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Intergenerational Child Maltreatment

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INTRODUCTION

It is now more than 30 years since Henry Kempe was credited with “rediscovering” child abuse (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). Since then, there has been a sustained international effort to afford effective protection to children. Yet, today, a large number of children continue to suffer. What is worse, when these children themselves become parents, many are unable to protect their offspring or may actually inflict the suffering they themselves endured. This intergenerational legacy of trauma has become known as the “cycle of abuse.”

The purpose of this chapter is to reexamine current world literature emanating from psychiatry, psychology, anthropology, sociology, social policy and social work, and related disciplines in order to elicit new insights into our understanding of the phenomenon. Although it is recognized that there are inextricable links between family violence and child maltreatment, the main focus of the review is on maltreatment of children, and there is only limited material on sexual abuse of children.

For the purposes of this review, a broad definition of child maltreatment has been used: “Abuse of children is human-originated acts of commission or omission and human-created or tolerated conditions that inhibit or preclude unfolding and development of inherent potential of children” (Gil, 1981, p. 295).

The Intergenerational Hypothesis

Since the first studies by Steele and Pollock in 1968, the cycle of abuse has been one of the most enduring yet controversial theories of child maltreatment. Much of the early evidence supporting this theory came from psychiatric studies that noted pathological features in abusing families and, in particular, among these families in their own histories of abuse.

In the United States, there was a strong reaction to the “cycle of abuse hypothesis.” Courts could unfairly judge parents as more likely to abuse their child on the evidence that they had been abused themselves (Cicchetti & Aber, 1980).

This “inevitability” was not supported by studies that looked at large samples of parents from the general population who had experienced abuse in their childhood. These studies found a much weaker correlation between early abuse and later abusive parenting. The findings shown in Table 1 demonstrate the apparent contradiction.

The studies, however, were not as contradictory as they appeared. First, the methodological approaches determined what results were found. Retrospective clinical studies of abusing parents, particularly severely abusing parents, often found nearly a 100% correlation. Prospective studies found that the association between past and present abuse was much weaker. Second, there was also evidence that in self-report studies of past abuse, findings may have been biased by the tendency for abused parents to idealize their childhoods (Oliver, 1993). Third, those studies that viewed the wider social context found poverty and structural inequalities significantly correlated with later abuse (Gil, 1970). The hypothesis was that intergenerational patterns of maltreatment related to a cycle of disadvantage rather than a cycle of abuse. Despite the controversies, there is now some consensus among researchers studying family violence in the United States and United Kingdom that around 30% of those who have been abused will go on to abuse their own children (Gelles & Loseke, 1993; Kaufman & Zigler, 1989). This figure constitutes a significant risk factor, being approximately six times the base rate for abuse in the general population (5%) (Kaufman & Zigler, 1989).

There was a further dilemma. As most of the studies originated in the United States and United Kingdom, it was initially felt that child abuse and the cycle of child maltreatment was

Table 1. Rates of Intergenerational Child Abuse

Study	Year	Rate IGT	Type of study
Oliver & Taylor	1971	100%	Retrospective agency record linkage of severely abusive families.
Steele & Pollock	1968	100%	Retrospective study of abusive parents. No controls. Wide definition of abuse.
Hunter & Kilstrom (Retrospective)	1979	90%	Retrospective: Agency record/self-report/controlled.
Egeland & Jacobvitz	1984	70%	Prospective multiple interviews of high-risk parents. Comparison: abusive versus non-abusive group/various rating scales. Wide definition of abuse.
Herrenkohl <i>et al.</i>	1983	47%	Retrospective self-report clinical study with comparison subjects.
Egeland <i>et al.</i>	1988	40%	As 1984 study above, but minus “borderline” abuse categories.
Straus	1979	18%	Retrospective self-report, nationally representative sample.
Hunter & Kilstrom (Prospective)	1979	18%	Prospective self-report, controlled.
Gil	1970	7–14%	Nationwide survey, self-report.
Altmeier <i>et al.</i>	1986	2–5%	Prospective self-report, controlled.
Widom	1989	1%	Prospective agency records for validated child abuse, controlled.

a specific feature of life in advanced economies (Korbin, 1987). However, studies in other cultures have confirmed that this is not so.

Kaufman and Zigler (1989) feel that the time has come for researchers to cease arguing over the precise percentages of how many abused children will become abusing parents. Instead, there is a need to focus efforts on the conditions under which the transmission of abuse is most likely to occur. This review moves in this direction.

THE FOUR CYCLES

The literature can broadly be grouped into four major cycles that directly or indirectly lead to intergenerational child maltreatment. These cycles are cultural, sociopolitical, psychological, and biological. The first two are extrafamilial, with factors in societies as the focus, whereas the last two are predominately intrafamilial and personal. The separate divisions are, of course, artificial, as the four cycles interrelate, but it is the thesis of this review that the separate mechanisms need to be unwound in order to target appropriate interventions.

