Child Abuse and Neglect

Dimensions and Critical Issues of Child Maltreatment in the African American Community: Causation, Consequences, and Prospects

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Introduction

African Americans, the largest minority population in the United States, suffer disproportionately from preventable diseases and deaths—(Department of Health and Human Services, Office of Minority Health, 1994).

This statement from the Office of Minority Health not only captures the tragic problem of health related issues of African Americans, it also applies to the social welfare problems of these children and their families. Each year over 2,000 children die at the hands of their parents or caretakers (U.S. Advisory Board on Child Abuse and Neglect, 1995). Abuse and neglect in the home are considered one of the leading causes of death for children four years of age and younger and the largest number of child abuse fatalities is due to severe head trauma. Homicide statistics are only part of the grim reality, with near–fatal abuse and neglect accounting for more than 18,000 permanently disabled children, and approximately 142,000 serious injuries (Baladerian, 1991). Findings from the report, *A Nation's Shame: Fatal Child Abuse and Neglect in the United States*, indicate that African Americans are overrepresented in both fatalities and near–fatal injuries (U.S. Advisory Board on Child Abuse and Neglect, 1995).

Research shows that child deaths from physical trauma are most frequently caused by angry, out–of–control males. Mothers are more likely to be responsible for deaths caused by severe neglect (U.S. Advisory Board on Child Abuse and Neglect, 1995). However, researchers

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cannot account for the large numbers of cases of homicide against African American children. Data on the types of abuse by ethnic groups are sparse; yet substantiated cases of all forms of abuse are documented among African Americans. Though it may be difficult to access and generalize from known data, lessons learned from extensive community based practice and clinical research of the Center for Child Protection and Family Support, Washington, DC, illustrate that many African American children are at extreme high risk and often experience serious and long lasting negative consequences of child maltreatment (MAPP, 1995; FOCUS, 1992; IMPACT, 1994).

In the wake of growing concerns about the safety and well–being of all children in our society, we must focus on how to collectively gain greater knowledge and understanding to enable us to improve the quality of services, outcome, and prevention of child abuse for African American children (Holton, 1990). The intent of this paper is to provide an overview of the *risk factors* (i.e., drug abuse, poverty, inadequate parenting, environmental stress) which may contribute to various forms of victimization in the African American community; the *consequences* or impact (i.e., systems abuse, injuries, death) on children and families; the *resilience* factors (i.e., extended family bonds, spirituality); and the *prospects* of promising strategies for prevention (i.e., community–based models).

Although recently there has been increased interest shown to the needs of children of color in the field of child abuse and neglect, national case–specific data on issues of causation, consequences, and the prospects of this problem within the African American community are greatly needed (POCLI, 1994). In other words, we need greater knowledge and a deeper understanding about the intersection of race, class, and gender as they relate to African Americans. Further, there is a need to understand the contextual issues such as history, environment, and the process of parenting in the African American community.

It is well documented that child abuse is a subjectively defined phenomenon and that the mandated reporting system suffers from class and race bias (Daro, 1988; National Research Council, 1993; Williams, 1989). Black children account for approximately 12 percent of the U.S. population, yet in some regions of the country they represent 30 to 70 percent of all reported cases of child abuse (National Research Council, 1993). Despite the large amount of literature on this subject, there continues to be a lack of empirical evidence explaining how broader, socio–economic forces contribute to abusive and neglectful behavior and why such a disproportionate number of families captured by the foster care system are African American

(U.S. Advisory Board on Child Abuse and Neglect, 1995).

Statement of the Problem

Incidence and Prevalence: The Numbers Tell Part of the Story

In the past 15 years, the incidence and complexity of child abuse and neglect has increased considerably in all communities, including the African American community (National Center on Child Abuse and Neglect, 1994; National Committee to Prevent Child Abuse, 1995). Since 1985, the total number of reports nationwide has increased 65 percent (National Committee to Prevent Child Abuse, 1995). In 1993, there were 2 million families involving approximately 2.9 million children who were reported for child abuse (National Center on Child Abuse and Neglect, 1994). According to the 1995 National Committee to Prevent Child Abuse's (NCPCA) fifty state survey, in 1994 there was a 4.5 percent increase in child abuse reports (1995). The causal factors that contribute to these increases and to child abuse and neglect in general, are complex and extend deep into the social, economic, and cultural fabric of our communities (Fairley, 1988). Abuse and neglect occur in all classes and culture. Yet in the low income Black community, the situations of economic instability, unprepared parenthood, social stress and isolation, parent self–hate, and/or the inability to cope with the pressures of everyday life are factors which greatly increase the risk for child maltreatment (FOCUS, 1992; IMPACT, 1993).

