among other things, connected the role that environment and behavior played on a child's developmental outcome. By the twentieth century, a new child psychology had emerged. Sigmund Freud's (1856-1939) work contributed to the improved status of children by emphasizing the importance of nurturance in infancy and childhood for the formation of healthy and productive adults (Trattner, 1994; Scannapieco and Connell-Carrick, 2005; McGee and Warms, 2000). Because of these scientific views, many began to rethink the role of children and the parent's role as nurturer and protector, as well as, the role that early parenting play on overall child development.

The social reform movement of the nineteenth century was concerned with not only the improving living conditions for neglected children, but also how children were treated in the judicial system (Giovannoni and Becerra, 1979). The late nineteenth century saw the formation of the first juvenile court in Illinois in 1899 designed to address the differences between delinquency and neglect cases (Pfohl, 1977). Consequently, the child welfare systems as a whole grew out of the mid nineteenth century social conscious of what to do about the growing number of abused and neglected children distinct and apart from delinquent children.

Early child protection efforts were a societal construct developed to save children from abusive or neglectful parents, although often a combined effort of law enforcement and charitable endeavors. Dependent children were often removed from their homes, placed in institutions, such as almshouses, orphanages, and later foster homes, which were initially designed by the private sector (Rushton, 1996; Trattner, 1984). During the 20th century, the mission of child protection in the United States changed to include not only rescuing children through state and federal legal guidelines, but also by providing funds for preserving families through the provision of social services for an array of family problems (Wissow 1995). This growing social concern for abused children set the stage for defining child maltreatment as a political and legislative process as well as influenced the development of social work as a profession (Giovannoni, 1989).

The Birth of National Legislation on Child Abuse in America

In 1909, as the media focused the public conscience on this social enigma, this event ultimately set the stage for government intervention. At the order of President Theodore Roosevelt, the White House sponsored the first conference on the Care of Dependent Children in America. As a by-product of this national conference, orphanages were determined not meet the best interest of dependent children. Because of this conference, single mothers were to begin receiving financial aid so children could stay at home, and orphans or those completely abandoned were placed in foster care (Costin, Karger, and Stoesz, 1996; Pfohl, 1977; and Trattner, 1999). The states soon took over the task that private and church run orphanages had once performed. Because of the support for child protection reform generated by the White House Conference, the United State Children's Bureau was established in 1912 (Scannapieco and Connell-Carrick, 2005; Katz, 1996).

World War I (1914-1918) and the post-war effect marked the beginning of the modern day orphan phenomena. The new orphans, more than ever, were the victims of unwed parents, immigration, abuse, neglect and abandonment. In 1919, President Wilson held the second White House Conference on the plight of America's children (Scannapieco and Connell-Carrick, 2005). By 1930, the Great Depression took its toll on the economy, parenting, and family life in general.

Parents who were unable to provide for their children could drop them off at a church operated orphanages with the understanding that they would be returned to their parents when circumstances changed (Trattner, 1999; Katz, 1996). This social condition gave rise to social welfare and government subsidies to families in need.

During this time, the study and practice of social work was elevated to that of a professional status, although not without conflict in terms of autonomy, legitimacy and effectiveness in dealing with the barrage of social ills affecting the times. In spite of the social worker's best effort, the social and economic factors that influence poverty continued to render children and families at risk. Trattner suggests, "the dependency caused by these factors demanded social and economic solutions, not casework, social or psychiatric" (1999:269).

The Social Security Act of 1935 provided the first unifying national policy and funding designed to address children's basic needs for food, clothing, housing and protection. This law, among other things, set the minimum standards for all children in the United States and established the aid to needy children program (Scannapieco and Connell-Carrick, 2005). From 1935 through 1962, a series of amendments to the Social Security Act expanded what child welfare services could be paid by federal funds, including services that supplement or substitute for parental care. In 1958, states were required to

provide matching funds in order to draw down their share of federal child welfare funds (http://www.nationalcenter.org/SocialSecurityAct.html).

Aid for Dependent Children (AFDC) - Foster Care Act of 1961; Public Law 87-31 expanded the Social Security Act of 1935 by including federal funds specifically for foster care. Federal funds became available to assist states with providing for children removed from their families because of abuse or neglect. These children were eligible if a court determined that remaining in the home was contrary to the child's welfare (Aid to Families with Dependent Children-Foster Care Program of 1961, Public Law 87-31).

Since the 1960s, efforts to ensure that abused children are identified have increased greatly in the United States. Between 1962 and 1967 all 50 states and the District of Columbia enacted laws that required professionals in law enforcement, legal, medical, education, and social services to report suspected cases of child abuse and neglect (Pfohl, 1977). Consequently, the number of child abuse and neglect reports has increased substantially, from approximately 700,000 in 1976 to over 5 million today. Currently, each state has a toll-free telephone hotline set up to record and respond to alleged child abuse and neglect reports in accordance with federal guidelines (Gelles, 2005; U.S. Department of Health and Human Services, 2000).

Public concern over placement of abused children in the United States grew in the 1970s as the number of children placed in foster homes continued to increase. In 1974, the Child Abuse Prevention and Treatment Act (CAPTA); Public Law 93-247 was the first national legislation to include physical and sexual abuse along with neglect. This law provided fiscal incentives for states to create child abuse prevention programs and encouraged uniformed child abuse reporting laws. During the mid 1970s, public and congressional concerns grew about the increasing number of children in foster care placements. This accelerated growth in out-of-home placements fueled a debate over whether or not guaranteed federal funding for foster care encouraged states to place children unnecessarily into foster care (Brooks et al., 1999 and Scannapieco and Connell-Carrick, 2005).

Because of the continued escalation of children in foster care, in 1980 the Adoption Assistance and Child Welfare Act (AACWA), Public Law 96-272 placed special emphasis on reducing the number of children in foster care and on ensuring safe and permanent living conditions for children. Because of this law, child-welfare agencies were required to document their efforts to avoid out-of-home placements, as well as their efforts to reunify children in foster care with their biological families.

AACWA is the legislative foundation for today's current child welfare system. It attempts to address the growing number of foster care placements by

requiring states to make "reasonable efforts" to eliminate the need for removal of children from their home. Moreover, if removed, to make it possible for children placed in out-of-home settings to be returned within a specified period. If after removal and the child(ren) can not be safely returned to their parents or a family member within a specified time frame, then proceedings should be initiated to terminate the parents' rights in order to place the child(ren) for adoption. This amendment to the Social Security Act created a separate title, IV-E Foster Care and Adoption Assistance, especially to fund these two categories of child welfare services. While providing reimbursements for the costs of children in foster care and support for adoptive parents, the law expanded the number of protections for children in the foster care system. The 1980 law based eligibility on whether or not a child came from a family receiving AFDC or if that child came from a family eligible for AFDC. Throughout the mid 1980s and early 1990s, Congress made numerous amendments to correct several problems with the child welfare system at the national and state level. These problems included:

- placement in foster care without the provision of alternative services that might help the child remain at home;
- foster care placements that were too restrictive (institutional settings) and too far from home;
- a lack of written case plans;
- a lack of periodic review of cases;
- parents not being apprised of their child's situation;
- a failure to provide reunification services;

- the creation of unnecessary barriers to adoption for children who could not be reunited with their families; and

- A lack of information on the children in the system.

(Public Law 96-272, 1996)

In 1994, legislation directed the U.S. Department of Health and Human Services (USDHHS) to develop a new child Welfare Review System, now known as Child and Family Service Reviews (CFSR). This oversight is to ensure States are adhering to legislative guidelines for funding requirements. Those States found out of compliance are subject to financial sanction.

In 1997, the Adoption and Safe Family Act (AFSA), P.L. 105-89 was adopted into law. This federal legislation, which built on its' predecessor AACWA, sought to strengthen the time frames for how long a child could be removed from home before alternate permanency goals must be legally pursued. This law strengthens adoption efforts and sets a year limit on out-of-home placements. ASFA contained several provisions focusing on moving children more expeditiously to permanency by either reuniting the child with birth parents, finding relatives or terminating parental rights so that children could be placed for adoption. Those provisions include new timelines for moving children to permanency; modification of the 'reasonable efforts' standards required of state programs to specify that the child's safety and health is 'paramount' to other concerns when deciding the placement of a child; and the creation of adoption incentive bonuses to states that increased the number of adoption from the foster

care system (Brooks et al., 1999; Karger and Stoesz, 1996; Pecora, Whittaker, Maluccio and Barth, 2000; Child Welfare League of America, 2003; Scannapieco and Connell-Carrick, 2005 and USDHHS, 2001).

Against this historical and political backdrop of the evolution of social change and legislation in the United States pertaining to child maltreatment, is the ever-pressing responsibility to provide services to a growing vulnerable population. Over the past forty years, the number of abuse and neglect reports as well as funding for out-of-home care has escalated, yet additional funding for prevention services so that children can remain in their homes have been virtually non-existence. In order for some families to receive needed services their children must be adjudicated dependant by the courts and placed in foster care.

Child maltreatment has become a significant health and social problem affecting a vulnerable population. As the social, economic, political and religious forces continue to influence child welfare, there remains a dire need to find ways to protect abused and neglected children. Scannapieco and Cornell-Carrick inform us that the need of children and families are often complex and thereby creates a daunting task when considering the social and environmental factors that contribute to child abuse and neglect (2005). In order to enhance policy initiatives, one must address cross-culturally what is to be defined as child abuse and neglect.

Defining Child Abuse and Neglect

Functionally based definitions of child abuse and neglect are beginning to have a more widespread application in research and public policy arenas, however no single definition has attained universal acceptance. While defining child abuse and neglect is complex, any definition must encompass the socio-cultural, socio-political, and socio-economic factors that influence child maltreatment along with an understanding of human social and psychological development (Scannapieco and Connell-Carrick, 2005; Sullivan, 2000).

Ola Barnett et al. suggest that a definition of child abuse and neglect must take into account that abuse is not a static phenomenon and as a result caution us that given the multifarious nature of child abuse a definition may not be resolved in the decades to come (1993). If the consequences of using different identifying criteria can be clarified, the implications for research, policy and funding decisions for the prevention of child maltreatment can be illuminated. Sullivan suggests that the "definition of child neglect influence the way the issue of child maltreatment is conceptualized for research, reporting, understanding the causes, and formulating intervention and prevention strategies" (2000:7).

While states vary in their definition of what constitutes child abuse, in general, most states define child maltreatment as any non-accidental injury

perpetrated on a child under the age of eighteen that results from the acts of commission or omission by any person in a caregiver or parental role. This definition is consistent with the Child Abuse Protection and Treatment Act (CAPTA), which is the 1974 federal legislative guideline that governs national child abuse policy. CAPTA defines child abuse and neglect as any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act, which presents an imminent risk of serious harm. Because definitions of child maltreatment vary from state to state and country to country, data are often unreliable in determining the scope of child abuse. Therefore, many analysts believe that statistics based on official reports do not accurately reflect the prevalence of child abuse (Gelles, 2005; Public Law 93-247).

Giovannoni suggests that one of the difficulties facing child welfare workers is the inconsistent definition for the various subtypes of maltreatment (1989). In fact, one culture's definition of discipline may be viewed in a different culture as child abuse. For instance, my first case as a child welfare worker in Florida was an abuse report on an Asian family that practiced a cultural tradition known as 'coining'. In many Asian countries, 'coining' is an indigenous healing technique used to cure illness such as a cold (Korbin, 1977). This practice requires one to heat coins and place on that outer part of the child's body that is infected. Often this technique leaves burn marks on the child's body. Because of the scarring, many traditional healing methods are classified as child abuse,

particularly when it results in what appears to be an injury or the act produces a

scar. Because of the cross-cultural variations, some researchers suggest it is

unlikely that a universally accepted definition can be constructed (Ammerman,

1990; Hutchinson, 1997).

Burgess and Garbarino (1983:88) suggest that "the definition of child

abuse in the abstract is much easier to accomplish, however, than its

documentation in particular instances" given the fact that child abuse, and

particularly child death, occurs out of the sight of the community at large and is

usually only observed within the family unit. Jody Manly suggests maltreatment is

difficult to operationalize because of family privacy and social stigmas around

child abuse (2005). Consequently, over the past forty years, research has made

a paradigmatic shift from focusing solely on the psychiatric profile of the

individual to identifying the socio-psychological and socio-ecological factors that

impact family interpersonal life. In essence, many researchers support a broad

range of methodological approaches to enhancing the scientific inquiry around

the causes of violence in the family (Fontes, 2005; Manly, 2005; Dubowitz,

1999).

Scannapieco and Connell-Carrick suggest child abuse and neglect are the

reflection of a given society's parenting values, and that, these values change

over time and space (2005:11). For instance, when I conducted parent-training

classes and asked the question how many participants had experienced physical

punishment as a child where a belt or switch was used, the overwhelming majority had experienced this form of discipline. Further, many of the participants found no particular ill effect from having experienced spankings. Yet, some children found in Florida's child welfare system today are from this method of parenting discipline; however, depending on one's worldview can be classified physical abuse.

