

**THE ROLE OF SOCIAL WORKERS IN THE PREVENTION OF CHILD
ABUSE A STUDY OF IKPOBA OKHA LOCAL GOVERNMENT AREA
OF EDO STATE**

BY

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CERTIFICATION

We, the undersigned, certify that this research project was carried out by **Uhumagho Beauty** with Matriculation Number **SSC2004251** in the Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City in partial fulfillment of the requirements of the award of Bachelor of Science (B.S.W.) in Social Work.

**Dedication
Acknowledgment**

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ABSTRACT

This study evaluated the social work intervention strategies for the remediation of Child abuse in the mitigation of such disaster, it specifically examined the factors promoting Child abuse and neglect , investigated the effects of Child abuse in the lives of the victims and the society at large, ascertained the people's perspective and knowledge about Social Workers and how they have intervened so far and examined most children who are depressed and isolated as a result of abuse from caregivers and significant others. The theories that help to inform this study are applicable to the many forms of child maltreatment. These theories include Ecological Systems Theory, Trauma- informed care, Attachment theory, family system theory, social learning theory/intergenerational transmission of violence, general strain theory, Solution-Focused Brief Therapy, Self-control theory, filicide typology, three-factor theory and Cognitive-Behavioral Therapy. The result of the research showed that the main factors that contribute to child abuse includes poverty and economic instability , lack of education and healthcare , cultural norms that condone violence, Parental attitudes towards corporal punishment: Parents who believe in physical punishment are more likely to abuse their children, Socio-economic status: Children from poorer families are at a higher risk of abuse because sometimes they are forced to labor very hard for the family, Child's age and sex: Male children and those in certain age groups are more vulnerable to abuse, Conflict and instability, parental history of abuse, weak child protection systems. non-challant attitude of the government towards perpetrators. The study utilized the survey Research design and the qualitative approach, the population of the study was made up of persons residing in Sajt Saviour Community in Ikpoba-Okha Local Government Area, Edo State, who have been residing there for at least six years, who have been abused and neglected and willing to participate and also understand the phenomenon being investigated. The sample size of the study was 100, which is made up of 50 males and 50 females and participants were selected through simple random sampling method. The study utilized the interview guide that were used to interview the selected and consented participants on a one-on-one basis. The data collected were thematically analysed and presented in a qualitative pattern of research. The results of the analysis showed that social workers have helped in the intervention of child labour and neglect in areas of education, family and marital status. This is to state that the practice of social work in Saint Savior Community has helped to ratify many vices that the children are faced with in some of the institutions like education and family. The research also entails social workers helping to advise parents about their children's abuse and neglect and also caution couples on the dangers of divorce on their children and how it can affect them negatively.

Keywords: Child Abuse, Neglect, Maltreatment.

CHAPTER ONE

1.1 INTRODUCTION

In conjunction with the study, the role social workers play in the prevention of child abuse, it will be important to define who is a social worker in retrospect and it's relevant to the prevention of child abuse. Social work is a diverse and multifaceted field that can be defined in various ways. Here are some definitions from reputable organizations:

According to the International Federation of Social Work (IFSW, 2014) and international association of school of social work (IASSW 2014).

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge's, social work engages people and structures to address life challenges and enhance wellbeing. Canadian Association of Social Workers defines Social work as a profession concerned with helping individuals, families, groups, and communities enhance their individual and collective well-being. It aims to help people develop their skills and ability to use their resources and those of the community to resolve problems.

National Association of Social Workers (US) defines Social work practice as consisting of the professional application of social principles and techniques to help people obtain tangible services, counseling, and psychotherapy, and to improve social and health services.

These definitions highlights the core aspects of social work, including promoting social change, empowering individuals and communities, and addressing social issues like poverty and inequality.

Some other comprehensive definitions of social work from various organizations and scholars:

British Association of Social Workers (BASW) stated that Social workers work with individuals and families to help improve outcomes in their lives, protecting vulnerable people from harm or abuse, supporting people to live independently, and directing them to necessary services."

Canadian Association of Social Workers (CASW) defined Social work as a profession concerned with helping individuals, families, groups, and communities enhance their individual and collective well-being." Social work is the professional application of knowledge, skills, and attitudes to help individuals, groups, and communities achieve optimal social functioning (Felix Biestek). Social work is a profession that helps people solve problems and improve their overall well-being (Charles Zastrow)

William E. Gordon defines Social work as a process of helping individuals, groups, or communities to identify and resolve problems."

Carel B. Germain defines Social work as a dynamic, interactive process aimed at promoting human well-being and social functioning."

The Core Components of these definition are

Person-in-Environment (PIE) approach, Empowerment and self-determination, Social justice and human rights, Strengths-based practice, Cultural competence, Inter-professional collaboration, Evidence-based practice.

The Key Focus Areas are Mental health, Child and family welfare, Healthcare, Community development, Social policy and advocacy, Trauma and crisis intervention, Gerontology.

These definitions highlight the diverse and multifaceted nature of social work, emphasizing its focus on promoting human well-being, social justice, and empowerment.

Social workers work in communities with people finding positive way forward in the challenges they face in their lives. They help people build the kind of environments in which they want to live, through co-determination, co-production and social responsibility. Firstly, know that Social work is a veritable tool for preventing and ameliorating social problems in the society.

Child abuse or maltreatment has significant and serious consequences for individuals, families, neighborhoods, and for society as a whole. It is a fundamental social work issues in at least three ways. First, it is correlated with a broad range of another social problems (e.g poverty, mental illness, substance abuse, domestic violence). Second, it is a sensitive market

of the strength of the social fabric (society's commitment to the well-being of the vulnerable). Third, it denies the worth of children, by exposing them to a host of insults and injuries. All of these are congruent with the sphere of interest of the profession of social work.

Child abuse undertaken by their parents or other guardians is a recognized public health and social problem both in developed and developing countries. According to the World Health Organization (WHO), child abuse includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect and negligent treatment and exploitation. In general, one distinguishes four forms of child abuse: emotional or psychological abuse, physical abuse, sexual abuse and neglect. Previous research has mainly focused on issues like prevalence, determinants, and health and social consequences of the child abuse in separate countries or small regions. To our knowledge, comparison of child abuse across different countries and regions has not been made until now. In particular, little is known about these issues in the former Soviet countries and other post-communist countries, which experienced economic, social and political transition after the breakdown of the Soviet system at the beginning of the 1990s. In a time of transition, it is important to examine the extent to which children experience different forms of child abuse through their parents or guardians in these countries. It is also important to know which factors contribute to a higher risk of child abuse in order to undertake adequate actions towards reducing child abuse.

The WHO estimates that approximately 31 000 children <15 years of age died due to homicide worldwide in 2002. A recently published paper reported the yearly prevalence of

child abuse in some developed countries, where the prevalence of severe physical abuse varied from 4 to 16%. Population-based studies from developing countries show much higher prevalence rates of physical abuse. Little attention has been devoted to psychological abuse as compared with physical abuse, although it is known that this type of abuse may have serious health (e.g. mental disorders) and social (e.g. alcohol and drug abuse, poor school performance) consequences. The prevalence of psychological abuse varied substantially across countries (10% in some developed countries and 12–33% in Eastern European countries).

Among known individual risk factors of child abuse are the child's sex and age, socio-economic status of the family, the parents' education level, mental health and behaviour (e.g. alcohol drinking). Parental attitudes towards corporal punishment as a method of child-rearing were found to be associated with child abuse. However, little research has investigated the interactions between parental attitudes towards corporal punishment and different socio-demographic factors with respect to different forms of child abuse.

Country-specific comparisons of child abuse are difficult to make due to differences in the definition of child abuse. The aims of the present study were to make country-specific and regional comparisons of different forms of child abuse. In particular, we focused on differences in child abuse between developing and transitional countries.

Child abuse is a widespread issue that affects children worldwide, including those in developed countries. While there isn't a single, universally accepted definition of child abuse,

studies suggest that developed countries have varying rates of child abuse. For instance, a study published in the International Journal of Epidemiology found that the prevalence of severe physical abuse in some developed countries ranged from 4% to 16%. Research has identified several factors that contribute to child abuse, including:

Parental attitudes towards corporal punishment: Parents who believe in physical punishment are more likely to abuse their children.

Socio-economic status: Children from poorer families are at a higher risk of abuse because sometimes they are forced to labor very hard for the family.

Child's age and sex: Male children and those in certain age groups are more vulnerable to abuse.

Child Abuse in Developing Countries: A study analyzing data from 28 developing and transitional countries found significant regional differences in child abuse rates. For example:

In African countries, a median of 83% of children experienced psychological abuse, 64% experienced moderate physical abuse, and 43% experienced severe physical abuse.

In transitional countries, the corresponding rates were significantly lower, with 56% experiencing psychological abuse, 46% experiencing moderate physical abuse, and 9% experiencing severe physical abuse

Child abuse is a heartbreaking reality in many developing countries, affecting millions of children worldwide. According to the World Health Organization (WHO), nearly 3 in 4 children aged 2-4 years suffer physical punishment and/or psychological violence at the hands of parents and caregivers. This is often due to factors like poverty, lack of education, and cultural norms that condone violence.

- In Africa, a staggering 83% of children experience psychological abuse, 64% face moderate physical abuse, and 43% suffer severe physical abuse.

- An estimated 40,150 children under 18 die annually due to homicide, often linked to child maltreatment.

- Girls are particularly vulnerable to sexual violence, exploitation, and abuse in armed conflict and refugee settings.

Child abuse is a serious issue in underdeveloped countries, where children are often more vulnerable due to poverty and economic instability, lack of access to education and healthcare, Cultural and social norms that condone violence, Conflict and instability, Weak child protection systems.

Prevalence of Child Abuse:

1. UNICEF estimates 1 in 3 girls and 1 in 5 boys worldwide experience physical, sexual, or emotional violence.

2. In sub-Saharan Africa, 1 in 2 children experience physical violence.

3. In South Asia, 1 in 3 children experience physical violence.

Most of the Factors Contributing to Child Abuse in Africa

Poverty: Children from poor families are more likely to experience abuse.

Lack of education: Uneducated parents may not know alternative discipline methods.

Cultural norms: Societies that condone violence against children perpetuate the problem.

Parental history of abuse: Parents who were abused as children are more likely to abuse their own kids, and this abuse lead to

Consequences like Physical injuries, disabilities, death, Emotional trauma, anxiety, depression, post-traumatic stress, Increased risk of substance abuse, smoking, and high-risk behaviors, Poor academic performance and reduced economic opportunities.

Child maltreatment all too often manifests itself in the “problems of the individuals life” of its victims, because it can lead to profoundly negative sequelae. These include psychological, social, academic, and emotional problems and deficits. (Brown & Finkelhor, 1985; Eamon, 2001; Graziano & Mills 1992; Meyerson, Long, Miranda, & Marx, 2002; Molnar, Buka, & Kessler, 2002; Teicher, 2002).

As a public issue, the incidence and prevalence of child abuse and neglect represent a significant source of concern. Recent studies suggest that the rates of some types of child

maltreatment may be decreasing (see Jones & Finkelhor, 2001), but in sheer numbers alone, child maltreatment constitutes a major social problem. The Third National Incidence Study of Child Abuse and Neglect (NIS-3) estimate that 1,553, 800 children were victims of maltreatment during 1993 (U.S. Department of Health and Human Services, (DHSS] 1996). Further, over 2 million reports alleging maltreatment of more than 3 million children were investigated by child protective services agencies in 1996 (US DHHS, 1999). In 1999, 826,000 children nationwide were abused or neglected (US DHHS, 1999). Nationally, an estimated 1,100 children died as a result of child abuse and neglect in 1999. By any measure, these figures constitute a public issue of enormous proportions. Internationally, child maltreatment is viewed in the context of family violence as a major worldwide public health problem (krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

In human terms, the price of child abuse is incalculable, however in financial terms it is possible to put some figures on the annual bill. A recent study Prevent Child Abuse America using data from the Department of Justice, the Census Bureau and the US DHSS among others, estimated the total annual cost of child abuse in the US at more than \$24 billion dollars in direct costs: health care, child welfare, law enforcement and the judicial system; and more than \$69 billion in indirect costs: special education mental health, health care, juvenile delinquency, lost productivity and adult criminality. The total cost was estimated at more than \$94 billion (Fronrn, 2001).

1.2 STATEMENT OF PROBLEM

Child abuse has become a common phenomenon which is associated with us eventually all the time. Often these cases are under reported, and un-handled even with the presence of social workers who are supposed to take up these cases are seen abandoning them. Just as a social worker is identified to be a fighting force or instrument of help in promoting and projecting the social status of the individuals like children, families in the society.

It will be formidable to know in this research how social workers in their respective roles prevent child abuse within Ikpoba Okha Community and also to find out among children who have been abused in Ikpoba Okha Community whether Social workers have played any role in preventing and intervening in their cases.

1.3 AIM AND OBJECTIVES OF THE STUDY

The main objective of this study is to examine the Social Work intervention in child abuse in Ikpoba Okha Local Government Area in Edo state. However the specific objectives are to;

1. examine if social work is a tool for child abuse intervention in our various communities
2. ascertain if children who have been abused have experienced social workers intervention.
3. investigate how a social worker have assisted in various ways in the prevention of child abuse.
4. examine the relationship between social worker and child abuse.

1.4 SCOPE OF THE STUDY

The scope of this work is going to be limited to the examination of the effect of child abuse on the social lives of the people of Saint Savior community in Ikpoba Okha Local Government Area of Edo State and the roles of social workers in the intervention of child Abuse. In other words the study focuses on the causes of child abuse and its effects on the social lives of the study area and solution from the work perspective

STUDY AREA

The study focuses on Saint Savior community in Ikpoba Okha Local Government Area of Edo State, Nigeria, which administrative headquarters is located at Idogbo town. Ikpoba Okha Local Government Area covers a total area of 862 square kilometres and has an average temperature of 28 °C. One of the popular festival held include new yam festival while notable land mark includes Benson Idahosa University, Amo Farming poultry processing plant and National Museum which showcases a rich collection of artifacts, artworks, and historical artifacts that highlights the cultural heritage of the Edo people. It provides insights into the history and traditions of the region. The political system is characterized by traditional and orthodox pattern, the traditional aspect has its hierarchical structure which has the Oba of Benin as the overall head and leader followed by the Enogie (chiefs) in place by the Oba as administrative head to certain members of the communities, the Ohen, Ikpoba Okha Local Government Area has an administrative division in Nigeria federation system which is chosen by an elected chairman and also legislative and judicial arms are also among the operation of

the local government. Ikpoba Okha has 12 political wards for electoral purposes. However, the economic activities inherent in the Local government area are mostly soil milling, trading, hunting, lumbering, blacksmithing, craft making and farming.

Unfortunately, there is high level of Child abuse in the Ikpoba Okha Local Government Area particularly in the Saint Savior Community.

