

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

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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; Steele; 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 (Daro, 2002; Trute, Adkins and McDonald, 1992; Besharov, 1986).

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Therefore, what the public believes are the causes of and viable preventions for child abuse are important in preventing child abuse. The current study examines the types of causes of child abuse and the prevention strategies that community residents suggest. 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 (Collings, 2002; Tite, 1993; Trute, Adkins and MacDonald, 1992; Chan, Elliott, Chow, and Thomas, 2002; O'Toole, Turbett, and Nalepka, 1983; Giovannoni and Beccera, 1979; Strauss and Smith, 1990; Beck and Lips, 1998; Staley and Lapidus, 1997). 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 of the research found that older children are held responsible or blamed for their victimization more than younger children (Finkelhor and Redfield, 1984; Waterman and Foss-Goodman, 1984; Beck and Lipps, 1998; Maynard and Wiederman, 1997). Sex of the respondent, victim and perpetrator had various influences on attributions (Maynard and Wiederman, 1997; Finkelhor and Redfield, 1984; 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 cause directly, Trute, Adkins and MacDonald (1992) asked people about their beliefs that perpetrators were members of a deviant group. The results indicate that most professionals believe that perpetrators are not from a deviant group, though they did find the sex of the respondent resulted in differing responses (Trute, Adkins, and MacDonald, 1992). All of these studies focused on child sexual abuse and employed scenarios that people then evaluated in a structured survey. The exception is Collings (2002) who allowed for spontaneous responses and found less blame of the victim.

Other researchers have examined people's responses to physical abuse in terms of both causes and definitions of 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 schedule, 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, while nurses mentioned cycle of violence, stress, mental illness and alcohol and drugs (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 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 (Hacking, 1991; Conrad, 1997; Gil, 1971; Garbarino, 1977; Garbarino and Sherman, 1980; 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 have 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 (Kohl and Dixon, 2011; Gil, 1971; Garbarino, 1977; Garbarino and Sherman, 1980; Gough, 1996). The popularity of this cause continues to be found in many studies (Sedlak, Mettenburg, Basena, Petta, McPherson, Green, and Li, 2010; Barth, 2009; 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 that identifies the impact of economic stress, parent relations, intergenerational violence, and parental affect (to name a few) on parenting responses to children that result in abuse. Strauss and Smith (1990) identify 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 (Kohl and Dixon, 2011; Dixon, Browne, and Hamilton-Giachritsis, 2009; Portwood, 2006; Belsky, n.d; Baumrind, 1994). Many researchers applying this category include the issue of stress as a precipitating cause (Gil, 1971; Strauss and Smith, 1990; see Baumrind, 1994 for a review). Because the person does not know how to function well as a parent he/she is unable to cope well 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 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. 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 learn that parenting style therefore abuse and neglect their own children. Between 6% (Dixon, 2009) and 19% (Belsky, n.d.) of child maltreatment has been attributed to intergenerational transmission.

Researchers and practitioners suggest that the course of action for this group of perpetrators is to retrain or provide training and/or mentors to assist with fixing 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 have been found to be other causes of child abuse (Strauss and Smith, 1990; Gil, 1971; Parton, 2004; Garbarino, 1977; Garbarino and Sherman, 1980). Strauss and Smith (1990) found socioeconomic factors influenced the rates of abuse as did the sex of the perpetrator. Several researchers attribute the finding of sex of the perpetrator to gender roles or sexism in society by placing a greater emphasis for the care of children on the mother (Portwood, 2006; Belsky, n.d.; 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). Portwood (2006) and Belsky (n.d.) 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 above, 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, resources and support for parents need to be increased in communities.

1.4 System Failure

The final category of causes is that of system failure. The system has been placed under fire from a variety of sources, especially in the media. One element of the backlash on child abuse examined how the system failed to respond to cases effectively and therefore placed children at greater risk (Parton, 2004; Myers, 1994; Finkelhor, 1994; 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 (Myers, 1994; Finkelhor, 1994; Wexler, 1990). To remove this cause would mean a restructuring of the system, which 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

Data was obtained by the author from the Haywood County Task Force on Child Abuse in North Carolina. The survey, written and administered by the Haywood County Task Force on Child Abuse Prevention was sent to teachers, Haywood County, NC leaders, the Chamber of Commerce, the Rotary Club, and other general members of the community.

Haywood County is a rural community located in the Appalachian Mountains and has been identified as having the highest or one of the highest rates of abuse reporting in the state (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.

3. Results

The first question addressed was the relationship between the causes respondents listed and those identified by researchers.

To answer this question responses were categorized 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.

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 malfunction	role
Lack of knowledge about children malfunction	role
Table 1 continued	
Immature parents malfunction	role
Parents are too young malfunction	role
Lack of responsibility	role malfunction
Stress malfunction	role
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 modification	role
Social Support modification	role
Home Interventions modification	role
Educate Youth modification	role
Hotlines	treatment
Make people more personally responsible.	treatment
Counseling	treatment
Religious Training	treatment

The preventions people listed were also grouped into four categories to correspond to the causes. *Treatment* included counseling (psychological and substance) 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 1 for the number of responses in 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.

All 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 either a form of role modification or a system change 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 perception 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.

The third was examined the relationship between causes identified by researchers and those identified by the public.

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 (Sedlak et al. 2010; Barth, 2009; 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 also 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 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 (Daro, 2002; Collings, 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 (Ostendorff, 2002; Ellison, 2004; Manning, 2006). The coverage addressed broad explanations for the abuse not just those that focus on pathologies. The respondents exposed to this type of coverage would potentially have a broader list of causes as well.

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 Margolin (1992) and Hacking (1991) suggest people separate abuse from normal child rearing practices. In addition, as both Gil (1970) and Gelles (1976) argue the pathological cause fulfils 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. When viewing role training the majority of those functions are performed by those within the "system" or at least related to social services or nonprofit services for children. So, 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 those abuses. In addition while people are comfortable identifying the social context in which child abuse occurs they either don't know or don't 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 attention to the causes is an important in 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 regionally important. 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 with reducing 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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