Andre J. Sedlak and Diane D. Broadhurst define physical abuse as injury or risk of injury as a result of being either hit by hand, object, or kicked, as well as, shaken, thrown, burned, stabbed or choked by the primary caregiver (1996). The key word here is the extent of injury as well as understanding the socio-cultural context in which this injury occurred. Jill E. Korbin and David Finkelhor suggest the following cross-cultural perspective, "Child abuse is the portion of harm to children that results from human action that is proscribed, proximate, and preventable" (1988:4).

Due to cross-cultural variations in parenting, along with increased globalization, cultural conflicts around child maltreatment becomes problematic. Research that includes a broad methodological approach offers an opportunity for more cost effective, culturally sensitive intervention and prevention services that could enlighten local and state initiatives and policies pertaining to child maltreatment. As families continue to be plagued by poverty, substance abuse,

and domestic violence, as well as other risk factors, children become more at risk

for child fatality due to maltreatment.

Classifications for Child Abuse

While the Abuse Allegation Matrix varies from state to state, typically there are four broad categories commonly used to classify abuse perpetrated on children: physical, sexual, neglect and emotional or psychological abuse. Within these broad categories are numerous subtypes. The abuse allegation matrix is a system used by states to classify types of abuse. The allegation matrix incorporates the mandates of state laws and rules as they relate to the categorization of abuse reports. In short, the taxonomy of abuse classifications attempts to systemize the recording of abuse reports. Although any of the forms of child maltreatment subtypes can be found separately, most often they occur in combination. However, for the purposes of this discussion, only physical abuse, sexual abuse and neglect will be addressed. In part, this restraint is due to limiting the current discussion.

According to the National Clearinghouse on Abuse and Neglect (2002) data, although the number of reports continues to escalate, the number of children verified for child abuse or neglect shows a slight reduction. The rate of victimization per 1,000 children in the national population over the past twelve years have dropped from 13.4 children in 1990 to 12.3 children in 2002. Over sixty percent of child victims experienced neglect, twenty percent were physically

abused, ten percent were sexually abused and seven percent were emotionally

maltreated. These trends are more often the case across studies as more cases

of neglect are classified than any other type maltreatment (Sullivan, 2000).

Physical Abuse

Physical abuse generally implies physically harmful actions that are

directed against any child less than eighteen years of age. It is most often

defined as injuries due to bruises, welts, burns, fractures, head injuries, stomach

injuries just to name a few (CAPTA, 1974). It can be the result of intentional

injury or lack of parental supervision, which is reasonably within the control of the

parent or primary caretaker. Physical abuse is the most visible form of child

abuse and is defined by the National Exchange Club Foundation (2000) as any

non-accidental trauma or physical injury. Inflicted physical injury most often

described as unreasonable, severe corporal punishment or unjustifiable

punishment all of which could have cross-cultural implications. Djeddah et al.

suggest, "Physical abuse of a child is that which results in actual or potential

physical harm from an interaction or lack of an interaction, which is reasonably

within the control of a parent or person in a position of responsibility, power or

trust" (2000:907).

The United States Department of Health and Human Services (USDHHS)

suggest (2000), brain injury and death are the most common consequences of

severe physical abuse. This usually occurs when a frustrated parent strikes,

shakes or throws a child. The USDHHS (2002) state that twenty-eight percent of all child deaths were due to physical abuse and that forty-four percent of the child victims were under age one. Physical abuse, while the most descriptive, at least in terms that it can be clinically diagnosed, is the one area many researchers mostly can agree on what defines physical abuse.

In 1999, Florida's leading cause of child death was fatal gunshot wound. Thirteen children died because of gun wounds, yet only three were the result of a murder-suicide committed by their father. The remaining gunshot deaths were attributed to inappropriate access to firearms. This is in contrast to the leading cause of deaths in 1998, which were 'severe beatings' and 'multiple body traumas' as opposed to drowning deaths in 2000. However, suffice it to say, there remain some ambiguity based on culture and societal expectations particularly when it comes to a universal definition of physical abuse. For example, corporal punishment is an area of discourse. Spanking or any type of physical discipline garners a great debate on what constitute physical abuse (Baumrind, 1994; Ellison et al., 1996; Straus, 1991).

Maria Scannapieco and Kelli Cornell-Carrick suggest that the injury in and of itself is not enough to classify the incident as child abuse, rather it is important that we look at multiple factors such as "child's level of development, pattern and size of injury, location of the injury and the caregiver's explanation of the injury" (2005:13). The literature is clear that physical abuse can have a profound

influence on a child's physical, emotional and intellectual functioning and that those affects might not be ameliorated with age (Belsky and Vondra, 1989; Berger, 2001).

Sexual Abuse

Sexual abuse is defined as the involvement of a child in any sexual activity that he or she is unable, based on age, to give informed consent as mandated by State's statutes and laws governing child abuse. Further, it is the involvement of a dependent, developmentally immature child or adolescent in sexual activities that they do not fully comprehend or that violate social taboos of family roles. Sexual abuse may include the following subtypes: fondling, the showing of private parts by an adult, sexual intercourse, oral and anal sex, forcing a child to watch while others have sexual intercourse, incest, and child pornography. It is important to distinguish between sexual molestation and incest. Sexual molestation involves the sexual abuse of a child by a non-relative, while incest refers to sexual abuse by an individual within a specified degree of consanguinity.

The National Center on Child Abuse and Neglect asserts, "Sexual abuse of children, especially in cases of incest, is perhaps one of the least understood, and, consequently most mishandled form of child mistreatment. Many times, more harm is caused to the child by the systems' handling of the sexual abuse

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investigation as the trauma associated with the sexual abuse act itself" (Federal Register 1978:3244). Sexual abuse garners the greatest consensus about the seriousness of this type of child maltreatment. This consensus reflects social norms that the sexual abuse of children is a violation of many societal taboos. Even though many children die each year of physical abuse at the hand of their primary caregivers, it rarely warrants major media coverage. However, when a child is sexually abused and murdered by a non-caregiver, the media is on full alert as indicated by recent highly publicized child abduction, rape and murder cases in the media. Unquestionably, the media plays an important role in educating the public; however, a major criticism is that it tends to focus on child abuse stories that excite the audience (Goddard and Sanders, 2001).

While the long-term implications of sexual abuse on children are not fully understood, current research suggests a strong correlation between child sexual abuse and late life psychological and emotional trauma (Scannapieco and Connell-Carrick, 2005; Finkelhor, 1990 and Briere, 1989). Some researchers have found significant associations between child sexual abuse and higher rates of major depression, anxiety disorder, conduct disorder, substance abuse and suicidal behavior (Brown et al., 1999; Mannarino and Cohen, 1996; and Boney-McCoy and Finkelhor 1995).

Child sexual abuse involving penetration was associated with the highest risk for any disorder (Fleming et al. 1999). However, it is noteworthy to know

there are no specific disorders that are symptomatic of childhood sexual abuse. It is not known why some children are deeply affected by sexual abuse, while others show no sign of trauma. One notable difference for sexual abuse victims is that females are far more likely reported as victims than males, as rates for physical and neglect remains relatively similar across gender (USDHHS, 2002).

Neglect

Isabel Wolock and Bernard Horowitz (1984) coined the phrase 'the neglect of neglect' where they suggest that child neglect is largely ignored by both child welfare professionals and the media. While child maltreatment in general has been under scientific inquiry since the 1960s, yet the most prevalent form of child maltreatment, neglect, has not been sufficiently investigated (Wang and Daro, 1997).

Neglect is a particularly difficult construct given that it is based on the observers' perceived harm to a child and the caretaker accountable for that harm (Gough 2005:44). Neglect is the failure of the parent or primary caretaker to provide for the overall development of the child. This involves all areas of care such as health, education, emotional, nutrition, shelter and safe living environment.

Neglect becomes an epistemological problem when we examine child neglect cross-culturally. Who is to say what outside forces influence what is to be

perceived as child neglect. For instance, natural disasters, war, disease or drought could cause parents to be neglectful; however, when poverty affects families rarely is it perceived as the cause of neglect.

C. Henry Kempe (1978:7) states, "Neglect implies the failure of a parent to act properly in safeguarding the health, safety, and well-being of the child." Within this category, there are many opportunities for variation in interpretations of neglect, particularly when social and economic factors are taken into consideration. One interpreter may label failure to seek medical attention to a childhood illness as medical neglect and yet another would not. Yet the result is influenced by a society's value structure. For instance, many abuse reports involving neglect centers on lack of food, hazardous conditions, and inadequate supervision. Howard Dubowitz et al. (1993:12) suggest, "Neglect is understood to exist on a continuum ranging from optimal to extremely harmful conditions for children. Finally, neglect is seen as a heterogeneous phenomenon, varying in type, severity and chronicity". Like other categories for child maltreatment, CAPTA provides an over arching definition. CAPTA suggests any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm. However, Scannapieco and Cornell-Carrick suggest it lacks "precision, dimensionality, and operationalization" (2005:14).

Drowning is the second leading cause of child death in the United States and the number one cause for children under age five, yet not all drowning deaths are the subject of an abuse reports. Further, child drowning more often than not takes place in home swimming pools. During my internship, there were several cases where child drowning was the cause of death. It was particularly notable that the Death Review Team expressed more sympathy in some cases. In one case, the caregiver was the maternal grandmother and was from a middle class background. In the other case, the primary caregiver was the mother and she was from a low socio-economic status. In the first case, a sibling group (two children) died one year apart each at age two in the family above ground pool. Yet, when the first child died, the second child was not removed. The cause of death was classified as drowning. This case garnered a great deal of sympathy from the Child Abuse Death Review Team (CADRT). In the second case, the child drowned in an in-ground pool of the home where her parents were renters, not only was the case classified as neglect due to inadequate supervision, but one of the CADRT participants stated, "the family should not have rented a house that they could not afford the upkeep on the pool". The pool was not maintained and as a result made finding the child victim difficult due to the murkiness of the pool water. The remaining children in the home were removed due to inadequate supervision. This difference in perception suggests that the definition of child neglect, whereas drowning is concerned, may be economically induced, as one of the distinguishing differences in the two cases was that one

was from a middle class background and the other family was from a lower socio-economic status.

Child supervision is an area of neglect that varies depending on ones' perception. At what age are younger children able to supervise themselves? How old do you have to be to provide adequate supervision to younger siblings? These type of issues affect cross-cultural interpretations. The assessment of child neglect requires the consideration of cultural values and standards of care as well as the recognition that the inability to provide the necessities of life may be poverty related. The failure to address the impact of socio-economics on child neglect will omit a key factor that heightens risk of child maltreatment due to poverty.

Although child neglect has been conceptualized as a distinct form of child maltreatment since the early 1960s (Young, 1964), and, as result of Public Law 93-247 that require states to include it in their child abuse allegation matrix, it is an area of maltreatment that requires further scientific inquiry. The multiple definitions found in the literature make it especially difficult to advance scientific knowledge since comparison across studies is problematic (Zuravin, 1999; Sullivan, 2000). The theoretical and operational difficulties in defining neglect are well-documented (Berrick, 1997; Dubowitz, et al., 1999; Giovannoni, 1989; NCCAN, 1987; Wolock and Horowitz, 1984; Zuravin, 1999, and Gough, 2005)

and cut across all disciplines that encounter child neglect research (USDHHS, 1995).

Unlike physical and sexual abuse, where the act determines maltreatment, in neglect the absence of an act determines maltreatment, which is open to subjectivity and further adds to variability and inconsistent definitions. Gaudin (1999) suggests that many studies of developmental effects fail to differentiate between neglect and other types of maltreatment or combinations of neglect and abuse (Aber, Allen, Carlson and Cicchette, 1989). Further, most studies of neglect lack a clear, consistent conceptual and operational definition of neglect and seldom differentiate among subtypes of neglect (Zauravin, 1999; Gaudin 1999). The states' legislative definitions of neglect vary across the United States, which complicates scientific comparisons. Some states exclude deprivation if due to poverty, while others make no such exceptions.

Risk Factors

The focus of child welfare services and researchers prior to 1960 was primarily prevention. Yet, due to the growing problem of child abuse and neglect, prevention and intervention have become researchers' primary concerns. The combination of prevention and intervention are strategies used to identify early warming signs and thereby prevent reoccurrence. Further, assessing risk attempts to address the generational cycles of abuse. This operates on the premise that without adequate intervention services, abuse can be transferred from generation to generation. Cyril Greenland suggests that it is important to note that the concept of high risk has no status in law, therefore the role of child welfare and the legal system is to define the precise circumstances in which risk exist and therefore warrants court ordered intervention services (1987).

