

# Causes and effects of child abuse

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Causes and Effects of Child Abuse Child Abuse and Domestic Violence, 2009

Listen Causes of Child Abuse Child abuse is primarily a problem within families. Even though abuse by nonfamily members does occur, most victims are abused by one or more of their parents. For this reason, much of the research into the causes of child abuse has focused on families and the characteristics and circumstances that can contribute to violence within them. The 1975 National Family Violence Survey and the 1985 National Family Violence Resurvey, conducted by Murray A.

Straus and Richard J. Gelles, are the most complete studies of spousal and parent-child abuse yet prepared in the United States. Unlike most studies of child abuse, the data from these surveys came from detailed interviews with the general population, not from cases that came to the attention of official agencies and professionals. Therefore, Straus and Gelles had a more intimate knowledge of the families and an awareness of incidences of child abuse that were not reported to authorities or community professionals.

Straus and Gelles believe that cultural standards permit violence in the family. They incorporated research from the two surveys and additional chapters into the book *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8, 145 Families* (1990). *Understanding Factors that Contribute to Child Abuse* The factors contributing to child maltreatment are complex. In *Third National Incidence Study of Child Abuse and Neglect* (NIS-3; 1993), the most comprehensive federal source of information about the incidence of child maltreatment in the United States, Andrea J.

Sedlak and Diane D. Broadhurst find that family structure and size, poverty, alcohol and substance abuse, domestic violence, and community violence

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are contributing factors to child abuse and neglect. Even though these and other factors affect the likelihood of child maltreatment, they do not necessarily lead to abuse. It is important to understand that the causes of child abuse and the characteristics of families in which child abuse occurs are only indicators.

Most parents, even in the most stressful and demanding situations, and even with a personal history that might predispose them to be more violent than parents without such a history, do not abuse their children. Murray A. Straus and Christine Smith note in "Family Patterns and Child Abuse" (Straus and Gelles, *Physical Violence in American Families*) that a combination of several factors is more likely to result in child abuse than is a single factor alone.

Also, the sum of the effects of individual factors taken together does not necessarily add up to what Straus and Smith call the "explosive combinations" of several factors interacting with one another. Nonetheless, even "explosive combinations" do not necessarily lead to child abuse. Families at Risk for Child Maltreatment It is impossible to determine whether child maltreatment will occur, but generally a family may be at risk if the parent is young, has little education, has had several children born within a few years, and is highly dependent on social welfare. According to Judith S.

Rycus and Ronald C. Hughes, in *Field Guide to Child Welfare* (1998), a family at high to moderate risk includes parents who do not understand basic child development and who may discipline inappropriately for the child's age, those who lack the necessary skills for caring for and managing a child, those who use physical punishment harshly and excessively, and those who do not appropriately supervise their children. They find that families under

stresses such as divorce, death, illness, disability, unemployment, or incarceration are more likely to abuse or neglect children.

Small stresses can have a cumulative effect and become explosive with a relatively minor event. For potentially abusive parents, high levels of ongoing stress, coupled with inadequate coping strategies and limited resources, produce an extremely high-risk situation for children involved. The Centers for Disease Control and Prevention explains in the fact sheet "Understanding Child Maltreatment" (2008, <http://www.cdc.gov/ncipc/pub-res/CMFactsheet.pdf>) that a family may also be at risk if:

- A child in the family is age four or younger
- The family is socially isolated
- The family has a history of violence, drug or alcohol use, or chronic health problems
- The family is poor
- The surrounding community is particularly violent

Psychological Abuse Psychological abuse can cause great harm to children but tends to be less well recognized than physical or sexual abuse or neglect. In "Family Dynamics Associated with the Use of Psychologically Violent Parental Practices" (Journal of Family Violence, vol. 19, no. , April 2004), Marie-Helene Gagne and Camil Bouchard identify four family characteristics that are likely to result in parental psychological violence. The first involves a scapegoat child, who may be different from other family members by his or her unattractiveness, disability, having been adopted, or being the child of a former spouse. This child is typically neglected by the parents, treated harshly, and excluded from family intimacy. The second type of family has a domineering father, who intimidates the children and may even turn physically violent.

The mother herself may be a victim of spousal violence. The authoritarian mother typifies the third family characteristic leading to parental psychological abuse. She controls the household, and the children are expected to do as she bids. The fourth family characteristic involves the "broken parent," who has not attained maturity and a feeling of self-worth because of a difficult past. This type of parent takes care of the children when things are going smoothly, but falls apart when difficulties arise. Family Structure <http://ic.galegroup.com/ic/ovic/ReferenceDetailsPage/ReferenceDetailsWindow?ailOverType=== OVIC= normal== view= Reference=== true===== e===== GALE%7CEJ3011990103> Single-parent families appear to be at greater risk of child maltreatment. Sedlak and Broadhurst find in NIS-3 that under the Harm Standard, children in single-parent households were at a higher risk of physical abuse and all types of neglect than were children in other family structures in 1993.

Children living with only their fathers suffered the highest incidence rates of physical abuse and emotional and educational neglect. (See Figure: . ) Under the Endangerment Standard higher incidence rates of physical and emotional neglect occurred among children living with only their fathers than among those living in other family structures. (See Figure: . ) The Problem of Substance Abuse Child protective services (CPS) workers are faced with the growing problem of substance abuse among families involved with the child welfare system. According to the U. S.