Historically, intervention and treatment of African American children in the child welfare system have been plagued by inequitable policies, insufficient services, and inadequate interventions (Billingsly, 1988). Black children are also more likely to be reported as abused and neglected, as documented by various national database systems:

- the Annual Fifty State Survey, conducted by the NCPCA, which began in 1985;
- the Study of National Incidence and Prevalence of Child Abuse and Neglect, carried out in 1980, by Westat; and
- the National Study on Child Abuse and Neglect Reporting (NRS), conducted by the American Humane Association between 1976 and 1987.

According to the National Center on Child Abuse and Neglect (NCCAN), based on aggregate

data from all fifty states in 1993, over 1 million children were substantiated victims of maltreatment (NCCAN, 1994). The majority of reports (53 percent) were made by professionals. Teachers and other school personnel made most of the reports. Almost 1 in 5 reports was from the victim or family members of the victim (NCCAN, 1994). In New York State, slightly more than 1 in 3 children involved in substantiated cases in 1991 were Black, but only 1 in 5 children who lived in the state in 1991 were Black (Children's Defense Fund, 1993). In Illinois in 1990, 41 percent of the reported child abuse or neglect cases involved Black children, while Blacks made up only 24 percent of the state's population (Children's Defense Fund, 1993).

Systems Overload: Trouble for African American Children

The foster care system presents an even more traumatic and depressing picture (Walker et al., 1991). Unfortunately, many African American children are abruptly removed from their homes to protect them from situations of child abuse and neglect, or when parents or relatives are unable or unwilling to care for them. Studies in Detroit, Houston, Miami, New York, and Seattle documented the reasons for placement and the outcomes of foster care intervention on Black children (Walker et al., 1991). Regardless of the reasons, sudden removal from home is traumatic and many of these children suffer from psychological harm that may fester and cause deep resentment and anger (National Commission on Children, 1991).

Nationally, African American children represent about one–third of the children in foster family homes, group homes, and institutions, even though they represent only 15 percent of the total child population (Walker et al., 1991). In 1990, Black children made up almost 40 percent of California's foster care population, but only 8 percent of the state's child population. In Minnesota, the number of Black children in out–of–home care increased by more than 200 percent between 1985 and 1990, while the number of White children in out–of–home care increased by 20 percent. In 1990 there were 2,464 Black children in out–of–home care, 16 percent of the total number of children in substitute care, even though Black children represented only 3 percent of the state's total child population (Children's Defense Fund, 1993).

To add to the difficulties, Black children are more likely to be denied permanent families once in the foster care system (Walker et al., 1991). These children enter the system at younger ages and stay longer than other children (e.g., 14 percent of African American children remain in the system five or more years) (Walker et al., 1991). Many of these children become hostile and emotionally damaged by the separation from siblings, schools, and their natural communities.

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Thousands move from foster placement to foster placement and never have the opportunity to grow up in a stable, caring home environment (National Commission on Children, 1991; Williams, 1989; Walker et al., 1991).

The situation of inadequate services has reached a crisis point in several states including the District of Columbia, New York, Connecticut, Kansas, Pennsylvania, Louisiana, New Mexico, Missouri, and Virginia. In response, the American Civil Liberties Union has filed law suits in an attempt to hold the states more accountable. Washington, DC, which serves thousands of African American children, is in the fourth year of implementing changes mandated by the *LaShawn v. Barry* class action lawsuit. In the fall of 1994, Judge Hogan appointed three receivers to take control of the resource development, corrective action, and protective services. In May 1995, the system was declared "unfixable," and for the first time in the United States, an entire child welfare system was placed under court order (LaShawn v. Barry, 1995). The Commission on Social Services' Child and Family Services Division is under court order to reduce the number of children in foster care by increasing preventive services and family preservation efforts, to improve the quality of foster care service, and to increase the number of children adopted. Therapists treating Black children in foster care face unique problems due to the complicated issues of placement, the uniqueness of culture, and the impact of poverty and racism (Chapman & Terry, 1984). A lack of knowledge on how to work effectively with African American families contributes to the continuing problems of misinformation, inappropriate case handing, and negative outcomes (POCLI, 1994).

