

What Causes Child Abuse? Citizens Identify Causes of Child Abuse and Suggest Prevention Strategies

Marilyn Sue Burton Chamberlin¹

Abstract

The types of causes of child abuse and the prevention strategies that community residents suggest are examined in this study. In addition, comparisons were made between public perceptions of causes and preventions to those identified by researchers. Data from surveys administered to various community members was analyzed. The public does list causes that correspond to the findings of researchers, with the exception of lack of religious beliefs. Role malfunction was the most popular causal category followed by societal problems. Frequencies of prevention strategies were expected to follow the pattern of causal categories and for role malfunction and system failure, this was true. However, for other causal categories these same two prevention strategies were identified indicating community members misunderstand the relationship between causes and prevention strategies. The role of local media coverage was also examined. Since people are making some connections between causes and prevention, continued educational programs and media campaigns focusing on the links are important for garnering public support for the prevention of child maltreatment.

Keywords: child maltreatment; public perception; causes; prevention

For more than three decades, researchers have been studying the causes of child abuse (Garbarino, 1977; Garbarino and Sherman, 1980; Gil, 1971; Gough, 1996; Kempe Silverman, Steel, Droegemueller, and Silver., 1962; Parton, 2004). The results have been used to create prevention programs and response systems. Public support for these programs is crucial for their effectiveness and continuation (Besharov, 1986; Daro, 2002; Trute, Adkins, and McDonald, 1992). Therefore, what the public believes are the causes of and viable preventions for child abuse are important in reducing child abuse. The current study examines the types of causes of child abuse and the prevention strategies that community residents suggest.

¹ PhD, Department of Anthropology and Sociology, Western Carolina University, McKee 101, Cullowhee, NC 20723. Phone: 828-227-3839, Email: mchamber@email.wcu.edu

In addition, this study compares public perceptions of causes and preventions to those identified by researchers.

Past researchers asked people to identify causes or definitions of abuse or assign blame in specific cases (Beck and Lips, 1998; Chan, Elliott, Chow, and Thomas, 2002; Giovannoni and Beccera, 1979; O'Toole, Turbett, and Nalepka, 1983; Smith, 1990; ; Staley and Lapidus, 1997; Strauss and Collings, 2002; Trute et al., 1992; Tite, 1993). Numerous patterns emerged from these studies. Many researchers focused on the influence of demographic characteristics (sex, age and socioeconomic status (SES)) on attributions of child sexual abuse. Most researchers found that people blamed older children for their victimization more often than younger children (Beck and Lips, 1998; Finkelhor and Redfield, 1984; Maynard and Wiederman, 1997; Waterman and Foss-Goodman, 1984). Sex of the respondent, victim and perpetrator had various influences on attributions (Finkelhor and Redfield, 1984; Maynard and Wiederman, 1997; Waterman and Foss-Goodman 1984).

Finally, people do not necessarily view incest as related to SES (Staley and Lapidus, 1997). While most researchers did not ask about causes directly, Trute et al. (1992) asked people about their belief that perpetrators were members of a deviant group. The results indicated that most professionals believed that perpetrators were not from a deviant group, though they did find the sex of the respondent resulted in differing responses (Trute et al., 1992). All of these studies focused on child sexual abuse and employed scenarios people evaluated using structured surveys. The exception is Collings (2002) who allowed for spontaneous responses and found less blame of the victim.

Other researchers examined people's responses to causes and definitions of physical abuse (Chan et al., 2002; O'Toole et al., 1983). Chan et al. (2002) found that the public and most professionals (nurses were the exception) felt mitigating circumstances of family finances, stress, discipline choice, and busy work schedules, were important in determining if caning or slapping a child in the face was abuse in Singapore. O'Toole et al. (1983) also found that nurses and doctors differed in what they viewed as causes of abuse. Physicians identified poverty, alcohol and drugs, family trauma/stress, parental ignorance/lack of education, psychological disease, parental background, unwanted children and broken homes. Nurses also mentioned alcohol and drugs but added cycle of violence, stress, mental illness (O'Toole et al. 1983).