1.5 SIGNIFICANCE OF THE STUDY

The importance of this study/research is to find out those basic details of child abuse and analyze the part played by the social workers in preventing the menace of child abuse and neglect.

1.6 RESEARCH QUESTIONS

1. Is social work as a tool likely to prevent Child abuse?
2. What are the Social work interventions experienced by children who has been abused?
3. What are the various ways a social worker has been employed to prevent child abuse?
4. What are the relationship between social workers and the child abused?

1.7 DEFINITION OF TERMS

Definition of terms

Abandonment

The act of giving something up. Withdrawing support or help despite allegiance or responsibility

Ameliorate

To make better

Adult criminality

Adult crimes involve individuals who are 18 years or older, and they fall under the jurisdiction of the adult criminal justice system.

Augmented

Added to or made greater in amount or number or strength

Abuse

Cruel or inhumane treatment a rude expression intended to offend or hurt

Aversive behavior

making someone feel a strong dislike for something, or making them not want to do it: emotionally aversive images. Aversive methods of stopping someone from behaving in a particular way involve doing something unpleasant to that person whenever they do something you do not want them to do: aversive conditioning.

Bulimia nervosa

Bulimia nervosa can be defined as a pattern of eating characterized by: Consuming an unusually large amount of food in a short period of time (binge eating). Getting rid of the food (purging).

Child neglect

Child neglect refers to the failure of a parent to provide for their good development: health, education, affection, nutrition, shelter, and safe living conditions. This particular type of mistreatment is much more frequent than physical or sexual abuse against children.

Child labor

Child labour is the exploitation of children through any form of work that interferes with their ability to attend regular school, or is mentally, physically, socially and morally harmful. Such exploitation is prohibited by legislation worldwide, although these laws do not consider all work by children as child labour

Cognitive distortion

Cognitive distortions are biased thoughts that can distort the way a person sees themselves, their life, their specific day-to-day situations, their relationships, and other people. These thoughts can contribute to mental health conditions such as depression and anxiety.

Community development

Community development is intended to empower community members and create stronger and more connected communities. Community development is a holistic approach grounded in principles of empowerment, human rights, inclusion, social justice, self-determination and collective action (Kenny & Connors, 2017).

Combate

A fight between opposing forces; struggle, contest.... figurative. A conflict; struggle, strife; controversy.

Corollary

A process of reasoning by which a general conclusion is drawn from particular instances. Synonyms. inference, conclusion, generalization.

Crisis intervention

Crisis intervention is a short-term management technique designed to reduce potential permanent damage to an individual affected by a crisis. A crisis is defined as an overwhelming event, which can include divorce, violence, the passing of a loved one, or the discovery of a serious illness.

Criminality

Criminality refers to the state or quality of being criminal, or an act or practice that is considered a crime. Examples: Robbery, murder, and fraud are all examples of criminality. Driving under the influence of drugs or alcohol is also considered criminality.

Corporal punishment

corporal punishment, the infliction of physical pain upon a person's body as punishment for a crime or infraction. Corporal punishments include flogging, beating, branding, mutilation, blinding, and the use of the stock and pillory. In a broad sense, the term also denotes the physical disciplining of children in the schools and at home.

Data analysis

Data Analysis is the process of systematically applying statistical and/or logical techniques to describe and illustrate, condense and recap, and evaluate data.

Defeatist

A person who expects or is excessively ready to accept failure. Demonstrating expectation or acceptance of failure.

Delinquency

minor crime, especially that committed by young people.

Degradation

humiliation, disgrace, dishonor, debasement.

(specialist) the process of something being damaged or made worse.

Demographic data

Demographic data is a collection of statistics about a population, such as age, gender, race, income, and more. It can be used to identify characteristics of groups within a population, and to analyze how well a community or business is serving its needs.

Ethical consideration

Ethical consideration refers to the process of evaluating the moral implications of a decision, action, or policy. It involves identifying, analyzing, and addressing the potential ethical issues that may arise in various contexts, such as research, business, healthcare, technology, and public policy

Emotional (psychological) abuse

Emotional abuse, also known as psychological abuse, is a type of abuse that involves non-physical behaviors that are intended to control, isolate, or frighten someone. It can have serious short- and long-term effects on both physical and mental health.

Falsification approach

The falsification approach is a method of disproving a hypothesis or theory through experimentation and observation

Frequency distribution

The frequency of a value is the number of times it occurs in a dataset. A frequency distribution is the pattern of frequencies of a variable. It's the number of times each possible value of a variable occurs in a dataset

Gerontology

The scientific study of old age, the process of ageing, and the particular problems of old people.

Glib

To move smoothly, continuously, and effortlessly.

Homicide

The killing of one human being by another. Homicide may refer to a noncriminal act as well as the criminal act of murder.

Hypothesis

A supposition or proposed explanation made on the basis of limited evidence as a starting point for further investigation.

Heuristics

Involving or serving as an aid to learning, discovery, or problem-solving by experimental and especially trial-and error methods

Idiosyncratic

Idiosyncratic language refers to a unique way of communication that features words and expressions distinctive to an individual or group, setting them apart from common usage.

Intervention

The act of interfering with the outcome or course especially of a condition or process (as to prevent harm or improve functioning) educational

Investigation

the act or process of examining a crime, problem, statement, etc. carefully, especially to discover the truth:

Insomnia

Insomnia is a sleep disorder in which you have trouble falling asleep, staying asleep, or waking up too early. The condition can be short term (acute) or can last a long time (chronic).

It may also come and go. Acute insomnia lasts from one night to a few weeks.

Juvenile

For or relating to young people.

Maltreatment

The act of treating someone cruelly or violently.

Maladaptive behavior

Maladaptive behavior is behavior that prevents you from making adjustments that are in your own best interest. Avoidance, withdrawal, and passive aggression are examples of maladaptive behaviors.

Modalities

A modality is the way or mode in which something exists or is done. You might often see it used with reference to diagnostic modality, which is the way in which a disease or illness is diagnosed by a doctor.

Monotonic

When someone sounds monotone, it's usually because they have some fear about speaking up for themselves and being heard.

Mental health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our well-being.

A person's condition with regard to their psychological and emotional well-being

Mitigate

make (something bad) less severe, serious, or painful.

"drainage schemes have helped to mitigate this problem"

Neuropsychological

the study of the relationship between behaviour, emotion, and cognition on the one hand, and brain function on the other.

Nightmare

a very unpleasant or frightening experience or prospect.

Neglect

Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse. A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care.

Percentage distribution

Percentage Distribution is a frequency distribution in which the individual class frequencies are expressed as a percentage of the total frequency equated to 100. Also known as relative frequency distribution; relative frequency table.

Perpetrator

a person who carries out a harmful, illegal, or immoral act."the perpetrators of this horrific crime must be brought to justice" Culprit. offender, wrongdoer. a person who transgresses moral or civil law.

Prominently

Important; famous

Attracting notice or attention,

Prosaic

Dull, ordinary

being dull, ordinary, or uninteresting.

Pervasive

(especially of an unwelcome influence or physical effect) spreading widely throughout an area or a group of people.

"ageism is pervasive and entrenched in our society"

Psychotherapy

Psychotherapy is an approach for treating mental health issues by talking with a psychologist, psychiatrist or another mental health provider. It also is known as talk therapy, counseling, psychosocial therapy or, simply, therapy.

Psychometric

Psychometrics is a field of study within psychology concerned with the theory and technique of measurement. Psychometrics generally covers specialized fields within psychology and education devoted to testing, measurement, assessment, and related activities.

Pseudonym

In social work, a pseudonym is a fictitious name used to protect the identity of a person or entity. Pseudonyms are often used in research to protect the privacy of participants.

Pornography

Printed or visual material containing the explicit description or display of sexual organs or activity, intended to stimulate sexual excitement.

Post traumatic stress disorder, PTSD

A condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world.

Popperian admonition

especially : of or relating to the theory that a hypothesis can be falsified by observed exceptions but never absolutely proven to be true.

Questionnaire

A set of printed or written questions with a choice of answers, devised for the purposes of a survey or statistical study.

Recidivism

Recidivism is one of the most fundamental concepts in criminal justice. It refers to a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime.

Recommendation

The action of recommending something or someone.

Respondents

A person who replies to something, especially one supplying information for a questionnaire or responding to an advertisement.

Reports

(of a person) do something as a reaction to someone or something.

Resilient

To withstand or recover quickly from difficult conditions.

Self help

the use of one's own efforts and resources to achieve things without relying on others.

Sexual abuse

Sexual abuse or sex abuse is abusive sexual behavior by one person upon another. It is often perpetrated using physical force, or by taking advantage of another.[1] Sexual abuse is a term used for a persistent pattern of sexual assaults.

Sexual victimization

It can be committed by any person regardless of their relationship to the victim, in any setting. It includes, but is not limited to, rape, attempted rape and sexual slavery, as well as unwanted touching, threatened sexual violence and verbal sexual harassment.

Socio demographic

Sociodemographic refers to the social and demographic characteristics of a group of people. These characteristics can include age, gender, education, income, and ethnicity

Social isolation

Social isolation is when someone has little to no contact with others and lacks social support. It can have a negative impact on mental and physical health

Spurning

1. to reject with disdain or contempt : scorn. 2. : to tread sharply or heavily upon : trample.

Subdural hematoma

A subdural hematoma is a collection of blood between the skull and the brain. It's a serious condition that can be life-threatening and requires immediate medical care.

Unswerving

Not changing or becoming weaker; steady or constant.

Vulnerable

A people aged under 18 or other individuals who may be unable to take care of themselves or are unable to protect themselves against harm or exploitation.

CHAPTER TWO

LITERATURE REVIEW

Child abuse has become a global problem. Children are most times abused by people who are supposed to love, cherish and protect them. Children face the menace of abuse ranging from physical injuries, abandonment, sexual abuse to child labour. The society seems to be silent about it except for few like the creative writers who wrote from what is obtained in their society. Many writers examine the ordeals of children in many societies and how these abuses affect these children. This paper discusses the prevalence of child abuse as reported in literary works. It mirrors the Nigerian society and the Nigerian child using the works of few Nigerian do authors. It also dwells on the consequences if these abuses are allowed to continue

Children are the most vulnerable individuals of the society. A child born helpless and defenceless meant to be protected, loved, cherished and cared for by parents, care givers and adults. This is not the case in many societies though as many of them suffer different kinds of abuses from people they trust to give them the protection, love and security they so badly needed. Children are exposed to different kinds of violations including physical, psychological, sexual and emotional abuses, rendering the most peaceful stage of life troubled and traumatic.

On 23rd July 2016, Nigerians woke up to the shocking story of a nine year old boy Torede Taiwo all over the news and social media. The boy was chained neck and legs and locked

with heavy padlocks like an animal by his father Francis Taiwo for over a month. He was beaten, left alone, and barely fed. At his rescue, he was almost dying of starvation and could barely stand. He was put into that inhuman condition by his father because according to him the boy stole a piece of meat from his soup pot. This happened in a church compound in Ota area of Ogun state where he claimed to be pastor.

Another story is told of One Mrs. Roseline Uzoamaka in FCT Abuja who forced a thirteen year old girl to sit on a burning electric cooker until she sustained severe burns in her private parts as a punishment for urinating on the bed. This incident was reported on 23rd August 2014.

Stories of children being molested, raped and maltreated by their supposed care giver is now so common that it is sometimes treated with mere shaking of the head. It is heart breaking and unfortunate that these stories are often taken over by events and most of the perpetrators go scot free. Majority of cases of abuse are not ever reported. The concept of a state sanctioned child welfare system dates back to Plato's Republic. Plato theorized that the interests of the child could be served by snatching children from the care of their parents and placing them into state custody. To prevent an uprising from dispossessed parents: "We shall have to invent some ingenious kind of lots which the less worthy may draw on each occasion of our bringing them together, and then they will accuse their own ill-luck and not the rulers." Provincial or state government's child protection legislation which empowers the government department or agency to provide services in the area and to intervene into families where child abuse or

other problems are Suspected. The agency that manages these services has various names in different provinces and states, e.g., department of children's services, children's aid and department of child and family services. There is some consistency in the nature of laws, though the application of the laws varies across the country of Nigeria.

The United Nations has addressed child abuse as a human rights issue, adding a section specifically to children in the Universal Declaration of Human Rights: "Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding... should be afforded the right to survival: to develop to the fullest; to protection from harmful influences, abuse and exploitation, and to participate fully in family, cultural and social life.

Child abuse and neglect is one of the Nation's most serious concerns. The Children's Bureau, Administration on Children, Youth and Families in the Administration for Children and Families in the U.S. Department of Health and Human Services, addresses this important issue in many ways. One example is to collect data on the children who are served by child protective services (CPS) agencies.

This Child Maltreatment 2008 report, now in its 19th edition, presents national data about child abuse and neglect known to CPS agencies in the United States during Federal Fiscal year (FFY) 2008. The data were collected and analyzed through the National Child Abuse and Neglect Data System (NCANDS) supported by the Children's Bureau. This chapter discusses the background of NCANDS and describes the annual data collection process.

The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 to direct the Secretary of the Department of Health and Human Services (DHHS) to establish a national data collection and analysis program that would make available State child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary national reporting system.

The Child Abuse Prevention and Treatment Act (CAPTA) has undergone several amendments since its inception in 1974. The most recent amendment was made on January 7, 2019, through the Victims of Child Abuse Act Reauthorization Act of 2018. Prior to this, CAPTA was reauthorized in 2010, with a focus on addressing domestic violence among families involved in the child welfare system. This reauthorization also introduced new provisions for collaboration between child protective services and domestic violence services.

Other notable amendments include:

- ✓ 1988 Reauthorization: The Child Abuse Prevention, Adoption, and Family Services Act made significant changes to the law.
- ✓ 1996 Reauthorization: The Child Abuse Prevention and Treatment Act Amendments expanded and updated the law.
- ✓ 2003 Reauthorization: The Keeping Children and Families Safe Act added new provisions and refined the scope of the law .

These amendments demonstrate the ongoing efforts to strengthen CAPTA and improve child protection in the United States.

