

Preface

This volume is the direct outgrowth of a recent meeting, held at Penn State University on May 5–6, 2014, entitled “The role of parenting and family processes in child maltreatment and intervention.” This meeting’s and this volume’s central purpose was to bring together internationally renowned scholars to address child maltreatment in terms of the roles that family processes, and in particular parent–child processes, play in the etiology, impact, treatment, and prevention of maltreatment. The hope was and is to push family science toward the development of innovative approaches in the study of the etiology of maltreatment, a broader understanding of the transmission of child maltreatment and/or parenting-at-risk across generations, and new ideas on how best to treat and, ideally, prevent maltreatment. The conference was the third conference on the overall topic of child maltreatment organized by Penn State’s Network on Child Protection and Well-Being and was supported by many sponsors within and external to Penn State.

Like the meeting, this volume is organized into four main parts. The first part, **Child Maltreatment and Family Processes**, addresses child maltreatment in the context of the broader family system. Sherry Hamby’s lead-off chapter emphasizes the point that child maltreatment frequently occurs as part of a larger “web-of-violence,” with multiple forms of maltreatment (physical abuse, sexual abuse, neglect) commonly co-occurring in multiply-stressed families. The high frequency and overlapping causes of poly-victimization emphasize the need for child- and family-centered approaches to the study and treatment of maltreatment. Hamby further argues against unidimensional treatment approaches that purport to remediate a specific child problem and for more resilience-based approaches that are more likely to provide the kinds of comprehensive, multilayered, developmentally informed treatments needed for maltreated children and their families.

Margaret Wright addresses the complex role of social supports in the short- and long-term impact of maltreatment. She calls attention to the fact that children’s informal social networks, which include but can extend beyond the immediate family, may not be consistently supportive and could even be hostile and rejecting. Wright advocates that an important part of treatment is to provide “corrective relationship experiences” for the child and to bring in formal supports to assist families attempting to cope with the realities of maltreatment disclosure.

In the final chapter in this part, Nancy Kellogg addresses the specific supportive roles that clinicians can play when disclosure takes place. These are many and varied and tied to the specific circumstances in each family. Clinicians can, for example, help families understand the various ways children disclose maltreatment; that disclosure is rarely a single event but can unfold over months and even years; that sexual abuse is not necessarily associated with prototypical physical, behavioral, or emotional symptoms; and that children may disclose, later recant, and then re-disclose, depending on their beliefs in the level and quality of support they receive from the non-offending parent. Kellogg notes that a critical factor in the child's well-being following disclosure is the child's belief that he or she is believed and supported.

The second part, **Intergenerational Transmission of Child Maltreatment**, leads off with Laura McCloskey's chapter addressing the intergenerational (IG) cycle of abuse. She notes that whereas a cycle of abuse is borne out by evidence, IG transmission is complex and moderated by many risk and protective factors, that maltreatment's impact may vary as a function of the nature and severity of the maltreatment and the gender of the victim, and that specific linkages are elusive. She points out that prospective designs are far superior to retrospective designs in describing the probabilistic transmission of maltreatment from one generation to the next, but that prospective designs are challenging in their own right in terms of maintaining connections with participants, obtaining adequate sampling of historical moderators of maltreatment–outcome relations, and selecting the right points in the life span to assess maltreatment's impact.

In the second chapter of this part, Jennie Noll notes that IG transmission estimates are primarily based on the transmission of physical abuse and that very little data is available on IG transmission of other forms of maltreatment. Further, it is likely that mechanisms underlying IG transmission are quite distinct for different types of maltreatment. She puts forth an important premise that whereas the search for IG linkages that are specific to particular forms of maltreatment may be elusive, parents who were maltreated as children, in whatever form(s), are more likely to fail to protect children, either in the context of their own caregiving or the caregiving of others, and/or they may create conditions for their children in which maltreatment from others is enabled. Such maladaptive parenting patterns can be internalized by the children of maltreated parents, putting them at risk for protection failures of their own offspring and for a variety of negative developmental and psychosocial sequelae.

Judith Cohen and Anthony Mannarino kick off Part III of this volume, **Intervening with Maltreated Children and Their Families**, with a detailed overview of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), one of the most well-established, evidence-based treatments for child maltreatment in the field. Cohen and Mannarino describe the principles of TF-CBT, which include whenever possible the involvement of non-offending parents and/or caregivers in the treatment, and its major components. They emphasize that parental involvement in treatment has many advantages. It promotes better parental understanding of the details underlying the child's trauma and of child behavior problems that may

have surfaced as a result of trauma, better communication between the parent and the child about the trauma and its effects, and greater capacity to cope with their own distress over the trauma and to take on a more supportive role.