Again, these studies used scenarios and general examples from cases to ask questions about the “abuse.” As Chan et al. (2002) cautioned, “using general statements” and “hypothetical scenarios ... does not create a scope for individual interpretation and filling in of details.” (p. 373)

Information about the relationship between public perception and causal theories is sparse. The use of examples from specific cases attempts to bridge the gap but the systematic study of what the public thinks causes abuse, how to prevent abuse, and if that information is similar to research findings has not been performed. The current study begins to fill this void by exploring some of these connections and allowing for “individual interpretation and filling in of details.”

Upon review of the literature, four categories of causes of child maltreatment emerged. The four categories of causes are individual or personality pathology, “role malfunction,” societal conditions, and system functions. The history, most recent findings and corresponding solutions for each causal category are described below.

1.1 Personal Pathology

Individual or personality traits resulted from the long history of applying the medical model to child abuse and other social problems (Conrad, 1997; Garbarino, 1977; Garbarino and Sherman, 1980; Gil, 1971; Hacking, 1991; Parton, 2004). Kempe et al. first noted the “discovery of child maltreatment” in a medical journal article in 1962. The new illness, labeled “Battered Children Syndrome”, included physical symptoms identified first by radiologists (Pfohl, 1977).

Some researchers referred to these traits as pathological, psychopathological or individual deficits (Corcoran, 2000; Dore and Doris, 1998; Dore and Lee, 1999; Gough, 1996; Ruffolo, Evans, and Luken, 2003).

Pathologies included in this category are psychological problems, alcohol and drug dependence, mental disability, and emotional instability (Garbarino, 1977; Garbarino and Sherman, 1980; Gil, 1971; Gough, 1996; Kohl and Dixon, 2011). The popularity of these causes continued to be found in many studies (Barth, 2009; Sedlak et al., 2010; Wulczyn, 2009).

The corresponding solution for this category is to provide counseling or treatment for the perpetrator and in severe instances to remove the child.

1.2 Role malfunction

In a review of causes of child abuse, specifically economic stress and sub-cultural context, Baumrind (1994) found that many researchers focus on the ecological perspective. The impacts of economic stress, parent relations, intergenerational violence, and parental affect (to name a few) that can result in child abuse are factors in the ecological perspective. Strauss and Smith (1990) identified marital conflict, social isolation and discipline type as influences on abuse rates. Garbarino (1977) in countering the medical model presented the human ecology model and in doing so described another category of cause --- "role malfunction."

"Role malfunction" still focuses on individual defect or deviance, but the source of the problem is not organic or psychological rather a failure to learn how to "properly" function as a parent. A lack of training, a lack of knowledge about child development, or poor parenting models are all reasons for not learning how to parent well (Baumrind, 1994; Belsky, n.d; Portwood, 2006; Dixon, Browne, and Hamilton-Giachritsis, 2009; Kohl and Dixon, 2011). Many researchers applying this category included the issue of stress as a precipitating cause (see Baumrind, 1994 for a review; Gil, 1971; Strauss and Smith, 1990). Because the person does not know how to function well as a parent he/she is unable to cope with additional stress and his/her functioning further breaks down resulting in abuse.

Portwood (2006) identified disorganized patterns of attachment, unrealistic expectations of children, lack of child development knowledge and immaturity of parents as reasons for maltreatment.

Young parents were identified as not well prepared to deal with the additional stress and were uneducated on child development and parenting practices. According to the result of the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), 11% of maltreated children had parents in the youngest category. However, contrary to the common belief, parents over 26 years old perpetrated the largest percentage of maltreatment. (Sedlak et al., 2010).

Another reason for role malfunction is intergenerational transmission of maltreatment. According to this perspective, a maltreated child learns that parenting style, and abuses and neglects his/her own children in the future. Between 6% (Dixon, 2009) and 19% (Belsky, n.d.) of child maltreatment were attributed to intergenerational transmission.

Researchers and practitioners suggested that the course of action for this group of perpetrators is to provide training and/or mentors to “fix” the way in which the person parents (Corcoran, 2000; Gil, 1971; Parton, 2004). In addition, providing coping skills for stressful events that are not disruptive to the children is included in the realm of these preventions (Baumrind, 1994; Corcoran, 2000). Parent education, support groups, and home visits were among the most popular solutions according to Portwood (2006).