Department of Health and Human Services (HHS), in Children Living with Substance-Abusing or Substance-Dependent Parents (June 2, 2003,

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<http://www.oas.samhsa.gov/2k3/children/children.pdf>), approximately 70 million children under age eighteen lived with at least one parent in 2001; about 6.1 million (9%) of these children lived with one or more parents with past-year substance abuse or dependence. About one-fifth were five years old or younger (9.8% of three- to five-year-olds and 9.8% of children younger than three). (See Table: . ) Among these children, about 4. million lived with an alcoholic parent, an estimated 953, 000 lived with a parent with an illicit drug problem, and approximately 657, 000 lived with parents who abused both alcohol and illicit drugs. (See Figure: . ) The HSS notes that fathers (7.8%) were more likely than mothers (4%) to report past-year substance abuse or dependence. The 2004 National Survey on Drug Use and Health surveyed parents about different forms of " household turbulence" in the past year. The survey found that households in which there was past-year alcohol dependence or abuse were more likely to report turbulence. For example, 40. % of households containing children in which there was alcohol dependence or abuse reported that people often insulted or yelled at each other, compared to 27. 3% of households with no past-year alcohol dependence or abuse. (See Figure: . ) Nearly a third (29. 8%) of the households with alcohol problems reported that people in the household had serious arguments, compared to 18. 2% of people in households with no alcohol problems. Parents in households with alcohol problems (9. 9%) were also more likely than parents with no alcohol problems (3. 6%) to report that one spouse hit or threatened to hit the other at least once in the past year.

In other words, children living in homes where alcohol dependence or abuse was a problem were more likely to be exposed to domestic violence than

children living in homes where alcohol abuse was not a problem. Sedlak and Broadhurst note that the increase in illicit drug use since the Second National Incidence Study of Child Abuse and Neglect (1986) may have contributed to the increased child maltreatment incidence reported in NIS-3. Children whose parents are substance abusers are at high risk of abuse and neglect because of the physiological, psychological, and sociological nature of addiction.

According to the Child Welfare Information Gateway, in " Substance Abuse and Child Maltreatment" (2003, [http://www. childwelfare. gov/pubs/factsheets/subabuse\\_childmal. cfm](http://www.childwelfare.gov/pubs/factsheets/subabuse_childmal.cfm)), about one-third to two-thirds of substantiated child maltreatment reports (those having sufficient evidence to support the allegation of maltreatment) involve substance abuse. Younger children, especially infants, are more likely to be victimized by substance-abusing parents, and the maltreatment is more likely to consist of neglect than abuse. Many children experience neglect when a parent is under the influence of alcohol or is out of the home looking for drugs.

Even when the parent is at home, he or she may be psychologically unavailable to the children. Substance Abuse among Pregnant Women. Illicit drug use among pregnant women continues to be a national problem. Each year the National Survey on Drug Use and Health, formerly known as the National Household Survey on Drug Abuse, asks female respondents aged fifteen to forty-four about their pregnancy status and illicit drug use the month before the survey. In Results from the 2006 National Survey on Drug Use and Health: National Findings (September 2007, [http://www. oas. samhsa. ov/nsduh/2k6nsduh/2k6Results. pdf](http://www.oas.samhsa.ov/nsduh/2k6nsduh/2k6Results.pdf)), the Substance Abuse and

Mental Health Services Administration's Office of Applied Studies states that in 2005-06, 4% of pregnant women, compared to 10% of nonpregnant women, reported using illicit drugs during the past month. (See Table: . ) Pregnant teens were much more likely to use illicit drugs than were older pregnant women; 15. 5% of pregnant women aged fifteen to seventeen reported illicit drug use the previous month, compared to just 1. 8% of pregnant women aged twenty-six to forty-four. Among pregnant women, more African-Americans (6. %) than whites (4. 7%) and Hispanics (1. 4%) reported using illicit drugs the previous month. Children at Illicit Drug Labs. The rapid growth of methamphetamine use in the United States has resulted in the establishment of clandestine methamphetamine laboratories (meth labs) in many places. In years past large-scale operations, particularly in California and Mexico, produced large quantities of drugs, which were then distributed throughout various areas in the country. With more demand for methamphetamines, many small-scale businesses have started operating.

Because methamphetamines can be produced almost anywhere using readily available ingredients, nearly anyone can set up a temporary laboratory, make a batch of drugs, then dismantle the apparatus. Authorities have found makeshift laboratories in places inhabited or visited by children, including houses, apartments, mobile homes, and motel rooms. As more children are found living in or visiting home-based meth labs, CPS personnel have to deal with those children who have been exposed not only to potentially abusive people associated with the production of methamphetamines but also to dangers such as fire and explosions.

Melinda Hohman, Rhonda Oliver, and Wendy Wright report in "Methamphetamine Abuse and Manufacture: The Child Welfare Response" (Social Work, vol. 49, no. 3, July 1, 2004) that hazardous living conditions in these labs include unsafe electrical equipment, chemical ingredients that can cause respiratory distress and possibly long-term effects such as liver and kidney disease and cancers, syringes, and the presence of firearms and pornography.