2.1 DEFINING CHILD ABUSE

Child abuse (also called child endangerment or child maltreatment) is physical, sexual, emotional and/or psychological maltreatment or neglect of a child, especially by a parent or a caregiver. Child abuse may include any act or failure to act by a parent or a caregiver that results in actual or potential wrongful harm to a child and can occur in a child's home, or in organizations, schools, or communities the child interact with. World Health Organization (WHO, 2020) defines Child abuse, or child maltreatment, as what constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power." The WHO also says, "Violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers." In the United States, the Centers for Disease Control and prevention(CDC) uses the term child maltreatment to refer to both acts of commission (abuse), which include "words or overt actions that cause harm, potential harm, or threat of harm to a child", and acts of omission (neglect), meaning "the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm". The United States federal Child Abuse Prevention and Treatment Act defines child abuse and

neglect as, at minimum, "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". United Nations Children's Fund (UNICEF, 2020) refers Child abuse as any form of physical, emotional, or psychological harm, neglect, exploitation, or violence that affects children. American Academy of Pediatrics (AAP, 2020) cite Child abuse as any act of commission (abuse) or omission (neglect) by a caregiver that results in harm, potential for harm, or threat of harm to a child. The CAPTA Reauthorization Act of 2010 defines child abuse 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". Edu and Edu describe child abuse as "a wilful maltreatment of a child. Nseabasi and Abiodun (2010) narrowed the definition of child abuse as "life threatening physical violence, including severe beatings, burns and strangulation which are inflicted on children by adult members of the community"

A new report by the United Nations Children's Fund UNICEF(2002) states that many Nigerian children suffer violent abuses. The report says that for some kids, the abuse starts before their fifth birthday. It says that six out of ten children experience some form of violence before they turn eighteen, with half of them experiencing physical violence. Others are abused emotionally or sexually. The violence starts young, over half of children were abused before the age of eleven, and one in ten were abused before they turned five. This is a very disturbing scenario.

FORMS OF ABUSE

As of 2006, the World Health Organization distinguishes four types of child abuse or maltreatment:

- i. Sexual abuse,
- ii. Emotional (or psychological) abuse,
- iii. Neglect and
- iv. Physical abuse

SEXUAL ABUSE

Child Sexual abuse and Child-on-child sexual abuse

Child sexual abuse (CSA) is a form of child abuse in which an adult or older adolescent abuses a child for sexual stimulation. Sexual abuse refers to the participation of a child in a sexual act aimed toward the physical gratification or the financial profit of the person committing the act. Forms of CSA include asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent exposure of the genitals to a child, displaying pornography to a child, actual sexual contact with a child, physical contact with the child's genitals, viewing of the child's genitalia without physical contact, or using a child to produce child pornography. Selling the sexual services of children may be viewed and treated as child abuse rather than simple incarceration.

Effects of child sexual abuse on the victim(s) include guilt and self blame, flashbacks, nightmares, insomnia, fear of things associated with the abuse (including objects, smells, places, doctor's visits, etc.), self-esteem difficulties, sexual dysfunction, chronic pain, addiction, self-injury, suicidal ideation, somatic complaints, depression, Post-traumatic stress disorder (PTSD), anxiety, other mental illnesses including borderline personality disorder and dissociative identity disorder, propensity to re-victimization in adulthood, bulimia nervosa, that's an eating disorder and physical injury to the child, among other problems. Children who are the victims are also at an increased risk of sexually transmitted infections due to their immature immune systems and a high potential for mucosal tears during forced sexual contact. Sexual victimization at a young age has been correlated with several risk factors for contracting HIV including decreased knowledge of sexual topics, increased prevalence of HIV, engagement in risky sexual practices, condom avoidance, lower knowledge of safe sex practices, frequent changing of sexual partners, and more years of sexual activity.

As of 2016, in the United States, about 15% to 25% of women and 5% to 15% of men were sexually abused when they were children. Most sexual abuse offenders are acquainted with their victims; approximately 30% are relatives of the child, most often brothers, sisters, fathers, mothers, uncles or cousins; around 60% are other acquaintances such as friends of the family, babysitters, or neighbours; strangers are the offenders in approximately 10% of child sexual abuse cases. In over one-third of cases, the perpetrator is also a minor.

In 1999 the BBC reported on the RAHI Foundation's survey of sexual abuse in India, in which 76% of respondents said they had been abused as children, 40% of those stating the perpetrator was a family.

PSYCHOLOGICAL ABUSE

There are multiple definitions of child psychological abuse:

- In 1995, The American Professional Society on the Abuse of Children (APSAC) defined it as: spurning, terrorizing, isolating, exploiting, corrupting, denying emotional responsiveness, or neglect" or "A repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs"

- In 2013, the American Psychiatric Association (APA) added Child Psychological Abuse to the DSM-5, describing it as "non accidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child."

- In the United States, states' laws vary, but most have laws against "mental injury" against minors.

- Some have defined it as the production of psychological and social defects in the growth of a minor as a result of behavior such as loud yelling, coarse and rude attitude, inattention, harsh criticism, and denigration of the child's personality. Other examples include

name-calling, ridicule, degradation, destruction of personal belongings, torture or killing of a pet, excessive or extreme unconstructive criticism, inappropriate or excessive demands, withholding communication, and routine labeling or humiliation.

- Many psychological abuse that happens to adults are harder to change to improve and turn back due to fixed habits and living style after abuse. Child abuse can create a big toll on psychological behavior that put many risk to unhealthy thoughts. In order to minimize these negative outcomes, many need to seek help to spread awareness to those around them for preventative measures.

In 2014, the APA found that child psychological abuse is the most prevalent form of childhood abuse in the United States, affecting nearly 3 million children annually. Research has suggested that the consequences of child psychological abuse may be equally as harmful as those of sexual or physical abuse.

Victims of emotional abuse may react by distancing themselves from the abuser, internalizing the abusive words, or fighting back by insulting the abuser. Emotional abuse can result in abnormal or disrupted attachment development, a tendency for victims to blame themselves (self-blame) for the abuse, learned helplessness, and overly passive behavior in order to avoid such a situation again.

NEGLECT

Child neglect is the failure of a parent or other person with responsibility for the child, to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety or well-being may be threatened with harm. Neglect is also a lack of attention from the people surrounding a child, and the non-provision of the relevant and adequate necessities for the child's survival, which would be a lack of attention, love, and nurturing.

Some observable signs of child neglect include: the child is frequently absent from school, begs or steals food or money, lacks needed medical and dental care, is consistently dirty, or lacks appropriate clothing for the weather. The 2010 Child Maltreatment Report (NCANDS), a yearly United States Federal government report based on data supplied by state Child Protective Services (CPS) Agencies in the U.S., found that neglect/neglectful behavior was the "most common form of child maltreatment".

Neglectful acts can be divided into six sub-categories:

- Supervisory neglect: characterized by the absence of a parent or guardian which can lead to physical harm, sexual abuse, or criminal behavior;
- Physical neglect: characterized by the failure to provide the basic physical necessities, such as a safe and clean home;
- Medical neglect: characterized by the lack of providing medical care;

- Emotional neglect: characterized by a lack of nurturance, encouragement, and support;
- Educational neglect: characterized by the caregivers lack to provide an education and additional resources to actively participate in the school system; and
- Abandonment: when the parent or guardian leaves a child alone for a long period of time without a babysitter or caretaker.

Neglected children may experience delays in physical and psychosocial development, possibly resulting in psychopathology and impaired neuropsychological functions including executive function, attention , processing speed, language, memory and social skills. Researchers investigating maltreated children have repeatedly found that neglected children in the foster and adoptive populations manifest different emotional and behavioral reactions to regain lost or secure relationships and are frequently reported to have disorganized attachments and a need to control their environment. Such children are not likely to view caregivers as being a source of safety, and instead typically show an increase in aggressive and hyperactive behaviors which may disrupt healthy or secure attachment with their adopted parents. These children seem to have learned to adapt to an abusive and inconsistent caregiver by becoming cautiously self-reliant, and are often described as glib, manipulative and disingenuous in their interactions with others as they move through childhood. Children who are victims of neglect can have a more difficult time forming and maintaining relationships,

such as romantic or friendship, later in life due to the lack of attachment they had in their earlier stages of life.

PHYSICAL ABUSE

Among professionals and the general public, there is disagreement as to what behaviors constitute physical abuse of a child. Physical abuse often does not occur in isolation but as part of a constellation of behaviors including authoritarian control, anxiety-provoking behavior, and a lack of parental warmth. The WHO defines physical abuse as:

Intentional use of physical force against the child that results in – or has a high likelihood of resulting in – harm for the child's health, survival, development, or dignity. This includes hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning, and suffocating. Much physical violence against children in the home is inflicted with the object of punishing.

Overlapping definitions of physical abuse and physical punishment of children highlight a subtle or non-existent distinction between abuse and punishment, but most physical abuse is physical punishment "in intent, form, and effect". As of 2006, for instance, Paulo Sergio Pinheiro wrote in the UN Secretary-General's Study on Violence Against Children:

Corporal punishment involves hitting ('smacking', 'slapping', 'spanking') children, with the hand or with an implement – whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting,

pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding, or forced ingestion (for example, washing children's mouths out with soap or forcing them to swallow hot spices).

Most nations with child abuse laws deem the deliberate infliction of serious injuries, or actions that place the child at obvious risk of serious injury or death, to be illegal. Bruises, scratches, burns, broken bones, lacerations as well as repeated "mishaps", and rough treatment that could cause physical injuries can be physical abuse. Multiple injuries or fractures at different stages of healing can raise suspicion of abuse.

The psychologist Alice Miller, noted for her books on child abuse, took the view that humiliations, spankings, and beatings, slaps in the face, etc. are all forms of abuse, because they injure the integrity and dignity of a child, even if their consequences are not visible right away.

Physical abuse as a child can lead to physical and mental difficulties in the future, including re-victimization, personality disorders, post-traumatic stress disorder (PTSD), dissociative disorders, depression, anxiety, suicidal ideation, eating disorders, substance use disorders, and aggression. Physical abuse in childhood has also been linked to homelessness in adulthood.

BATTERED-CHILD SYNDROME

C. Henry Kempe and his colleagues were the first to describe the battered-child syndrome in 1962. The battered-child syndrome is a term used to describe a collection of injuries that young children sustain as a result of repeated physical abuse or neglect. These symptoms may include: fractures of bones, multiple soft tissue injuries, subdural hematoma (bleeding in the brain), malnutrition, and poor skin hygiene.

Children suffering from battered-child syndrome may come to the doctor's attention for a problem unrelated to abuse or after experiencing an acute injury, but when examined, they show signs of long-term abuse. In most cases, the caretakers try to justify the visible injuries by blaming them on minor accidents. When asked, parents may attribute the injuries to a child's behaviour or habits, such as being fussy or clumsy. Despite the abuse, the child may show attachment to the parent.

Another common form of child abuse after physical violence is child labour. Wells. K (2009) defines children as young human beings between birth and puberty, they are people considered not to be legally responsible. It is thus very disturbing to see children being saddled with demands and challenges they are not emotionally and mentally ready for.

It is not uncommon to see children working to take care of adults whose duty is to take care of them. This is child labour and child labour is sabotage against childhood. The American Heritage Dictionary (2013) defines child labour as “the employment of children, particularly under terms and conditions considered inhuman or prohibited by law”. Webster Dictionary (2010) also defines child labour as “the regular, full time employment of child under a legally

defined age in factories, stores, offices etc”. Drumbl’(2002) defines child labour as work that is mentally, physically, socially and morally dangerous and harmful to children and deprives them the opportunities for schooling and development. Children who are meant to be provided for are turned and used to be bread winners and providers of the family. This is a common phenomenon in most third world countries and it is not farfetched from extreme poverty, community violence, state oppression, warfare and family disintegration in most third world societies.

Child labour remains a major source of concern in Nigeria, in spite of legislative measures. According to the international labour organization, (ILO 2012) the number of working children under the age of fourteen in Nigeria is estimated at fifteen million. The high level of diverse tedious jobs that children execute in dangerous circumstances is worrying. With the current economic situation in the country, it has become very common to see children being used to make extra income for the family. In most cases, they are the sole earners and the adults depend on their sweat to feed. It is not uncommon to see children working in construction sites, hawking on the street and worse still turned into sex workers during school hours. They are not just denied education which is a basic necessity of life, but they are exposed to different street hazards which most times they are victims.

2.3. THEORETICAL FRAMEWORK AND APPROACHES

Theories have been formulated to help understand and explain the phenomena of child abuse. Such theories are applicable to the many forms of child maltreatment. These theories

include Ecological Systems Theory, Trauma-informed care, Attachment theory, family system theory, social learning theory/intergenerational transmission of violence, general strain theory, Solution-Focused Brief Therapy, Self-control theory, filicide typology, three-factor theory and Cognitive-Behavioral Therapy. Below each of these theoretical perspectives are reviewed in greater detail.

1. **Ecological Systems Theory (EST)**, developed by Urie Bronfenbrenner (1979) considers child development within multiple systems (family, community, society). This theory recognizes that individual development is influenced by various environmental levels, emphasizing the dynamic interplay between individuals and their surroundings.

Ecological system theory, emphasizes the complex interplay between a child and their various environments, which include family, school, community, and societal influences. This theory can be instrumental in addressing child abuse by providing a comprehensive framework to understand the multiple factors that contribute to abusive situations.

- a. **Microsystem:** The theory identifies the different systems that affect a child's development. For instance, the microsystem includes direct interactions with family members, peers, and teachers, where abusive behaviors can manifest. By understanding the dynamics within these immediate relationships, interventions can be tailored to support healthier interactions and promote positive parenting practices.

Immediate environment that directly influences individual development

i. Family dynamics: Assess family relationships, communication patterns, and conflict resolution.

ii. Parent-child interaction: Observe parent-child interactions to identify potential risks or strengths.

iii. Support network: Identify supportive family members or caregivers.

b. Mesosystem: The mesosystem highlights the connections between different microsystems. For example, if a child's school is aware of potential abuse at home, they can collaborate with social services to ensure the child's safety. This interconnected approach fosters a community response to child protection, encouraging schools, healthcare providers, and law enforcement to work together in identifying and addressing signs of abuse.

i. Home-school relationships: Collaborate with schools to address educational neglect or academic struggles.

ii. Community resources: Connect families with local resources (e.g., parenting classes, counseling).

iii. Interagency collaboration: Work with healthcare, law enforcement, and social services.

c. Macrosystem: Then the broader macrosystem encompasses societal values, laws, and cultural norms that shape attitudes toward child-rearing and abuse. By advocating for policies that protect children and promoting public awareness campaigns, ecological system theory

can help shift societal perceptions and reduce stigma around seeking help for abuse. This holistic perspective is crucial for developing effective prevention and intervention strategies to protect children from abuse and support their overall well-being.

1. Cultural sensitivity: Recognize cultural differences in parenting practices.
2. Societal norms: Address societal attitudes perpetuating child abuse.
3. Policy reform: Advocate for legislation supporting child welfare.

Ecosystem: External influences (social services, community) that indirectly affect individual development.

1. Socioeconomic factors: Address poverty, housing instability, or unemployment.
2. Social isolation: Connect families with community support groups.
3. Policy advocacy: Advocate for policies addressing child abuse prevention.

4. Chronosystem: Temporal influences (historical events, life transitions) that impact development.

1. Historical trauma: Consider intergenerational trauma impact.
2. Life transitions: Address stressors related to divorce, relocation, or loss.
3. Developmental stages: Consider child's developmental needs.