Culturally Competent Research and Program Evaluation

Not only are there problems of overrepresentation, inadequate services, and "foster–care drift," but empirical research and program evaluation, which should drive clinical practice and decision making, have been ineffective in enhancing the knowledge base on African American populations (POCLI, 1994; Cross, Bazron & Dennis, 1989). Specific information regarding the demographic characteristics of samples, such as ethnicity, age, gender, and socio–economic status, are not always considered in studies. Therefore it is difficult to know which findings (usually obtained from different study populations) can be generalized to the African American population (Wyatt & Johnson–Powell, 1988). We must ask ourselves: "How does child maltreatment differ in the African American community?" or "Is the problem of maltreatment considered to be the same in other communities?" Trans–generational issues must be studied

carefully and it is dangerous to proceed with any paradigm shift without a solid foundation of research or practice models that work (Pierce, 1995).

An article in the American Professional Society on the Abuse of Children (APSAC) newsletter indicated that clinical research on children of color is often compromised because many researchers fail to address important socio–economic, cultural and racial factors; use biased or skewed sampling strategies; and use ineffective or insensitive subject recruitment strategies which cause the data to be misinterpreted (Urquiza & Wyatt, 1994). According to Amos Wilson, race and race awareness are usually not considered as important variables and are virtually never studied in their own right as chief determinants of factors affecting Black children (Wilson, 1978). To ensure the safety of African American children, there is a need to use research techniques that provide useful and relevant information about the violence against children of color. This may require a revision of traditional clinical research methodology (Urquiza & Wyatt, 1994; Korbin, 1980).

African American Families: Strengths and Vulnerabilities
Traditions and Beliefs

Values related to family life and child rearing are rooted in African traditions (Billingsly, 1988). Much has been written about authoritarian child rearing practices, strong educational goals, the use of corporal punishment, respect of elders, and other core beliefs of the African American community (Hill, 1972; Wilson, 1978). Though it is not emphasized in studies and media coverage, for many Blacks, the family is still the primary source of strength, resilience, and survival—there are expectations for sharing, caring, and giving to one another (McAdoo, 1982).

Discipline is a major part of the African American child rearing process. In the past, it was expected that all responsible adults in the community take part in the training and "up bringing" of children. The family should nurture and support all its members. Young Black children, like all other children, need to grow up in a stable and supportive family, within safe and caring neighborhoods, guided by mature adults. This aids a child's ability to become a productive and compassionate adult (National Commission on Children, 1991). Grandparents and informal adoption practices are common and acceptable in the African American community (Timberlake & Chipungu, 1992).

African history, cultural beliefs, and family traditions on such topics as parenting, problem solving, higher education, empowerment, gender, and kinship issues have been explored extensively in the literature (Wilson, 1978; Chestang, 1976). Informal adoptions, kinship bonds, and the Black church are considered to be long standing safety nets for Black children and the back bone of traditions and values (Dodson & Dodson, 1990; Martin & Martin 1985). In fact, for many Blacks, religion and family are intricately woven. This link can be especially seen in the elaborate funerals provided for family members, where it is the family's obligation to pay special attention to ritual and to show respect for the spirit of the deceased (Willis, 1992).

The family continues to have a major role in influencing the activities and behavior of African American children. Research studies support the conclusion that family functioning has an early and sustained impact on children's ability to adapt to circumstances in the environment (Kumpfer, 1992).

Stress and Environmental Risk Factors: Poverty, Drug Abuse and Community Violence

Family life in African American communities has changed—for many life has gotten much worse (Benjamin, 1994). The long struggle for freedom and equality has had a deep and profound influence on African American families in the United States (Willis, 1992). Many poor Black families are trapped in the same inner city areas that were once the "promised land," but are now plagued by crime, inadequate housing, unemployment, illegal drug dealing, and lack of access to services (National Commission on Children, 1991).

Environmental stresses, which are the results of racism and prejudice in education, job opportunities, and housing, have great impact on children and families in the 1990s (Children's Defense Fund, 1993). Families experiencing severe stress can turn love into neglect, affection into hostility, and discipline into violent and abusive behavior toward the child. (National Commission on Children, 1991). When families are in turmoil, children become victims of their parents' anger and frustrations. These children not only witness the process of problem solving as violent behavior, they are physically abused, seriously neglected, sexually exploited, abducted,

abandoned, thrown away, and even murdered (Thomas, 1995).