Police find meth homes with defective plumbing, rodent and insect infestation, and without heating or cooling. Children living in meth labs are also likely to be victims of severe neglect and physical and sexual abuse. According to Karen Swetlow, in Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims (June 2003, <http://www.ojp.usdoj.gov/ovc/publications/bulletins/children/197590.pdf>), thousands of children were living in or visiting meth labs that were seized by law enforcement nationwide between 2000 and 2002.

In 2002, 1,026 children, or about half of the 2,077 children present during lab-related incidents, were taken into protective custody. (See Table: . )

Poverty and Unemployment Even though Sedlak and Broadhurst find in NIS-3 a correlation between family income and child abuse and neglect, most experts agree that the connection between poverty and maltreatment is not easily explained. In Depression, Substance Abuse, and Domestic Violence: Little Is Known about Co-occurrence and Combined Effects on Low-Income Families (June 2004, [http://www.ccp.org/publications/pdf/text\\_546.pdf](http://www.ccp.org/publications/pdf/text_546.pdf)), Sharmila Lawrence, Michelle Chau, and Mary Clare Lennon show that the problems of depression, substance abuse, and domestic violence are

interrelated and that these problems are more likely to be prevalent among low-income families. They note that federally funded and community-based programs, such as Early Head Start, which are designed to help low-income parents and their infants and toddlers, recognize the connection between poverty and parental and child well-being. Lawrence M.

Berger of the University of Wisconsin, Madison, argues in "Income, Family Characteristics, and Physical Violence toward Children" (Child Abuse and Neglect: The International Journal, vol. 29, no. 2, February 2005) that several family factors make abuse of children more likely. He finds that in both single- and two-parent families, depression, maternal alcohol consumption, and a history of family violence put children at risk for abuse. Low income was significantly related to violence toward children, but only in single-parent families.

In "Understanding the Ecology of Child Maltreatment: A Review of the Literature and Directions for Future Research" (Child Maltreatment, vol. 11, no. 3, 2006), Bridget Freisthler, Darcey H. Merritt, and Elizabeth A. LaScala underscore the influence of neighborhood characteristics, such as impoverishment and housing stress, in rates of child maltreatment. The researchers also show that unemployment, child care difficulties, and alcoholism may also contribute in this atmosphere to child maltreatment.

### Violent Families

Straus and Smith report that one of the most distinct findings of the National Family Violence Resurvey is that violence in one family relationship is frequently associated with violence in other family relationships. In families in which the husband struck his wife, the child abuse rate was much higher

(22.3 per 100 children) than in other families (8 per 100 children). Similarly, in families in which the wife hit the husband, the child abuse rate was also considerably higher (22.9 per 100 children) than in families in which the wife did not hit the husband (9. per 100 children). In *Domestic Violence, Child Abuse, and Youth Violence: Strategies for Prevention and Early Intervention* (March 14, 2005, <http://www.mincava.umn.edu/link/documents/fvpf2/fvpf2.shtml>), Janet Carter reviews the research and finds that domestic violence and child abuse often occur in the same families. One study finds that 50% of the men who regularly assaulted their wife also assaulted their children; another finds that 59% of mothers of abused children have also been assaulted by their partner.

Shannan Catalano of the Bureau of Justice Statics notes in *Intimate Partner Violence in the United States* (December 2007, <http://www.ojp.usdoj.gov/bjs/intimate/ipv.htm#contents>) that between 2001 and 2005, 510,970 women and 104,820 men were victims of abuse by an intimate partner. (See Table: . ) Children were known to reside in 38.1% of the households with female victims and 21% of the households with male victims of intimate partner violence. Experts believe these children are at high risk of being abused as well.

To determine the relationship among family stress, partner violence, caretaker distress, and child abuse, Suzanne Salzinger et al. compare in "Effects of Partner Violence and Physical Child Abuse in Child Behavior: A Study of Abused and Comparison Children" (*Journal of Family Violence*, vol. 17, no. 1, March 2002) a sample of one hundred New York City children from grades four to six who experienced physical abuse with a control group of

one hundred nonabused children. They questioned each caretaker concerning stressful events that had occurred in their family during the lifetime of the subject child.

These stress factors included, among other things, separation or divorce, drug abuse, alcohol abuse, deaths, serious illness in the past year, and job loss in the past year. Salzinger et al. find that in households where partner violence and child maltreatment both occurred, the children suffered physical aggression from both the perpetrator and the victim. In addition, in these households the mothers—who were typically the primary caretakers—reported that they were more likely than the fathers to physically abuse the children.

Interestingly, Salzinger et al. find that family stress, not partner violence, was responsible for caretaker distress, which in turn increased the risk for child abuse. Even if children themselves are not battered, witnessing assaults on a mother is damaging to children. In "Longitudinal Investigation of the Relationship among Maternal Victimization, Depressive Symptoms, Social Support, and Children's Behavior and Development" (Journal of Interpersonal Violence, vol. 20, no. 12, 2005), Catherine Koverola et al. find that maternal victimization is related to child behavior problems at age four and persists to at least age eight. Mothers, Fathers, and Siblings A family's dynamics, stress levels, and overall situation are significant risk factors for child maltreatment, but there are other considerations as well. Many researchers have investigated how the background and temperament of the individual caregivers within a family influence the likelihood of child abuse.