Child abuse and neglect by all accounts is the result of many factors often occurring at the same time. The combination of elements called risk factors, increase the likelihood of abuse. Bill Gillham et al. (1998) argue the notion that child abuse results from a complex combination of personal, cultural and societal factors. While there are differing schools of thought on the origin and cause of child maltreatment, some theorists suggest that the root causes of child abuse rest within four principal domains: the child, the family, the community, and the

society. Carol Djeddah et al. (2000:909), suggest that risk factors surround the individual, the family, the community and the society. Further, that abuse is more likely to occur when risk factors outweigh protective factors. The World Health Organization (WHO) reminds us that using singular factor risk based model can mislead labeling, stigmatization and marginalization. WHO suggests no single risk factor is sufficient to predict being abused or becoming an abuser, and therefore prevention is most likely to be effective if it targets multiple levels of risk simultaneously (2006). WHO offers the following diagram for a multilevel risk factor approach.

Table 1: Multilevel Risk Factors
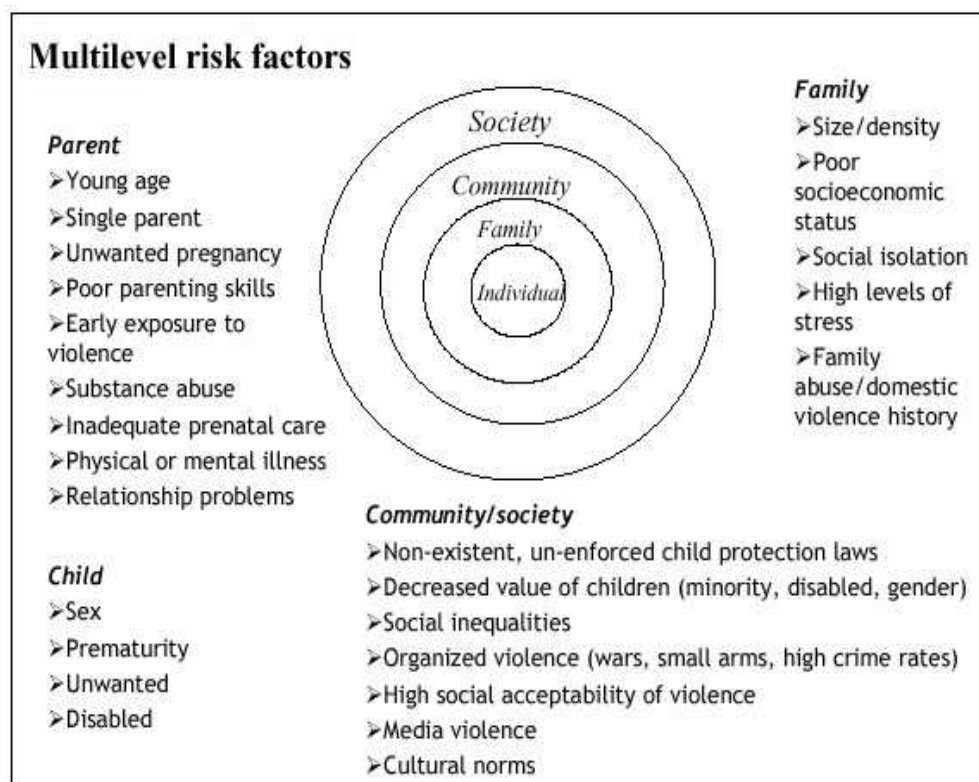
The World Health Organization, Report on the Consultation of Child Abuse Prevention, 1999a

Societal Level Risk Factors

Perhaps the least understood and studied level of child maltreatment is that of the societal factors that impact enhanced risk of child abuse. Ecological theories postulate that factors such as the narrow legal definitions of child maltreatment, the social acceptance of violence, and political or religious views that value noninterference in families above all may be associated with child maltreatment (Tzeng, Jackson, and Karlson, 1991; Zigler and Hall, 1989). Lisa Fontes suggests that in order to fully examine child abuse, one must examine child abuse from an 'ecosystemic' model by considering all the systems, that is, the individual, the family, the community and society as a whole, in which children are embedded (2005:17).

Poverty is the most frequently and persistently noted risk factor for child abuse. Poverty, for instance, has been linked with maltreatment, particularly neglect, in each of the national incidence studies (Sedlak and Broadhurst, 1996), and has been associated with child neglect (Black, 2000) and found to be a strong predictor of substantiated child maltreatment (Lee and Goerge 1999). While children in families from all income levels are potential victims of child maltreatment, research suggests that family income is strongly related to incidence rates (Baumrind, 1994). National data suggest children from low-income families that are below poverty levels are far more likely to be harmed or endangered by abuse or neglect than children from higher socio-economic

families (Charlow, 2001; Berger, 2005; Waldfogel, 2005; Paxson and Waldfogel, 1999; Innocenti Report, 2003). This is consistent with Florida's data where children from lower socioeconomic levels represent the largest population in the states' child welfare system. Further, that the correlation between poverty and maltreatment is disproportionately represented based on race (Charlow, 2001; Berger, 2005).

According to Andrea Charlow, poverty and neglect is an area that needs further scientific inquiry. Charlow (2001:789) suggests, "Much more work needs to be done to understand the causes and effects of poverty and neglect and how to obviate the negative effects of each on children". Fontes (2005:18) states, "When caretakers have fewer resources, it is simply harder to provide children with what they need; there is less margin for error". Whether this connection is precipitated by the stress of poverty related conditions or results from greater scrutiny of poor people by public agencies, which results in a disproportion of over-reporting, is highly debated (Charlow, 2001). Nevertheless, the research suggests poverty correlates to increased risk of child maltreatment. According to Charlow, "African-Americans have the highest rates of substantiated neglect", which is consistent with the correlation between poverty and neglect and the high proportion of African-Americans living in poverty (2001:776). However, it is important to note that while there is a strong correlation between poverty and child maltreatment, and in particular neglect, it is not necessarily a cause and effect relation. (Gil, 1970).

Based on my twenty-five years in Child Welfare, the reporting of physical abuse and neglect are more common among people who are at the poorest end of the socio-economic ladder. Many of my clients mostly lacked adequate housing, employability, affordable childcare and a diminished family support system. Other notable societal factors include inaccessible and unaffordable health care, fragmented social services, and a lack of support from extended families and communities (Dubowitz et al. 1993).

At the societal level, risk is tied to the societal view on what is considered the social or cultural norm. For example, children in Sierra Leone are the victims of forced fosterage where abuse is common, yet it is socially accepted as a means of upward mobility (Bledsoe 1990). In some societies, it may be acceptable to sell children into slavery or forced sexual exploitation. In other societies, infanticide at the hands of unwed mothers or burning children's hands for stealing is socially accepted in Kenya (Kilbride 1992). Society's views play an instrumental role in shaping one's beliefs, values and customs around child rearing practices and what is considered child abuse and neglect. Some of the most powerful factors are those specific to the culture and society in which a family lives. There is also the question of accountability of society as well as the parent for the inadequacy of care that children receive (Dubowitz, Black, Starr and Zuravin, 1993).

Some could argue that society does not really value its children. This assertion is highlighted by the fact that one in four children in the United States lives in poverty, and many children do not have any form of health insurance (WHO, 1999b). The presence of high levels of violence in our society is also thought to contribute to child abuse. Deadly violence is more common in the United States than in seventeen other developed countries. Seventy-five percent of violence occurring in this country is domestic violence (Innocenti Report, 2003). Trevor Hays and Lesley Jones (1994) argue that the United States leads developed countries in homicide rates for females older than fourteen years and for children from five to fourteen years of age. Many experts debate whether a presumed reduction in religious and moral values coupled with an increase in the depiction of violence by the entertainment and informational media plays a significant role in the increased rate of child abuse (Ellison, et al. 1996; Djeddah et al. 2000; Goddard and Sanders, 1999; Goddard and Sanders; 2001).

Community Level Risk Factors

Factors related to the community level risk factors are linked to both the role of family in the greater community and the community's view on the value and role of children. The lack of support systems or social networks can increase the risk of child abuse, particularly when combined with other risk factors. Parents who live in isolation can place children at higher risk for child abuse. Research suggests that social isolation and the lack of family and friends can

place children and families at greater risk for abuse. Bishop and Leadbeater (1999) found that abusive mothers reported fewer friends in their social support networks, less contact with friends, and lower ratings of quality support received from friends. Building social supports through capacity building methods and analyzing social networks for families is one area of research where anthropology could offer new insights on building protective factors for families at risk of abuse. Victoria L. Banyard et al. (2003) indicate that a strong support system can ameliorate stress from social and personal circumstances and enhance parents' coping skills, thereby increase protective factors to the child and family.

Childrearing practices often depend on the community's cultural value of children. For instance, some cultures view child as property while others cherish them as extensions of self consequently depending on the view parenting practices vary. Djeddah et al. state, "Generally, cultures in which children are nurtured contrast with those in which they are seen as being possession" (2000:910). Jeanne M. Giovannoni and Andrew Billingsley (1970) study of neglect in poor families in San Francisco highlighted differences within a population of mothers in poverty. Families below poverty level were more often linked to child abuse. Charlow (2001) argues that family income was the most predictive factor of child placement in foster care. Violence is another community level variable found to be associated with high rates of child maltreatment. Djeddah et al. (2000:910) state, "The widespread use of severe physical

punishment and accepted high level of community violence are correlated to higher abuse levels".

Family Level Risk Factors

Prior studies have indicated that multiple factors contribute to the risk of child abuse at the family level (Tomkiewicz, 1998). Family level risk factors that have been identified are domestic violence, lack of stable housing, economic stress, marital discord or divorce, significant losses and prior history of abuse against other children in the family. Other factors found to increase family level risk are parents' engagement in substance abuse, parents' mental health stability, and the parents' level of education and past criminal history.

The mission of child protection agencies is to reduce family risk factors by providing referral service to lower risk and provide protection for children at risk. Djeddah et al. (2000:910) suggest, "Abuse occurs where there is a lack of equilibrium between risk and protective factors, where, for example, there is an increase of risk factors in a family but no equivalent increase in protective factors". Korbin suggest et al. (1998:216) suggest, "Child maltreatment occurs as a result of an imbalance of protective and potentiating factors across ecological levels". Services to families typically focus on ways to assure child safety by creating greater visibility at the community level through daycare referrals, in-

home counseling, in-home visitation program, in- or out-patience substance abuse treatment and domestic violence intervention services.

Substance abuse is a notable risk factor at the family level that has shown a connection to a high rate of incident of child maltreatment in families. Families experiencing substance abuse issues are more likely to experience child abuse as well as elevated risk for abuse due to the parents' ability to provide adequate supervision (Ammerman et al., 1999; Besinger et al., 1999; U.S. Department of Health and Human Services, 2004). Although identifying families with substance abuse issues can present a challenge when assessing risk, current research suggests that substance abuse is a critical family risk factor.

Child Welfare League of America (2003) suggests that in the United States substance abuse is a contributing factor in forty to eighty percent of families where children are abuse victims. The USDHHS national data suggest that of all the child abuse cases, fifty to eighty percent involve some degree of substance abuse by the child's parents. The Foundation for Children of Alcoholics (1996) state, an estimated forty percent of confirmed child abuse cases in the United States are related to substance abuse. According to Blau et al., approximately eleven percent of pregnant women in the United States are substance abusers, and that 300,000 infants are born each year to mothers who abuse crack cocaine (1996). Additionally, Gary Blau et al. suggest that children of substance abusing parents or caregivers are four times more likely to be

mistreated, almost five times more likely to be physically neglected, and ten times more likely to be emotionally neglected than children in non-alcohol abusing families (1996).

Another factor associated with increased risk for child maltreatment is the emotional maturity of the parents, which is often highly correlated to actual age of the parent or caregiver. Tammy L. Dukewich et al. suggest that there is a strong correlation between adolescent parents and increased risk of child maltreatment (1996). Additionally, current research indicates that childhood maltreatment can lead to generational child abuse perpetuation over time, thereby perpetuating the cycle of child abuse (Clarke et al. 1999; Bandura, 1977 and Daro, 1998). David DiLillo et al. (2000) found that childhood sexual abuse increased the risk of an adult to commit physical abuse on children. In essence, parents who were abused as children are more likely to abuse their children than parents without childhood history of maltreatment. Furthermore, domestic violence, inadequate parenting skills and a lack of effective communication skills further enhance the risks of maltreatment to children.

Heightened family stress and the disintegration of the nuclear family and its inherent support systems have been held to be associated with increase child maltreatment. The National Research Council (1993) purports that single parenthood and the many burdens and hardships of parenting, particularly without substantive support, can add to the parenting stress index and provide an

environment for increased child neglect. Finally, the general inherent stress of parenting, which when combined with the pressure of any one or a combination of risk factors previously mentioned, may exacerbate any difficult situation and thereby set the stage for elevated risk of child maltreatment.