All of these factors place children at considerable risk for health problems, poor school performance, delinquency, drug use and abuse, psychological trauma, child abuse and neglect, and fatalities (Thomas, 1995). Several scholars have suggested that the incidence of child maltreatment among African American children is closely related to issues of poverty, societal inequities, and environmental stresses that are experienced by large numbers of African American families (Spearly & Lauderdale, 1983; Daniel, Hampton & Newberger, 1987). Norton, in her study *Understanding the Early Experience of Black Children in High Risk Environments: Culturally and Ecologically Relevant Research as a Guide to Support for Families* (1990), tells of the impact of deplorable environment on Black children. Support from neighbors, availability of community services, and positive connections with schools and other institutions have given way to isolation, "turf issues" among providers, and poor educational outcomes for children (Thomas, 1995).

The overwhelming evidence of the strong relationship between poverty and child abuse and neglect has been discussed earlier in the statement of the problem. Poverty contributes to parents' inability to protect their children from exposure to harm, and has systemic negative effects on children's health and development, including impaired school performance, possible delinquency, early childbearing, and adult poverty (Thomas, 1995). Homelessness, which results from poverty, only makes the situation worse (Alsop, 1990).

The influence of alcohol and drugs as an underlying factor in contributing to child abuse is undeniable. Research has not clarified the specific causal relationship between drug abuse and child abuse, but clinical evidence of such a relationship is frequently reported (Kumpfer, 1992). Those infants who are born exposed to illegal drugs and alcohol are the fastest growing foster care candidates and, concurrently, the foster care system has become overwhelmed by the increase in referrals for Black children said to need out–of–home placement (National Committee to Prevent Child Abuse, 1992).

Drug use and drug trafficking contribute to extremely violent behavior in African American communities, and Black children are caught in the crossfire (Lynch & Hanson, 1992). The NCPCA estimates that more than ten million American children are raised by AOD (alcohol and other drug) abusing caretakers, and every year, at least 675,000 children are seriously

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abused by these caretakers (Family Resource Coalition, 1991). Irritability and anger are common behaviors in AOD abusers; and in stressful situations, children become extremely vulnerable to serious maltreatment (Kumpfer, 1993). Alcohol and drug abuse are the most frequently cited factor contributing to the increase in child maltreatment (U.S. Advisory Board on Child Abuse and Neglect, 1991; Thomas, 1986).

Black children exposed to domestic and community violence are also traumatized. The impact on Black children who witness violence in their home may vary depending upon the length of time that the violence is occurring, the frequency of these acts, and the severity of the physical violence. These variables individually or collectively may also influence the extent of emotional damage to the child. A common effect of being beaten is depression, often making the abused woman emotionally unavailable to her children. Parent–child relationships suffer tremendously and communication is further impaired.

Child maltreatment, spouse abuse, and other forms of domestic violence usually arise from a complex interaction of family characteristics, attributes of particular individuals, environmental factors, and social stresses. The inter–generational transmission of abusive patterns and failure in attachment and bonding also contribute to the "cycle of violence." The problems of alcohol and drug abuse, as well as severe and chronic poverty, are all risk factors for maltreatment.

Consequences and Types of Victimization
Extreme Corporal Punishment

The identification of physically abused children is greatly dependent on medical evidence of trauma, burns, bruises, fractures, or head injuries, which is supported by an unusual social history, such as deprivation, incomplete or inconsistent information, or prior, extreme victimization. Few large scale control studies have been conducted on the specific types of injuries of African American children. However, clinical data is a rich source of information on the types of cases most frequently seen in hospital based child abuse units that predominantly serve African American children (Thomas & Rogers, 1984).

Examination of data from Children's Hospital Medical Center in Washington, DC, which has a 98 percent African American population, illustrates the range of injuries suffered by these children. In 596 intakes (an intake is a new case of suspected abuse or neglect, or a case that is at high risk for abuse and neglect), 122 children were hospitalized. Among the intakes, 25 percent of

the injuries were due to beatings, 22 percent to burns, 15 percent to facial injuries, 14 percent to head trauma, 8 percent to ingestion of suspicious substances, 7 percent to fractures of long bones, 2 percent to genital trauma, 2 percent to retinal hemorrhages, 4 percent to internal injuries, and 1 percent to other causes (i.e., stab wounds, human bites, gunshot wounds, drowning, starvation, and being bound) (Hurley, 1984). The majority of physical abuse injuries of African American children are due to severe beatings, usually committed by a parent, guardian, or caretaker (Thomas & Rogers, 1984).