Maltreatment by Mothers Straus and Smith find that women are as likely, if not more likely, as men to abuse their children.

They believe child abuse by women can be explained in terms of social factors rather than in psychological factors. Women are more likely to abuse their children because they are more likely to have much greater responsibility for raising the children, which means they are more exposed to the trials and frustrations of child rearing. Women spend more "time at risk" while tending to their children. "Time at risk" refers to the time a potential abuser spends with the victim. To determine the connection between psychological risk factors for child maltreatment and chronic maltreatment, Louise S.

Ethier, Germain Couture, and Carl Lacharite of the Universite du Quebec a Trois-Rivieres conducted interviews and tests of a group of abusive mothers in Quebec, Canada, on three separate occasions: during the initial recruitment for an intervention program; two years later at the end of the program; and four years after the initial recruitment as a follow-up. In "Risk Factors Associated with the Chronicity of High Potential for Child Abuse and Neglect" (Journal of Family Violence, vol. 19, no. , February 2004), the researchers report that fifty-six mothers were evaluated: twenty-one mothers whose files at the social agencies had been closed for at least four months (transitory problems group), and thirty-five mothers who were still abusive (chronic group). The risk factors were categorized into two general groups: the mother's history and her characteristics as an adult. The mother's history included placement in foster care, childhood sexual abuse,

running away from home in her teens, breakups with parental relationships, parental unavailability, neglect, and physical violence.

The mother's adult characteristics included family unemployment, limited social support, past intimate partner violence, low level of intellectual functioning, low level of education, and high numbers of children and partners. Ethier, Couture, and Lacharite find that mothers who reported a history of childhood sexual abuse, placement in foster care, and running away from home during adolescence were more likely to chronically mistreat their own children. Overall, mothers exhibiting more than eight risk factors had about four times the risk for chronic child maltreatment.

Those with a history of childhood sexual abuse were 3.8 times more likely to chronically mistreat their children than those without this risk factor. The risk for chronic child maltreatment was 3.6 times greater for those with a childhood history of placement in foster care and 3 times greater for those with a history of running away from home in adolescence. Ethier, Couture, and Lacharite find that the following risk factors also predisposed mothers to chronic child maltreatment: childhood neglect (0.6 times more likely than those without this risk factor), physical violence (0. times), and unavailability of and breakup with parental figures (0.9 and 1.5 times, respectively). Ethier, Couture, and Lacharite conclude that traumatic experiences of childhood sexual abuse (77.8% of mothers in the study), placement in foster care (80%), and running away from home during adolescence (77.3%) had the greatest adverse effects on the mother's ability to parent her children. Carol Coohey compares in "Battered Mothers Who Physically Abuse Their Children" (Journal of Interpersonal Violence, vol. 19, no. , August 2004) four

groups of mothers: those who were battered and who physically abused their children, those who were neither battered nor who physically abused their children, those who were battered but who did not physically abuse their children, and those who were not battered but who did physically abuse their children. Cooley finds that women who were assaulted by their own mother as children—not women who were battered by their partner—were the most likely to abuse their own children. Maltreatment by Fathers According to Katreena L.

Scott and Claire V. Crooks, in "Effecting Change in Maltreating Fathers: Critical Principles for Intervention Planning" (Clinical Psychology: Science and Practice, vol. 11, spring 2004), even though some fathers are perpetrators of child maltreatment, little research has been done on abusive fathers. The researchers note that for intervention services to be effective, it is important to know the characteristics of abusive fathers. Abusive fathers tend to be controlling of their children. Being self-centered, they demand respect and unconditional love.

They are insecure and are constantly looking for signs of defiance or disrespect. An abusive father may feel that a child has more power than he does and may misinterpret a child's action as misbehavior. He therefore inflicts physical abuse to regain control. An abusive father has a sense of entitlement, expecting his children to do as he says. Scott and Crooks point out that sexual abuse may result from the father's sense of entitlement. An abusive father's involvement with his children is usually based on his own needs, focusing on activities that he likes instead of what the children may want to do. However, his interest in his children may come and go,

depending on his emotional state. Some fathers maltreat their children because they believe in the stereotypical role of fathers as disciplinarians. Some also feel that they have to show others that they are doing a good job as a parent. Refusing to acknowledge that they may be having a tough time as a parent, they take out their frustrations on the children. Maltreatment by Siblings Vernon R.

Wiehe explores in What Parents Need to Know about Sibling Abuse: Breaking the Cycle of Violence (2002) the reasons siblings hurt each other. Sibling abuse may stem from a desire to control another person or to take advantage of that person. The sibling in control typically does not know how to empathize (be aware and sensitive to the feelings of others). Wiehe notes the reason most often given for sibling abuse is that an older sibling has been put in charge of younger siblings. Some parents may expect too much from older children, relegating parental responsibilities to them.

