

Preface

Child maltreatment continues to be a major problem in the United States. For many of us, it is hard to believe that children may be harmed by those entrusted to love and nurture them. But regretfully, we know that such a situation does occur, and as the statistics that will be reviewed in this monograph show, this tragic situation occurs all too often in our homes and communities. In 2005, Krugman and Leventhal (2005) commented on “gaze aversion,” which captures the collective failure to confront the issue directly in an effective manner.

The idea of turning away from the problem of child maltreatment speaks to an ambivalence toward child abuse where it is seen as more a parental failure and less as a medical condition or public health issue. The ambivalence is subtle but pervasive. Among the public, contact with child abuse tends to take the form of occasional media attention to an appalling case of child abuse often characterized by a cycle of intense attention to and outrage at the case stoked by sensational headlines, and followed almost immediately by a lack of follow-up once the media coverage over this particularly gruesome case subsides. For professionals, child maltreatment is more frequently viewed as a complicated social ill affecting the poor and uneducated, instead of a bona fide public health priority defined in the World Health Organization’s (2006) position paper as a problem that affects all cultures and sociodemographic groups.

This monograph puts a stake in the ground and seeks to confront the gaze aversion head-on using evidence and clinical experience to inform our understanding and our collective approach to policy and practice regarding child physical abuse.

Beginning in the 1960s with the landmark publication of “The Battered Child Syndrome” by C. Henry Kempe and colleagues (1962), the reality of risk to children from their caregivers has been recognized, and the over five decades or more increasing attention to child maltreatment has come from professionals in many disciplines including medicine, nursing, psychology, social work, those in law enforcement, and those who work in the courts. Clearly, one child injured from child abuse is one too many, and part of the solution to this scourge is to move beyond merely blaming the parents for their poor caregiving and to instead embrace

a more robust, inclusive approach that takes a human ecology like view that looks at families, neighborhoods, communities, and supports and services available at various levels of action and influence. This more informed approach addresses the many factors, some risk related and others protective, that deal with the messy root causes for child maltreatment. As evidence emerges, our approaches to screening, identification, evaluation, response and treatment of child maltreatment need to be appropriately refined.

Among healthcare providers we need to recognize the causes for maltreatment and adopt evidence-based approaches to treatment and response. Careful collaboration and handoff to child protection teams and law enforcement officers are essential as well. Ultimately, we all, those in helping professions as well as the public, want to “go upstream” and move beyond responding to the child who is harmed and dealing with the family or community that failed the injured child, and instead move towards the prevention efforts that would avoid the harm before it injures that child in the first place.

Ultimately, the prevention of all forms of child maltreatment, including child physical abuse covered in this monograph, is possible but requires us to confront our tendency for gaze aversion and instead insist on a laser-like focus on this problem and the hard work necessary to address its causes.

References

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