The long standing belief in "hitting" children continues to be a conflict in the Black community today. Many parents vacillate between doing nothing (for fear of being reported for child abuse) or using extreme corporal punishment (while being emotionally out of control). Today's African American parents and children seem to suffer from role confusion, each wanting to do his or her "own thing." Three problems seem to frequently occur:

- parents fail to use developmentally appropriate discipline;
- they tend to wait until the child is "older" before attempting to set limits; and
- they seem to lack an appropriate understanding of alternative approaches to physically restraining or "hitting" children.

Often underlying anger can get out of control, and serious injury occurs (FOCUS, 1992; IMPACT 1994).

Neglect: The Biggest Problem of All

The greatest number of reported cases to the child welfare system are situations of neglect. In 1993, data collected by the National Center on Child Abuse and Neglect (NCCAN) indicated that nearly half (49 percent) of the victims suffered from some form of neglect (NCCAN, 1994). Child neglect refers to certain problems in implementing caretaker responsibilities and it covers a range of problems including educational, supervisory, emotional neglect, and abandonment. Medical neglect was reported for 2 percent of the victims and emotional maltreatment for five percent. About 15 percent of victims were reported for other types of

neglect, such as abandonment, neonatal drug addiction, and threats to harm the child (NCCAN, 1994). Neglect reports seem to decrease as the age of the child increases for both male and female children. The chronically neglectful African American parent who is in need of mental health treatment, has a problem of drug addiction, is an immature parent with inadequate parenting skills, is very poor, is less educated, or is a single parent living in isolation from support systems is the one families most often reported to the child welfare system (FOCUS, 1992; IMPACT, 1994).

Sexual Victimization: Incest and Stranger Situations

There is no national case specific data on the number of African American children who are victims of sexual abuse. Of all the forms of violence against children, sexual abuse continues to increase at the most rapid rate. Rogers and Thomas conducted a clinical study on 402 African American children at Children's Hospital in Washington, DC (1984). The findings must be interpreted within the context of a clinically based research effort that cannot be presumed to be reflective of the broader national problem, but such findings should provide some insight into the issues of child sexual abuse in the Black community.

One area of particular interest in this study was the finding regarding methods used by offenders to engage these African American children in sexual activity. The most common method was physical force (45 percent), followed closely by physical or bodily threats (44 percent). In many situations, multiple approaches were used; this accounts for the overlap in numbers. Other modes of compliance involved a misrepresentation in moral standards (15.2 percent); bribery (16.9 percent); adult authority (19.2 percent); and non–physical threats (8.6 percent) (Rogers & Thomas, 1984).

In the mid 80s, numerous researchers conducted retrospective studies of adults that suggested that as many as 1 in 5 girls and 1 in every 10 boys may experience some form of sexual abuse or molestation during their childhood. The offenders are often parental figures, other relatives, a neighbor, a baby–sitter, or someone in a power position over the child. Though in many situations it is beyond their control, the family fails to protect the child from this form of violence. Unfortunately, we know very little about whether these findings are consistent among African American children. We do know that children (including African Americans) of all age ranges are sexually abused with even a surprising percentage of infants and toddlers being the targets. Some studies suggest as many as 12 to 15 percent of all child victims are 3 years of age or younger. Rogers and Thomas found that infants as young as 3 months were the victims of

sexual assault (1984).

There are a few fundamental differences related to gender issues and sexual victimization of African American children. For example: boys are more likely to be abused by multiple offenders (20 percent) than girls (13 percent). Girls are more likely to be subjected to multiple types of sexual contact (36 percent) than boys (20 percent). Girls are also more likely to reside with the offender at the time of the most recent abuse (42 percent) than are boys (21 percent). Boys are less likely to be victimized by family members (8 percent) than girls (31 percent) (Rogers & Thomas, 1984). There is a need to replicate this study on African American children, to further identify trends, characteristics, and unique aspects of this problem in the Black community.