Individual/Child Level Risk Factors

At the individual level, studies have shown that a parents' past history as a victim of child abuse plays a significant role in their abilities to be effective parents (Kaufman and Zigler, 1987). Additionally, Rachelle Tyler et al. (1997) found that substance abuse adversely influences risk at the individual level. Mark Chaffin et al. (1996) suggest that a parents' past life experience and mental health issues can increase risk.

Although children cannot be held personally responsible for the abuse inflicted upon them, however, there are certain child characteristics that increase the risk or the potential for maltreatment. For example, it has been noted that children with disabilities or mental retardation are considerably more likely to be abused (Crosse, Kaye, and Ratnofsky, 1993; Schilling and Schinke, 1984). Jocelyn Brown suggests that children born prematurely or with low birth rates as well as families where a sibling younger than eighteen months is already present

in the home raises the risk levels for children to be possible victims of abuse (1995).

Diane DePanfilis et al. (1994) suggest that any situation where one sibling has been reported to child protective services for suspected abuse heightens the likelihood of increased risk. Evidence suggests that age and gender are predictive risk factors for child maltreatment. For instance, younger children are more likely to be neglected, while the risk for sexual abuse increases with age (Mraovick and Wilson, 1999). In my Child Welfare experience, females were significantly more likely than males to experience sexual abuse (Sedlak and Broadhurst, 1996). While it is generally accepted that a variety of factors contribute to gender related violence, Heise et al. (1994) suggest that the cultural, political, legal and economic systems do not empower women or take gender inequities into consideration.

Protective Factors

Researchers, practitioners, and policy makers are now increasingly investigating protective factors within children and families that can reduce risks, build family capacity, and foster resilience. This modality shift, at least in part, stems from the idea that children that experience similar maltreatment do not respond in the same adverse manner. Resilience, which has also been referred to as "stress resistance" (Garmezy, 1985) or "post-traumatic growth" (Tedeschi et al, 1998), refers to a pattern of adaptive functioning despite exposure to one or more risk factors (Masten, 2001). Patricia J. Mrazek and David A. Mrazek (1987) state resilience in maltreated children relate to a child's ability to recognize danger and adapt. Current research continues to examine the relationship between child and family risk factors and protective factors. Researchers' seek to unlock the factors that appear to protect children from the risks of maltreatment. In a recent overview by the Family Support Network (2002), factors that may protect children from maltreatment include a combination of child factors, parent/family factors, and social/environmental factors.

Typically, across studies, resilience is often defined in terms of interpersonal functioning based on a combination of a positive self-esteem and an absence of clinical symptoms, particularly depression and/or anxiety. In a

study conducted by Liem et al. (1997) a sample study of 145 urban college student survivors of child sexual abuse, twenty-eight percent tested positive for resilience based on their interpersonal functioning. Liem et al. found individual personal characteristics, family characteristics, and the severity of the abuse all notably contributed to the likelihood of a resilient outcome (1997). In a similar study of resilience with a low-income sample, Banyard (1999) found that higher social support and greater personal control in problem solving correlated to improve functioning.

Sarah E. Romans et al. (1995), utilizing self-esteem and psychiatric morbidity as outcome variables, suggest that a number of factors (personal, familial, social, school, sports, and work-related) influenced resilient outcomes. While there is no all-inclusive or exhaustive list, current research suggests that among the child factors that promote resilience include connections to component and caring adults in the family and community, an internal locus of control, positive self-esteem, and motivation to be effective in the environment (Garmezy, 1985; Luthar, 2003 and Masten et al., 1999).

Recent studies indicate parent and family protective factors that may protect children include secure attachment with children, parental reconciliation with their own childhood history of abuse, supportive family environment, household rules and monitoring of the child, extended family support, parents

with stable relationship, family expectations of pro-social behavior, and high parental education (Lerman, 2002; Masten, 2001).

Social and environmental risk factors that may protect children include middle to high socioeconomic status, access to health care and social services, consistent parental employment, adequate housing, family participation in a religious faith, good schools, and supportive adults outside the family who serve as role models or mentors (Family Support Network, 2002). Lerman (2002), found that families with two married parents encounter more stable home environments, fewer years in poverty, and diminished material hardship. Masten (2001:227) suggests, "resilience appears to be a common phenomenon that results in most cases from the operation of basic human adaptational systems".

The International Perspective

Over the past decade or so, the international community has concerned itself specifically with the growing condition of children worldwide who are victims of child maltreatment, although their concern for the rights of children in general spans back to the early 20th century. Among the international organizations that have weighed in on the issue are the World Health Organization (WHO), the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), and United Nations International Children's Emergency Fund (UNICEF). In many countries, the issue of child abuse has resulted from the activism of non-governmental organizations (NGOs), children rights activists or local community struggles. Because of these forces, a consolidated research effort around these issues has ensued.

Based on international data (UNICEF Innocenti Report, 2003), almost 3,500 children under the age of 15 die from maltreatment worldwide every year in industrialized nations. The risk of death for children under one is three times greater than for children between one and four. Children one year to four years are twice likely to die of maltreatment than children five to fourteen. International data suggests that 35% of the children die from neglect, 28% from physical abuse, 22% from both physical abuse and neglect and 15% die as the result of

other causes. The perpetrators of abuse and neglect are 41% biological fathers, 39% biological mothers, 11% stepfathers, 4% stepmothers and 5% other, which includes other relatives, foster and adoptive parents. While these trends can be found at the international, national and state levels, however inconsistent classification, common definitions and research methodologies makes comparisons worldwide challenging.

According to the UNICEF Innocenti Report (2003), children raised in the United States, Mexico, and Portugal have the greatest chances of dying from abuse or neglect among the 27 industrialized nations that make up the Organization for Economic Cooperation and Development (OECD). Children in the southern European countries of Spain, Greece, and Italy are the least likely to suffer maltreatment according to the study, which found that an average of 0.2 per million in those countries had died from abuse or neglect annually over the last five years. The death rate was slightly higher in Ireland and Norway, which is about 0.3 per million annually. In the Netherlands and Sweden, the death rate was twice that of Norway and Ireland at about 0.6 per million each year. Yet the reported rates of child deaths were higher in South Korea, Australia, Germany, Denmark, and Finland, the average was about 0.8 per million (UNICEF Innocenti Report, 2003).

By comparison, the death rate in the United States, according to UNICEF, was three times higher, at 2.4 per million, while in Mexico, it came to 3.0 per

million and in Portugal, the highest, 3.7 per million children. These findings do not take into consideration the lack of a uniform methodology for determining maltreatment or even the cause of death as well as iniquity in reporting requirements. The report found that poverty and stress, along with substance abuse, appear to be the factors most closely and consistently associated with child abuse and neglect worldwide (Innocenti Report 2003). The Innocent Report found that child maltreatment decreases with the rise of family income.

While there are several countries (Austria, Denmark, Finland, Germany, Iceland, Norway and Sweden) have laws explicitly prohibiting physical punishment, only Norway along with Spain, Greece, Italy, and Ireland are among the countries with exceptionally low rates of child death incidence. The United States, Mexico and Portugal are among the industrialized nations that have exceptionally high rates (between 10 to 15 times higher) of child deaths. The research suggests that the countries with low rates of child death also have lower rates of adult deaths. Conversely, nations with high child abuse deaths also report higher adult death rates (UNICEF Innocenti Report, 2003).

The UNICEF Innocenti Report (2003) found race, class, poverty, single parenting, and unemployment, along with, domestic violence, substance abuse, mental health issues, social isolation and prior history of child maltreatment appear to be some of the risk factors closely and consistently associated with child abuse and neglect worldwide. Although the extent of child abuse is difficult

to measure, it is recognized as a major social problem, especially in industrialized nations. It occurs in all income, racial, religious, and ethnic groups and in urban and rural communities. It is, however, more pervasive in some groups, especially those below the poverty line worldwide (Cicchetti and Carlson, 1989). Sebre et al. (2004) notes in a cross-cultural study of fourth and seventh graders in the former soviet block countries of Latvia, Lithuania, Macedonia, and Moldova that alcohol abuse and living in rural areas were identified as the dominant risk factors for child abuse in these countries.

The National Perspective

It was not until the 1960's that the issue began to become one of general social concern. Kempe et al. (1962) in an examination of a child severely beaten and neglected coined the term 'battered child syndrome' in an article in the Journal of the American Medical Association. The battered child syndrome is a clinical condition with diagnosable physical and medical symptoms. Additionally, it is defined as children who have been deliberately injured by physical assault by a parent or primary caretaker. Kempe et al. (1962) sparked the beginning of public and professional interest in what would later become child abuse, child abuse and neglect, and child maltreatment.

Nationally, more children suffer from neglect than any other form of maltreatment. Approximately 53 percent of victims in 1998 suffered neglect, 22 percent physical abuse, 12 percent sexual abuse, 6 percent emotional maltreatment, 2 percent medical neglect and 5 percent other forms of maltreatment. Some children suffer more than one type of maltreatment. Child abuse and neglect affects children of all ages, although the types of abuse vary by age and sex. Approximately 52 percent of victims are female and 48 percent males. In 1998, nationally approximately 1,100 children died because of abuse or neglect.

Since the 1960s, the United States have increased efforts to ensure adequate reporting, identification, and intervention services for abused children. From 1962 to 1967, all 50 states and the District of Columbia enacted legislation that encouraged professionals to report suspected cases of child abuse and neglect. In 1974, CAPTA made child abuse reporting mandatory for medical personnel, teachers, childcare workers, social workers, and law enforcement. This action substantially increased the number of reported cases of abuse and neglect nationwide. From the early 1970's when the national child abuse data bank was created, the yearly number of reports of child abuse has risen progressively.

Initially, 700,000 incidents of child abuse were reported annually. Between 1985 and 1993, the number of cases of child abuse in the United States increased by 50 percent (Child Welfare League of America, 2003). In 1998, according to U.S. Department of Health and Human Services, there were approximately three million cases of child abuse reported in the United States. Because of continued public concern, the number of children reported as abused or neglected has increased substantially (Gelles, 2005; Child Welfare League of America, 2003).

Currently there are over 5 million cases reported every year in the United States. Although not all reports of alleged child abuse are substantiated, most authorities believe that a large under reporting bias is inherent in the data (Crume

et al, 2002; Herman-Giddens et al., 1999). There is consensus that far more child abuse occurs than is reported. While this heightened awareness has added greater protection potentially for children, on the other hand, greater reporting without clear definitions aids in an even greater burden on overworked child welfare agencies.

To address some of the inherent diagnosis and reporting inconsistencies of child fatalities at the national level and local levels, multidisciplinary Child Fatality Review Teams have emerged to provide a coordinated approach to the investigation of child deaths. These teams, which now exist at the state and local levels in every state and the District of Columbia, are comprised of prosecutors, coroners or medical examiners, law enforcement personnel, Child Protective Service (CPS) workers, public health care providers, and others. Child fatality review teams offer many benefits, including improved interagency communication, identification of gaps in community child protection systems, and the development of data information systems that can guide agency policy and practice (National Center on Child Fatality Review, 2003).

The State Perspective

This history of child welfare in Florida has a unique beginning. During the calendar years 1998, 1999 and 2000 in Florida, there were 297, 288 and 331 child deaths respectively where a child died because of alleged abuse or neglect by their caregivers. After further investigation, it was determined that there were no indicators that maltreatment was a factor in the majority of the deaths, however there were findings of death due to abuse or neglect in 86 cases in 1998, 85 cases in 1999 and 95 cases in 2000.

Over the past twenty years, there have been several highly publicized child deaths and/or disappearances because of abuse or neglect. These children had previously received child protective services from the Florida Department of Children and Families. Corey Greer, Joshua Collins, Bradley McGee, Kayla McClean and Rilya Wilson, just to name a few, are some of the children that focused state and national attention to the plight of child deaths in the Florida's child welfare system, and, because of their deaths altered state policy. Chris Goddard and Bernadette J. Sanders (2001) note that the media plays a critical role in educating the public on the prevalence of child abuse and thereby contributes to defining what constitutes child abuse. As a result, media has often played a significant role in influencing child welfare policy and practice. Because of the media's attention to the aforementioned child deaths, a number of state

policies were instituted. Media attention after the death of Corey Greer's created placement polices. Kayla McClean and Rilya Wilson' deaths had state child protection laws named in their honor, while Joshua and Bradley forced changes in the State's family reunification procedures.

Many researchers have suggested that child abuse has reached epidemic proportions worldwide (UNICEF Innocenti Report, 2003; Djeddah, 2000). Having worked in the child welfare system for over twenty-five years, I can testify firsthand that the problem of child abuse and neglect is a real problem in Florida. In a review of child deaths in Florida for 1999, the aggregate data report approximately 62% of child deaths were the result of physical abuse and 38% from neglect. This percentage is consistent for reporting years 1995 - 1999 in Florida, except child fatality data from 2000 only 47% were attributed to physical abuse and 53% to neglect. While comparing national and state data is problematic due to definitions and reporting methodologies, it is notable that Florida's data is inconsistent with National statistics on child deaths due to abuse and neglect as the national data suggest a higher physical abuse rate while Florida's data suggest a slightly higher neglect rate for child deaths.