1.3 Societal Factors

Societal factors, including poverty levels, poor education systems, unemployment rates, poor laws and social inequality were other identified causes of child abuse (Garbarino, 1977; Garbarino and Sherman, 1980; Gil, 1971; Parton, 2004; Strauss and Smith, 1990). Strauss and Smith (1990) found socioeconomic factors influenced the rates of child abuse, as did the sex of the perpetrator. Several researchers attributed the finding of sex of the perpetrator to gender roles or sexism in society that place a greater emphasis for the care of children on the mother (Belsky, n.d.; Portwood, 2006; Strauss and Smith, 1990). Data from NIS-4 found children with unemployed parents were twice as likely to be abused and those with low socioeconomic status were five times as likely to be maltreated (Sedlak et al., 2010). Belsky (n.d.) and Portwood (2006) also identified poverty as a condition for child maltreatment as well as unemployment, limited education, single parent households and social isolation.

Societal factors are beyond the control of the individual. Moreover, while societal factors may be the source of the stress mentioned in the previous cause, the individual is unable to change these factors. Therefore societal or community changes need to be put in place to reduce these causes of child abuse (Gil, 1971). In addition, communities need to increase resources and support for parents.

1.4 System Failure

The final category of causes is that of system failures. Numerous sources, especially the media placed the system under fire. Researchers referred to this as the backlash on child abuse and examined how the system's failure to respond to cases effectively placed abused children at greater risk (Finkelhor, 1994; Myers, 1994; Parton, 2004; Wexler, 1990). According to this approach, the reason child abuse continues to exist is because the system has not been effective in responding to child abuse and commits such errors as returning children to abusive homes, not responding fast enough, or not finding out if a false memory has resulted in reporting (Finkelhor, 1994; Myers, 1994; Wexler, 1990). To remove this cause means restructuring of the system, this may include things like better training for the workers, better compensation for the workers, and better reporting (Parton, 2004).

The current study describes the areas of public perception of causes attempting to answer several remaining questions: 1) Do public perceptions of child abuse causes correspond to causes identified by researchers? 2) Which types of causes are more popular: personal pathology, role malfunction, societal factors, or system failure? and 3) Do lay people's identified causes correspond to preventions derived from those causes?

2. Methods

The Haywood County Task Force on Child Abuse in North Carolina wrote and administered the survey sent to teachers, county leaders, the Chamber of Commerce, the Rotary Club, and other general members of the community. The author obtained the data from the Task Force. Haywood County is a rural community located in the Appalachian Mountains and identified as having the highest or one of the highest rates of abuse reporting in the state at the time of the survey (North Carolina Division of Social Services 2003). One hundred and fifty five (155) surveys were returned and analyzed. The responses came from school personnel (36%), county representatives (10%), Rotary Club members (20%), and general respondents (34%). Surveys were given out to leaders of these organizations who were asked to collect the responses. Some leaders chose to distribute the surveys during meetings, while others put them in the mailboxes of workers and asked for responses. Since the number of surveys distributed was not recorded, response rates were not calculated or provided to the author.

Surveys consisted of six questions with space provided for open-ended responses. No closed ended questions were included in the survey. Two questions were used in the current study: "What are the causes of child abuse in (this) County (three spaces were provided)?" and "What could be done to prevent child abuse?" (three spaces were provided)." The responses were then entered into a database. For the purpose of this study, the responses were grouped into the four cause categories from past research: individual/pathology, role malfunction, societal conditions, and system failure. The same procedure was used for the preventions. Preventions were grouped into the four models of solution that correspond to the causes: psychological therapy, training/mentoring, societal change, and system change. See Table 1 for a list of all of the responses and how they were grouped.

Because people had three blanks for available answers, the total number of possible answers was 465. Only 81% of the respondents used all three blanks for causes and 61% used all the blanks for prevention suggestions. Therefore, the total number of causes listed was 421 and the total number of preventions was 368. People also did not give three unique answers. Many answers overlapped or were the same wording. As a result the total number of different types of causes listed was 22 and the number of different preventions was 17.