Cultural Factors in Intergenerational Child Maltreatment

Cross-cultural studies demonstrate that parents around the world are faced with a similar task when rearing children. In all societies, the helpless infant must be protected from the risks threatening survival and turned into a responsible adult obeying the rules of his or her community.

Whiting and Edwards (1988) have shown that as both elicitors and actors, children share panhuman characteristics that equip them for survival. However, cultural forces modulate social development and lead to increasing differences in the kinds of behavior adults expect. Although the needs and environment of different societies play an important role in developing different parenting styles, how parents parent is largely passed from generation to generation.

Although no society condones child maltreatment, what is, and is not, defined as abusive is culturally constructed (Finkelhor & Korbin, 1988). Children the world over are at risk from a wide variety of violence that is generally carried out by their parents or with their parents' tacit approval (Levinson, 1989). In extreme circumstances such as infanticide, abuse of children can be seen as consistent with the drive for survival. Most types of culturally condoned violence only occur in a few societies. The major exception is the use of physical punishment in child rearing (Radda Barnen Organisation, 1993). The problem is that there is a relationship between severe chastisement and serious injury to children.

Levinson (1989) has shown that there is also a relationship between different forms of violence, in particular wife beating, and child physical chastisement. Physical punishment is not, however, a prerequisite for successful rearing. In his study of 90 societies, he found 16 in which there was no physical chastisement of children, or indeed any other form of family violence. These 16 societies were found in all geographical regions of the world. Family violence was less common in societies that were characterized by cooperation, commitment, sharing, and equality.

These findings are supported by other researchers. Mejiuni, for example, in Nigeria, demonstrated that within cultures, there can be a support system that permits and encourages forms of child maltreatment (Mejiuni, 1991).

Korbin has shown that there is considerable resistance to the fact that appropriate parenting is not an infallible and innate attribute of all parents. This inhibits the recognition of child mal-

treatment (Korbin, 1991). The media in many countries have played an important role in identifying abuse and raising social awareness (Ikeda, 1982; Kokkevi & Agathonos, 1987; Mejiuni, 1991).

Studies from around the world demonstrate that there are wide cultural variations in defining what is abuse. In Nigeria, for example, Obikeze (1984) discovered that economic exploitation of children was felt by the local population to be the number one form of child maltreatment. Other forms regarded as abusive, such as child pawning may be unknown in other areas. Korbin suggests that in coming to internationally accepted definitions of child abuse, there is a need for both an EMIC approach—where the local community makes the definitions—and an ETIC approach—where there is an international consensus on types of behavior toward children that are deemed abusive (Korbin, 1980, 1987).

Finkelhor and Korbin (1988) have also shown that cross-culturally, particular categories of children are vulnerable to maltreatment. These children are those with inferior health status, malnourished children, deformed or handicapped children, excess or unwanted children, and stigmatized children (such as illegitimate children). Children are also at particular risk in different societies at different developmental stages. In addition, in many countries, gender can compromise the health and survival of the girl child, while in Greece, higher expectations of the male child can place him at risk (Agathonos-Georgopoulou, 1992). Children with socially diminished supports, such as stepchildren, are a particularly vulnerable group.

Studies, mainly from the United States, have shown that children and families moving into areas with different lifestyles or living in changing socioeconomic situations can find their traditional child-rearing patterns are no longer protective to children (Gray & Cosgrove, 1985; Reid, 1984; Searly & Lauderdale, 1983). Urban environments, in particular, can have an inhibiting and even destructive effect on the supportive functions of the family. However, where effective support networks can be maintained, these serve a protective role for family functioning and child welfare.

Sociopolitical Factors in Intergenerational Child Maltreatment

Most families, even in the most extreme conditions, do not maltreat their young, but small changes in social conditions have important effects on lowering the thresholds in which many parents can parent effectively. Although child abuse cuts across social and economic groups, it does so unevenly. The poor are always most at risk (Gelles, 1973; Gil, 1970; Straus, Gelles, & Steinmetz, 1988). This is related not only to poverty but also to the correlates of poverty, such as poor nutrition and health, and lack of access to effective health care, education, housing, and employment opportunities. In the industrialized countries, drug abuse and criminality may also correlate with poverty. Minority and ethnic groups may be particularly disadvantaged, and this is a feature of both developed and developing countries. Single parents can be the most disadvantaged of all. Rutter, Quinton, and Liddle (1983) in the United Kingdom have shown although there are discontinuities from disadvantage, there are also considerable continuities. Parents need what Rutter has called “permitting circumstances” (Department of Health and Social Security, 1974) in order to parent. These relate not only to the adequacy of basic needs such as food, housing, health, and financial well-being but also to support from family and friends, and the community. When the “permitting circumstance” thresholds are lowered, more families are at risk and more children are abused.