Even if an older brother or sister is capable of babysitting his or her younger siblings, he or she lacks the knowledge or skills to parent. Wiehe also points out that sibling abuse may be a learned behavior. Children who grow up in households where they see their parents abusing each other or are the recipients of such abuse may in turn use aggression toward one another. Children may also learn abusive behavior from television programs, movies, videos, and computer games. Consequences of Childhood Maltreatment Cycle of Violence

In " Childhood Victimization: Early Adversity, Later Psychopathology" (National Institute of Justice Journal, January 2000), one of the most detailed longitudinal studies (a study of the same group over a period of time) of the <https://assignbuster.com/causes-and-effects-of-child-abuse/>

consequences of childhood maltreatment, Cathy Spatz Widom focuses on 908 children in a midwestern metropolitan area who were six to eleven years old when they were maltreated (between 1967 and 1971). A control group of 667 children with no history of childhood maltreatment was used for comparison.

Each group contained about two-thirds whites and one-third African-Americans and about an equal number of males and females. Widom examined the long-term consequences of childhood maltreatment on the subjects' intellectual, behavioral, social, and psychological development. When the two groups were interviewed for the study, they had a median age (half were older, half were younger) of about twenty-nine years. Widom is widely known for her work on the cycle of violence theory. This theory suggests that childhood physical abuse increases the likelihood of arrest and of committing violent crime during the victim's later years.

Widom finds that even though a large proportion of maltreated children did not become juvenile delinquents or criminals, those who suffered childhood abuse or neglect were more likely than those with no reported maltreatment to be arrested as juveniles (31. 2% versus 19%) and as adults (48. 4% versus 36. 2%) when surveyed in 1986. (See Table: . ) The maltreated victims (21%) were also more likely than those with no reported childhood maltreatment history (15. 6%) to be arrested for a violent crime during their teen years or adulthood.

Widom notes that the victims' later psychopathology (psychological disorders resulting from the childhood maltreatment) manifested itself in suicide attempts, antisocial personality, and alcohol abuse and/or

dependence. When surveyed in 1989, maltreatment victims were more likely than the control individuals to report having attempted suicide (18. 8% versus 7. 7%) and having manifested antisocial personality disorder (18. 4% versus 11. 2%). Both groups, however, did not differ much in the rates of alcohol abuse and/or dependence.

In " Adult Psychopathology and Intimate Partner Violence among Survivors of Childhood Maltreatment" (Journal of Interpersonal Violence, vol. 19, no. 10, October 2004), Ariel J. Lang et al. conducted research that also supports the association between childhood maltreatment and psychopathology in adulthood. Widom finds that gender plays a role in the development of psychological disorders in adolescence and adulthood. In 1989 females (24. 3%) with a history of childhood maltreatment reported being more likely to attempt suicide, compared to their male counterparts (13. 4%). (See Table: . However, a significantly larger percentage of male victims (27%) than female victims (9. 8%) developed an antisocial personality disorder. Even though mistreated males (64. 4%) and control subjects (67%) had similar proportions of alcohol abuse or dependence, females who experienced abuse or neglect were more likely than the control group to have alcohol problems (43. 8% versus 32. 8%). Another phase of Widom's cycle of violence research was conducted when the maltreated and control groups had a median age of 32. 5 years. Aside from collecting arrest records from federal, state, and local law enforcement, Cathy S. Widom and Michael G.

Maxfield, in An Update on the " Cycle of Violence" (February 2001, [http://www. ncjrs. gov/pdffiles1/nij/184894. pdf](http://www.ncjrs.gov/pdffiles1/nij/184894.pdf)), also conducted interviews in 1994 with the subjects. Overall, Widom and Maxfield find that childhood

abuse or neglect increased the likelihood of arrest in adolescence by 59% and in adulthood by 28%. Childhood maltreatment also increased the likelihood of committing a violent crime by 30%. Even though earlier analysis of the maltreated group found that most of the victims did not become offenders, Widom and Maxfield's study shows that nearly half (49%) of the victims had experienced a nontraffic offense as teenagers or adults.

Comparison by race shows that even though both white and African-American maltreated children had more arrests than the control group, there was no significant difference among whites in the maltreated and control groups. Among African-American children, however, the maltreated group had higher rates of arrests. Maltreated African-Americans were nearly twice as likely as their counterparts in the control group to be arrested as juveniles (40. 6% versus 20. 9%). (See Table: . ) Abigail A. Fagan's research in " The Relationship between Adolescent Physical Abuse and Criminal Offending: Support for an Enduring and

Generalized Cycle of Violence" (Journal of Family Violence, vol. 20, no. 5, October 2005) supports the cycle of violence theory. She demonstrates that adolescents who are physically abused are more likely to commit violent and nonviolent crimes, use drugs, and batter their partners. Even though this relationship holds steady across racial and class backgrounds, the frequency of this behavior is moderated by family income, the area in which the adolescent lives, and family structure. Widom and Maxfield also examined the type of childhood maltreatment that might lead to violence later in life.