Table 1: List of Answers Given by Respondents For Causes of and Solutions to Child Abuse and the Group to Which the Response Was Placed for Analysis

| Causes | Grouping |
|---|-----------------|
| Lack of education | societal |
| Low income | societal |
| Lack of jobs | societal |
| Community Violence | societal |
| Lack of Community Involvement with families | societal |
| Social Workers have too many cases | system |
| Returning Children | system |
| No/poor investigation | system |
| Alcohol Abuse | pathology |
| Drug Abuse | pathology |
| Alcohol and Drug Abuse | pathology |
| Parent is mentally ill | pathology |
| Parent has low self-esteem | pathology |
| Parent has anger management issues | pathology |

| | |
|---|-------------------|
| Lack of Religion (i.e. parents don't attend church) | pathology |
| Lack of Morals | pathology |
| Intergenerational abuse (parents abused them so they abuse) | role malfunction |
| Ignorance | role malfunction |
| Lack of knowledge about children | role malfunction |
| Table 1 continue | |
| Immature parents | role malfunction |
| Parents are too young | role malfunction |
| Lack of responsibility | role malfunction |
| Stress | role malfunction |
| Solutions | |
| Better access to services | system change |
| Tougher Laws | system change |
| Fix the system | system change |
| Report more | system change |
| Teacher Education | societal change |
| Better Education | societal change |
| Economic Development | societal change |
| Increase Community Awareness | societal change |
| Healthier populations | societal change |
| Parenting Classes | role modification |
| Social Support | role modification |
| Home Interventions | role modification |
| Educate Youth | role modification |
| Hotlines | treatment |
| Make people more personally responsible. | treatment |
| Counseling | treatment |
| Religious Training | treatment |

3. Results

The first question addressed was the relationship between the causes respondents listed and those identified by researchers. To answer the question responses were classified into the four categories of causes derived from past research.

After entering each response, four main categories of causes and preventions were created. These categories correspond to the theoretical areas presented in the literature.

Pathology included substance abuse (drugs and alcohol), mental health (low self-esteem, mental illness, mentally disabled) and lack of morality (lack of morals and lack of religious beliefs and anger management). Role malfunction included stress, single parents, intergenerational abuse, parenting issues (lack of knowledge about children, lack of responsibility), ignorance, and parental immaturity (young parents). Social problems were socioeconomic issues (low-income families, job loss) and county issues (lack of jobs, lack of education, community violence, lack of community involvement with families).

System failure included not responding to reports, returning children to abusive homes and too many cases. The public list of causes fit the descriptions and data given by researchers. Therefore, the public does recognize causes that correspond to the findings of researchers, with the exception of lack of religious beliefs. A lack of religious beliefs was placed in the area of morality and while morals were found to be listed by researchers as a cause, religion or lack thereof was not.

The preventions people listed were also grouped into four categories to correspond to the causes. *Treatment* included counseling (psychological and substance abuse) and religious training. *Role training* included educating the youth, healthier populations, parenting classes, education, social support (mom's day out, affordable child care, support groups, mentoring programs), personal responsibility, and home interventions (home visits). *Social changes* consisted of economic development (bringing in more jobs, higher wages), increased community awareness, and educating teachers (on child abuse, interventions, reporting process). The final category was *system change* which included better access to services, fixing the system (more money, more workers), tougher laws (punishing perpetrators, more laws), and making reporting better/easier. See Table 2 for a description of each category.

Many people listed causes and preventions that fit in two or three different categories. However, some people listed two responses that fit into one of the four causal or prevention categories. Therefore, the number of responses within a category was greater than the number of people whose answers fit into a category. For example, while 98 responses were classified as pathology, only 82 respondents provided those 98 suggestions. In addition, because people were able to provide more than one answer, each category had a potential of 155 respondents listing that category. See Table 2 for repeat answers.