Fostering Human Security. State policies have an important role in increasing or decreasing these thresholds. For example, state policies, directly or indirectly, can lead to a lack of human security. Human security (United Nations Development Program, 1994) refers to

cataclysmic events such as war and national disasters, as well as to job, income, health, access to education, environmental security, security from crime and violence, and social integration.

Definitions of Human Security

If a country is at war how are people supposed to feel secure? (Child in Iraq)

I feel secure when I know that I can walk the streets at night without being raped. (Child in Ghana)

When we have enough for the children to eat, we are happy and feel secure. (Father from Thailand)

Robberies make me feel insecure. I sometimes feel as though even my life will be stolen. (Man in Namibia)

Human security indicates faith in tomorrow, not so much as having to do with food and clothing, as with stability of the political and economic situation. (Man in Ecuador, United Nations, 1994, p. 23)

In countries undergoing rapid socioeconomic change, traditional family support systems can be disrupted. State policies have an important role in managing socioeconomic change in such a way that it maintains, as far as possible, effective family functioning. The lack of human security has intergenerational continuities, and there is a growing realization that even after the original threat has diminished, there can be an emotional cost that affects the parenting abilities of future generations (Schwebel, 1992).

Every Child a Wanted Child. In Romania, Professor Radulian (1992), President of the Romanian National Committee for UNICEF, spoke of the savagely espoused policy of a forced birthrate legislated by the previous totalitarian system in his country that changed the very spirituality of Romania. *"Paradoxically instead of growing and educating children, families have come to the stage of not wanting their children . . . leading to an increasing number of abandoned and handicapped children, of orphaned and vagrant children, the very destruction of the family"* (Radulian, 1992, p. 1).

Dytrych (1992), in a study in the Czech Republic spanning more than 20 years, has also shown that when women were denied abortion and when this was upheld on appeal, "unwanted" children had considerably more difficulties than a comparison group of "wanted" children, and there were intergenerational continuities.

Both pronatalist policies in industrialized countries and family limitation policies in developing countries can have profound and sometimes unexpected repercussions on the well-being of children. There is concern that the mandatory limits on family size in China may have led to a generation of overindulged and overweight young men. On the other hand, population forecasts in particular areas indicate considerable urgency in assisting families to limit the number of children they have. Some economists argue that development is the best contraceptive. As the World Congress on Population (Cairo 1995) highlighted, children's well-being cannot be separated from women's well-being.

Policies to Protect Women. Women cannot effectively rear healthy babies if they themselves are ill, malnourished, overworked, insecure within their families, and treated by society as a disadvantaged group. The patterns are particularly strong in developing countries, although in the developed world a similar pattern can be seen among inner-city groups. The

double disadvantage of being born poor and female is vividly illustrated by UNICEF in their booklet *The Girl Child* (1991). Ill health and low quality of life for girl children lead to ill health and low status when they become women. This may be linked to lack of education, poverty, malnutrition, and an unhealthy environment. There may be harmful traditional practices such as female circumcision (Bruce-Chwatt, 1976) and child marriage, as well as lack of family planning and lack of health care, especially during labor. Such intergenerational patterns may be compounded by violence, abuse, and insecurity within the family and within society (El-Mouelhy, 1992). The irony is that the health and well-being of *both* male and female children are affected by the disadvantages experienced by their mothers.

Policies That Promote the Family. The rapid rise in the number of parents who divorce and the increase in single parenthood is a disturbing phenomenon in industrialized countries (United Nations, 1994). Single parenthood is largely accounted for by those who are separated or divorced, but there has also been a rise in unmarried parenthood. There is considerable evidence on a range of indicators that many children of single parents do less well than children of two-parent families (Essen & Wedge, 1983; Brubaker, 1993). In the United Kingdom, there is a powerful relationship between poverty and lone parent status, most of whom are women (Bradshaw & Millar, 1991). Policies in the United Kingdom have placed many single mothers in a welfare poverty trap, and there are considerable intergenerational continuities (Rutter, 1989). The controversial Child Support Act of 1990 in England and Wales is intended to combat lone-parent poverty but it remains to be seen how effective this will be. Policies have also not encouraged the reliable day care that enables mothers to go out to work. The United Kingdom has some of the lowest levels of day care in Europe.