They find that physically abused children (21. 1%) were the most likely to commit a violent crime in their teen or adult years and were closely followed

by those who experienced neglect (20. 2%). (See Table: . ) Even though their study shows that just 8. 8% of children who had been sexually abused were arrested for violence, Widom and Maxfield note that the victims were mostly females, and " females less often had a record of violent offenses. " Jennie G. Noll suggests in " Does Childhood Sexual Abuse Set in Motion a Cycle of Violence against Women? What We Know and What We Need to Learn" (Journal of Interpersonal Violence, vol. 20, no. 4, April 2005) that sexual abuse of females, rather than resulting in criminal behavior as the girl ages, sets in motion a cycle of violence against women. She argues that a girl who is sexually abused as a child is more likely than her peers to be physically or sexually assaulted in adolescence. Ultimately, these women are more likely to abuse their own children than are women who were not assaulted in childhood. The Consequences of Neglect When most people think of child maltreatment, they think of abuse and not neglect.

Furthermore, research literature and conferences dealing with child maltreatment have generally overlooked child neglect. The congressional hearings that took place before the passage of the landmark Child Abuse Prevention and Treatment Act of 1974 focused almost entirely on examples of physical abuse. Barely three pages of the hundreds recorded pertained to child neglect. Nonetheless, every year the federal government reports a high incidence of child neglect. According to the Administration for Children, Youth, and Families (ACYF), in Child Maltreatment 2006 (2008, <http://www.hhs.gov/programs/cb/pubs/cm06/cm06.pdf>), in 2006, 64. 1% of all victims of child maltreatment experienced neglect, compared to 16% of all victims who were physically abused. It is important to note that these

percents pertain only to children reported to CPS, and whose cases had been substantiated. Experts believe these numbers are grossly underreported. Neglect does not necessarily leave obvious physical marks like abuse does, and it often involves infants and young children who cannot speak for themselves. Severe neglect can have devastating consequences.

For example, James M. Gaudin Jr. reports in "Child Neglect: Short-Term and Long-Term Outcomes" (Howard Dubowitz, ed., *Neglected Children: Research, Practice, and Policy*, 1999) that, compared to both nonmaltreated and physically abused children, neglected children have the worst delays in language comprehension and expression. Psychologically neglected children also score lowest in intelligence quotient tests. Michael D. De Bellis of Duke University posits in "The Psychobiology of Neglect" (*Child Maltreatment*, vol. 10, no. , 2005) that childhood neglect might have profound affects on neuropsychological development, although the exploration of these effects is still in its infancy. More than four out of ten (41. 1%) of the children who died of child maltreatment in 2006 died of neglect alone. (See Figure: . ) Neglect can lead to death from causes such as malnourishment, lack of proper medical care, or abandonment. Emotional neglect, in its most serious form, can result in the "nonorganicfailureto thrive syndrome," a condition in which a child fails to develop physically or even to survive.

According to Gaudin, studies find that even with aggressive intervention the neglected child continues to deteriorate. The cooperation of the neglectful parents, which is crucial to the intervention, usually declines as the child's condition worsens. It is difficult to change the parental attributes that have contributed to the neglect in the first place. Maltreated Girls Who Become

Offenders In " Childhood Victimization and the Derailment of Girls and Women to the Criminal Justice System" (Beth E. Richie, Kay Tsenin, and Cathy Spatz Widom, Research on Women and Girls in the Justice System, September 2000, [http://www. cjrs. gov/pdffiles1/nij/180973. pdf](http://www.cjrs.gov/pdffiles1/nij/180973.pdf)), Widom studied a group of girls who had experienced neglect and physical and sexual abuse before age eleven through young adulthood. Widom finds that abused and neglected girls were almost twice as likely (20%) to have been arrested as juveniles, compared to a matched control group of nonabused girls (11. 4%), and almost twice as likely as the control group to be arrested as adults (28. 5% versus 15. 9%). Additionally, the maltreated girls were also more than twice as likely (8. 2%) as the nonmaltreated girls (3. %) to have been arrested for violent crimes. However, Widom notes that even though abused and neglected girls were at increased risk for criminal behavior, about 70% of the maltreated girls did not become criminals. Cathy Spatz Widom, Daniel Nagin, and Peter Lambert find in " Does Childhood Victimization Alter Developmental Trajectories of Criminal Careers? " (paper presented at the annual meeting of the American Society of Criminology, Washington, DC, November 1998) that 8% of the maltreated girls developed antisocial and criminal lifestyles that carried over to adulthood.

Among this group, nearly two out of five (38%) had been arrested for status offenses as juveniles, but a larger percentage had been arrested for violence (46%) and property crimes (54%). Another third (32%) had been arrested for drug crimes. None of the girls in the control group exhibited these tendencies. Dating Violence In " Child and Adolescent Abuse and Subsequent Victimization: A Prospective Study" (Child Abuse and Neglect: The

International Journal, vol. 29, no. 12, December 2005), Cindy L. Rich et al. investigate the possible relationship between abuse in childhood and teen dating violence. They find that early emotional abuse by parents put adolescent women at risk. They also find that early physical abuse by a father put female adolescents at risk for sexual violence in their dating relationships. Rich et al. are careful to note that emotional abuse by both parents was actually more predictive of subsequent psychological symptoms than was physical or sexual abuse. They state, " Thus, subtler forms of abuse can be equally or more traumatic and set the stage for subsequent abuse experiences. "

On the contrary, Marie-Helene Gagne, Francine Lavoie, and Martine Hebert find in " Victimization during Childhood and Revictimization in Dating Relationships in Adolescent Girls" (Child Abuse and Neglect: The International Journal, vol. 29, no. 10, October 2005) that extrafamilial experiences with violence are a more important risk factor for subsequent dating violence than is abuse experienced at the hands of family members. In particular, young girls' experiences with violent or victimized peers, verbal sexual harassment by male peers, and previous dating violence all significantly contributed to the risk of subsequent dating violence.