Table 2: Examples of Causes and Solutions in cause/Solution Categories

| Category | Examples |
|-----------------------|--|
| Pathology | Alcoholism, drug abuse, health issues mental illness, mental disability, lack of morals |
| Role malfunction | Single parent, poor parenting skills, lack of child development knowledge, intergenerational abuse, domestic violence |
| Societal causes | Lack of support systems, socioeconomic system, lack of community awareness, lack of job opportunity, poor economic development |
| System causes | Poor laws, lack of substantiation, lack of effective investigation procedures |
| Treatment | Drug or alcohol treatment programs, therapy, counseling, religious training |
| Role support/training | Parenting classes, parental support groups, Mommy's day out |
| Societal Improvements | Public awareness campaigns, economic development |
| System modification | Better training on how to report, stricter laws, more workers |

The second question examined was "What causal categories were most popular?" The most popular causal category was role malfunction (42.8% of the responses and 75.5% of the respondents). The second popular causal category was societal problems (60.6% of the responses and 63.9% of the respondents) followed by pathologies. System failures were the least popular causes listed. See Table 3 for details.

Table 3: Percentage of People Identifying Four Causal Categories of Child Abuse

| Cause | Total f (%) | Listed Once f (%) | Listed Twice f (%) | Listed Three Times f (%) |
|------------------|-------------|-------------------|--------------------|--------------------------|
| Pathology | 82 (52.9) | 71 (45.8) | 11 (7.1) | 0 |
| Role Malfunction | 117 (75.5) | 68 (43.9) | 47 (30.3) | 2 (1.3) |
| Societal Causes | 99 (63.9) | 71 (45.8) | 10 (6.5) | 0 |
| System Failure | 12 (8) | 12 (100) | 0 | 0 |

The totals are greater than the number of respondents because people could identify more than one category.

The third question examined was how the public's perception of causes related to the preventions they listed. Because respondents were not asked to list causes and then corresponding preventions, the analysis was performed in two ways. First, the order of frequency of causes and the order of frequency of preventions were compared. Second, the percentage of respondents in each causal category that listed each of the four preventions was examined to determine if people who listed a cause also listed the corresponding prevention.

The frequencies of prevention strategies were expected to follow the pattern of causal categories, and for some categories, this was true. The order of frequency of the causes was: role malfunction, societal problems, pathology and system failures, so the order of preventions was expected to be role training, social change, treatment and system change. Of the prevention categories, role training was the most popular followed by system change, societal change and treatment (See Table 4 for details), therefore, people were not always listing preventions that relate to causes.

Table 4: Frequencies of Suggested Solutions

| Cause | Total f (%) | Listed Once f (%) | Listed Twice f (%) | Listed Three Times f (%) |
|--------------------------|----------------|----------------------|-----------------------|-----------------------------|
| Treatment | 31 (20) | 31 (20) | 0 | 0 |
| Role Support/Training | 98 (63.2) | 80 (51.1) | 17 (11) | 1 (.6) |
| Societal Improvements | 82 (52.9) | 81 (52.3) | 1 (.6) | 0 |
| System Modification | 72 (46.5) | 64 (41.3) | 8 (5.2) | 0 |

The totals are greater than the number of respondents because people could identify more than one category.

In the second phase of the analysis of the relationship between causes and prevention suggestions, the respondents for each causal category were examined with respect to the types of preventions they listed. The expectation is again that people would list preventions that corresponded to the causes they identified.

The results provided mixed support for this expectation. The majority of people who listed system failure and role malfunction as causes listed the corresponding preventions of system change and role training, but the majority of those who listed social problems and pathologies as causes did not list the corresponding preventions.

Almost all (92%) of the people who listed system failure as the cause of abuse listed changes in the system as a form of prevention. Role modification was the other popular prevention listed by those who listed system failure as a cause. No one who listed system failure as a cause listed treatment as a solution (See Table 5).

Table 5: Relationship of Identified Causes and Identified Solutions

| Solutions | Causes | | | |
|---------------------------|-----------|------------------|---------------------|----------------|
| | Pathology | Role Malfunction | Societal Conditions | System Failure |
| Treatment Programs | 20 (24%) | 27 (23%) | 17 (17%) | 0 (0%) |
| Role Support and Training | 47 (57%) | 77 (66%) | 64 (65%) | 9 (75%) |
| Societal Improvements | 47 (57%) | 57 (49%) | 58 (57%) | 5 (42%) |
| System modifications | 44 (54%) | 53 (45%) | 51 (52%) | 11 (92%) |

The totals are greater than the number of respondents because people could identify more than one category.