Effective Policies to Protect Children. For many children in the world today, protection is manifestly inadequate. Munir (1993) suggests this is because children have no political power. The voice of the child is not easily heard. Specific groups of children live in what the United Nations describes as particularly "difficult circumstances." Among these groups are street children, child prostitutes, child refugees, and children with AIDS. The countries with the highest number of street children are paradoxically not the poorest. According to Moorehead (1989), 20,000 children are said to roam the streets of New York. Child prostitution exists because it answers a demand. Sex tours are advertised in Western travel guides for pedophiles.

AIDS is a major threat to the well-being of children and to the abilities of their parents, if they survive, to care for them. Denial, shame, and lack of education, which hindered preventive efforts in the United States and Europe 10 years ago, are still crippling effective measures to limit the disease in Asia and Africa. AIDS does not respect national boundaries (Time, 1994).

Child refugees are the result of conflicts, but 80% of all military expenditures and 90% of all arms exports are provided by industrialized countries. These difficult problems suggest both an international responsibility and the need for global strategies.

Protection That Protects. There is growing evidence in the West that child rescue policies, far from rescuing children, have in some circumstances led to further abuse (Department of Health, 1995). In the United Kingdom, there has been a run of scandals among children placed in the residential sector. A recurring feature of the many inquiries into such scandals has been that the voice of the child was not heard (Buchanan, Wheal, Walder, MacDonald, & Coker, 1993). Children who have been in the public care are a high-risk group for suicidal behavior (Buchanan *et al.*, 1993) and the risk of depression in adulthood among such children and young

people is much higher than those, even from disadvantaged backgrounds, who have not been in care (Cheung & Buchanan, 1997). It is a paradox that many of these children were originally separated from their parents in order to protect them and to improve their well-being. Gurry (1993) has noted that sending a child to a welfare home in a developing country represents further abuse. In the United Kingdom, the situation may be different, but when decisions are taken about a child's future, the likely harm to the child of remaining in the family situation is rarely balanced against the possibility of harm in the long term to the child from the care setting.

Further evidence is accumulating that the very process of investigation in child protection may be abusive for the child. Sharland, Seal, Croucher, Aldgate, and Jones (1993) have found that children going through a child sexual abuse investigations are often as depressed or more depressed after the investigations than before, especially if nothing has changed. Ongoing research from the University of East Anglia in the United Kingdom (Audit Commission, 1994) implies many child abuse investigations may be unnecessary.

These issues are not easily remedied because children have to be protected, and in order to be protected, their situation needs to be assessed. The challenge is to make greater efforts to foster family preservation in the first place, to limit investigative procedures through better initial indicators of high-risk situations, and, if children need to be separated, to ensure that child protection interventions do in fact protect.

In England and Wales, the Children Act of 1989 has tried to encourage practitioners to develop family support approaches. Central to these approaches is working in partnership with families, identifying their strengths, and using these to meet needs. How successful these approaches are remains to be seen, but the indications are that fewer children are now compulsorily separated from their families (Department of Health, 1993).

Psychological Research Supporting the Cycle of Abuse

Theories to support the cycle of abuse have come from different psychological traditions. The early psychiatric studies, which were largely based on the psychodynamic model, related child abuse to the damaged "ego" of parents who had themselves been abused as children. Aggression was related to a subconscious "inner drive." Social learning theorists rejected this idea. They argued that aggression was both learned and that it took place within a social context. According to the behaviorist perspective, the child came into the world as a *tabula rasa* and was molded by the treatment he or she received from the parents. Children not only learned that violence paid, but they also learned the moral justifications for their behavior (Gelles & Cornell, 1990). Developments from social learning theory include the cognitive behavioral approaches, among which are Newberger and White's (1989) work on parental cognitions. Parents with troubled relationships with their children were frequently unable to perceive their children as having needs and rights of their own, separate from the parent. An important finding from this work was that parental awareness was a developmental process that unfolded during childhood and continued to develop with parental experience. Parental reasoning was responsive to intervention efforts. Attachment theory, although based on the psychodynamic tradition, in fact links with social learning ideas, in that early attachment relationships between the caregiver and the child are felt to be a prototype for later relationships (Ainsworth, 1973; Egeland & Sroufe, 1981). Crittenden and Ainsworth (1989) have shown that the maternal style of child rearing begins to influence the child at a very young age and that most children are influenced to be similar to their parents. Zeanah and Anders (1987) add that these early working models compel individuals to recreate their relationship experiences in their own lives. Not violence per se but the ongoing theme of the caregiving relationship was passed on.

Work from Straus (1979), Garbarino (1977), Bronfenbrenner (1977, 1979), and Belsky (1980) has demonstrated the limitation of single linear models. Intergenerational child maltreatment can better be understood if it is seen as a product of the interaction of social systems operating at individual, family, and societal levels. The ecological model developed from Belsky highlights risk and protective factors operating in four domains: (1) The *ontogenic level* includes individual factors; (2) family factors are considered in the *microsystem level*; (3) community factors exist at the *exosystem level*; and (4) cultural factors operate at the *macro-system level*.