The Florida child welfare system is charged with the statutory responsibility to manage child abuse cases. Conversely, an understanding of child abuse as a societal problem with many facets suggests that no one person or discipline can effectively manage child abuse and neglect. All disciplines, as

well as society as a whole, must work together to play an active role in recognition, treatment and prevent of abuse.

In 1999 in line with national legislation, Florida Legislature mandated the establishment of a statewide multidisciplinary, multi-agency child abuse death assessment and prevention system that consisted of state and local review committees. This law, Florida Statutes 383.402, established State and local level abuse death review teams. The function of the Child Abuse Death Review Teams (CADRT) is to better understand the causes of child deaths, identify service delivery improvements that will promote safe and healthy development of children, provide a uniform death reporting system and reduce preventable child abuse deaths.

The CADRT is a multidisciplinary group of individuals that review the facts and circumstances of child abuse or neglect deaths with a particular focus on those cases with prior abuse history where the child's death was classified as verified for abuse or neglect. In 1999, twenty-nine child deaths met the mandated requirement for review. The CADRT was legislated to review the specific circumstances surrounding each death and to evaluate the Department of Children and Families' (DCF) abilities to prevent fatal maltreatment in each. Since 1999, death review committees were established, or, are in the process of being established in each of the fifteen districts that comprise the Florida child welfare system. The death review committees are comprised of individuals from

various professions as well as concerned citizens who share an interest in improving the health and welfare of children in Florida.

According to CADRT, of the 288 child deaths in Florida in 1999, eighty-five children died as a result of abuse and neglect, however only twenty-nine of those deaths were verified for abuse and were found to have had prior abuse history with DCF. This represents approximately one third of the children that died. National statistics documents that many children suffer numerous beatings before dying. This suggests that there was an opportunity for a number of individuals to have intervened prior to their death. The opinion at the time was that DCF in some way failed to protect those children. Yet, according to the Child Welfare League of America (1997), the prior reports on child victims are not very reliable predictors of child deaths. Particularly since many of the cases that had prior reports were not statistically different from the thousands of other child abuse reports. The question is what are the factors of each prior report that each of the child victims shares in common.

The Local (SunCoast Region) Perspective

Based on oral histories, the historical trajectory of child welfare at the local level began in the early 1960s and was born out of a judicial concern for the welfare of children. In both Pinellas and Hillsborough counties, the root of the child welfare system was because of the death of a child at the hand of their primary caregiver and the public's concern about the protection of children in the community. Because of the public outcry, the first child protective services were court ordered and funded through the county. Later, the State of Florida provided some positions from the Aid for Dependent Children (AFDC) program, which established the first state funded child protective services unit. By 1968, the state assumed funding and operational responsibility for child welfare in Florida. As funding through state and federal sources became more available, the child welfare system grew to address the growing number of child abuse reports.

By the 1970s, the local child welfare program, in conjunction with the state's child welfare initiatives, evolved to include mandatory reporting. State protective investigation staff was given statutory authority to remove children and a centralized 24-hour abuse-reporting registry was created. Throughout the 1980s, child welfare in Florida underwent a number of organizational changes in an effort to address the rising number of abuse and neglected children. This time saw changes in record keeping, finger printing and the role of politics in child

welfare as during this time the Head of the local child welfare offices were now appointed by the Secretary of Division of children and families. In addition to structural and operational changes, child welfare in Florida also changed its' name to reflect current philosophies. First, the Department of Welfare, then Division of Family Services, to the Department of Health and Rehabilitative Services to finally the Department of Children and Families.

In 1999, in order to comply with new Florida Legislation, the local child welfare agency formed a Child Death Review Team. The existing committee is composed of the Medical Examiner, Child Protection Team, County Health Department, Department of Children and Families, State Attorney's Office, local law enforcement agency as well as other community agencies engaged in child protection. The Chairperson posses the statutory authority to appoint other professionals as deemed necessary and appropriate. During the fall of 2003, I performed part of my internship requirement with the local and state CADRT committee in order to understand the process and scope of child death reviews.

Literature Review

Since Kempe et al. (1960) coined the phrase 'battered child syndrome'
many research scientists have attempted to construct a theoretical framework in
which to examine the phenomenon of child abuse. The earliest theoretical
framework for examining child abuse was a medical or diagnostic model. The
medical model suggested that only those cases that could be documented
through clinical testing should be labeled child abuse (Barnett et al., 1993). Other
Earlier theoretical paradigms supported a psychiatric or psychological model
(Steele, 1987; Ammerman, 1990 and Buchanan, 1996) which focused primarily
on the parent as caregiver as the cause of child maltreatment. Louise Armstrong
(1995:25) suggests that we defuse and manage the social and/or political issues
we encounter when dealing with child abuse "by reformulating them as mental
health problems" this in turn clouds our judgment from the societal issues that
impede preventive measures. Further, that this approach "blinds us to the
compelling social problems in which it is embedded" (1995:25).

Sociological models focus on social factors such as poverty,
socioeconomic status and social isolation (Buchanan, 1996 and Giovannoni,
1970). Charlow found that child neglect is mainly concentrated in the lower
socioeconomic groups of society (2001). The charge is to determine what role

poverty plays in child abuse and neglect. Margaret G. Smith and Rowena Fong (2004:231) suggest, "children raised in poverty are nine times more likely to be neglected than children who are not". In my work in child welfare, often children were removed due to poverty related neglect rather than an overt act of commission or omission on the part of the caregiver.

Social learning theory (Bandura, 1977 and Daro, 1998) is predicated on the idea that children are what they learn and that in fact the social learning paradigm supports a generational transmission of child maltreatment behavior. Zigler and Hall (1989) suggest that this model does not acknowledge that cycles can be broken and that not all parents who were abused as a child grow up to abuse their own children. Other social scientists support an ecological approach in the research of child maltreatment (Belsky, 1980; Chaffin et al. 1996; Gaudin and Dubowitz, 1997; Djeddah et al. 2000; Garbarino and Collins, 1999; and Scannapieco et al., 2005). This model suggests that in order to understand the factors that influence the occurrence of child abuse; one must examine it at the individual, family, community and larger society levels.

Fontes (2005:17) writes child abuse must be viewed ecosystemically, which requires an examination of all the systems in which children are embedded, including families, neighborhoods, peers, ethnic and religious ties as well as the broader society. Scannapieco et al. (2005:43) reminds us "children neither develop nor are maltreated in a vacuum". In order to examine the issue of

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child maltreatment, one must examine both the micro and macro ecological levels to provide insight to this phenomenon.

Proponents of critical theory assert that understanding a social phenomenon necessitates examination of that phenomenon in its larger political and economic context. Critical analysts of child neglect (Kasinsky, 1994; Swift, 1995) posit that society has historically conceived neglect as mother's deficient care of children. Further, that this conceptualization of mother's deficient care serves social and political interests by averting attention from societal deficits such as problem children, cultural variation, poverty, and marginalization, which are costly solutions to the problem (Korbin and Spilsbury 1999).

Anthropologists have remained mostly silent on the subject of child abuse definitions, as according to Korbin (1977) only a handful of anthropologists have investigated the subject. Conversely there is a substantive body of work found in the anthropological literature on the subject of cross-cultural childrearing strategies (Korbin, 1977), program evaluation and policy research (Cambers, 1982). In the anthropological literature, one can find numerous references to parenting variations within cultures and among different cultures that varies significantly in their childrearing practices (Korbin, 1977; Garbarino and Ebata, 1981; Scheper-Hughes, 1995 and Bledsoe 1990). Consequently, anthropologists could assist greatly with the development of an operational definition of child abuse that allows for international cultural variability while at the same time

establishing a humane standard for the treatment of children worldwide (Korbin 1977:1).

While a substantial body of research on child abuse exists by other social scientists and spans over forty years of research, anthropologists have recently weighed in on the issue of child maltreatment in western cultures. Djeddah et al. (2000) suggest examining child abuse and neglect from a public health perspective. Further, that families need to have greater access to information on the physical, emotional and developmental needs of children. Phillip Kilbride (1992) suggests in a study that the absence of strong kinship and extended family support systems has a correlation to increase child abuse in Kenya.

Steven Pinker's article, "Why they Kill Their Newborns" (1998), attempts to address the issue of why mothers kill their newborns. Pinker acknowledges that mothers who commit neonaticide are rarely convicted, while mothers who kill older children are mostly convicted. In many European societies, child abuse in any form has become both a moral and legal taboo. Geoffrey R. McKee and Steven J. Shea (1998) suggest that women lack adequate resources both educational and emotional to address the demands of parenting particularly in combination of other documented risk factors. McKee and Shea (1998) found that many were victims of child abuse, limited education, and low socioeconomic status or had a family history of mental illness.

Korbin, documents a case in London where a Nigerian Yoruba tribal woman was found guilty of child abuse for practicing a tribal tradition of scarification (1977). Korbin states that an anthropologist reviewing the case concluded that the tribal ritual of scarification represented the woman's attempt to assert the Yoruba identity of her children although it was in conflict with western views of acceptable parenting. In India, where there is a parenting preference for males, female children often receive less food (Miller, 1991; Miller 1984, and Minturn). Yet, in Greece, the failure of boys to live up to higher cultural expectations often lead to harsher physical abuse for boys (Agathonos, Stathacoupoulou, Adam and Nakou, 1982).

In some African and South American countries, mothers may resist forming attachments or provide adequate nourishments to sickly children due to a perceived risk to maternal investment (Sargent, 1985 and Scheper-Hughes, 1995). Bledsoe, in reference to parenting strategies in Sierra Leone, suggests the 'fostering out' of children and the beatings they must endure is a means to advance children socially (1990). It is their belief that children must be 'fostered out' to families that are more affluent in an effort to advance in society. The abuse and neglect children suffer is a way to obtain social upward mobility.

The practice of allowing older siblings to assist in the caregiving for younger children is another area under great dispute. Korbin (1977:14) suggests that the practice of using older siblings in the care of younger children plays a

significant factor in cross-cultural parenting in the study of child abuse. The debate surrounds at what age an older sibling can provide care for younger siblings. Additionally, the debate questions whether older children should provide any childrearing assistance to the family under any circumstances. I have observed many instances in child welfare where children were removed only because the mother left younger children in the care of their older siblings. In these instances, the abuse was labeled inadequate supervision. Yet, there is no definitive age that case managers agree, thereby allowing great latitude for subjectivity. Cross-cultural variation in childrearing is such that it may be impossible to arrive at a universal definition of parental abuse. However, as we become a more global community, attempts to reconcile the concept of child abuse must be tempered with a cross-cultural perspective.

My search of the literature suggests that little scientific research exists on the issue of child deaths due to maltreatment by the parent(s) or primary caregivers. In general, social sciences as a whole offer little in the way of research on child deaths due to neglect, particularly when it involves the parent(s) or caregiver as the perpetrator. The literature suggests that fatal abuse, rather than neglect, and the battered-child syndrome have been the central research focus in today's child welfare practice (Nelson 1986; Swift 1995). The absence of substantive research on child deaths, at least in part, is due to the absence of limited funding allocated by federal, state or local entities to understand this tragic phenomenon. Therefore, the true numbers and exact

nature of the problem remain virtually unknown and the troubling fact of abuse or neglect child deaths often remain a family's deadly sin that is buried with the child.

Many researchers and practitioners believe child deaths due to maltreatment are generally underreported (Sanders, Colton and Roberts, 1999; Djeddah et al., 2000; Crume et al, 2002 and Herman-Giddens et al, 1999). As such, defining effective policy statements are further complicated by variability in data sources. In addition, States' definitions of key terms such as child homicide, abuse, and neglect vary, therefore, so do the numbers and types of child fatalities they report. Recent studies in Colorado and North Carolina have estimated as many as fifty to sixty percent of child deaths resulting from abuse or neglect are not recorded (Crume et al, 2002 and Herman-Giddens et al, 1999). These studies indicate that neglect is the most under-recorded form of fatal maltreatment. Smith and Fong remind us "the issue of child neglect in general is overlooked in child welfare practices" (2004:253).

Gelles (1985:351) writes that reports of incidence, correlation, cause and effect of child abuse vary from researcher to researcher in that each has a different interpretation of what defines abuse and/or neglect. Therefore, a comparison across studies present challenges to a scientific inquiry. Giovannoni et al. suggest that child abuse and neglect are matters of social definition and that the problems that are inherent in the establishment of those definitions

ultimately rest on value issues (1979:5). Fontes et al. suggest it would appear that the experience of child abuse in general, and child sexual abuse in particular, is colored by the perceptions and values of the victim, the offender, and the cultural communities in which they are nestled (2001:114). Because of these systemic problems, as well as the paucity of funding and lack of leadership to correct them, agencies that collect and monitor information on child abuse and neglect fail to develop policy and practice that address the current problems.