Through retrospective case analysis of over 400 cases of child sexual abuse in the African American population, Chapman and Terry (1984) found the critical clinical issues to be: dealing with the sense of betrayal and accompanying inability to trust, the loss of innocence, and the loss of control. We know that thousands of African American children are at risk for a wide range of health problems that are associated with the sexual trauma. These trauma related infirmities are of an acute or chronic nature and may include: sexually transmitted diseases, depression, phobic reactions, HIV\AIDS, post–traumatic stress disorder, acute anxiety, eating disorders, teen pregnancies, poor school performance, and a host of other social adjustment and mental health disorders (Thomas et al., 1985).

Prospects: Models for Prevention and Intervention
Prevention & Early Intervention Models

Families cannot function in isolation apart from communities, institutions, and governments. It is through these mechanisms that resources are made available, policies are determined, agencies are established, services are provided, employment opportunities are made, and families become economically supported.

On a micro level, community based programs can be effective in the development of prevention programs, multi–discipline comprehensive service systems, and participation in systems reform to ensure agency cultural competence for children and families. The best strategy for combating

child abuse is to support families in a proactive manner. There are several promising prevention models that are effective in the prevention of child abuse (Weissbourn, 1987). These programs include: parent training programs, family skills training programs, community based family support, school based conflict resolution programs, and family preservation.

Family support centers are primarily community based, provide prevention services, and promote potential competencies. They are designed to alleviate stress and increase a parent's ability to nurture their children. There are a range of activities such as crisis intervention services, home visitation, parent support groups, individual counseling, informal interactions, and drop–in services (Thomas, 1995). Successful family support centers enable parents to use other resources in the community, and to create supportive networks. The intent is to reduce the isolation and vulnerability of these families. Successful program models must be comprehensive in scope, intervene early in the lives of these children, and coordinate with other groups in the community. Ideally, they should provide day care services and early childhood education, and be part of a prenatal care program. Years of program development and research have provided effective strategies for strengthening Black families and preventing child abuse and neglect, delinquency, and youth gangs (Kumpfer, 1992).

Programs that use a combination of educational strategies such as firearm safety courses, public information campaigns, counseling, classroom education, peer education and mentoring, and crisis intervention have been used in African American communities. Educational programs that are persuasive rather than coercive are the most effective (IMPACT, 1994)

Educational programs to enhance male self–esteem and mediation training have been effective. Mentors and role models are helpful in building pride and in encouraging non–violent approaches to address various problems (MAPP, 1995). Programs that provide crisis intervention, group support, and outreach to children and families have been effective as a strategy in combating the problems with African American youth and violence in the home. Community programs attempting to work with and modify the behavior of high risk youths have good potential to prevent aggressive and violent behavior.

Such programs may focus specifically on high risk populations to reduce the problems of gangs, drug trafficking, juvenile delinquency, child abuse, substance abuse, and out–of–control behavior. Activities such as recreation, life skills development, socialization, and preparation for employment

can be included (FOCUS, 1992).

Summary/Conclusion

Based on clinical and research findings, we know that there is a great deal of overlap among African American children who are exposed to violence in the home, African American children who are exposed to substance abuse, African American children who are poor, and African American children who are victims of child abuse and neglect. The intent of this paper is to provide a broad look at the problem, the risk factors, consequences, and prospects. The primary purpose is to stimulate discussion among scholars and practitioners and to search for greater understanding of the problem, research needs, policy implications, and practice implications. We still need more details and statistics from a comprehensive review of the literature that focuses on specific questions.

We know that statistics and single–risk–factor research reveal only part of the picture. The truth is that in many urban inner cities, children are suffering a great deal from their parent\caretaker's addiction problems and the harsh victimization that is often associated with the problem of substance abuse. These children are trapped in a no–win situation. In many instances, the impact of children living in deplorable environments can be life threatening. The factors that produce the problem of child abuse lie within us as individuals and within our social fabric. The forces needed to address this problem also reside in us. There is no one single approach to rid us of this problem. Rather, it is critical for us to participate in scholarly forums to articulate a broad array of new ideas, recommend a variety of potential demonstration projects, formulate many new public policies, and develop various action plans which will serve as guiding principles to enhance programs for African American children in need. The Institute on Domestic Violence in the African American Community should be developed and defined in terms that are broadly conceived and that describe a general course of multi–disciplinary, multi–systemic, and multi–level governmental action.