Social Work Interventions includes family therapy, parenting classes, child counseling, Case management and community-based programs

By applying Ecological System Theory, social workers can:

1. Identify risk and protective factors
2. Develop comprehensive interventions
3. Foster collaboration among systems
4. Address root causes of child abuse

2. Attachment Theory. Bowlby (1973) hypothesized the theory of attachment and defined the concept of attachment as “any form of behavior that results in a person attaining or maintaining proximity to some other differentiated and preferred individual, usually conceived as stronger and/or wiser” (p. 292). Ainsworth and colleagues (1978) expanded Bowlby’s (1973) definition of attachment and identified, as well as categorized, different types of behavioral attachment styles. These attachment styles include

- 1) Secure attachment,
- 2) Insecure-avoidant attachment,
- 3) Insecure- ambivalent attachment, and

4) Disorganized-disoriented attachment (Ainsworth et al., 1978; Main & Solomon, 1986; 1990).

In a secure relationship, the parent or caregiver is attentive to the needs of the child. According to Tarabulsky and colleagues (2008), “a secure child who has received consistent, sensitive, and attentive care is able to strike a balance between autonomous exploration of his or her own environment and dependency”. Second, in insecure-avoidant relationships, the child physically and emotionally avoids the parent or caregiver and does not rely on the parent or caregiver to help manage distress. Third, an insecure -ambivalent child “demonstrates resistance and behavioral conflict with the parent or excessive immaturity as a way of attracting and maintaining the caregiver’s attention and monitoring skills” (Tarabulsky et al., 2008, p. 323).

The fourth attachment style, disorganized-disoriented, includes children who cannot depend on the parent or caregiver for comfort and protection. The parent or caregiver of a disorganized-disoriented child demonstrates a typical responses to infant signals and behaves in a frightening manner when near a child (Tarabulsky et al., 2008). Researchers have reported that physically abused or neglected children are more likely to exhibit insecure attachment than children who have not experienced physical abuse or neglect (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Egeland & Sroufe, 1981; Lyons-Ruth, Connell, & Zoll, 1989; Main & Goldwyn, 1984; Schneider-Rosen, Braunwald, Carlson, & Cicchetti, 1985). Several researchers have indicated that the disorganized attachment is most common among abused

children (Barnett, Ganiban, & Cicchetti, 1999; Carlson et al., 1989; Cicchetti, Rogosch, & Toth, 2006; Lyons-Ruth, Connell, Grune-baum, & Botein, 1990; Zeanah & Smyke, 2005).

3. Family Systems Theory (Murray Bowen, 1966): views family dynamics and relationships.

Family Systems Theory posits that individuals cannot be understood in isolation from their family unit, as family dynamics significantly influence behavior and relationships. This theory can be instrumental in addressing child abuse by focusing on the interactions and relationships within the family system.

Firstly, Family Systems Theory emphasizes the importance of understanding the patterns of communication and behavior among family members. By identifying dysfunctional patterns, such as poor communication or unhealthy conflict resolution, professionals can work with families to promote healthier interactions. This can help reduce the likelihood of abusive behaviors by fostering a more supportive and nurturing environment.

Secondly, the theory highlights the role of family roles and dynamics in shaping individual behavior. For example, if a child is placed in a caretaker role due to a parent's inability to cope, it can lead to stress and potential neglect or abuse. By addressing these roles and helping families establish more balanced dynamics, interventions can reduce stressors that contribute to abusive situations.

Lastly, Family Systems Theory advocates for involving the entire family in the healing process. This means that rather than focusing solely on the child or the perpetrator, therapy

and interventions can target the family as a whole. This holistic approach can help families develop healthier relationships, improve communication, and ultimately create a safer environment for the child, reducing the risk of abuse in the future.

4.Trauma-Informed Care (TIC) Theory (Harris & Falot, 2001): Trauma-Informed Care (TIC) Theory is an approach that recognizes the impact of trauma on individuals, particularly children, and seeks to create a safe and supportive environment for healing. This theory can significantly help address child abuse by focusing on understanding the effects of trauma and integrating that awareness into all aspects of care and support.

Firstly, TIC emphasizes the importance of recognizing the signs and symptoms of trauma in children. By training caregivers, educators, and healthcare providers to identify these signs, they can respond more effectively to the needs of children who have experienced abuse. This understanding fosters a compassionate approach that prioritizes the child's safety and emotional well-being.

Secondly, TIC promotes the creation of a safe environment where children feel secure and supported. This includes establishing trusting relationships with caregivers and professionals, which can help children feel comfortable disclosing their experiences of abuse. By ensuring that children are in a nurturing environment, TIC can facilitate open communication and encourage healing.

Lastly, TIC encourages collaboration among various service providers to create a comprehensive support system for children. By integrating mental health services, educational support, and community resources, TIC can address the multifaceted needs of children who have experienced abuse. This holistic approach not only aids in recovery but also helps prevent further abuse by empowering children and their families with the necessary tools and resources for resilience and recovery.

5. Social Learning Theory and the Intergenerational Transmission of Violence: Social learning theory is based on the idea that an individual learns through modeling, observation, and cognitive processes (Albert Bandura, 1977). According to social learning theory, crime and criminal behavior is learned (Akers, 1973). When examining child maltreatment specifically, social learning theory posits that abusive behavior can be learned (Daigle & Muftić, 2016). According to social learning theory, parents and caregivers who abuse or neglect their children do so because they experienced or witnessed abuse or neglect at a young age. Indeed, Widom (1989a) suggested that “there is a higher likelihood of abuse by parents if the parents were themselves abused as children”.

The intergenerational transmission of violence, or the cycle of violence, is premised on the principles of social learning theory. Widom (1989a) noted that the intergenerational transmission of violence refers to the “assumptions or hypotheses about the consequences of abuse and neglect in relation to a number of different outcomes” . In other words, children who are exposed to violence in childhood view violence as acceptable behavior. Widom

(1989a) indicated that children who have been abused have a higher risk of becoming criminals, delinquents, and violent. Individuals with a history of child maltreatment were three times more likely to perpetrate child abuse (Milaniak & Widom, 2015). Nevertheless, it is important to note that Widom did not indicate that every abused or neglected child will become criminal or violent. Intervention and recognition of child abuse can reduce the chances of delinquency and criminal behavior in children who have experienced abuse (Widom & Maxfield, 2001). Widom (1989a) also noted that, “it is important to understand the potential protective factors that intervene in the child’s development and to compare the development of those who succumb and those who are ‘resilient’”. Protective factors, such as high intelligence, demographic characteristics (e.g., being White or older), or mentorship may mitigate the effects of child abuse and future adult violence (Wright, Turanovic, O’Neal, Morse, & Booth, 2019).

Social Learning Theory, posits that behavior is learned through observation, imitation, and modeling. This theory can be particularly useful in addressing child abuse by focusing on the ways children learn behaviors from their environment, including their family, peers, and media.

Firstly, Social Learning Theory emphasizes that children often imitate the behaviors they observe in adults. If a child witnesses abusive behavior in their home or community, they may come to view such behavior as acceptable or normal. By recognizing this, interventions can focus on providing positive role models and teaching children healthier ways to interact and

resolve conflicts. Programs that promote positive parenting and provide training in non-violent communication can help break the cycle of abuse.

Secondly, the theory highlights the importance of reinforcement in behavior. If abusive behavior is rewarded or goes unpunished, it may be perpetuated. By creating systems that hold individuals accountable for abusive actions and reinforce positive behaviors, communities can discourage abuse. This includes implementing policies that support victims and provide consequences for perpetrators, thereby changing the social norms surrounding abuse.

Social Learning Theory underscores the role of education and awareness in preventing child abuse. By educating children, parents, and communities about the effects of abuse and the importance of empathy and respect, it is possible to foster an environment that discourages abusive behaviors. Workshops, school programs, and community outreach can help create a culture of awareness and prevention, ultimately protecting children from abuse.

6. Solution-Focused Brief Therapy

Social workers often utilize Solution-Focused Brief Therapy (SFBT) as an approach to address child abuse. In this therapy, the social worker focuses on solutions rather than dwelling on the problems. They help the child and family identify their strengths and resources to create positive change. Through goal-setting and exploring exceptions to the

issue, SFBT aims to empower the child and family to find solutions and build a better future. It is a collaborative process that encourages active participation and decision-making from the child and family members.

SFBT is a client-centered approach that respects the autonomy and self-determination of the child and family. By emphasizing the client's strengths and abilities, social workers using SFBT can help the child and family envision a future without abuse and work towards achieving it. This therapy can be particularly effective in cases of child abuse as it shifts the focus from the trauma to building resilience and fostering a positive outlook. Ultimately, SFBT empowers the child and family to make decisions that lead to lasting positive changes in their lives.

User Fact: User is focusing on decision-making as one of the critical roles of social workers in addressing child abuse.

7. General Strain Theory: In terms of child maltreatment the experience of abuse or neglect is seen as a severe strain, or negative experience, that may lead to delinquency (Agnew, 2001; 2013). More specifically, Agnew (2001) proposed that strains are seen as unjust, high in magnitude, associated with low social control, and create pressure to participate in criminal coping behaviors. Prior scholars (Iratzoqui, 2018; Watts & McNulty, 2013) have used the general strain theory framework to understand the impact of child abuse on delinquent behavior. Iratzoqui (2018) found that abused children were more likely to engage in substance abuse during adolescence. Watts and McNulty (2013) found individuals who experienced

physical or sexual child abuse, particularly by a parent or caretaker, were more likely to engage in adolescent delinquency.

8. **Self-Control Theory:** Gottfredson and Hirschi's (1990) self-control theory can be applied to child abuse. According to Gottfredson and Hirschi (1990), low self-control is not indicated by socialization or a learned behavior but by the "absence of nurturance, discipline, or training" from a parent or caretaker. Child maltreatment that occurs because of poor parenting can hinder the development of self-control in a child and, as a result, can possibly cause delinquency in adolescence and adulthood (Rebellon & Van Gundy, 2005). In essence, low self-control, caused by the experience of child abuse, can increase the likelihood of delinquency. Gottfredson and Hirschi (1990) established three minimum conditions that are necessary for proper parenting, which can affect an individual's self-control:

- 1) Nurturing a child (attachment),
- 2) Watching a child (governance), and
- 3) Acknowledging and punishing delinquent behavior (discipline; Gottfredson & Hirschi, 1990). Therefore, low self-control exhibited by delinquents may be partially the result of prior child abuse.

9. **Resnick's Filicide Typology:** In some cases, the consequence of child abuse is the death of the child. Annually, 2.5% (approximately 500 arrests) of all homicide arrests in the United States are instances of filicide (Resnick, 2016). The term filicide is defined as the murder of

child by a parent or caregiver (West, 2007). Infanticide, the killing of child under the age of one, and neonaticide, the killing of a child within the first 24 hours of life, fall under this more general category of filicide. Based on a review of cases from 1757 to 1967, Resnick (1969) created a five-category typology of filicide which included:

- 1) Altruistic filicide,
- 2) Acutely psychotic filicide,
- 3) Unwanted child filicide,
- 4) Accidental filicide, and
- 5) Spouse revenge filicide.

1, Altruistic filicide: The first category, altruistic filicide, occurs when the parent kills his or her child because he or she believes it is in the best interest of the child. West (2007) described two acts associated with altruistic filicide. The first act occurs when the killing of a child is a result of the parent's suicidal thoughts in which the parent "may believe the world is too cruel to leave the child behind after his or her death" (West, 2007, p. 50). This act of filicide, for example, can be demonstrated by a parent with depression due to poverty who does not want to leave the child behind without adequate care. The second act occurs when the parent wants to alleviate the child's suffering, such as a child with a "disability, either real or imagined, that the parent finds intolerable" (West, 2007, p. 50). These associated acts are not mutually exclusive.

1. Acutely psychotic filicide: The second category, acutely psychotic filicide, is the murder of a child as a result of the parent suffering from a psychotic mental illness.

2. Unwanted child filicide,

This is defined as when a parent kills a child because he or she did not want the child.

3. Accidental filicide, This is when the child is unintentionally killed by the parent or caregiver as a direct consequence of abuse. This type of filicide includes Munchausen syndrome by proxy, which involves the fabrication of a child's illness by a parent or caretaker (American Psychiatric Association, 2000).

3. Spouse revenge filicide, This occurs when one parent kills the child to get revenge on the other spouse or partner because of either abandonment of the relationship or outside affairs (West, 2007).

10. **Three-Factor Theory:** Lesnik-Oberstein, Cohen, and Koers (1982) developed a three-factor theory on the cause of physical abuse, and psychological/emotional abuse. Lesnik-Oberstein, Koers, and Cohen (1995) hypothesized that when three factors are present, the risk of maltreatment increases:

1) "high level of parental hostility"

2) "low level of parental inhibition of overt aggression," and

3) “focusing on parental aggression on the child.” The type of abuse experienced by a child is dependent upon the ratio of factor one and factor two. The higher the ratio, the greater the likelihood of experiencing physical abuse. Conversely, as the ratio decreases, risk of psychological/emotional abuse increases. If the ratio of parental hostility and parental inhibition of overt aggression is low, then the risk of child abuse should remain low. Additionally, other factors that connect with each of the three factors include lack of coping skills, a parent’s childhood upbringing characterized as affectionless, high stress levels, high levels of strain, one’s own past abuse, substance abuse, and low levels of empathy, can affect the likelihood of abuse (Lesnik-Oberstein et al., 1995). The three factors and the subfactors help explain how parental hostility may lead to child abuse, specifically physical and psychological abuse.

4. Cognitive- Behavioral Therapy: Cognitive-Behavioral Therapy (CBT) plays a crucial role in addressing child abuse by providing practical solutions and empowering children to overcome the impact of abuse. In CBT, social workers help children understand the connection between their thoughts, feelings, and behaviors. By identifying and challenging negative thought patterns developed as a result of abuse, children can learn to replace them with healthier beliefs and coping strategies. Through this process, CBT equips children with the tools to manage their emotions and reactions effectively. One key aspect of CBT in addressing child abuse is the focus on changing behaviors that may have developed in response to the abuse. Social workers guide children in learning new ways to cope with stress, anxiety, and triggers associated with the abuse. By teaching children behavioral techniques

and coping skills, CBT empowers them to navigate challenging situations and build resilience. This approach helps children break free from harmful cycles and develop positive strategies for managing their experiences. Overall, Cognitive-Behavioral Therapy offers a structured and evidence-based approach to addressing child abuse by providing children with practical solutions to manage the impact of trauma. By targeting both cognitive distortions and maladaptive behaviors, CBT helps children regain a sense of control over their thoughts and actions, fostering healing and empowering them to move forward in a positive and healthy way.