**Illicit Drug Use** Illicit drug use is associated with behaviors leading to violence, sexually transmitted diseases, other health problems, and crime. In " Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study" (Pediatrics, vol. 111, no. 3, March 2003), Shanta R. Dube et al. study a population of 8, 613 adult members of a health plan who filled out a questionnaire relating to their

adverse childhood experiences (ACEs) during the first eighteen years of life. The intent of Dube et al.'s study was to determine the effects of related ACEs on various health outcomes and behaviors. ACEs included physical, emotional, or sexual abuse; physical or emotional neglect; and household dysfunction, such as a battered mother, parental separation or divorce, mental illness at home, substance abuse in the home, or an incarcerated household member. Dube et al. find that each ACE increased two to four times the likelihood of initiation to illicit drug use by age fourteen and increased the risk of drug use into adulthood. They note that several ACEs usually occur together.

Their cumulative effect on illicit drug use is strongest during early adolescence because the young teen has just been through these painful experiences and is at the same time undergoing the turmoil characteristic of that age group. However, ACEs were also found to increase the likelihood of initiation to illicit drug use among adolescents aged fifteen to eighteen and people aged nineteen and over, showing the long-term effects of these experiences. Moreover, people who had experienced more than five ACEs were seven to ten times more likely to have illicit drug use problems, specifically addiction to illicit drugs and intravenous drug use.

In "Substance Use in Maltreated Youth: Findings from the National Survey of Child and Adolescent Well-Being" (Child Maltreatment, vol. 12, no. 1, 2007), Ariana E. Wall and Patricia L. Kohl find that among maltreated children aged eleven to fifteen, 20% reported low levels of substance use and 9% reported moderate to high levels of use. A high level of monitoring by the current caregiver decreased the level of substance use among these youth. Wall and

Kohl conclude, " Caregiver monitoring may be a key tactic in attempts to reduce the likelihood of substance use in maltreated youth. " Widom et al. ind in " Long-Term Effects of Child Abuse and Neglect on Alcohol Use and Excessive Drinking in Middle Adulthood" (Journal of Studies on Alcohol and Drugs, vol. 68, no. 3, May 2007) that the greater likelihood that maltreated children will abuse substances continued into adulthood for women. The researchers studied individuals with documented cases of physical abuse, sexual abuse, or neglect in childhood. They note that women with histories of child abuse and neglect reported consuming larger amounts of alcohol in the past year and drank eight or more drinks in more days in the past month than did women without abuse or neglect histories.

Problems in Early Brain Development The National Scientific Council on the Developing Child sponsors a variety of research projects that focus on the effects of stressful environments on children's developing brains. A number of research projects, such as Excessive Stress Disrupts the Architecture of the Developing Brain (2005, [http://www.developingchild.net/pubs/wp/Stress\\_Disrupts\\_Architecture\\_Developing\\_Brain.pdf](http://www.developingchild.net/pubs/wp/Stress_Disrupts_Architecture_Developing_Brain.pdf)) and Dorian Friedman's Stress and the Architecture of the Brain (2005, [http://www.developingchild.net/pubs/persp/pdf/Stress\\_Architecture\\_Brain.df](http://www.developingchild.net/pubs/persp/pdf/Stress_Architecture_Brain.df)), show that child abuse or neglect during infancy and early childhood affects early brain development. Brain development, or learning, is the process of creating connections among neurons in the brain, called synapses. Neurons, or nerve cells, send signals to one another through synapses, which in turn form the neuronal pathways that enable the brain to respond to specific environments. An infant is born with very few synapses formed. These

include synapses that are responsible for breathing, eating, and sleeping. During the early years of life the brain develops synapses at a fast rate.

Scientists find that repeated experiences strengthen the neuronal pathways, making them sensitive to similar experiences that may occur later on in life. Unfortunately, if these early life experiences are of a negative nature, the development of the brain may be impaired. For example, if an infant who cries for attention constantly gets ignored, his or her brain creates the neuronal pathway that enables him or her to cope with being ignored. If the infant continually fails to get the attention he or she craves, the brain strengthens that same neuronal pathway. Childhood abuse or neglect has long-term consequences on brain development.

When children suffer abuse or neglect, their brains are preoccupied with reacting to the chronic stress. As the brain builds and strengthens neuronal pathways involved with survival, it fails to develop social and cognitive skills. Later on in life, maltreatment victims may not know how to react to kindness and nurturing because the brain has no memory of how to respond to these new experiences. They may also have learning difficulties because the brain has focused solely on the body's survival so that the thinking processes may not have been developed or may have been impaired.