In the formulation of this Institute, we must first clearly recognize and fully identify the scope and intricate complexities of the issues involved in child abuse in the African American community. Second, we should review existing prevention strategies that have been successful in other communities and where appropriate, integrate these concepts to meet the broader national

needs. We know that a large knowledge base exists on prevention modalities that could be used to intervene in situations of child abuse. We need to validate their effectiveness from a cultural perspective. In the field of child abuse, we have not only theoretical studies, but empirical research as well to guide our thinking and planning. We need to become confident enough to generalize the findings from other studies. It is critical to use as much factual information as we have available for the development and formulation of training materials, programs, and policies. This is critical if we wish to help African American inner city families to reduce all forms of domestic violence. We must recognize that though absolute answers are still lacking, victimized children from high crime, drug infested communities are a real problem that cannot wait for us—we must take promising approaches that currently exist, such as family preservation and family support efforts at the community level, and implement them and evaluate them across the nation.

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Response:

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Ms. Thomas' paper, *Dimensions and Critical Issues of Child Maltreatment in the African American Community: Causation, Consequence, and Prospects*, is an ambitious yet solid attempt to address a number of critical questions about child maltreatment in African American communities. The work is ambitious for a number of reasons, but two stand out. First, any effort to call attention to a social problem that is as broad and explosive as child abuse, and not fully embraced or understood by the larger society, will be a difficult and sometimes thankless undertaking. Secondly, despite years of research on the subject and the large sums of money and person–hours invested in rescuing battered children and their families, our state–of–the–art interventions are still ill–timed, fragmented, and, once implemented, not well delivered or received. For these reasons, anything Ms. Thomas has to say about the issue of child maltreatment could be challenged. However, when taken as a whole, she did an excellent job with a very complex problem.

Of the many concerns raised by Ms. Thomas, there was no mention of a definition of child maltreatment. As a result, an assumption was made, although erroneous, that everyone knew something about the various forms of maltreatment that were discussed. While some Institute participants might have knowledge of child abuse and neglect, other participants probably had little understanding of the problem. Since the issue of child maltreatment is so broad and subjective, defining our focus would have set needed parameters for the discussion. Most importantly, the focus would have helped us understand how these issues are similar or dissimilar from the experiences of whites and minority groups.

Any abusive or neglectful act involves victims, perpetrators, and sometimes innocent participants. In addition, each form has its own dynamics and causal factors. Therefore, had participants been able to single out one or perhaps two forms of abuse and spend time trying to operationalize how and under what conditions the events operate in African American communities and not in other communities, the Institute would have moved closer to realizing its overall goal. Lacking this focus, particularly about definitional issues, Ms. Thomas' review of risk factors, consequences,

resilience, and promising prevention strategies seems less precise. Thus, the question becomes, to which event do participants apply what they have learned?

Ms. Thomas' observation about African American children being overrepresented in incident reports of child maltreatment, and in out–of–home placements (foster care) is correct. This overrepresentation is underscored in statistics Ms. Thomas presents that show African American families comprise approximately one–fourth of all reports of child maltreatment in 1993 (U.S. Advisory Board on Child Abuse and Neglect, 1995), and represent the "largest minority group in most state foster care systems." This is clearly a reason for the Institute's concern. Equally alarming is the fact that because of sparse data on these children, researchers are limited in what they know about the children's overall circumstances, including treatment of these children while in foster care. Why? This issue has been alluded to in various writings for at least the last three decades. For example, Billingsley and Giovannoni (1972) suggested very early that the child welfare system was never designed or intended to meet the needs of African American children and their families; this is a sobering observation that might generate a lively debate at some future gathering. If the Institute's intent is to do something meaningful on behalf of maltreated African American children and their families, we need a system of care that is sensitive to their needs and circumstances, and we need a better method of tracking and monitoring their progress while in the system. Further, we need to discuss the implications of how data on African American children and their families is currently collected, utilized, and shared, including how present methods serve to clarify or confuse issues related to the well being of the children. Ms. Thomas alludes to some of these issues but the Institute should underscore the urgency of this concern.