Social workers often use Cognitive-Behavioral Therapy (CBT) as a valuable approach to address child abuse. In CBT, the focus is on how thoughts, feelings, and behaviors are interconnected. When applied to child abuse cases, CBT helps children understand and manage their emotions, thoughts, and behaviors related to the abuse they have experienced. The therapy aims to change negative patterns and beliefs that can result from abuse, empowering the child to develop healthier coping mechanisms.

In the context of child abuse, CBT can help children recognize and challenge distorted thoughts or beliefs about themselves that may have resulted from the abuse. By working with a social worker trained in CBT, children can learn new, healthier ways to cope with their emotions and stressors. Through techniques such as cognitive restructuring and behavioral interventions, CBT equips children with the tools to manage their responses to triggers and develop resilience in the face of past trauma.

CBT is effective in addressing child abuse as it not only focuses on symptom reduction but also on empowering the child to take an active role in their healing process. By addressing the cognitive and behavioral aspects of the child's experience, CBT can help them process the trauma, build self-esteem, and develop skills to navigate challenging situations. Overall, CBT provides a structured and evidence-based approach to support children in overcoming the impact of child abuse.

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Theoretical frameworks can assist in helping to understand the causes and effects of child abuse. The theories can be applied to all forms of child abuse , including physical abuse, sexual abuse, psychological abuse, and neglect. Nevertheless, it is unlikely one theory alone can explain why child abuse occurs.

By using multiple theoretical frameworks, we are able to better understand child abuse and its consequences. The Texas Family Code requires educational and medical personnel, such as teachers, day-care employees, nurses and doctors, and clinical and mental health professionals; law enforcement and legal personnel, such as juvenile probation officers, juvenile detention officers, attorneys; and social workers to report suspected child abuse, usually in the form of calling a CPS agency (Fam. Code § 261.101). With the understanding of these theoretical frameworks, multiple institutions, such as schools, family violence organizations, CPS agencies, and federal agencies can enact laws and regulations that recognize child abuse , encourage reporting, and provide training/prevention on the issue of child maltreatment.

2.3 THE ROLE OF THE SOCIAL WORKER

Here are roles of social work in preventing and addressing child abuse:

1. Educating families and communities on child abuse prevention
2. Providing parenting skills training
3. Conducting home visits and assessments
4. Connecting families with resources and support services
5. Promoting healthy child development

By Identification and Reporting:

1. Recognizing signs and symptoms of child abuse
2. Reporting suspected abuse to authorities
3. Conducting investigations and assessments
4. Collaborating with law enforcement and healthcare professionals
5. Ensuring child safety and well-being

By providing Intervention and Support:

1. Providing crisis intervention and counseling
2. Developing safety plans for children

3. Facilitating access to medical and mental health services
4. Supporting families in addressing underlying issues
5. Connecting children with supportive services (e.g., education, recreation)

Social worker also provide Advocacy:

1. Advocating for children's rights and interests
2. Collaborating with courts and legal systems
3. Ensuring cultural sensitivity and responsiveness
4. Promoting policy and legislative changes
5. Educating professionals and community members on child abuse issues
 - i. Conducting risk assessments and developing intervention plans
 - ii. Providing testimony in court proceedings
 - iii. Facilitating support groups for victims and families
 - iv. Collaborating with schools and healthcare providers
 - v. Developing community-based prevention programs

Social workers tackle child abuse by using this Key Social Work Skills:

- Cultural competence
- Communication and interpersonal skills
- Assessment and intervention skills
- Advocacy and policy analysis
- Trauma-informed practice

2.4.1 Decision-making

Having defined, who is a social worker above, it remains to describe what Specific role the latter play in child maltreatment. Decision- making as a precursor and necessary prerequisite of effective practice is emphasized in this chapter because of its centrality to the provision of social work services to maltreated children and their families. If we get the decision-making wrong, we fail at the outset. Alter and Egan (1997) use the example of decisions around problem conceptualization. "If the problem is wrongly diagnosed, everything that flows from it will be wrong, the "goals, methods and implementation plan (p89).

Social workers must decide, or contribute to decision-making in some key areas. Is the child safe? Should a child remain at home, or be removed? What type and level of services does this child/family need? Can these services be offered while the child is living with the alleged abuser? Of the myriad problems presented by this family, which one(s) should be addressed, and which ones should be addressed first? How therapeutically accessible are the members of

this family? At what stage of change are they? What is the level of future risk to the child (as opposed to immediate safety)? Can, or should this child testify in court? What is the cost benefit analysis of any, and all of these decisions?

Unfortunately, as has been observed about the plight of the social worker in child abuse and neglect: "The empirical information that you would need to guide our decisions is largely unavailable. There has been a failure, nearly system wide to emphasize the development and application of a strong scientific foundation for decision-making "(Melton and Flood 1994). Decisions about maltreated children and their families however, must be made, in spite of the paucity of empirical research to support them.

As with the many other professionals working in child abuse and neglect, social workers are often left to use personal standards as the benchmark, in respect of decisions with potentially profound consequences for children and families. Although, these personal standards are often based on accumulated professional and practice wisdom and training, there are concerns that these seemingly unstructured decision-making processes may lead to a type of decision-making drift. In the absence of case planning heuristics, workers' decisions may become idiosyncratic, perhaps leading to biases, culturally insensitive services, and a misunderstanding of culturally specific child-rearing practices (Baumann, 1997). There is evidence that worker judgments may be subjectively biased, for example, by a client's physical appearance and/or capacity to verbalize feelings. Neither is it uncommon for professionals including social workers to adopt a justificationist approach to determining the

nature of a problem or intervention. This implies that the professional determines a priori what action to take, or what to believe, and then looks for evidence that supports, or justifies the decision. This is different from the Popperian admonition to adhere to a falsificationist approach (Popper, 1972) that is looking for evidence that would refute the hypothesis on which one's decision rests, and only accepting the hypothesis in the absence of refutation. This may seem so subtle a difference as to be merely pedantic, but the implications of such a change in approach are profound. Too often social workers reach a premature closure of inquiry, or suffer from other common processing strategies, jumping to conclusions, narrowly defining the problem, focusing on winning the disagreement, and reacting emotionally; all of which have been implicated in impairing worker decision-making (Gambrill, 1997).

Arkes (1981) discusses four further impediments to accurate judgment: inability to conceptualize multivariate causes and covariation; influence of preconceived notions, overconfidence (even in the face of contrary data); and hindsight bias. Social workers have difficulty identifying the factors that influence their judgment (Arkes, 1981; Gaeron & Dickinson, 1966; Goldstein, 1993) and to compound this, they do not know that they do not know (Schon, 1983)

The consequences of mistakes in decision-making in child maltreatment are profound. Mistakes in one direction may lead to false negatives, incorrectly assuming that a child will be safe for example. Mistakes in the other direction, false positives, such as the incorrect

assumption that a child will be harmed, while seemingly less problematic, are far from benign. This type of error could lead to the unnecessary break-up of a family.

Effective decision-making is central to the work of the many professionals, including social workers, who work in the child maltreatment field. Human judgment in decision-making in other fields has been the subject of much experimental and theoretical attention, with the general finding that humans are less than perfect information processing systems. Experts, including social workers, are not good intuitive predictors. In fact, simple models using the same predictor variables as the experts provide more accurate predictions (Dawes, Faust, & Meehl, 1989; Ruscio, 1998; Slovic, Fischhoff, & Lichtenstein, 1987; Slovic, & Monahan, 1995; Tversky, & Kahneman, 1973; Tversky, & Koehler, 1994).

According to Dawes, there are three reasons why this is the case. First, interaction between predictor variables tends to be monotonic in many situations (including those extant in child maltreatment). This simply means that more of predictor variable predicts more (or less, depending on the sign) of a predicted variable (Dawes, 1979). So for example, as parental impulse control decreases, risk of maltreatment increases (a negative relationship), or as parental substance abuse increases, risk of maltreatment increases (a positive relationship).

Second, a related mathematical principle means that interaction effects among variables contributing monotonically to the overall effect can often be ignored, and ignoring them will not significantly erode the model's predictive utility. Further, the coefficients for predictor variables are not as important as the signs of these coefficients (Dawes, 1979). This means,

for example, that it may be possible to ignore the impact of the interaction of race, (or gender, or age, etc.), and substance abuse on prediction of child abuse, without significant loss of predictive power. The third principle is based on the premise that people have great difficulty integrating more than one variable, whereas, linear models give constantly proportional attention to all variables.

Dawes suggests that this is not what experts; including social workers want to hear. "The conclusion that (linear models) outperform global judgments of trained experts is not a popular one with experts or with people relying on them" (Dawes, 1979, 215-219). This does not mean that there is no role for clinical judgment or the development of expertise; the indispensable role that exist case fulfill is developing the linear models in the first place. They are needed to identify the key variables to be included, because linear models cannot improve on experts in determining what to look for. This is the special expertise that humans have precisely because people are much better at selecting and coding information. Than they are at integrating it (Dawes, 1979).

Unfortunately, none of this suggests that linear models do a particularly good job (see Lyons Doueck, & Wodarski, 1998, for a review of linear models predicting child maltreatment), they just do a better job than human decision- makers and it is easier to detect when linear models predict poorly. Feedback from linear models is more effective than human feedback, in part because we selectively remember our successes, and in part because we often have no knowledge of our Failures. Take for example a decision that a child will not

be safe if left in the parental home. If the child is removed from his or her parents and does well in foster care this will appear as a success. However, we have no information on how well the child may have done at home with treatment, appropriate services, and a comprehensive safety plan.

This is similar to many important decisions in child abuse and neglect, made in the context of uncertain events. Decisions often must be made without knowing exactly what will happen in the future, or what the ultimate outcome of the decision will be. Different uncertain events might be considered in decision situations, but only some are relevant. The relevant ones are the ones where the outcome of the event has some important on at least one objective. For example, it may be important that a mother resolve the issues deriving from a history of sexual victimization, but it is only relevant to child maltreatment decision-making to the extent that this history has an adverse impact on her parenting capacity.

Decisions that purport to predict the future actions of human beings, which have to be reached in a family context, using limited information, are fraught with complexity and uncertainty. The somewhat simplistic analogy of trying to predict the future actions of actors in a movie, from a series of snapshots taken early in the movie comes to mind. One may be able to identify the significant actors but not predict their actions.

Given the relative lack of empirical research on decision-making in child maltreatment, and the general poor performance demonstrated by expert decision makers in four decades of decision-making research outside of child maltreatment, how can social workers best structure

their approach to optimize decision-making? One way is through the use of critical thinking skills (Gibbs, & Gambrill, 1999).

2.4.2 CRITICAL THINKING

Critical thinking skills are a fundamental component of social work practice in all spheres including child abuse because they are a prerequisite of good decision-making. They are also the foundation of ethical and effective clinical practice (Gambrill, 1990; Gibbs, & Gambrill, 1999) The importance of critical thinking in social work is reflected in the admonition from case to prepare practitioners in the use of critical thinking skills (1992a: 1992b). Faced with making decisions about effective interventions in the context of the multiple problems that often accompany and arise from child abuse. Critical thinking skills are invaluable. Social workers must use these skills to judge which interviewing and intervention techniques are best suited to each situation/client, to decide what information to use (and to ignore) in formulating an assessment, to evaluate the success of their approach, and decide how and when to terminate the process (Gambrill, 1990).

Child victims of physical or sexual abuse and their families often have complicated histories of multiple victimization and trauma. They also exhibit a variety of disorders, problems, and difficulties that may or may not be the direct result of abuse. These complex histories and multi-problem presentations represent challenges for social workers in assessment and treatment decision-making. How should families with multiple problems be treated? Should one treatment be employed for each problem? How should treatment of child

victims of both sexual and physical abuse be handled? Should treatments be combined. Delicate concurrently, or consecutively? How much of a problem is a maternal history of depression, in a family in which the children have been physically abused by the stepfather? To what extent does the mother's mental health play itself out in the current family dynamic? Is substance abuse a problem per se, or only in the extent to which it impedes parental capacity to care or protect? The use of critical thinking can help explicate these, and other complex issues.

2.4.3 CRITICAL THINKING HAS BEEN DEFINED AS:

The process of figuring out what to believe or not about a situation, phenomenon, problem or controversy for which no single definitive answer or solution exists. The term implies a diligent, open-minded search for understanding, rather than for discovery of a necessary conclusion (Kurfiss, 1989, p. 42).

Paul (1992) lists the following components of critical thinking: the ability to formulate, analyze, and assess the (1) problem or question at issue, (2) purpose or goal of the thinking, (3) frame of reference or points of view involved, (4) assumptions made, (5) central concepts and ideas involved, (6) principles or theories used, (7) evidence data or reasons advanced, (8) interpretations and claims made, (9) inferences, reasoning, and lines of formulated thought, and (10) implications and consequences that follow.

Knight (1992) offers a list of skills necessary for critical thinking that includes the development of cogent arguments, clear definitions, problem-solving strategies information organization, and creativity. These are useful skills particularly since there is some evidence that social workers (and other practitioners) have a difficult time explaining the rationale for the assessment and intervention procedures they use, the intended effect of the procedures, or the evaluation of the effect (Arkes 1981; Barbour, 1984; Gauron, & Dickinson, 1966; Schon, 1983; Shulman, 1993).

This is an unhappy set of circumstances in an environment where social workers are expected to help some of the most damaged, and vulnerable members of society. The use of critical thinking skills, and the refining and honing of these skills throughout a professional's career, are ways to improve the utility of decisions and consequent interventions in child maltreatment cases.

Research shows however, that simply having knowledge about scientific methods and processes does not guarantee that critical reasoning will be applied to practice (Beck, Bennett, McLeod, & Molyneaux, 1992; Cornier & Ragman, 1987; Kirk, & Rosenblatt, 1981). Rather, learning transfer requires critical thinking be viewed as a discrete skill to be learned (Garnbrill, 1994; Larkin, 1989; Meyers, 1986; Seelig, 1991). One way to maximize opportunities for social workers to do so arises from the advent of the Evidence-based Practice (EBP) movement, which bring a model of conceptualizing problems and problem responses that reciprocates and reinforces the need for critical thinking.

Critical thinking allied with EBP can improve practice by helping focus. making explicit unconscious practice assumptions and theories, as well considering alternative explanations (Gibbs, & Gambrill, 1999). There is also evidence that EBP can contribute to continued learning habits for the critical evaluation and integration of current best evidence for practice (Shin Haynes, & Johnson, 1993).

2.4.4 EVIDENCE -BASED PRACTICE (EBP)

Child abuse is multiply determined by factors with different salience from all levels of the ecology (Belsky, 1980; 1993; Cicchetti, & Carlson, 1989). Thus, intervention is best conceptualized in ecological and systemic terms. One of the strengths of EBP is its systemic focus that encourages attention to all interlinked parties and all factors that affect the quality of services, including complex clinical decisions.