Despite the variations, there are some common factors in most abuse cases, such as, age of parent(s), socio-economic status, and presence of violence in the home. Additionally the presence of substance abuse increases the chances of child abuse. Understanding which children die, focuses prevention and treatment efforts where they will do the greatest good. Additional studies to determine the correlation between type of maltreatment and gender could provide insight surrounding societal experiences and expectation, particularly parenting that leads to child fatalities (Agathonos et al., 1982).

Some of the most powerful factors are those specific to the culture and society in which a family lives. Hence, a defining and measurable objective requires that risk factors be measured and weighed based on their cultural importance since childrearing practices are the product of its' culture. In 1999, Males represented 57% and females 43% of the child deaths reviewed in Florida as compared to 2000 where 61% were males and 39% were females. Studies to

determine the correlation between type of maltreatment and gender could provide insight surrounding societal experiences and expectation whereas parenting is concerned. Male children suffer a higher rate of physical abuse, while female children suffer more abuse that is sexual. Current ethnographical research suggests that males' higher accidental fatalities are a result of more risky behavior (Waldron 1976b, Madrigal 1992, and Strassmann 1997). Yet, this behavior does not explain why male children suffer more physical abuse and female children more sexual abuse. Rigid gender roles can lead to expected behavior and failure to conform can have consequences (Agathonos et al., 1982).

Indeed, the disparate information gathered thus far provides no definitive answers to the most pressing question: Why do parents kill their children or become so neglectful that their children die? Investigators disagree on whether abuse and neglect represents a continuum of behaviors ranging from mild to severe, or a set of unique behavioral problems with distinctive etiologies (Gelles, 1991). Child abuse is a significant health and social problem affecting all countries and societies (Djeddah et al., 2000; UNICEF, 2003). Partnership and collaboration among all professionals involved in child maltreatment is decisive to alleviating the problems facing victims of child abuse. Djeddah et al. affirm that "Capacity building for professions involved in child-related issues is essential for comprehensive service provision" (2000:912).

Hypothesis

Child abuse mortality data, like child maltreatment data in general, are underestimates because of variability of recording cause of deaths, definitions used, and medical personnel willingness and ability to recognize child abuse as the cause of death (Sander, Colton and Roberts, 1999; Crume et al, 2002; Herman-Giddens et al, 1999 and UNICEF, 2003). Considering cross-cultural factors, defining what constitutes child abuse is an overwhelming job. Further, depending on one's interpretation, child abuse can take many different forms and circumstances. These variations in interpretation often lead to variability in reporting the actual number of child maltreatment deaths.

I argue that mothers are the primary perpetrators of child deaths due to neglect and that males in a caretaker role are the primary perpetrators of child deaths due to physical abuse. Further, that female victim' deaths are largely due to physical neglect while male victims' deaths are due to blunt physical trauma. Socio-ecological models allow us to examine how economic issues influence female perpetrators and thereby provide them with the greatest opportunity for neglecting their children, while male perpetrators are more prone to physical abuse. In addition to examining the role that poverty play as a primary factor contributing to child deaths due to maltreatment, when one combines poverty and the stress of parenting with other socio-environmental and biological factors

such, age, substance abuse, mental health and domestic violence, children are

at greater risk for death due to maltreatment (Innocenti Report Card, 2003).

An examination of the cross-cultural implications of child deaths shows

that while African-Americans represent a disproportional number of child abuse

reports, conversely, there is no significant statistical difference in the number of

child deaths due to maltreatment between races. Charlow et al. say that although

a majority of families reported for child abuse are white, a disproportionate

number are minority (2001). Finally, although it runs contrary to stated policy that

poverty should not be used as an indicator of abuse, in most instances poverty

really seems to be major factor.

Methodology

The data were obtained from the Child Safety Assessment System (CSA), formerly FAHIS, an administrative data repository maintained by the Department of Children and Families on all reported child abuse and child fatality deaths in Florida from 1985 to 2004. While the Florida database contains information on the entire population of children who were reported for abuse or neglect as well as the children who died because of abuse or neglect, statistical analysis was conducted on those children that died between 1998 and 2000. The final study sample consisted of archival data on child deaths in the SunCoast Region, as well as the state of Florida from 1995 through 2004.

The researcher made use of existing records and had no contact with human subjects. The only potential risk to human subjects was a risk that confidentiality could be breached because I had access to two identifiers, the deceased child's name and the address where the fatality occurred, These, however were not recorded so that there was no possibility that the searcher could reveal such confidential information. Each child's record contains a unique encrypted identifier, demographic information (e.g., gender, race/ethnicity, and date of birth), and information regarding the investigational process and outcome (e.g., investigation date, maltreatment indication level, maltreatment type, and

investigation disposition). Although prior to conducting a data analysis, approval was obtained from the Department of Children and Families; however, in order to comply with academic requirements a retroactive IBR approval was obtained through the Institutional Review Board of the University of South Florida.

Characteristics of the alleged perpetrators such as; age, education, relationship of the child victim to caregiver, family and household composition and the victims' cause of death were examined and analyzed to determine if there is any correlation to child deaths. The quantitative data was analyzed using a SPSS statistical program. It is my belief that the data collected support the hypothesis that gender roles play a significant role in child deaths and that there is no significant statistical difference in rate of child deaths based on race. The inclusion of oral histories and participant observation further supported the hypothesis that the cause of death and the perpetrators of child deaths due to maltreatment are gender prescribed.

In addition to the historical child death records and data retrieved from Florida's Child Safety Assessment System, a review of Florida's abuse rates with national and international records was conducted to determine if there is a significant difference in the rate of child deaths. Additionally, participant observation was conducted with the state's Child Abuse Death Review Team. Further, oral histories on the evolution of child protective services in Florida were obtained from both retired DCF employees and current child welfare workers,

with a particular emphasis on those retirees that were around during the earlier development days of child protective services in Florida.

Two data sets from the State of Florida Department of Children and Families' statistical database on reported child deaths due to maltreatment were used in this project. One data set represents the cause and number of deaths as assigned by the Medical Examiner's office of the county where the death occurred and the other reveals the relationship of the child victim to the alleged perpetrator for the years 1999 and 2000. Among the goal of this research is the determination of whether there is significance in the relationship of the victim to the caregiver. There are eight caregiver categories and eighty-five child deaths in 1999 and ninety-five in 2000. Because of a small sample size, a Wilcoxson ranked-signed test for a paired design was used instead of a paired t-test. It was completed by manual calculation with the use of a Wilcoxson T value table. There is no question of the sampling, because the data are the total number of child deaths for these periods.

A second data set permitted examination of the impact of policy implementation on the rate of child maltreatment deaths from 1998 to 2000. This data set consists of the rate of child maltreatment deaths for the calendar years 1998 and 2000. Fourteen Florida districts as well as statewide rates were analyzed to determine if there is any correlation between policy implementation and child deaths in 1998 and 2000. The researcher examined whether a change

in the number and cause of death is associated with policy implementations over a two-year period. A linear scatter plot and a test for normality were performed to determine if a Pearson Correlation Analysis would be an appropriate test for this statistical analysis.

Results and Discussion

The first data set was analyzed with a Wilcoxson signed-rank test. Table 2 below displays the results. A Wilcoxson signed-rank test was chosen due to the small sample group. The reason for the small data set is that it represents the eight caregivers' relationship to the child victim categories collected. Within these eight caregiver categories, there was a total sample of 180 child victims for the years 1998 and 2000. A Wilcox son ranked sign test examines if there is a significant difference in child death based on caregiver relationship between 1998 and 2000 child deaths.

Table: 2 Wilcoxson signed-rank test

n = 180

OBS	RELATIONSHIP TO VICTIM $	1999	2000	Diff	Absolute	New Rank	Final Rank
1	MOTHER	24	29	5	2	1	1.5
2	FATHER	30	11	19	2	2	1.5
3	PARAMOUR	13	11	2	3	3	3
4	PARENT/PARAMOUR	3	7	-4	-4	4	4
5	BOTH PARENTS	2	17	-15	5	5	5
6	RELATIVE	4	1	3	-7	6	6
7	SISTER	6	4	2	-15	7	7
8	UNKNOWN	3	10	-7	19	8	8
	TOTAL	85	95				

The ($\sum$R -) = 17, the ($\sum$R +) = 19, T = 17, n = 8, cv = 3 at alpha level 0.05.

Because T is not less than or equal to the critical value of 3, it is safe to say that the analysis failed to show any particular relationship of the victim to the caregiver. Further, the data support the hypothesis that initiatives and policies implemented to affect the type of services offered to caregivers based on the relationship of the perpetrator to the child victim have had little impact on the number of child deaths in that the number of child deaths increased over this period. These results suggest that policies aimed at a particular relationship of

the caregiver to the child victim would mostly likely not improve the desired outcome, which is child safety. On December 20, 1988, the Deputy Secretary of the Department of Children and Families issued a policy statement, which focused on the perceived risk of mother's paramour and child safety. On January 23, 1989, policies were implemented around reunification efforts when mother's paramour was present in the home. While the policy might have seemed appropriate, it did not significantly reduce child death.

In the second test, a second data set was examined. Fourteen Florida districts and an overall State ratio were analyzed to determine if there is any correlation between policy implementation and child deaths for the calendar years 1998 and 2000. Table 3 is a scatter plot of the correlation between fatality rates per 100,000 children in calendar years 1998 and 2000.

Table: 3 Linear Regression scatter plot
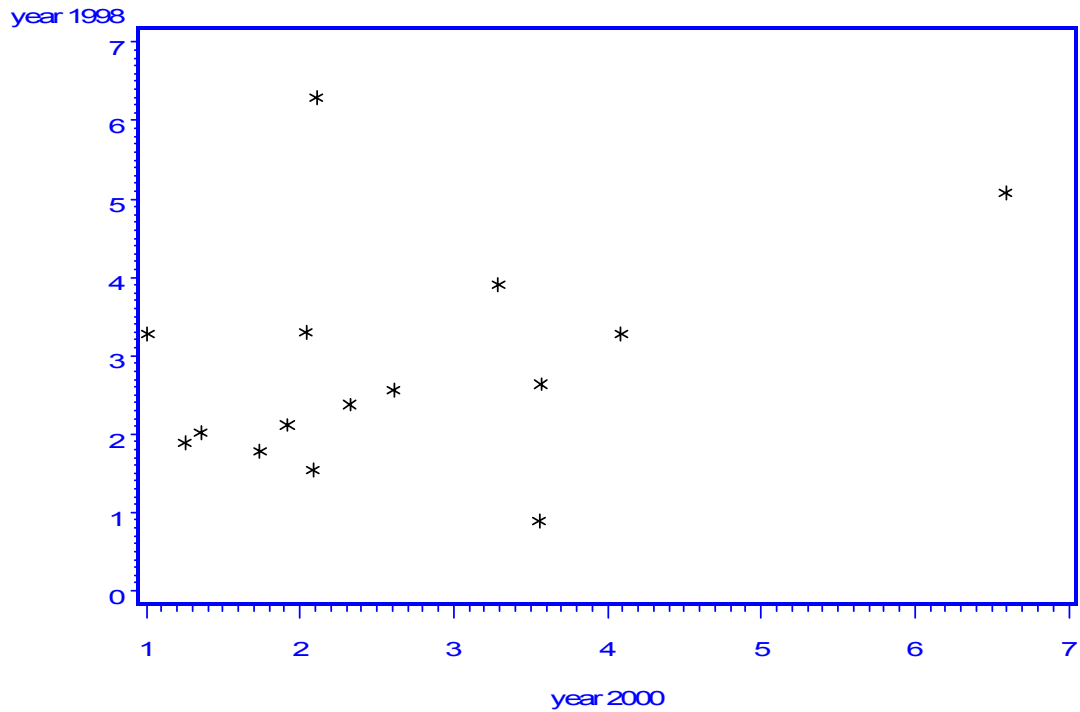
Overall, there appear to be a positive linear regression with a few outliers. Since the data appear to have a positive linear correlation, a test of normality was performed. See table 4 for results.

Table: 4

Tests for Normality					
Year	Test	Statistic---	--- p Value------		Decision
1998	Shapiro-Wilk W	0.913651	Pr < W	0.1540	Accept
2000	Shapiro-Wilk W	0.86233	Pr < W	0.0561	Reject

The result suggests that the data are normally distributed.

Table 5 is the result of a Pearson correlation using SASS/Assist.