I would agree with Ms. Thomas about the range of risk factors that plague many Black communities across the country. For residents in these communities, it means a constant exposure to some of the more severe precursors to child maltreatment known to exist. Ms. Thomas indicates however, that there is a lack of empirical evidence regarding how these broader, socioeconomic forces contribute to abusive and neglectful behavior. I would challenge this conclusion. For example, an excellent review by Parke and Collmer, in an early study, identified research that documented how these broader socioeconomic forces were linked to abusive and neglectful behavior (1975). Forces such as limited education, unemployment, poor housing, failed infrastructures, poor schools, high mobility, isolation, and of course poverty are mentioned as contributing to the contextual climate in which abuse and neglect occur. However, examining these broader socioeconomic and sociopolitical concerns may pose many more problems for

investigators than are caused by examining the intrapsychic model of causation. The trade-off has been to blame the victim and search for causation in individual psychopathologies, a perspective not deemed applicable for the majority of maltreating parents (Parke & Collmer, 1975).

Nonetheless, when considering risk factors, researchers need to keep in mind that it is the combination of risk factors, and not a single factor, that predisposes a person to acts of maltreatment. Over time, these factors accumulate, and in some instances they are passed from generation to generation, which exacerbates most attempts (micro and macro) to eliminate their presence. Failed attempts by human service institutions and others have caused what Ms. Thomas calls a "systems overload," a condition that more than accurately describes current child welfare efforts. But how do the Institute's participants respond to this dilemma? Or better yet, given the negative image of social service programs and their recipients, how do participants of the Institute convince policy makers to consider the fact that "the system has failed children," and therefore, we should stop trying to "fit children into a failed outdated system" that badly needs a new structure and vision! Addressing these points might have sparked an interesting exchange.

Ms. Thomas also mentions a host of interventions that supposedly work well with African American children and their families. One approach in particular, community–based, culturally sensitive programming, does show promise. However, researchers cannot forget about the extent to which urban flight and decay have seriously damaged or, in some cases, destroyed many African American communities. Many have become breeding grounds for a range of risk factors, thus creating a context for child maltreatment that is difficult to change. Interventions at this level and of this magnitude require massive financial (local and federal) support, not to mention person power. But here Ms. Thomas chose to introduce the notion of resilience and historical traditions of African American families and communities. These traditions, although still viable, have difficulty sustaining themselves in hostile environments where their meaning is not well understood or accepted. Unquestionably, these concepts are important, but they fall short of answering the larger question: Who pays the bills? So, the question becomes, how do researchers and practitioners educate people about ways to create conditions where these concepts can operate in today's, or better still, tomorrow's society?

Therefore, despite the promise of these community–based efforts, Ms. Thomas might have examined more closely a model of effective community–based efforts. This would have helped

participants address questions about tradition and resilience among African Americans. While this might have been beyond Ms. Thomas' responsibility, it would have been helpful, to me anyway, to know more about:

- ways to design, initiate, and support community efforts;

- how to identify and bring together principal players who need to be involved in the effort;

- how to focus and prioritize efforts and encourage collaboration and develop partnerships around issues; and

- how to monitor and evaluate progress.

Although conceptually challenging, in operation, other important strategies (e.g., skills training, family reunification, and preservation) Ms. Thomas mentioned are plagued by problems that often work against, rather than for, the best interest of African American children and their families. For example, because so many African American children have no "effective nuclear or extended family," family preservation and reunification strategies must be carefully and cautiously considered. Without a change in vision, these relatively new child welfare paradigms will not resolve the dilemma Black families face. Moreover, child welfare workers, who are the staff that drive these progrms, are often ill prepared and only minimally committed to do the job, let alone to deal with African Americans and their needs. Yet, these workers are given a mandate to intervene on behalf of minimally functioning families. How successful can they be? More clarity about these issues might shed light on why so many African American children are abruptly removed from their homes.

Finally, while the author agrees with the general theme of Ms. Thomas' paper, the Institute's participants should have been alerted to some ways they might proceed with the agenda and still be cognizant of how pending and future fiscal constraints will impact on policy, research, and program planning for maltreated African American children. The erosion of public concern and support for needy African American families, and perhaps for African Americans in general, is unsettling. Yet, despite the uneasiness, Ms. Thomas' paper serves as a catalyst from which more systematic efforts on behalf of maltreated African American children and their families might emerge. If the Institute continues, Ms. Thomas' paper provides the framework for more in–depth explorations of some critical issues in child maltreatment. Thus, researchers have an excellent opportunity to learn from past mistakes. However, in order to take advantage of this

opportunity, African Americans need to prepare now for what is to come in the year 2000!

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