According to the ecological model, having a high IQ, resolve not to repeat the abuse, positive attachments, healthy children, a supportive partner, good social support, economic security, few stressful life events, and living in a supportive culture opposed to violence were protective. In contrast, a history of abuse in the parent, low self-esteem, low IQ and poor interpersonal skills, marital discord, single parenthood, having children with behavior and/or health problems, poverty, unemployment, isolation, poor social supports, and living in a culture that accepts violence and views children as possessions were risk factors (Kaufman & Zigler, 1989). Intergenerational child maltreatment was best understood by the transmission of risk factors. Cross-generational transmission was operated by increasing vulnerability or decreasing protective factors.

There are a number of dilemmas in using psychological theories as a basis for intervention. First, the intervention depends on the theory espoused (Gelles & Loseke, 1993). Second, many approaches involve high-cost, postabuse individual programs that may not be cost-effective in large populations. The value of these studies is that they have elicited a range of risk and *protective* factors that can assist in identifying vulnerable families. There are considerable problems in risk lists (Kaufman & Zigler, 1989). Such lists still only predict *potential* rather than *actual* risks. Further work is necessary before abusing families can be predicted with more certainty. Straus's (1979) extensive model of the characteristics associated with abuse only identified one-third of all the abusing families, which was little more than the single indicator of a history of abuse in the parent.

In the long term, further work on identifying *protective* factors and/or *strengths* in abusing families may be more helpful than an unrelenting pursuit of pathological features.

Biological Factors in Intergenerational Child Maltreatment

However, having said this, the biological cycle of child maltreatment relates to two realities. Some parents *are* biologically more vulnerable to the risk of abusing their children, and some children *are* biologically more vulnerable to being abused (Rutter, 1989). First, biological factors may relate to intergenerational patterns of disease and poor health care; for example, more children are born damaged, and more mothers have poor health. Second, they may relate to inherited characteristics that lower the ability of the parent to parent and the child to be reared effectively. Third, they may relate to factors present in the environment such as pollution and drug and alcohol abuse, which bring about biological changes in the mother and/or child.

Intergenerational Patterns of Disease and Poor Health. Intergenerational child maltreatment cannot be separated from patterns of disease and poor health in mothers and children (Blaxter, 1982; Blaxter & Paterson, 1981). The infant death rate is a good indicator not only of the numbers of children who die at birth, but also the numbers of children who will be born damaged and, as a result, be more difficult to rear (United Nations, 1994). Similarly, the ma-

ternal death rate will predict not only mothers who die but also mothers who find child rearing more difficult because they are in poor health. Diseases such as AIDS and tuberculosis, if they do not kill, may leave both mothers and children vulnerable to the experience of difficulties in child rearing. A disturbance of the cognitive processes due to injury or disease in early childhood may lead to a greater risk of psychiatric disorder, and the effects of this may persist and impede the child's long-term adjustment in many important areas (Robins & Rutter, 1990). Neurological factors have also been implicated in abusive behavior (Elliott, 1988). Iodine deficiency can lead to both a reduced capacity to parent and mental retardation (UNICEF, 1993). Programs that improve the health of parents and children and limit disease will have the secondary effect of improving parenting.

Inherited Disorders That Affect Parenting. For many practitioners, heredity was simply something that you could do nothing about. Rutter *et al.* (1990a, 1990b) suggest these views are no longer tenable. As knowledge increases, genetic disorder may increasingly be treatable by environmental manipulation. One of the most striking examples of this is phenylketonuria. Even when environmental manipulation is not possible, some genetic disorders may be limited by effective genetic counseling. There is also ample evidence that even if a child or parent is at definite risk due to biological deficits, in many cases, positive features of the environment can "buffer" the child and parent (Robins & Rutter, 1990).

Some inherited mental disorders, such as Huntington's chorea, in which a parent in middle age develops dementia, directly affect parenting ability (Oliver & Dewhurst, 1969). Similarly, inherited learning difficulties (mental handicap), inherited mental disorders, and neurological handicaps can affect both the child and parent, and their relationship. Such a child may be more vulnerable to abuse than a child without a disorder (Buchanan & Oliver, 1977).

With many of these disorders, current research is illustrating important links between both nature and nurture (Plomin, 1994). Evidence suggests the operation of synergistic interactions between biological predisposition and subsequent environmental stress. A vulnerability to schizophrenia, for example, may not become apparent in less stressful environments (Tienari *et al.*, 1990).