The status and quality of the evidence supporting interventions should be a key principle guiding social work practice in all fields including child abuse. Interventions that maximize the likelihood of helping clients while minimizing harm and risk to the child (Saunders, Berliner, & Hanson, 2002) are a fundamental client right. EBP contributes to the fulfillment of this right. It is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual" clients. It involves "integrating individual expertise with the best available external ... evidence from systematic research" (Sackett, Richardson, Rosenberg, & Haynes, 1997, P. 2). Expertise is reflected in part by the more

thoughtful identification and compassionate use of individual client's predicaments, rights, and preference in making decisions".

It has been suggested however, that EBP is problematic and potentially unethical under circumstances where no evidence is found regarding a problem or condition (Straus & McAlister, 2000). This ignores some key responsibilities incumbent on the social worker. If no evidence is found, or no first choice interventions are available, the client has the right of informed consent. Alternatives may be drawn from the literature on similar problems, or from other client groups, they may be based on sound theory, or a body of supportive clinical evidence, but the client has a right to know. EBP is thus not only ethical, but absolutely consistent with the NASW code of ethics 4.01c "Social workers should base practice in recognized knowledge, including empirically based knowledge, relevant to social work". (NASW 1996 pp 22-23). This is particularly important in light of results from a recent survey that found 18 percent of 2,285 social workers had not read anything related to practice in the previous six months (Shedon, & Chilvers, 2000). The first step in EBP is converting information needs into answerable questions. For example, what is the most efficacious treatment for post traumatic stress disorder in a 13-year-old girl who has been sexually abused? Second, tracking down with maximum efficiency the best evidence with which to answer such specific questions. This implies reviewing treatment guidelines (see below) and/or reviewing the empirical literature. Third, critically appraising the evidence for the validity and usefulness of a particular treatment, with a specific client. Saunders, Berliner and Hanson (2002) have described a hierarchy which they used to determine the relative ranking of

treatments: 1) Well-supported, efficacious treatment, 2) Supported and probably efficacious treatment, 3) Supported and acceptable treatment, 4) Promising and acceptable treatment 5) Innovative or novel treatment, 6) Concerning treatment. The guidelines also provide detailed criteria used to determine these categories. Oxman and Guyatt (1993) and Gibbs, and Gambrill (1997) have also spelled out guidelines for the scientific of evaluation of interventions. The fourth step, involves deciding whether research findings (if available) apply to a particular client, or client circumstances. For example, using a cognitive-behavioral approach to treat a child victim's anxiety may have empirical support, but may be contraindicated if the child is still living with a degree of threat. The fifth step is involving clients as informed participants and considering their values and expectations. "Evidence-based practice requires an atmosphere in which critical appraisal of claims flourishes, and in which clients are involved as informed participants" (Gambrill, 2001, 167),"

The sixth step involves taking action based on the best evidence. Gibbs (1989) has produced a Quality of Study Rating Form, to helpP practitioners make qualitative decisions about the weight to give to particular studies. The final step involves evaluating the outcome. (Gray, 1997; Sackett, Richardson, Rosenberg, & Haynes 1997). Clients have real-life concerns that social workers can examine to determine if they are improved, worsened, or remain unchanged.

EBP thus places responsibility squarely on the social worker to search out and evaluate evidence. To aid in this process, there are already several sets of guidelines available to help

practitioners choose empirically and theoretically supported interventions. These guidelines include: those from the International Society for Traumatic Stress Studies which has developed treatment guidelines for post traumatic stress disorder (PTSD) in children (Cohen, Berliner, & March, 2000). The Journal of Clinical Psychiatry has also developed a set of consensus guidelines for the treatment of PTSD, again including PTSD in children (Foa, Davidson, & Frances, 1999). The American Academy of Child and Adolescent Psychiatry has developed practice parameters for the assessment and treatment of children and adolescents with PTSD (American Academy of Child and Adolescent Psychiatry, 1998), and the Office of Victims of Crimes has recently released a set of guidelines intended for use by practitioners who deal with child abuse victims.

These guidelines provide criteria for judging the quality of mental health treatments, a base of information describing available treatments, and a set of general guidelines for treatment based upon the best scientific literature (Saunders, Berliner, & Hanson, 2002). In addition, the Campbell Collaboration is currently being developed as a synthesizing and analytic repository of empirical evidence for a variety of social welfare issues.

2.4.5 ASSESSMENT

"A basic principle of all clinical practice is that assessment should precede the initiation of interventions. Based upon the results of the assessment, a treatment plan should be developed that is tailored to the problems and needs of individual family members and the family as a whole" (Saunders, Berline, & I lanson, 2002).

A complete review of assessment methods used in the treatment of child maltreatment is beyond the scope of this chapter, however, it is important to note that critical thinking, EBP, and good clinical practice all demand a thorough assessment of the child and family situation before determining the choice of intervention. To the extent that it is possible and feasible this should include the involvement of clients in identifying outcomes they deem important. The primary concern in assessment in child maltreatment however, is the safety of the child. Often children continue to live in the family context in which their abuse took place, or continue to have contact with their abuser, this implies the need for a diligent review of immediate safety factors, as well as longer term. Assessment of risk. before, during and after, the assessment of other presenting problems. Treatment and assessment should thus be conceptualized as an iterative process, and when necessary this process should lead to stochastic adjustment.

The multifactoral nature of child maltreatment (Belsky, 1980; 1993) also suggests that the developmental context, the immediate interactional context, and the broader context (community, culture and evolution) should all be examined. Rittner and Wodarski (1995) have detailed many of the empirical assessment measures available for clinical use in dealing with the presenting problems of child abuse and neglect, and their categorization of these, reflects the multi-level causation of the phenomenon: parental assessment measures, child assessment measures, family level measures, marital assessment measures, environmental level measures, and ecological measures. These headings give some sense of the range of factors that should be addressed in assessment, Saunders, Berliner, and Hanson (2002) also

view assessment as requiring attention to issues at different levels, their categories include: 1) child, 2) parent and 3) parent /caregiver-child and other familial relationships.

The demand for empirically based interventions should also be matched by a demand for empirically derived assessment instruments, that is, those with sound psychometric properties. Standardized assessment instruments provide structured approaches to measuring problems commonly experienced by abused children. In addition, they can be administered over time to determine symptom improvement or lack of improvement. A number of such instruments have been derived for, and tested with abused children. As well as measures designed to be used specifically in cases of abuse, there are many general mental health measures in common use with the non-abused child population which may be clinically valuable when assessing abused children and their families. A comprehensive clinical assessment should utilize appropriate standardized measures. Some of these measure include the: Child Abuse and Neglect interview Schedule (Ammerman, Hersen, & Van Haselt, 1988), Child Abuse Potential Inventory (Milner, 1986), Child and Adolescent Functional Assessment Scale (Hodges, 1997), Child Behavior Checklist (Achenbach, 1991), Child Sexual Behavior Inventory (Friedrich, 1998),

Child's Attitude towards Father Scale (Hudson, 1982), Child's Attitude towards Mother Scale (Hudson, 1982), Children's Impact of Traumatic Events Scale (Wolfe & Gentile. 1991), Fear Survey Schedule for Children-Revised (Ollendick, 1978), Home Observation Measurement of the Environment (Caidwell & Bradley, 1978; 1984), Index of Self Esteem (Hudson, 1982),

Kovacs' Children's Depression inventory (Kovacs, 1992), Revised Children's Manifest Anxiety Scale (Reynolds e Richmond, 1985), Symptom Checklist-90-Re vised (Derogatis, 1983), Childhood Level of Living Scale (Polansky, Chalmers, Bittenweisser, & Williams. 1981), Parent Opinion Questionnaire (Azar, Robinson, Hekemian, & Twentyman, 1984) Parenting Stress Index (Abidin, 1986), Trauma Symptom Checklist for Children (Briere. 1996), and the Trauma Symptom Inventory (Briere, 199S). This is not an exhaustive list of such measures, but does give a sense of the complexity of issues that must be addressed in the context of child maltreatment. Having conducted a thorough assessment of child, parent, family, and context, social workers should then adopt the most appropriate interventions modalities with the highest level of support.

2.4.6 EMPIRICALLY SUPPORTED INTERVENTIONS.

The demand for EBP does not imply that absence of empirical evidence should lead to inaction. If empirical evidence does not yet exist pointing out first choice interventions for child victims of abuse, there are other options. Indeed a decade ago, Graziano and Mills (1992) argued that there was a large body of literature on the treatment of the general population of childhood psychological complaints, and that in the absence of research on the child victims of abuse, this expertise should be used until the abuse related research has been done. This exhortation remains as useful now as it was then. The growth of empirically derived interventions for the general population of children has continued to outpace that of research on maltreatment victims. Research on the latter has grown (see for example, Berliner &

Saunders, 1996; Cohen, Berliner, & March, 2000; Cohen & Mannarino, 1996; Cohen & Mannarino, 1998; Debiingcu, Lippmatm, & Steer, 1996; Finkelhor & Berliner, 1995; Kolko, 1996; Lyons, 1998; Saunders., Berliner, & Hanson, 2002) but is still nowhere near as comprehensive or as rigorous as mainstream research (Finkeihor, 1998; Theodore, & Runyan, 1999).

Therefore, in the absence of research on the abused population suffering from problems and conditions similar to those in the general population, social workers should turn to this literature as the next best available choice. Where evidence based on the maltreatment population exists, this should be considered the first choice.

Having highlighted the need for decision-making underpinned by critical thinking skills, and the need for critical thinking in a reciprocally reinforcing relationship with EBP, it is important to highlight some of the evidence on which EBP should be based. The following review of the empirical literature on the treatment of child maltreatment examines studies that would be considered "well supported and efficacious" using the Saunders, Berliner and Hanson criteria (2002). They are studies that have a degree of empirical rigor, use an experimental or quasi- experimental design, appropriate data analysis, and draw reasonable conclusion based upon the reported findings. In addition, the literature presented by is all based upon research conducted with child victims of maltreatment and their families, or those at high risk for maltreatment.

Reflecting the multi-causal nature of child abuse and neglect, many of the empirically validated interventions described below consist of multiple components offered simultaneously, to parents, children, and families, in both group and non-group settings. Additionally, many of the studies contrast two types of interventions (cognitive behavioral treatment [CBT] and Multi-Systemic therapy [MST], CBT and play therapy, casework and play therapy, parent training and family therapy, etc.). Therefore, the following sections are divided into child- focused interventions; parent focused interventions, and multiple component interventions. There is inevitably some overlap, and duplication of one or other components has led to some arbitrary allocation based on the predominant component.

2.4.7 CHILD FOCUSED INTERVENTIONS

It remains the case that the focus in child abuse treatment has generally been on the parents, with somewhat less research directed toward the development of treatment interventions for children (Fantuzzo, 1990). There are however a number of treatment modalities that have been tested with the child victim population. For example, in the first of a series of studies, Culp and his colleagues (Culp, 1-leide, Richardsoi, 1987) compared 35 maltreated children under the age of 6 years with a matched control group. Treatment consisted of a cognitive developmental based, therapeutic, day treatment program in which the subjects had been

enrolled for an average of 7.6 months. Post treatment scores were compared across the groups revealing significant developmental differences in favor of the treatment group. Although, the posttest only comparison is a weak design from which to draw firm conclusions, in a second analysis, pre and post scores for the treatment group were used and also indicated significant gains.

A further study by the same researchers examined the perceived competence and social acceptance of a group of 17 maltreated children in day treatment who were compared with a matched comparison group of 17 other children (Culp, Little, Letts, & Lawrence, 1991). Significant improvement in perceived competence and social acceptance for the treatment group, as compared to their own pre-treatment scores and the scores of the no treatment group were reported.

Potential confounding factors extant in this research as in much other research in child maltreatment arose because other services were also provided to parents. This is of course socially desirable, but it makes for some difficulty in identifying, the precise contribution made by individual components of the intervention.

Fantuzzo and his colleagues (Fantuzzo, Jurecic, Stovall, Hightower, Goins, Schachtel, 1988) in further child focused studies compared peer and adult social initiation procedures designed to increase positive social behavior in a sample of maltreated children. Thirty-six preschool children (28 boys and 11 girls) who had either experienced maltreatment (physical abuse or neglect or were thought to be at high risk of maltreatment) were allocated to the following

treatment conditions: peer initiated social interaction; adult initiated social interaction, and a control group. Each condition consisted of eight sessions over an approximate three to four-week period. Social interaction by peers was significantly more effective in improving positive social behaviors than was the adult condition, which proved no better than the control. This suggests that the positive initiation of the adults may have suppressed that of the subjects in this condition.

Four pre-schoolers, who had been victims of neglect and were determined to be withdrawn, were treated in a related study (Fantuzzo, Stovall, Schachtel, Goins, & Hall, 1987). Using a combined reversal and multiple baseline design, the authors assessed an intervention in which two maltreated children with high levels of pro- social behavior were trained to initiate positive interaction with the withdrawn children. The results indicated an improvement in pro-social behavior in both treatment and generalization settings. In a further study established in an attempt to replicate these findings, Davies and Fantuzzo (1989) used an alternating treatment design with two withdrawn, non-maltreated subjects, two withdrawn, neglected subjects and three, aggressive abused subjects. Using alternating play sessions with a peer and an adult, during the treatment phase the peer and adults made programmed social initiations to the subject child. During the baseline and follow- up phases no positive H initiations were made, but confederates responded strongly to subject initiated play interactions. The neglected children made improvements in the level of their interactions. The' aggressive children ultimately showed improved interactions with adults, but showed an increase in non-cooperative ad hostile behavior with peers.

This latter finding highlights with some specificity, the need for prescriptive treatments based on client characteristics. These programs also demonstrate some preliminary success in meeting child victim needs in relation to: pre-social behavior, self-concept, and cognitive development. Results of a social competency assessment show that maltreated children displayed more adjustment problems, general social competence difficulties, and problems in peer play interactions than non-maltreated children, supporting the need for a social competence intervention targeted for maltreated children. This research has been further extended by Fantuzzo and his colleagues who have now conducted several field tests of the child and parent resilient peer treatment (RPT) method. In these studies children assigned to the RPT intervention showed higher levels of positive interactive play behavior at post-test than control children, and parents assigned to the RPT intervention were less socially isolated and displayed lower levels of perceived stress and higher levels of parental supports (Fantuzzo, Sutton, Smith, Atkins, Meyers, 1996). Treatment protocols describing this program are also available (Fantuzzo, Weiss, & Coolahan, 1998; Saunders, Berliner, & Hanson, 2002).

In a treatment outcome study funded by NCCAN, Bonner, Walker, and Berliner (2000) assessed and treated children from 6 to 12 years old with a broad range of sexual behavior problems. Two primary types of group therapy were examined, cognitive behavioral therapy and play therapy. The authors developed three typologies for these children: sexually inappropriate children, sexually intrusive children, and sexually aggressive children. Both treatment approaches were found to be effective in reducing sexually inappropriate and sexually aggressive behavior, although the authors reported a seventeen percent recidivism

rate by the end of the two-year follow-up. Treatment manuals are available for both treatment approaches through NCCAN (Bonner, Walker, & Berliner, 1999a; 199b).