Pearson Correlation Coefficients, N = 15		
Prob > |r| under H0: Rho=0		
	Year1998	Year2000
Year1998	1.00000	0.35896 **r**
		0.1889 **p**
Year2000	0.35896	1.00000
		0.1889

Since both 1998 and 2000 data have a p > 0.05 with degrees of freedom equal 13, the correlation coefficient is clearly not significantly different from 0 (cv = 0.514). The degree to which the variables vary together is not statistically significant. Since 1985 and the death of Corey Greer, the Governor has appointed Task Force to examine highly publicized child deaths to determine recommendations for improvement of services. Because of these various Task Forces, a number of policies have been implemented through the years to this end. These policies included reunification guidelines, foster care placement, and

mandatory childcare for children under five. However, in spite of these polices the number of child deaths continued to increase in Florida at a higher rate than national average.

Statistical data show that the primary caretaker causes most child deaths that are not accidental or natural. More often than not, the caretaker is the mother and/or father. In the 30 child deaths in Florida for 1999, mothers were responsible for seven (24%) of the deaths, while the fathers and male paramours (mothers' significant others) were responsible for eleven (38%) of the 30 child deaths. According to McKay (1994), children are three times more likely to be abused by their fathers than by their mothers. In all the cases that fathers or paramours were responsible, the deaths were a result of physical abuse. This contrasts with the seven deaths in which mothers were responsible where neglect was the primary factor in 5 out of 7.

Further ethnographic work could lead to an understanding of the relationship of gender to child deaths. Working with families who have lost a child to abuse or neglect could offer insight on the caretaker's perception of their role in the child's death. While working with families at a time of great stress and mourning would be difficult, much could be gained in understanding the participant's view. Any prevention model must take into account the targeted populations views and opinions. Too often at the time of a child's death, various professionals are engaged in the families' life from various points of view. Law

Enforcement is looking at law violations, State Attorneys are looking at prosecution, and Child Welfare System Workers and others are trying to determine and prove that abuse occurred and Medical professionals and forensic personnel are trying to determine cause of death. It is at that this juncture that an Anthropologist would be invaluable to assist in the process and further aid in prevention efforts.

In this data sample, of the 30 children who died of abuse and neglect, the average age of the person responsible was 35. This was in contrast to the national estimates which found that the responsible persons are generally younger than 30. Depending on the age, prevention efforts would need to be targeted at the age of the caretakers. Services to younger mothers and fathers must be targeted differently from an older caretaker. Further questions are what is the difference in the maltreatment based on age? One possible explanation for the difference is that in the 30 child deaths in Florida in 1999, the children were on the average older than those reported in the national estimates. Hence, the older the child, the more likely the parent would be older as well. Further analysis would assist in determining the differences in these numbers. Child fatalities are arguably the most tragic consequence of child maltreatment. The following table shows the national aggregate child death rates per 100,000 populations for the six-year period 1998 -2003 (USDHHS, 1999-2003; NCANDS, 2003).

Table: 6, Aggregate National Child Death Data, 1998-2003 (National

Clearinghouse on Child Abuse and Neglect on Percentage per 100,000

Population 2003)

Year	National Number of Deaths	Percentage per 100,000 population
1998	1000	1.62
1999	1100	1.68
2000	1200	1.71
2001	1300	1.81
2002	1400	1.98
2003	1500	2.00

Based on national data from the National Clearinghouse on Child Abuse

and Neglect (2003), the numbers of child deaths are on a steady increase.

However, theorists cannot agree on the causes of this increase. According to the

National Center on Child Abuse Prevention Research (1998), fifty-one percent of

maltreatment fatalities are from physical abuse, forty-five percent from neglect

and four percent from multiple forms of maltreatment, while USDHHS (2003)

estimates thirty-six percent of child deaths are due to neglect; twenty-nine from

multiple maltreatments; twenty-eight percent from physical abuse and seven

percent other. Child abuse is fifteen times more likely to occur in families where

spousal abuse occurs. Cappelleri et al. found no significant differences in the incidence of child abuse in rural versus urban settings (1993). In 1999, Florida's rate per 100,000-child population was 2.45 percent, which was significantly higher than the national average for that year. It may be important to note that comparing these rates does not take into consideration the variability in reporting and recording child fatalities (DCF Child Abuse and Neglect Deaths, 2001).

Table 7, Aggregate Florida Child Death Data (Data Source is Child Fatality Reviews 1999-2002)

Child Abuse and Neglect Fatalities by Age, Years 1999-2002

Pie chart showing: 16% (< 1); 36% (1 - 2 Years); 25% (3 - 5 Years); 9% (6 - 8 Years); 7% (9 - 12 Years); 5% (13 - 15 Years); 2% (16 - 17 Years)

Legend:
- < 1
- 1 - 2 Years
- 3 - 5 Years
- 6 - 8 Years
- 9 - 12 Years
- 13 - 15 Years
- 16 - 17 Years
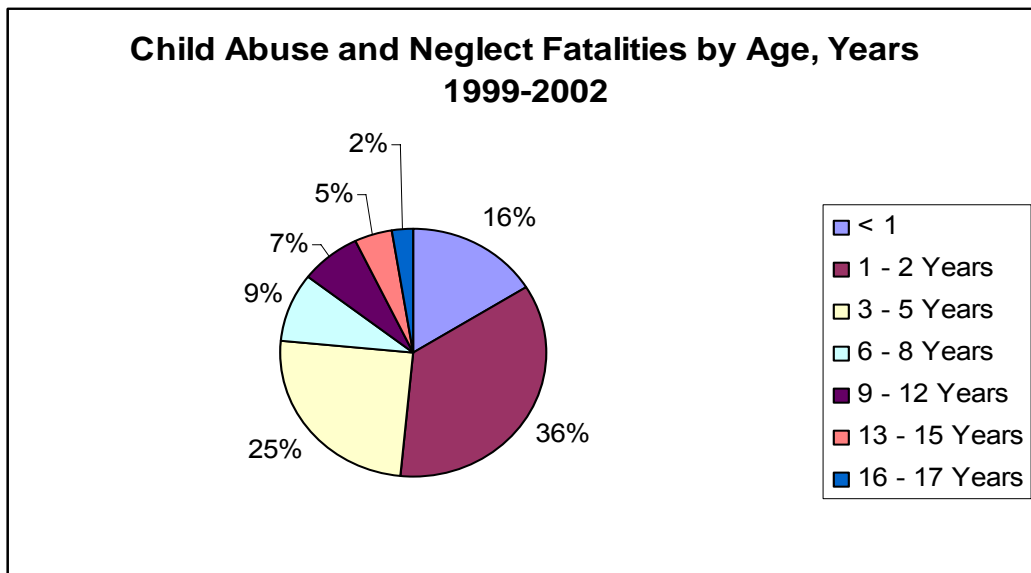
Table 8, Aggregate National Child Death Data by Age: (Data Source from Child Maltreatment, Child Fatalities 2002)

Child Abuse and Neglect Fatality Victims by Age, 2002

6%
6%
12%
41%
35%

Legend:
- Younger than 1 year
- 1 to 3 years
- 4 to 7 years
- 8 to 11 years
- 12-17 years
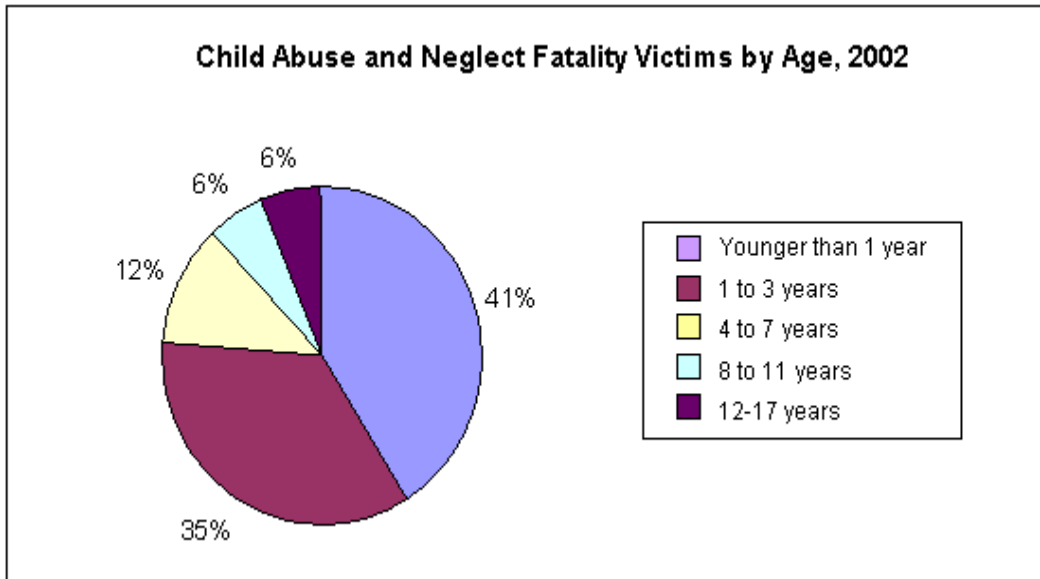
The age of death is one of the primary factors in deciding what prevention efforts should be tried. National statistics report that approximately 41% of the children who died in 2002 were less than one year old and 76% were under five-years-old. In Florida, only 16% of the children who died from abuse and neglect were under the age of one and 52% were less than three-years-old. Further research is needed to determine what makes the Florida experience different from National trends. One answer may lie in the variability of recording methods, data collections and interpretation. Of the thirty child deaths in 1999 with prior verified findings, six children were two years old that represented the highest percentage child to die. Second highest category was at age four with 14%, followed by ages three, six and eight at 10% each. National trends show that

while abuse and neglect affects children of all ages, neglect rates are highest for infants and toddlers 0 - 3. (USDHHS, 2001)

Other factors to consider are race and gender. As in abuse and neglect types, statistics around race and gender vary depending on the source. Nationally, victims ranged from low 3.8 Asian/Pacific Islander victims per 1000 children to 20.7 African-American per 1,000 children of the same race in the population. The victimization rate for American Indians/Alaska Natives was 19.8, for Hispanics 10.6 and for Caucasian 8.5. These figures represent overall child abuse and neglect and not child deaths. Of the 30 cases studied in Florida in 1999, 54% were Caucasian children and 46% were African-American.

Table 9, Aggregate Florida Child Death Data by Race 1999-2003 (Data Source

Florida Child Abuse Death Review, December 2004).

Race of Children						
	White	Black	American Indian	*Multi- Racial	Asian Pacific	Total
1999	16	14	0	0	0	30
2000	23	7	0	0	0	30
2001	17	17	1	0	0	35
2002	19	10	0	1	1	31
2003	18	15	0	0	2	35
Total	93	63	1	1	3	161
%	58%	39%	1%	1%	2%	100%

* Multi-Racial only includes bi-racial children because of Caucasian and African

American Parentage.

The 2000 census bureau data for race population in Florida provides the

following: Caucasian 79.7%, African American 15.5%, American Indian, 0.7%,

and Asian, 2.1%. Consequently, a disproportionate number of African-American

children are dying from abuse and neglect, as African-Americans represent

approximately 16% of the total population in Florida, yet the aggregate data

suggest that 39% of the children who died in Florida were African-Americans

(www.fedstats.gov/qf/states/12000.html). What are the structural and cultural

factors that cause one group to be more at risk for abuse than another? What types of prevention and intervention services should be employed to address this difference?

I believe anthropological methods can assist in understanding the impacts of child abuse and neglect cross-culturally. There can be little doubt that, as Lassiter (1987) says history plays a role in contributing to the parenting style of African-Americans families. Anthropologists' ability to incorporate the historical perspective in their methodology could offer valuable insight on cultural differences in parenting strategies for African American families as opposed to families of other ethnic origins. The international data suggest that countries where poverty is highest so is the degree of child maltreatment. Yet in the United States, one of the richest countries, child maltreatment deaths are among the highest in the world and given that African Americans are disproportionately poorer it is not surprise that African Americans would rank higher among neglect deaths.

Further research could aid determining cross-cultural implications. Research aimed at examining cross-cultural influences on parenting and the percent of child deaths due to abuse and neglect could provide insight on various prevention methods. Florida is a multi-racial state, yet two groups (African American and Caucasian) represented the majority of child deaths reported

between 1999 and 2003. Ethnographic research to determine these differences

in victim rates could offer improvement in prevention work.

Table10, Aggregate Florida Child Death Data by Gender 1999-2003 (Data

Source Florida Child Abuse Death Review, December 2004)

Death by Gender of Children			
	Male	Female	Total
1999	20	10	30
2000	18	12	30
2001	19	16	35
2002	18	13	31
2003	19	16	35
Total	94	67	161
%	58%	42%	100%

There are no absolute predictors that exist to determine which children

among the millions reported are at the highest risk of death; however, there are

some standards that professionals have found in families where children have

suffered serious and even fatal maltreatment. Current national research suggests

that the children most vulnerable to serious or fatal abuse and neglect are those

whose parents or other caretakers are ill equipped to care for them, who live in

social isolation and poverty, and who are virtually invisible to the larger community. They tend to live in environments that have few supports for parents and they may not know their neighbors well enough to ask for help (Paxson and Waldfogel, 1999).