The current interest in behavioral genetics (Loehlin, 1992) has given rise to the idea that genetics will unlock the secrets of behavior. The situation is infinitely more complex. It is felt unlikely that a single gene will be identified that will predict particular forms of behavior, for example, aggression, but it is felt that genes play a part in the inheritance of broad temperamental traits (Loehlin, 1992). These traits may make parenting more or less difficult (Caspi, Elder, & Herbener, 1990). Some character traits, such as high reactivity in the parent or difficult temperamental characteristics in the child, may be associated with abuse (Casanova, Dominic, McCanne, & Milner, 1992; Crowe & Zeskind, 1992). However, these may be offset in positive environmental conditions. Rutter *et al.* (1990b) suggest that higher-order interactions are also important. Early stress on a vulnerable child can both *sensitize* children to extreme reactions in later life or *steel* them to become less vulnerable. Wachs (1992) has shown that what is an optimal environment may vary depending on the age of the child and individual characteristics.

Research by Plomin (1994) illustrates another important issue. Basically, people choose the environment that suits their genetic makeup best. Children in schools seek out preferred "niches" and perform better in preferred environments. Correlates of parenting emphasize the importance of parental personality, life events, and social support. Genetic factors influence these domains and thus create a relationship with parenting. The issue is, however, that many parents do not have the opportunity to find their preferred "niches."

Environmental Factors Leading to Biological Changes in Parents and Children. The health of both parents and children can be affected by factors in the environment. Lead poisoning, for example, can lead to a range of difficulties in the parent–child relationship. Maternal alcoholism may lead to fetal alcohol syndrome. Similarly, the fetus may be damaged by substance abuse in the pregnant mother.

Although a genetic link has not yet been identified that predicts alcoholism or drug abuse, it is widely recognized that some people are more vulnerable to alcoholism than others (Ackerman, 1988). But as Rutter points out, to become an alcoholic requires the availability of alcohol (Rutter *et al.*, 1990b).

Interaction between the Cycles

If we had one preventic program we could put in place, and knew it would succeed, we would opt for a program that would ensure every baby born anywhere in the world would be a healthy, full-term infant weighing at least eight pounds and welcomed into the world by economically secure parents who wanted the child and had planned jointly for her or his conception and birth. I would add the hope that the baby would be breast-fed by an adequately nourished mother who was not on drugs. I would also ask for good health care for expectant mother and child. Such an arrival in the world would go a long way toward assuring later healthy relationships, reduced mother and child mortality, reduced retardation and reduced mental disorders. (Albee, 1992, p. 313)

Such a strategy would also go a long way toward breaking cycles of child abuse.

This quotation illustrates how the separate mechanisms interact in our four cycles. Culturally, socially, psychologically and biologically, handicapped children are at greater risk of child maltreatment. Socially and psychologically, two-parents families who are economically secure are better able to parent. Culturally and socially, “wanted” children thrive better than “unwanted” children, and there are intergenerational continuities. Socially, psychologically, and biologically, mothers on drugs present a risk both to the biological health of their children and to their own parenting effectiveness. Through all the cycles, sick children are at greater risk than healthy children of growing up to repeat the tragedy of child abuse. The certainty of repeating the pattern is multiplied by the mechanisms operating in each cycle.

INTERVENTIONS IN THE FOUR CYCLES

The challenges in breaking cycles of intergenerational transmission are immense. So interwoven are the mechanisms, it is often hard to disentangle the constituent parts and find appropriate strategies to effect change. So vast is the task, many may feel overwhelmed. Research, however, indicates that progress can be made by the pooling of international, national, and local knowledge and resources. Research also indicates that to encourage us on our way, we need simple indicators at every level to demonstrate that we are moving toward our target.

The strategies suggested here come from a range of sources. In this short chapter, it is only possible to touch on a few of these ideas. Some of the most interesting ideas come from individual projects around the world that found solutions to the particular problems they faced. Sadly, it is not possible to list all their achievements here. However, a central finding from this review is that change is most likely to come when the expertise within communities is built upon and the strengths within communities mobilized to combat the forces that lead to child abuse.

Interventions in the Cultural Cycle

Cross-cultural research indicates that both an EMIC (coming from within), and an ETIC (coming from without) perspective, are necessary when defining what is, and what is not, abuse (Finkelhor & Korbin, 1988; Korbin, 1980, 1981, 1987; Levinson, 1989).

Central to the EMIC strategy is working with local communities. Communities are the experts both in knowing the concerns of their area, and in devising possible solutions to them. In mobilizing public opinion against child maltreatment, the local media have played a role. Communities around the world that have to come to their own decisions in defining what they feel is abusive parental behavior, and that have decided priorities and targets for intervention, have proved effective in limiting child maltreatment. Practical considerations suggest these efforts are more effective when there is at least one named person in each community who belongs to that community and has specific responsibilities for promoting the well-being of children.