Trauma focused cognitive-behavioral therapy is aimed at the reduction of child sexual abuse victims negative emotional and behavioral responses and to challenge maladaptive beliefs and misattributions (Brcwin, 1989). It has been subjected to an extensive series of studies and has a high level of empirical and theoretical support (Berliner. & Saunders, 1996; Celano, Hazzard, Weh, & McCall. s006: Cohen, & Mannarino, 1996; 1997; 1998; Deblinger McLcer, & Henry, 1990; Deblinger, Lippmann, & Steer, 1996; Stauffer, & Dcbger, 1996; Deblinger, Steer. & Lippmann, 1999). Treatment is typically aimed at distorted cognitions about events, and negative attributions about the self, others, and the world. Interventions consist of abuse education, including typical reactions, safety skills, healthy sexuality, gradual exposure, verbal, written and symbolic recounting. reframing, attribution management, parental substance abuse treatment, family monitoring and treatment, and court compliance (Deblinger, & Heflin, 1996). As well as extensive empirical support this approach also has the advantage of adaptability to setting, having been tested in school and office based programs, as well as adaptability to client focus, having also been examined at the individual, family, and group levels. Once again the child-focused portion of this treatment was augmented with parental and family intervention.

2.4.8 PARENT FOCUSED INTERVENTIONS

Parent training has been presented in videotaped demonstrations, discussion, modeling, and role-playing and allied with contingency contracts. This learning theory based approach often includes information on: human development, child management, and problem solving, as well as instruction, modeling and rehearsal, and self-control strategies (relaxation training and use of self-statements). The model targets problems in child management and child development and as is common with many other maltreatment interventions is often offered in tandem with home visits in order to facilitate generalization.

Denicola and Sandier (1980) used a combination of parent training and self-control training with two minority families, in both of which the mothers had been charged with child abuse. They were able to demonstrate a reduction in aversive behavior and a corollary increase in pro-social behaviors evident at three-month follow-up.

This approach was further developed by David Wolfe and his colleagues (Wolfe, Edwards, Manion & Koverola, 1988; Wolfe & Sandier: 1981; Wolfe, Sandier & Kaufman, 1981), in three studies that also utilized parent training. The first study (Wolfe & Sandier, 1981) used parent training and contingency contracting with three abusive mothers. Using a two variable withdrawal design, the authors were able to demonstrate a reduction in high-risk interactions, stable at three, eight and twelve-month follow-up. In the second study (Wolfe, Sandler & Kaufman, 1981) families who had been identified as at risk, following investigation, or suspicion of abuse by a child welfare agency, received parent training. The first group of families received treatment and subsequent families were allocated to a waiting list control

group. The control group received the standard package of services, normally provided by the child welfare agency and the treatment group attended one, two-hour session each week for eight weeks.

Direct observation of the treatment group indicated improved child management skills. However, measures of child behavior and worker ratings did not indicate any differences, although none of the treated families had been reported or suspected of abuse at one-year follow-up.

The third study addressed some of the outstanding research issues, in the previous two, for example, non-random assignment, pre-test differences, small sample size, no follow-up comparison group (Wolfe, Edwards, Manion & Koverola, 1988). Thirty mother-child dyads, under CPS supervision were randomly assigned to one of two conditions: the control group received information from the child protection agency. The treatment group received the same information and behavioral parent training. Post-treatment, three month and one year follow up data showed that parent training was associated with mother reported reductions in child behavior problems. One-year follow up with caseworkers also favored the treatment group. Home observations of target behaviors did not confirm the gains reported by mothers or caseworkers and the authors point out that structured observation may provide more relevant and efficient information than unstructured observations of parent-child interactions.

One of the issues of concern in the treatment of child abuse and neglect is the impact of the legal system on therapeutic accessibility. Treatment is often concurrent with criminal and

civil proceedings and may even be court mandated. Irueste-Montes and Montes (1988) examined the effects of voluntary versus court- mandated participation in a child abuse and neglect treatment program, consisting of weekly parent training for adults, and therapeutic day care for their children.

Based on pre and post improvements for each group, the authors concluded that both groups of parents increased the level of praise directed at the children, reduced their level of criticism, but continued to attend to their children's annoying behavior. The court ordered nature of some of the parents' involvement in treatment had no apparent detrimental effect on their participation, and did not hinder their improvement.

Brunk, Henggeller and Whelan (1987) made a comparison of group based parent training and multi-systemic therapy (MST). The latter is based upon the belief that behavior problems are both multiply determined and multi-dimensional (Brunk, Henggeller, & Whelan, 1987), thus the interventions in this study were also multi-dimensional contingent on individual family needs and strengths. Treatment modalities included: family therapy techniques, (reframing, joining, and family restructuring), parent education, information about appropriate expectations, marital therapy, advocacy services, coaching, and emotional support. Forty-three families who had been investigated for abuse or neglect were randomly assigned to one of the treatment conditions.

Both conditions reduced stress, severity of problems, and psychiatric symptoms. MST was associated with more effective restructuring of parent child relations. Parent training was

more effective at reducing the number of identified social problems. MST was more effective than Parent Training for improving parent-child interactions associated with maltreatment. Abusive parents showed greater progress in controlling their child's behavior, maltreated children exhibited less passive noncompliance, and neglecting parents became more responsive to their child's behavior. The setting in which each of these components was delivered also appeared to have provided some secondary gain. The group treatment condition was associated with improved social relations, and multi-systemic therapy, delivered in the client's home, with greater generalization.

These interventions have demonstrated some efficacy in the remediation of high risk and aversive behavior, child behavior problems, and criticism, as well as, improving child management skills, increasing praise and increasing pro-social behavior. What is more, many of the changes maintained through to follow-up, and none of the studies reported further incidents of abuse in this period Training parents in the application of learning theory based, child management skills, is the most widely reported empirical intervention. Building on this, other behavioral and cognitive-behavioral approaches have been applied.

2.5 MULTI COMPONENT INTERVENTIONS

2.5.1 BEHAVIORAL AND COGNITIVE BEHAVIORAL

INTERVENTIONS.

Whiteman, Fanshel and Grundy (1987) reported a study of 54 clients drawn from either a public agency (n = 14) or a private agency (n=40), where there was credible evidence of physical abuse, or significant risk of abuse. A control group continued to receive service but did not receive the following treatment interventions: cognitive restructuring, relaxation procedures, problem solving, and a composite package consisting of all three interventions. The composite treatment was the most effective in alleviating anger and the relaxation technique was the least effective overall. Significant treatment gains were made in six sessions.

Barth and his colleagues reported another study of time-limited, cognitive behavioral, group based treatment (Barth, Blythc, Schinke & Schilling, 1983). Parents referred by state CPS met for eight, twice weekly group sessions led by graduate social work students. A non-equivalent comparison group did not receive the full self-control training, but did have some significant pre-test differences.

Parents were taught self-control training, consisting of early recognition of cues to provocative situations, identification of signs of anxiety, or anger, to pause and take deep breaths, to employ alternative thoughts, and actions, and to reward their own self-coping behavior. This material was presented in a group format with the self-control training consisting of several components aimed at increasing the number of calming, self- statements. Other components were aimed at identifying and practicing actions not compatible with anger, relaxation training, and communication training.

Social interaction was increased, though this is likely have been an intended, though secondary gain of the group format. Parent's evaluation of their own profitability nervousness and calm, as measured by a paper and pencil test showed that the treatment group anger levels declined more than the control group, although this may have been a function of pre-treatment differences. Similar gains were noted on role plays of parent- child interactions, with treatment parents demonstrating their ability to remain calm under provocation, though as Wolfe and his colleagues noted (Wolfe, Ct al., 1988), there is no substitute for in-home real life observations.

In a study with random assignment to treatment conditions Kolko (1996), combined the monitoring of high-risk behaviors during the course of treatment, with a comparison of child and parent CBT and family therapy. CBT was provided for both children and parents, by separate therapists using similar treatment protocols. Treatment for the children covered, stressors and violence, coping and self-control, and interpersonal skills. The parent treatment included: stress and the use of physical punishment, attributions, self-control techniques, and behavioral principles. The family therapy conditions emphasized family functioning and relationships, the enhancement of cooperation, motivation, and an understanding of coercive behavior. Each condition also included home sessions following every and or two clinic sessions. These home sessions provided the opportunity for reinforcement of the skills and knowledge developed-in the clinic sessions.

The sample of 38 physically abused children from 6 to 13 years and their caregivers came from twenty-nine families referred by CPS. CBT parents and children reported less use of physical discipline during treatment and greater reduction in family problems, and the average length of time until the first use of force or physical discipline was nearly twice as long for this condition. Detailed descriptions of this program and further enhancements of it are also available (see Kolko, & Swenson, 2002; Swenson, & Kolko, 2000).

Timmons-Mitchell (1986) reported on a sample of 16 physically abused children between the ages of 3 and 13 and their parents treated with CBT in a 15- week program Two-and-a-half hour, weekly group meetings, in which the parent and child groups met simultaneously, followed a structured program of activities.

Parental activities included: learning to praise themselves and their children, learning time out as an alternative to physical discipline, stress reduction, and interpersonal skills. Activities for the children varied by age but included: art activities, discussion of their fears of being abused, how to keep safe, and how to ask for help. Points were awarded based on the child's level of cooperation and ability to abide by simple group rules. An initial increase in aggressive behaviors was followed by a significant increase in cooperative behaviors.

As is common with many studies of child abuse and neglect, these studies suffered from dissimilar comparison groups, and high rates of attrition. However, they offer some promising directions for treatment, being associated with reduction in anger, greater self-control, reduced irritability, reduced coercion, and increased cooperative behaviors. In addition, there

was some secondary gain in reduced social isolation, arising from the group format used in certain of the interventions.

PARENT EDUCATION

A study by Golub, Espinosa, Damon & Card (1987) used the videotape "Hugs and Kids: Parenting your pre-schooler" consisted of 13 episodes showing common parent-child interaction problems, and several options as to how to deal with them (Golub, et al., 1987). The tape includes a number of alternative endings, one of which is clearly inappropriate and likely to lead to violence. The weekly program consisted largely of clients who had been referred by the court because of abusive, neglectful or high-risk behavior, or where the child had been removed from the home for some other reason. Participants suggested fewer coercive strategies, more positive power responses and a general reduction in proposed physical punishment. Although the results show that the parents learned something from the program, this does not measure whether the parents' actual behavior changed.

2.5.2 SOCIAL NETWORK INTERVENTIONS

Gaudin and his colleagues assessed the effectiveness of social network interventions, to reduce abuse, to increase the size and supportiveness of informal Support networks, and to improve parenting knowledge and skills (Gaudin, Wodarski, Arkinson, & Avery, 1990/91). A culturally diverse sample of families from existing CPS caseloads, in which neglect had been verified were randomly assigned to one of two conditions. A control group (36 families)

received traditional agency services and the treatment group (52 families) received a multi-component intervention consisting of: direct interventions in the family members existing relationships to improve the family support network; mutual aid groups; volunteers; the development of relationships with “functionally adequate” (p.105) neighbors; and social skills training. Intervention ranged from 2 to 23 months with a median of 10 weeks. The combination of the Social Network Intervention Program and intensive casework, advocacy and case management was successful at six and twelve-month follow-up, in strengthening informal networks, and improving the parenting adequacy of low SES, neglectful families in both urban rural settings. Although initially posited as an alternative to conventional casework, the authors experience suggested that it would be more appropriately utilized as an adjunct to traditional services, rather than an alternative.

2.5.3 EC0-BEHAVIORAL INTERVENTIONS (PROJECT 12 WAYS).

Project 12 Ways is a multifaceted, in-home, assessment and treatment service that uses a variety of the interventions to ameliorate neglect. For example, in an effort to improve the personal hygiene and cleanliness of two children aged 5 and 9, the authors report the use of a multi-faceted intervention (Rosenfield-Schlichter, Sarber, Bueno, Greene, & Lutzker, 1983). Several treatment phases involving different combinations of treatment (counselor visits, contingent allowance, laundry assistance) were compared with the normal routine, in a single system design. The phases that combined all three strategies, produced the highest cleanliness score, assessed by teacher ratings.

An intervention program from Project 12 Ways was examined into studies (Tertinger, Greene, & Lutzker, 1984; Barone, Greene, & Lutzker, 1986). The first of these (Tertinger, et al., 1984) targeted the reduction of hazards, such as, poisons, fire, electrical, suffocation and firearms. Success in the reduction of serious hazards in the homes of six families was reported. The treatment component in this study consisted of information about domestic hazards and how to make them inaccessible to children, as well as feedback regarding the number and type of hazards present in the home. An elaboration of this program (Barone, et al., 1986) used a 35 mm slide presentation, rather than the personalized educational component, as well as stickers, a home safety review manual, safety plates, and electrical tape. Using a multiple baseline design across the homes and unannounced follow-up visits; the researchers were able to report zero hazards in each home.

Although these appear to be very mundane and practical interventions, when included in a comprehensive treatment plan, these more prosaic responses are essential to the amelioration of neglect.

Three families presenting with significant home cleanliness problems were assessed using a specifically designed measure, the Checklist for Environments to Assess Neglect (CLEAN; Watson-Perczel, Lutzker, Greene & McGimpsey, 1988). In a successful effort to improve the personal hygiene and cleanliness of the families who had been adjudicated for child neglect, the authors established multiple baselines using various behavioral techniques, feedback,

positive reinforcement, and shaping. Conditions in all of the homes improved after several months of treatment.

A comprehensive examination of the eco-behavioral approach provided by Project 12 Ways (Lutzker, & Rice, 1984) reviewed re-incidence and recidivism data from a random sample of ex-clients and compared them to a sample of non-Project clients. Both groups were involved with CPS and had at least one previous incident of child abuse neglect, or were considered high risk for such behavior.

Families who had received project services were less likely to be reported for repeat incidents in the one-year follow-up period. Services included in the Project Were: parent-child training, stress reduction, self-control, social support, assertiveness training, basic skills"... "leisure time, health maintenance and nutrition".. "home safety" ... "job placement", marital counseling, alcohol referral etc.

Therapeutic child development is another multi-component approach aimed at mitigating the impact of early child maltreatment. Based on research showing that early life experiences and brain development affect later-life functioning and that early maltreatment compromises brain development (DeBellis, et al, 1999; Perry, 1995; Perry & Pollard, 1998), the program treats children at the earliest period of development - birth to five years. Services consist of a milieu-based program during the day for children, and for parents some educational and supportive services. The multiple components of the program reviewed included: transportation of child to and from the program, caregivers interacting with children,

nutritious meals, healthcare monitoring, developmental therapies when required (physical therapy, special education, speech therapy, etc.), case management, monitoring for abuse and neglect, parental substance abuse, compliance with court ordered conditions, parent education, and parent support groups. In a long-term follow-up, treated children were significantly less aggressive, had fewer internalizing behavior problems, were less frequently arrested for violent and non-violent crimes, and were less often identified as violent by caregivers (Moore, Armsden, & Gogerty, 1998).