Less than a quarter of those who listed a type of pathology as a cause listed treatment as a prevention strategy. Over half of the people who identified a type of pathology as a cause listed a form of role modification, societal improvements, or system changes as a prevention. The majority of the people who listed a form of role malfunction as a cause listed role modification as a way to prevent abuse (67.7%). Over 40% of those who identified a role malfunction as a cause listed the prevention as either system changes or societal changes.

Finally, those who listed a societal cause for child abuse were more likely to list role modification as the solution (67.7%) rather than a social change.

Over half also listed a system change as a solution but only 48.5% listed social changes. See Table 5 for more details.

4. Discussion

The current study examined several questions with respect to the content of public perceptions of child abuse causes. The first question was whether public perceptions of causes match those found in the research. The second question was what types of causes were most frequently listed. Finally, the relationship between causes identified by researchers and those identified by the public was examined.

When the information about causes of child maltreatment was compared to the causes identified by research, the information was consistent in some areas but not others. While, researchers have found that 10-25% of child maltreatment cases involve either substance abuse or mental illness (Barth, 2009; Sedlak et al., 2010; Wulczyn, 2009), 52.9% of the respondents listed this as one of their causes. Moreover, while these types of pathologies were not the most frequent type of cause, the public's view of these causes is disproportionate to what case data has found.

Role malfunctions like poor parenting skills, inaccurate expectations or knowledge of children and intergenerational transmission of child maltreatment were most frequently listed as causes by the respondents and the researchers. Societal causes closely followed role malfunctions. Another consistency with what researchers have identified.

The final question addressed by this study was the relationship between people's perceptions of the causes of child abuse and the preventions they suggest. The results indicate that people connect preventions and causes in some areas but not others. Popular preventions were role modification and societal improvements and these appear to correspond to the popular causes listed above. However, upon further investigation, the link did not hold up for all causes. Those that listed role malfunction and system failure were more likely to list the corresponding preventions than those who listed societal conditions and pathologies. When people listed pathologies, over half were likely to list role modification, societal improvements or system modification as solutions.

Respondents who listed societal conditions as the cause were more likely to list role modification than any other solutions. Therefore, certain causes seem to be linked to corresponding preventions while others are not.

The results of what the respondents identified as the most frequent cause of maltreatment can be understood two ways with respect to past research. First, the results are consistent with past research about people's perceptions of causes. Most researchers found that professionals did not identify perpetrators as deviant or pathological. The exception was Collings (2002) who found people attributed abuse to personal flaws or pathologies. The difference between these findings is the respondent's background and source. Collings (2002) used media reports and nonprofessionals as part of the sample, while, others used professionals.

The second explanation that has been proposed by past researchers is the influence of the media. The public's views on child abuse come from a variety of sources. Several researchers suggest that the media defines abuse for the public (Collings, 2002; Daro, 2002; Hacking, 1991; Nelson, 1984). In most instances, the media focuses on the pathological aspects of abuse. Research on child sexual abuse that provided subjects with news clips about cases of sexual abuse and then asked them questions supported this assertion. The majority of the respondents attributed abuse to individual characteristics or flaws (Collings, 2002). The results presented in this article do not confirm that the majority of the people believe the perpetrators are pathological. Therefore, influence of the media coverage of the pathological causes seems to be specific to the type of abuse studied or the type of media coverage.

In the region where this study was performed, the media coverage over the past three or four years has focused on the high rate of abuse in the region and particularly the county from which the respondents came (Ellison, 2004; Manning, 2006; Ostendorff, 2002). The coverage addressed broad explanations for the abuse not just those that focus on pathologies. Therefore, respondents exposed to this type of coverage would potentially have a broader list of causes. Future studies should inquire about the subjects' exposure to child abuse in the media to determine the direct relationship between media coverage and perceptions of cause.

The coverage of child abuse in local media raises another issue that may be driving the types of responses found here. As Hacking (1991) and Margolin (1992) suggested people separate abuse from normal child rearing practices.