In the United Kingdom, many local authorities are developing Children's Rights Officers. Save the Children has also been developing child advocates in Romania. The theory is that children are experts, both in the maltreatment they experience and possible solutions to limit their suffering. Sometimes their perspective is different from that of adults. Research with groups of young people in public care, for example, found that young people were more concerned about bullying from their peers than other forms of maltreatment (Buchanan *et al.*, 1993). Some areas are now developing young people's forums to monitor the effectiveness of child protection. A good measure of the effectiveness of child protection in a particular area is to ask a group of children from that area "To whom can you go for help if you are being seriously maltreated, and is that person able to help you?"

Cross-cultural research demonstrates that we need to combat isolation in families and promote supportive networks among families, especially in areas where families are moving into new social environments. Community liaison workers can be particularly effective in such areas. The extent of community participation in each area can indicate the value of such work. It may need to be asked whether all groups within the community, particularly minority or ethnic groups, are equally represented (Buchanan, 1994).

International associations such as the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and, it is hoped, UNICEF have a role in establishing ETIC definitions and targets of specific types of child maltreatment that are internationally unacceptable. Acceptance of these standards needs to be promoted in all societies. For example, international support for the girl child, in particular, will pay dividends. An international data bank monitoring particular types of abuse is necessary. This will give a baseline against which changes can be measured.

Interventions in the Sociopolitical Cycle

The challenge here is to develop programs that combat factors that lower parenting thresholds. State policies have an important role in fostering human security in all its manifestations; for example, the health and well-being of children, education, freedom from violence, economic security, and promoting social integration. Greater human security will significantly raise the thresholds above which many families abuse their children. Human security indicators (United Nations, 1994) therefore will also indicate, to some degree, the rise and fall in levels of intergenerational child maltreatment.

State fiscal and family policies need to promote the well-being of the family (Brubaker, 1993). The dilemma is that policies do not always have the intended outcomes. They need to

be monitored to ascertain if they are indeed having the intended effects. Although there are many other factors involved, in industrialized countries, it could be argued that lower rates of divorce and youthful single parenthood, as well as increased economic status of lone parents, could be among the indicators of the effectiveness of family policies.

The urgency for, and the current controversies around, population control in some developing countries indicate there are no easy answers. What is certain is that "wanted" children fare better than "unwanted" children, and, therefore, effective family planning has an important role in breaking intergenerational patterns of child maltreatment. It may be that state policies need to ensure that communities have access to *acceptable* forms of family-planning knowledge and practices. Local communities may need to decide what type of family planning is acceptable in their community and develop appropriate services. Increased levels of economic security, particularly among women, may be better indicators of the success of such policies than specific targets and numbers using family planning.

The recent concerns in the United Kingdom surrounding state care of children and the effects of investigations further emphasize that state policies need to develop child protection procedures that foster family preservation and limit formal investigative procedures to the few at high risk. If children have to be separated from their families, it is important they are not further abused. It may not be enough to monitor the numbers who come to protective agencies. It is appropriate to monitor the numbers of children in state care and the outcomes for such children. In the United Kingdom, the Looking after Project (Department of Health, 1994) is developing assessment and action records for use with children who are in state care. These records both monitor the progress of the children and act as useful management tools in planning services (Department of Health, 1994).

Some intergenerational patterns of child maltreatment call for international strategies. In particular, global strategies, together with state and local initiatives, may be necessary to tackle the problems of children in especially difficult circumstances, for example, child refugees, child prostitutes, and street children. We need to learn from each other. More accurate number counts will demonstrate how successful our strategies have been.

The Psychological Cycle

The overall challenge is to promote a climate of positive parenting. The international research community has the task of developing further lists that not only identify risk but also potential protective factors in families. These are strengths that can be mobilized to meet needs.

In England and Wales, the current struggle is how to identify and measure the numbers of children "in need" as defined under the Children's Act of 1989. This is a wider definition than children at risk of abuse and neglect; therefore, it is less stigmatizing. The focus is on the specific needs of the child and whether the parent is able to meet these needs. It incorporates children who may be at risk because of poor health, poor development, disabilities and behavioral problems, as well as abuse and neglect. Under the legislation, local authorities have a duty to provide a range of support services in order to keep families together and to promote the well-being of such children. A positive approach to parenting encourages families with difficulties to ask for help and work in partnership with the helping agencies to overcome their difficulties.