Most of the interventions described above are based on behavioral or cognitive behavioral theoretical approaches, and thus use behavioral and cognitive intervention strategies. They often represent interventions at multiple levels and use behavioral management skills, cognitive restructuring, and exposure procedures applied to different manifestations of client problems. All of these treatments were goal directed and designed to address specific, quantifiable problems, or conditions. Using principles consistent with EBP, problems were operationalized so that they could be measured using assessment instruments with sound psychometric properties, and once defined and measured treatment plans were developed and the impact of the treatment was assessed. In addition, children were taught specific skills to help them manage their thinking, affect, and behavior and parents were taught skills to help them manage themselves and their children.

The role of social work in the effective treatment of child maltreatment has been conceptualized in this chapter as consisting of three major components, first, decision-making,

the difficulties of which are compounded by the complexity, uncertainty inherent in such decisions, and by the lack of empirical research on decision-making in this context. Further, the research that does exist about clinical Judgment in other settings suggests that human judgment is generally worse than linear models. The second component for the purposes of this chapter is intended to obviate some of these difficulties, Critical thinking is conceptualized as a reciprocal link with decision-making and Evidence- based Practice. Social workers should possess and/or develop the skills required to be evidence based practitioners; asking appropriate questions, identifying relevant information, seeking out the best evidence, critically appraising evidence for its utility, involving clients as informed participants, applying the results of their search, and evaluating the outcome (Garnbrill, 2001). This is particularly the case in the area of child maltreatment where clients are vulnerable and where coercion, and/or mandated treatment may be involved.

Finally, it should be stressed that child maltreatment is a multi- causal problem demanding multiple levels of intervention from the multidisciplinary team of professionals whose expertise and sphere of interest coincide at the intersection.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

During the process of conducting this study, the researcher adopted survey research design. According to Obasi (1999) survey research can be descriptive or historical in research, is historical point of view that evaluate and explain past event with a purpose of gaining deeper understanding of the present and attempting a reliable protection of the nation: it is descriptive when it unravel the major elements and characteristics of any phenomena. The research design for this study was the survey and this will enable the researcher to explore the roles of Social Workers in the prevention of Child Abuse.

3.2 POPULATION OF STUDY

The Stuart (1999) a research population is the sum total of all the element of unit of analysis which a study is interested in. The population of this study were drawn from Saint Savior Community in Ikpoba Okha Local Government Area, Edo State, Nigeria from the age 6-18years who lived in the community for at least 6years who have been abused and neglected.

3.3 SAMPLE SIZE AND SAMPLING TECHNIQUE

This study adopted the simple random sampling method, 100

Children were being selected in the area. The children are going to be equitably elected, 50 females and 50 male's children giving a total of 100 respondents.

3.4 INSTRUMENT FOR DATA COLLECTION

The instrument that was adopted in this study is the standardized questionnaire in the course of carrying out my research on the study of the role of social workers in the prevention of child abuse and neglect among children in Saint Savior Community in Ikpoba Okha Local Government Area, of Edo State. The questionnaires contained Section A and B. Section A contained demographic data while section B contained questions directly answering the subject matter.

3.5 RELIABILITY AND VALIDITY OF THE RESEARCH INSTRUMENT

The questionnaire was pre-tested for the validity of the instrument to elicit information for which it is designed. It was also measure that which it is suppose to and the questionnaire on its part consisted of thirteen questions and the structure of the questions was such that the respondents have to think before responding.

3.6 METHOD OF DATA COLLECTION

The questionnaire will be distributed personally to the respondents, who will be able to answer the questions honestly after administering the questionnaires to them. The researcher

will also guide the respondents with regards to filling questionnaires. The respondents will be informed that their responses would be treated with utmost confidentiality.

3.7 DATA ANALYSIS TECHNIQUES

In the process of data analysis, frequency distribution was used to illustrate the demographic profiles of the respondents and other questions answering the purpose of the study.

3.8 ETHICAL CONSIDERATIONS

The study complied with ethical principles including informed consent, confidentiality, anonymity and voluntary participation. Participants were informed about the nature of the study, their right and the risks and benefits of participating. Confidentiality and anonymity were ensured by using pseudonym to protect participants identity. Data was secured and was destroyed after the research is completed.

CHAPTER FOUR

4.1 DATA ANALYSIS AND INTERPRETATION

This chapter analyses the data gathered in the last chapter. Though the administration of questionnaires and oral interviews carved out. The questions were entirely examined while tables were used for the analysis followed by interpretation. The questions were resolved as in below.

4.2 QUESTIONNAIRE ANALYSIS

A total of one hundred and two (102) questionnaires were administered in Saint Savior Area out of which ninety (90) were successful completed and this represent the analysis of questionnaire is based on frequency distribution and the percentage method.

4.2.1 PERCENTAGE DISTRIBUTION OF AGE:

	Frequency	Percent	Valid Percent
Valid 11-15	36	36.0	36.0
16-20	64	64.0	64.0
Total	100	100.0	100.0

From the above table it shows that the age group of 11-15 constitute 36 of the respondents with 36.0% of the total number followed by children under 16-20 constitute 64 of the majority of the respondents with 64.0%. Therefore, it is pertinent to note that the respondents are mature and this would in turn determine the validity and reliability of the findings.

4.2.2 PERCENTAGE DISTRIBUTION OF SEX

	Frequency	Percent	Valid Percent
Valid Male	50	50.0	50.0
Female	50	50.0	50.0
Total	100	100.0	100.0

Field survey, 2024

The table above shows that the male and female has equal distribution respondents while the female has 50 with 50.0% and the male has the respondents of 50 with 50.0% of the respondents. This is to clear and so because the male and female were selected equally.

4.2.3 PERCENTAGE DISTRIBUTION ACCORDING TO WHETHER SOCIAL WORKERS ARE TOOLS FOR CHILD INTERVENTION:

	Frequency	Percent	Valid Percent
Valid Yes	96	96.0	96.0
No	4	4.0	4.0
Total	100	100.0	100.0

Field survey, 2024

The table above shows that those who said yes have the highest of 96 of 96.0% while those who said no are 4 of 4.0%. this is to state that social workers are veritable tools for minority child abuse.

4.2.11 PERCENTAGE DISTRIBUTION ACCORDING TO WHICH AREA OF CHILD ABUSE AND NEGLECT HAS THE SOCIAL WORKER INTERVENED:

	Frequency	Percent	Valid Percent
Valid Family Intervention	22	22.0	22.0
Education Intervention	48	48.0	48.0
Marital intervention\	22.	22.0	22.0
Financial intervention	4	4.0	4.0

Health care Intervention	4	4.0	4.0
Total	100	100.0	100.0

Field survey, 2024

From the above table, it shows that the percentage distribution of which areas of child abuse and neglect has the social workers intervenes. Those who said social workers have intervened in the area of families were 22 of 22.0% while 48 of 48.0% said education intervention, also 22 of 22.0% said Marital intervention, 4 of 4.0% financial intervention and 4 of 4.0% said health intervention.

It is clear that majority of the respondents said social workers have helped in the intervention of child labour and neglect in areas of education, family and marital status. This is to state that the practice of social work in Saint Savior Community has helped to ratify many vices that the children are faced with in some of the institutions like education and family i.e. social workers helping to advice parents about their children’s abuse and neglect and also caution couples on the dangers of divorce on their children.

4.2.12 PERCENTAGE DISTRIBUTION ACCORDING TO HOW DID SOCIAL WORKERS INTERVENE OR ASSISTED IN CHILD ABUSE AND NEGLECT:

	Frequency	Percent	Valid Percent
Valid by reporting to the police	28	28.0	28.0

By reporting to ministry of child welfare	28	28.0	28.0
By cautioning parents	34	34.0	34.0
By donating to the children	10	10.0	10.0
Total	100	100.0	100.0

Field survey, 2024

From the above table, it shows the percentage distribution of how social workers assisted or intervene in Child abuse and maltreatment in Saint Savior Community. Those who said by reporting cases to policemen were 28 of 28.0%, then 28 of 28.0% said by reporting to ministry of child welfare, 34 of 34.0% said by cautioning parents, 10 of 10.0% said by donating to the children.

4.2.11 PERCENTAGE DISTRIBUTION ACCORDING

TO WHETHER CHILDREN INVOLVED IN CHILD LABOUR AND NEGLECT HAVE ANY RELATIONSHIP WITH SOCIAL WORKERS IN THE COMMUNITY:

	Frequency	Percent	Valid Percent
Valid Yes	44	44.0	44.0
No	56	56.0	56.0
Total	100	100.0	100.0

Field survey, 2024

From the above table, it shows that the percentage distribution whether children who are victim of child labor and neglect have any relationship with social workers in the community. Those who said there are relationship were 44 of 44.0% while 56 of 56.0% said there are no relationships.

It is clear that majority of the respondent said no, it may be because some of their cases are not well followed to the end i.e. they may report cases to the police and they don't do further investigations. The study here should be that social workers should learn how to fully work with client and follow up their cases till when there is settlement so that relationship can be established.

CHAPTER FIVE

5.1 SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

Although child neglect is the most common type of maltreatment, its causes, effects, prevention, and treatment often are not as prominently discussed and explored as those for physical or sexual abuse and neglect, like other types of maltreatment, has many contributing factors at the individual, familial, and community levels. The complexities of neglect present difficulties not only for an overburdened child welfare system, but also for community and faith-based programs, researchers, legislators, and other service providers. It is key therefore, that these groups work collaboratively to develop promising. And effective practices for preventing neglect and for mitigating its effects, on children and society. Part of this process

is providing individuals, families, and communities with the knowledge, resources, and services to deal with the challenges associated with neglect. Child welfare agencies can only provide a part of the solution. Neglect must be viewed not only as an individual or a family problem, but also as a community issue requiring a community response.

5.2 CONCLUSION

Finally, it should be stressed that child maltreatment is a multi-causal problem demanding multiple levels of intervention from the multi-disciplinary team of professionals whose expertise and sphere of interest coincide at the intersection of this “private trouble” and “public issue”. Social Work, Medical, educational, psychological, law enforcement, mental health, social work, and many other professionals have complex roles to fulfill in combating child abuse and neglect which can only be augmented by greater cooperation and understanding of each other’s guiding principles, remit, constraints and strengths.

Although child abuse is a pervasive and complex problem with many causes, we should not take a defeatist attitude towards its prevention. Despite the absence of strong evidence to guide our preventive effects, physicians can also try to prevent abuse. At the very least, showing increased concern for the parents or caregivers and increasing our attempts to enhance their skills as parents or caregivers may help save our most vulnerable patients from the nightmare of abuse and neglect.

5.3 RECOMMENDATION

Based on the above findings, the following recommendations are made in ones to enhance social worker's association particularly in embarking on self-help projects:

1. Men should encourage the social workers to take active part in the preventing of child abuse and neglect. They should allow the social workers to participate in decision making; more so, should work in partnership towards the realization of those projects, since social workers have better knowledge and strategies in fighting child abuse and neglect.
2. All those helping to combat the role of child abuse and neglect should diversify into all facets of the economy as regards their prospects instead of limiting their activities to fair social services.
3. Government should help abused and neglected children by sending adequate social workers to the rural areas to mobilize, embark and participate in self-help projects.
4. Social workers as the frontier officers of the prevention of child abuse and neglect should be provided with enough incentives either by the government, volunteer groups so that they can carry out their duties effectively by mobilizing, stimulating, motivating and organizing the individual to embark on self-help.
5. Finally the community leaders who hold the key to the progress of the community should work closely with the social workers association to achieve the community objectives.

5.4 SUGGESTION FOR FURTHER RESEARCH

The sample used is small when compared to the size of the child abuse and neglect, therefore, no conclusive statement can be made that all the factors that motivate social workers to indulge in the role of combating child abuse and neglect projects have been identified, hence there is need for further studies in this area so as to identify more motivating factors, as well as more sources of financing child abuse and neglect projects in Saint Savior Community in particular and problems that hinder the progress of child abuse and neglect projects could be identified.

This work has in no small way exhausted all the facet of the role played by social workers in child abuse and neglect in Saint Savior environs as a study. It is, therefore, hoped that other investigators would be interested in these areas in future.

APPENDIX

QUESTIONNAIRE

I am a final year undergraduate student in the Department of Social Work (BSW) University of Benin, Benin City.

I am carrying out a study on the role of the social workers in the prevention of child abuse at Ikpoba Okha Local Government Area, Edo State. Your cooperation is therefore needed and will be highly appreciated as your personal information given will be treated with most confidentiality.

SECTION A

1. Age: a. 6-10 [] b. 11-15 [] c. 16 – 20 []
2. Sex: a. Male [] b. Female []
3. Occupation: a. student [] b. Farmer [] c. Trader [] d. Civil servant []
4. Parents Marital Status: a. Single [] b. Married [] c. Widowed []
5. Religion: a. Christianity [] b. Muslim [] c. ATR []
6. Educational status: a. No formal education [] b. Primary [] c. Secondary [] d. Undergraduate [] e. HND/B.Sc.E []

7. Have your physical or emotional health interfered with your daily activity? a. Agree [] b. Strongly agree [] c. Disagree [] d. Strongly disagree []

SECTION B

8. Have you heard of social workers before? a. Yes [] b. No []

9. Do you understand any role of social workers? a. Yes [] b. No []

10. Has any social worker practiced the prevention to child abuse in your area? a. Yes [] b. No []

If yes specify _____

11. Have you been maltreated as a child before? a. Yes [] b. No []

12. Would you like to employ the services of a social worker in your community of child abuse? a. Yes [] b. No []. If yes specify _____

13. In what area of child abuse and maltreatment has the social workers intervened, if any? a. Family Intervention [] b. Educational Intervention [] c. Child neglect [] d. Financial intervention [] e. None of the above []

14. Since then have you recorded any meaningful development by social work intervention in child abuse: a. Yes [] b. No [].

15. If yes, in what areas: a family intervention [] b. educational intervention [] c. marital intervention [] d. Financial intervention [] e. Security intervention [] f. Health care intervention [] g. provision of social amenities []

16. How did social worker intervene or assisted? A. By reporting to the police [] b. By reporting to ministry of child welfare [] c. By cautioning parent [] d. By donating to the children []

17. Do you have any direct relationship with any social worker in your community: a. Yes [] b. No []. If yes specify _____

18. Would you say that social worker is a tool for child intervention?

a. Yes [] b. No []. If yes specify _____

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