In addition, as both Gelles (1976) and Gil (1970) argued the pathological cause fulfills a social function by reducing people's guilt. However, in an area where abuse is high, the respondents may not want to view their neighbors as having a pathology. If the rates of abuse in the region are high the idea that all of those people in the county can be "sick" may be too dissonant for the respondents. Other explanations that are related to external factors that make a person abuse are more "comfortable" to the public. In addition, the survey was initiated by an organization charged with finding preventions, so the respondents could have been predisposed to finding causes that had reasonable preventions.

The source of the survey also represents an aspect of influence over the results. Because the source was part of the "system", the respondents were influenced by the goal of the survey --- discovering ways to prevent child abuse. As a result, respondents may have been making suggestions that the "system" could fix itself. Social services or nonprofit services for children are usually those within the "system" who perform role training for parents. Therefore, even those that suggested training options may have had the system in mind.

Another explanation for the differences in the results found here compared to past researchers is related to methods. Past studies used media examples of sexual abuse and found that people identified individual pathology as a cause of abuse. However, sexual abuse is not as frequent as other forms of abuse and therefore does not give a general view of abuse. The results presented here do not limit the type of abuse or the examples people may have used. Therefore, respondents were not "guided" in their identification of causes. Respondents were answering more generally. The results indicate that the type of abuse may be a contributing factor when trying to understand how people attribute causes of abuse.

Because the respondents were from one community that has publicized its amount of abuse, the results may not be generalized to all communities. The design of the survey did not address the type of abuse upon which the respondent was basing their answers and did not allow respondents to connect the causes and preventions they suggested.

These limitations should be considered when designing future research in the area of public perception of causes, by sampling multiple communities with various levels of child abuse, and directing the type of abuse the respondents assess.

5. Implications

The findings presented here have several implications for researchers and practitioners. As Daro (2002) pointed out the media can help present contextual factors that will help people understand causes and translate those to better policies and support for those policies. As the present results indicate, people are making connections in some areas of causes and preventions, but the areas of social causes and pathological problems as they relate to abuse and prevention remain disconnected. People are comfortable stating that personal problems (pathologies) cause abuse, but they believe the system should be changed to prevent abuse. In addition, while people are comfortable identifying the social context in which child abuse occurs, they either do not know or do not want to suggest social changes that could prevent abuse. Educational programs and media campaigns focusing on the links between the causes and preventions of child abuse are important in increasing support and as Gil (1971) stated "For social policies to be effective they must be based on causal theory concerning the etiology of the condition which is to be corrected or prevented." (p. 646)

To that goal, in addition to educating the public on causes and preventions, continued research on the extent to which each cause contributes to abuse is needed. Moreover, the results of these studies need to be presented to the public to garner more support for prevention programs based on the causes discovered.

Nevertheless, as the results here imply local media attention to the causes is an important avenue for convincing the public of the problems of abuse, rather than relying solely on national coverage in the media and national studies of causes. While some causes are universal, others may be regional. As Hall, Sarangi, and Slembrouck (1997) suggest, different media sources focus on different aspects of the story. Focusing the attention on the local issues and rates of abuse as well as the types of preventions present in the community educates the public, victims and abusers.

Another finding that is particularly useful in designing programs and educating the public is the respondents' desire to help but their lack of knowledge on how to help. While the majority of the people indicated they wanted to help reduce abuse in their community, only half of the people suggested ways they could help. So, education and requests for assistance are linked, and support does not necessarily mean monetary support.

6. Summary

In summary, the results indicate that people view the causes of child abuse in much the same way as the researchers view the causes. In addition, people focus more on the role malfunctions of parenting and social contexts when assessing child abuse causes rather than the system or personal pathologies. When asked about preventions strategies people are not necessarily connecting the preventions to what they believe cause child abuse. People who focus on system failures and role malfunctions suggest system changes and parenting support and training. Nevertheless, those who list social problems and mental illness or drug and alcohol abuse do not suggest social changes or treatment programs as preventions. Instead, they list parental support and training or system changes. Public awareness of causes of child abuse and the preventions associated with those causes is an important link to increasing funding and support for social programs working to reduce child abuse.

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