Local communities may wish to develop their own methods to identify areas where groups of children and families may be "in need." Community profiling may be effective here (Buchanan *et al.*, 1995). This can come, for example, from local records of children being seen at health centers or from census data. Under this model, families are encouraged to seek help voluntarily before they reach a crisis point. The HOMESTART model, where semitrained com-

munity volunteers are linked to families of children in need (Audit Commission, 1994), is now developing outside the United Kingdom. Measuring outcomes for children "in need" is another current concern of child welfare researchers in the United Kingdom. Some authorities are bringing groups of parents of such children together to ask them what needs they have, how they are currently met, how they could better be helped, and what their priorities are (Buchanan *et al.*, 1995). The dilemma is that this can measure parental satisfaction with services but does not necessarily measure positive outcomes for children. Further work is needed in this area.

Effective day care may have an important role in reducing disadvantage and levels of intergenerational child maltreatment. State policies, together with those of local communities, need to foster the development of safe day care for mothers of children at risk of abuse or in need, especially single mothers who may have to work. Audits of present-day care arrangements of such mothers might indicate their preferences and suggest cost-effective strategies for future developments.

The Biological Cycle

The recurring message from this international review of literature is that programs that improve the health of women and children, particularly around birth, will also reduce the transmission of intergenerational child maltreatment. Programs that effectively limit disease will have a similar effect. Experience in India has shown that positive health education for mothers is effective and cost-sensitive. In the United Kingdom, after 40 years of the National Health Services there is a realization that further gains in health, especially among disadvantaged groups, will not be achieved without a greater focus on preventive medicine (Audit Commission, 1994). The Healthy Cities Project initiated by the European Office of the World Health Organization (Stark, 1992) may well have wider applicability.

Early identification of children at high biological risk may facilitate targeting protective or "buffer" programs on this group. In England and Wales, the Audit Commission (1994) has recommended the mandatory development in every local authority of Children's Service Plans. These published statements are planned jointly with health, social service, and, in some cases, education. Their purpose is to develop strategies for identifying and supporting high-risk children and to avoid duplication of resources. They also effect more efficient targeting. Under the Children's Act of 1989 in England and Wales, all local authorities already keep a register of children who have identified disabilities. Although parents of such children are under no obligation to have their child's name on the list, the registers do assist in planning services for this group.

A novel approach for the United Kingdom is the use of a mobile health/playbus with a community pediatrician on board to assess hard-to-reach children and families at risk families (Buchanan, 1994). In the United Kingdom, because we have free health care, there is an assumption that those in need will make use of it. Evidence suggests, however, that those most in need are least likely to access the services they need (Power, Manor, & Fox, 1991).

Another effective strategy in the United Kingdom has been to build on the expertise of parents. In many areas, child health records are now parent-held. Parents are experts in noting day-to-day changes in their children. Parent-held records give parents basic child health and child development information, so they can initiate a referral when they feel their child may have difficulties (Buchanan, 1994).

The study by Olds and Henderson (1989) in the United States has shown the benefits of targeted home-visiting programs by paramedicals for high-risk families. In other areas, trained volunteers may fulfill this role.

Indirectly, early educative programs that develop skills and resilience in children can buffer them against biological deficits. Children who are at high risk biologically should take priority over other children in compensatory programs such as HEADSTART in the United States (Wisendale, 1993). If such programs are not available, less-structured playgroups run by parents can prove compensatory.

Factors in the environment that lead to biological changes in parents and children present a great challenge. Monitoring levels of pollution and taking action to reduce such pollution will improve the health and thereby the care of children. Substance-abusing mothers present a more difficult problem. At the Dimmock Health Center in Boston, where the infant mortality rates "careened out of control for infants of color," substance abuse in pregnant mothers was noted to be a high risk factor. They launched New Life, a small inpatient detoxification program for newly pregnant substance abusing women with an aftercare program. They demonstrated that early substance-abuse treatment in pregnancy resulted in the birth of considerably more healthy infants (Dimmock Community Health Center, 1992). The costs of the program were high, but not when compared to the direct and indirect costs of a lifetime of disability.

SUMMARY

It makes sense when thinking about multigenerational legacies of trauma that strategies to reduce intergenerational patterns of child maltreatment should be high on the list. This review of the mechanisms that lead to the transmission of abuse has suggested that we need to examine closely extrafamilial as well as intrafamilial factors. Strategies to effect change involve both an EMIC and ETIC perspective. This means working with communities, helping them to decide on their child protection priorities, facilitating community networks, and working in partnership with children and their families and other professionals, while at the same time working with international organizations such as ISPCAN and UNICEF, mobilizing public opinion against child maltreatment, developing social policies that reduce poverty and improve maternal and child health and education. Central to this strategy is ensuring that the voice of the child is heard in every community.

The conclusion is that although interventions that focus on the intrafamilial cycles are important, interventions that focus on the extrafamilial cycles will, in the long term, do more to break the patterns of child maltreatment and the legacies from such trauma.

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