Research indicates that parents or members of the immediate family are the primary alleged perpetrators of child deaths due to maltreatment. Herman-Giddens et al. (1999) found that the biological parent killed 63.5% of the child victims and that the father or stepfather was the alleged perpetrator most of the time (65.5%) and mother's paramour was the alleged perpetrator 18.2% of the time. This suggests that prior policies in the State of Florida that were developed specifically to address mother's paramours in the home may have been misdirected. Although Martin Daly and Margo Wilson (1994) suggest that Stepfather's kill at a substantial higher rate than do birth fathers, the literature and the Florida data suggest that the primary factor is males in general, not just paramours. Others have found that in neglect-related deaths and specifically the deaths of newborns, the mother is usually the perpetrator (Schlosser, 1992; Kunz and Bahr, 1996; McKee and Shea, 1998).

Conclusion

Policy implementation prior and during this two-year period has not made a significant difference in the number of child deaths from 1998 to 2000. There has been a 7% increase in overall child deaths from 1995 to 2001. During this period, several policies and/or initiatives were developed that were geared towards preventing child abuse and neglect all with the intent of reducing deaths due to maltreatment. These initiatives have failed to produce the desired outcome.

While there is no single profile of a perpetrator of fatal child abuse, certain characteristics reappear in many cases. Frequently the perpetrator is a young adult in his or her mid-20s without a high school diploma, living at or below the poverty level, suffers from some type of depression, and who may have difficulty coping with stressful situations. In many instances, the research suggests that the perpetrator has experienced violence first-hand. Fathers and other male caretakers cause most fatalities from physical abuse. Mothers are often responsible for deaths resulting from child neglect. However, in some cases this may be because women are most often responsible, or assumed to be responsible, for children's care (Zigler and Hall, 1989; U.S. Advisory Board on Child Abuse and Neglect, 1995).

During my fall 2003 internship, I observed several Child Abuse Death Review Team meetings, both at the local and state level. The various teams were multi-disciplinary and consisted a cadre of members, including medical examiners, health department staff, mental health clinicians, law enforcement officials, and a number of Child Welfare Service professionals. The local death review team examined the death of a seventeen-year-old male that committed suicide while in a residential facility. This child was in the custody of the state and had been for a significant portion of his life. He had experienced a number of losses, which included his initial removal from his parent(s), separation from his four siblings and their subsequent adoption, and the reality that he was not adopted and was left to grow up in foster care. However, two key participants were omitted from the team. Two disciplines that could have provided much insight to the local team were educators and suicide prevention specialists. Particularly, since one of the child death reviewed was a male teenager that committed suicide. Every effort to assure a broad makeup with a wide range of viewpoints that are independent from any specific agency or entity must be paramount. Suicide among this age group is prevalent within the broader society. The inclusion of a suicide prevention specialist could add much to the discussion on current issues and trends around suicide prevention for children in care.

In 2002, there were a total of 260 reports of child deaths. Of that number, 129 either were verified or had some indicator of abuse as the cause of child

death. Seventy-nine child deaths were verified for child maltreatment. Based on

Florida Statutes, the death team only reviewed those cases (29 of 30) where the

cause of death was verified for child maltreatment and there was at least one

prior abuse report with some indication or verified for abuse or neglect. One case

was pending a final autopsy and was excluded during this death review process.

The majority of the team's participants expressed concern that limiting their

review to only those cases with verified findings with prior report restricts their

ability to understand systemic causes and contributing factors of child deaths.

Further, they contend that such a small sample size limits their ability to draw

meaningful conclusions, although they acknowledge that their current team

construction would be ill equipped to address all child deaths within the

mandated timeframe.

Recommendation

Based on participant observation, I believe that the death review teams' findings would greatly improve child welfare workers' efforts to prevent child abuse and neglect and resulting fatalities. Many new and inexperienced child welfare workers are ill informed about the risk and protective factors associated with increased child abuse or child fatality due to maltreatment. As a result, ongoing training to assist in adequate risk assessment is paramount in providing meaningful child safety. Additionally, the death review reports would be useful in educating local, state and federal communities to the scope of child fatalities due to abuse and neglect. Further, the death review team's findings provide a useful tool to educate the public and recommend legislation to protect children. Team findings and efforts should be integrated within all child and family service systems, including family support and preservation programs designed to assist families at highest risk.

While it is clear that there are no concrete predictors, there is a point where an imbalance of risk and protective factors places some children at greater risk than others. Based on prior federal and state monitoring activities of children and family services, as well as a consistent recommendation of the death review team, risk assessments and the ability to identify emerging risk is an area in which the system has consistently fallen short. The Child Abuse Death Review

Team has frankly warned of the need to improve training around professional and paraprofessional's ability to assess risk (Florida Child Abuse Death Review, 2003). Further, there should be greater coordination of service and communication across disciplines charged with assessing at risk families. Child abuse is like an iceberg in that most of the systemic issues resides below the surface. A collaborative effort that involves a wide array of disciplines as well as the community is required to illuminate the sociocultural, socioeconomic and sociopolitical factors that are at play in understanding child deaths due to abuse or neglect.

While there are different ways to define a system of care to ensure child safety, there is consensus among researchers that it must involve various key stakeholders in a collaborative effort. Further, that a system of care should be child centered, family focused and community-based, while at the same time meet the needs of children and families in different localities and from various ethnic, cultural and economic backgrounds. Stroul et al. say that "a system of care must contain a comprehensive spectrum of mental health and other supportive services that operate as a coordinated network designed to meet the multiple and changing needs of children and families" (1986:3). Mario Hernandez and Sharon Hodges (2001) propose the idea that new approaches to service delivery require more than a coordination of services among individual agencies. They suggest that a system of care should build a collaborative network of agencies that include mental health, child welfare, education, juvenile justice and

other appropriate child serving agencies in a systemic approach designed to meet the varying needs of children and families in a culturally competent way.

Hernandez and Hodges (2001) recommend a theory-based approach to a system of care. This ideology supports the notion of integrating the desired results into the overall organizational mission. Connell et al. (1995) advise that defining a theory of change often present a challenge because program planners and other stakeholders fail to examine the underlying assumptions of the services they provide. Beth Stroul et al. (1996) suggest that perhaps the greatest change in creating a system of care has been a paradigm shift concerning parents' involvement. Family involvement and support is an area that much change has begun to evolve. It has become more widely accepted and acknowledged how important family strengths are in ameliorating risk. Recent research efforts have begun to focus on the role of parents in designing effective treatment models. Ringeisen et al. (1999) found that parental involvement in service design provided a number of insights on enhancing current service delivery. It is clear that many of the causes of child abuse, and in fact child deaths, center on the needs and problems of the child, parents, and community. Therefore, in order to prevent child abuse, we must first help and support the parents.

Parents with multiple emotional, medical, financial and social needs find it difficult to meet the needs of their children. Effective prevention of child abuse

and neglect can best be achieved using strategies designed to help parents protect and nurture their children. These strategies include giving parents the necessary support, resources and skills needed to meet the parenting demand in today's global arena. Multidisciplinary teams comprised of social workers, home health agencies, in-home visitation programs, financial counselors, psychologists, local mental health facilities, alcohol and drug treatment centers and parenting centers, as appropriate, are critical in addressing this complex problem.

Continued media focus and public outcry regarding the problems with the current system and an increased rate of child fatality has given way to an evolutionary approach to providing services to children and families involved in the child welfare system. In 1999, the Governor and the Florida Legislators enacted laws to privatize child welfare. These issues and others that are likely to arise in the future will continue to be debated as efforts to develop a more effective Child Welfare System continue to evolve. Child welfare work is intensely difficult and will always be accompanied by controversy. Legislators, Administrators and policy makers must respond to the perceived views of the public; yet where issues are complex, much can be learned from the practice wisdom of the history in the field. Efforts to align future public policy in child welfare with the knowledge and experience of professionals in the field will provide a significant contribution to the children and families served by the

Florida Child Welfare System. Yet changes in Florida's Child Welfare System were not based on sound research efforts.

The usefulness of evaluation research is manifold. Systematic evaluation research of the policies and practices of the Department of Children and Families' policies would allow a theory-based approach to establish measurable goals, objectives and outcomes. Data collected through evaluation research are useful in policymaking and other program changes through the analysis of the outcome measures, as well as the cost/benefit implications. Erve Chambers put it well, "Without systematic and regular procedures for evaluation, policy and decision makers would have little empirical basis for measuring the effects of their actions" (1985:161). Jill E. Korbin suggests, "In addition to delineating cross-cultural definitional problems, anthropological knowledge can be a useful component in the development of solutions to child abuse, both in Western and non-Western nations" (1977, p.13).

The use of ethnography would assist in understanding the cultural risk factors based on the lives of those involved. First, an ethnographical perspective offers an opportunity to explore the social, economic, political, and cultural dimension of child abuse. Secondly, an anthropological holistic approach is well suited to facilitate a better understanding of children and families dealing with the issue of child maltreatment. Holism is a hallmark signature of anthropology and one, which gives the anthropological perspective a comparative edge.

Ethnography could shed light on what causes some ages to be more at risk or what role gender play in child maltreatment. Fieldwork could offer insight into the parenting patterns of families where children are victims of abuse and neglect. Questions such as what are the sociopolitical and sociocultural factors? What are the biological or environmental factors? While there are volumes of quantitative data on the subject of child maltreatment, a blend of quantitative and qualitative data could go a long way to aid in the area of prevention efforts.

Considering culture, history, politics, economics and social factors in defining what constitute child abuse is an overwhelming job, the anthropological perspective could provide the cross-cultural framework in which to understand child maltreatment. Chambers (1989) informs that the general goal of applied anthropology is to apply anthropological knowledge, methodologies, perspectives, and theories to real world problems, which is consistent with those proposed by the federal legislation of Child Abuse Death Review Teams.

Further systematic research is required to understand the factors that influence child deaths from a variety of domains. What role do socioeconomic, ecological and biological factors play in determining which children are at greatest risk of death due to maltreatment? Additional scientific investigation could lead to more cost effective, culturally focused interventions and prevention services, thereby providing an empirical base on which to inform Child

Maltreatment Prevention initiatives and policies at the international, national and state levels.

As the media continue to alert the public on the plight of abused children, the numbers of reports escalate, which in turn increases the need for more investigations and resources. In a time when the mood in society and government is becoming increasingly skeptical about child welfare agencies' effectiveness nonetheless expenditures for social services are escalating. Thus, child welfare has to confront a steadily growing problem with continuing inadequate resources. This either necessitates a need to clarify child maltreatment definitions or increase funding to meet rising cost. Significantly reducing fatal child abuse and neglect requires the commitment and collaboration of local, state and federal entities in providing services to children and families. Greater commitment of resources to enhance intervention and prevention strategies are needed. Florida's current funding methodology subscribes to greater that 80% Federal funding (IVE dollars) and less than 20% State revenue (Non IVE) to support Florida's child welfare budget. Based on the current federal funding guidelines, only children in out-of-home placements receive the greatest federal matched funding. Hence, providing greater prevention services for children in-home with parents receive minimal funding.

Through this thesis, I have attempted to provide a holistic insight on the domains and factors that contribute to the increase in child deaths due to

maltreatment in spite of past and current policy initiatives. It is my intention to have added to the policy discussion in terms of the socio-cultural, socioeconomic, and political context surrounding child deaths in Florida, and more specifically the SunCoast Region. Further, how these factors correlate to increased risk for child death. In an ever-growing global society, it is important to reflect the pedagogical differences in conceptualization of abuse and to devise programs targeted to the different groups served. Until the research advances our knowledge, child deaths due to maltreatment will remain a family's deadly sin.

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APPENDICES

Appendix A: List of Acronyms

Adoption and Safe Family Act	AFSA
Adoption Assistance and Child Welfare Act	AACWA
Aid for Dependent Children	AFDC
American Society for the Prevention of Cruelty to Animals	ASPCA
Child Abuse Prevention and Treatment Act	CAPTA
Child Abuse Death Review Teams	CADRT
Child and Family Service Reviews	CFSR
Child Abuse Death Review Team	CADRT
Department of Children and Families	DCF
International Society for the Prevention of Child Abuse and Neglect	ISPCAN
National Center on Child Abuse and Neglect.	NCCAN
National Center on Child Abuse Prevention	NCCAPR
National Child Abuse and Neglect Data System	NCANDS
Non-Governmental Organization	NGO
Organization for Economic Cooperation and Development	OECD
Social Security Act	SSA
The World Health Organization	WHO
The American Society for the Prevention of Cruelty to Animals	ASPCA
United Nation International Children's Emergency Fund	UNICEF
United States Department of Health and Human Services	USDHHS