Carisa Wilsie and her group, led by the late Mark Chaffin, follow with a chapter describing Parent–Child Interaction Therapy (PCIT), an evidence-based treatment that is geared more toward preschool and school-aged children. As its name implies, the parent who is at risk for abuse, and that parent’s relationship with the child, is the central focus of PCIT, whose goal is to promote the use of positive parenting, promote consistent and developmentally appropriate strategies for behavioral management, and reduce child behavior problems. As the authors note, PCIT has been shown to improve mental health and behavior in children, and its benefits extend to parents as well by reducing recidivism abuse rates among offending parents. PCIT can be delivered to parents in the home and has been adapted for use with foster parents and for parents involved in child welfare services.

Sheree Toth ends this part with a chapter that presents Child–Parent Psychotherapy (CPP) intervention, an evidence-based program originally developed by Alicia Lieberman that draws heavily from attachment theory and research on the effects of maltreatment on attachment processes. The aim of CPP is to break the intergenerational cycle of abuse by focusing on issues in the relationship in the child–parent dyad, helping the parent (typically the mother) recognize how her own prior histories of trauma and neglect could be impacting the parent’s perceptions of her child, her interpretation of specific child behaviors, and her interactions with her child. Through weekly sessions, the aim of CPP is to promote more positive, sensitive, and emotionally attuned parent–child interactions, a more secure child–parent attachment, and a reduction in child internalizing and externalizing behavior problems. Of the three treatments discussed in this part, CPP perhaps most strongly qualifies as a prevention program. It is an appropriate segue to the next and final part of this volume.

Preventing Child Maltreatment: Current Efforts, Future Directions

The final part turns to new approaches in preventing child maltreatment—not simply preventing its recurrence (i.e., secondary prevention), but preventing it from occurring at all (primary prevention). In the absolute, this is, of course, a practically unreachable goal, but given what is now known about parenting competence, which is considerable, this part addresses how can this knowledge be brought to bear to reduce, significantly, the incidence of child neglect, physical, and sexual abuse.

Guastaferrero and Lutzker address this question with a broad-based, detailed discussion of scaling up the use of evidence-based programs, such as SafeCare®, a well-known parenting program that has shown particular success for parents who have been referred to child protective services for neglect. Scaled-up SafeCare® is now in widespread use, and this chapter calls attention to the challenges pertaining

to the implementation and dissemination of evidence-based programs to the public at large. They note that, happily, reports of child maltreatment are in decline but still occur at unacceptably high rates. Dissemination of evidence-based programs that are specifically designed to reduce the risk for maltreatment must continue by ongoing solicitation of feedback from providers and clients and adapting implementation strategies to meet continually changing needs and circumstances.

Charles Wilson and Donna Pence further develop this premise by systematically addressing what “risk reduction” actually entails. They note that child maltreatment prevention requires a broad array of risk reduction strategies that target both distal and proximal influences. These include creating economic opportunities and providing parents with affordable child care; promoting parents’ knowledge of child developmental milestones, in particular knowledge about what a typically developing child can reasonably be expected to do and not do at a given point in development; knowledge about the basic components of competent parenting, particularly in response to child provocations; promoting family supports for parenting; and connecting parents to external resources to further support parenting efforts.

Lastly, Sharon Wasco introduces the concept of “practice-based evidence,” which she argues must be a critical component of efforts to reduce child maltreatment risk. This is information that practitioners can share with researchers in the implementation of evidence-based programs that can be used in a variety of ways to adapt and tailor the program more effectively to particular constituents. She argues that the collection of PBE should be incorporated into the fabric of scaled-up evidence-based programs, which should help program staff adjust program delivery to be of better use to individual groups. PBE can be used to answer or raise questions about what program elements appear to be particularly useful, what particular data should be examined to determine whether a program is successful or not, what and what are not program elements that are cost-effective, etc.

It is hoped that this volume will promote a more integrative understanding of the role of family processes in the etiology, impact, treatment, and ultimate prevention of child maltreatment, and as such be useful to researchers and practitioners alike.

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