Hyperarousal is another consequence of maltreatment on brain development. During the state of hyperarousal, the brain is always attuned to what it perceives as a threatening situation. The brain has "learned" that the world is a dangerous place and that it has to be constantly on the alert. The victim experiences extreme anxiety toward any perceived threat, or he or she may use aggression to control the situation. For example, children who

have been physically abused may start a fight just so they can control the conflict and be able to choose their adversary. Males and older children are more likely to exhibit hyperarousal.

According to Friedman, " Childhood adversity shapes a stress system that has trouble flipping the 'off' switch. " Researchers find that even though males and older children tend to suffer from hyperarousal, younger children and females are more likely to show dissociation. In the dissociative state, victims disconnect themselves from the negative experience. By " pretending" not to be there, their body and mind does not react to the abusive experience. Childhood maltreatment can result in the disruption of the attachment process, which refers to the development of healthy emotional relationships with others.

Under normal circumstances the first relationship that infants develop is with their caregivers. Such relationships form the basis for future emotional connections. In maltreated children the attachment process may not be fully developed, resulting in the inability to know oneself as well as to put oneself in another's position. Posttraumatic Stress Disorder Posttraumatic stress disorder (PTSD) is an anxiety disorder that sometimes develops after experiencing a terrifying event in which a person is severely physically harmed or was threatened with severe physical harm.

People with PTSD may experience flashbacks (they re-experience the trauma), sleep disturbances, emotional numbness, depression, rage, memory loss, concentration problems, anxiety, and physical symptoms. The disorder can be highly distressing for sufferers. Physical and sexual abuse in childhood can lead to the development of PTSD, which can persist into

adulthood. Some psychologists, such as Judith Lewis Herman, in *Trauma and Recovery* (1997), have defined a disorder called complex PTSD, which is found among people who have been exposed to prolonged traumatic experience, as is usually the case among child abuse survivors.

Sheryn T. Scott of Azusa Pacific University finds in "Multiple Traumatic Experiences and the Development of Posttraumatic Stress Disorder" (*Journal of Interpersonal Violence*, vol. 22, no. 7, 2007) that multiple lifetime traumatic events, such as physical and sexual abuse in childhood, lifetime community violence, and domestic violence increases the likelihood of developing PTSD. In other words, victimized adults who were subjected to physical or sexual abuse in childhood are more likely than other victimized adults to develop PTSD.

The number of traumas, as well as their severity, is related to the severity of the symptoms developed. Death Child fatality is the most severe result of abuse and neglect. In "Risk of Death among Children Reported for Nonfatal Maltreatment" (*Child Maltreatment*, vol. 12, no. 1, 2007), Melissa Jonson-Reid, Toni Chance, and Brett Drake find that low-income children who had been reported maltreated were at about twice the risk of death before age eighteen as a comparison group of other low-income children without reported maltreatment. Approximately 0. % of the children with maltreatment reports died in childhood, compared to 0. 3% of other children. Most of these deaths were preventable—if they were not the result of recurrent maltreatment, they resulted from other preventable causes, such as accidents. Among the children with maltreatment reports, the median time from the first report to the subsequent death was nine months. This

study underscores the dangers that face maltreated children. In 2006 CPS and other state agencies, including coroners' offices and fatality review boards, reported an estimated 1,376 deaths from child maltreatment. See Table: . ) The national fatality rate was 2.04 per 100,000 children in the general population in 2006. Texas reported the highest rate (3.96 deaths per 100,000 children), followed by West Virginia (3.86 deaths per 100,000 children). Rhode Island and Vermont were the only two states that reported no deaths resulting from child maltreatment that year. In 2006 children three years old and younger accounted for a majority (78%) of deaths due to maltreatment. (See Figure: . ) Almost half (44.2%) of the deaths consisted of infants less than one year old.

The ACYF reports in Child Maltreatment 2006 that infant boys had a fatality rate of 18.5 per 100,000 and infant girls had a fatality rate of 14.7 per 100,000. Young children are more likely to be victims of child fatalities because of their small size, their dependency on their caregivers, and their inability to defend themselves. Neglect alone was responsible for 41.1% of maltreatment deaths. (See Figure: . ) About a quarter (22.4%) of fatalities resulted from physical abuse. Another 31.4% of fatalities resulted from a combination of maltreatment types.

The ACYF provides data on the victims' previous contact with CPS agencies. More than one out of ten (13.7%) of the victims' families had received family preservation services during the five years before the deaths occurred; 2.3% of children killed had been in foster care and were reunited with their families in the past five years. Perpetrators of Fatalities The ACYF states in Child Maltreatment 2006 that 75.9% of maltreatment deaths were inflicted

by one or both parents of the victims. Mothers alone accounted for 27. 4% of the deaths, whereas fathers were the perpetrators in 13. % of the deaths. (See Figure: . ) In about one-fifth (22. 4%) of cases, both parents were responsible for causing their child's death. Family Composition and Maltreatment Deaths In " Household Composition and Risk of Fatal Child Maltreatment" (Pediatrics, vol. 109, no. 4, April 2002), Michael N. Stiffman et al. examined all information related to Missouri-resident children under five years old who died in that state within a three-year period to determine whether family composition might be a risk factor for fatal child maltreatment.

The researchers used the comprehensive data of child deaths (birth through age seventeen) collected by the Missouri Child Fatality Review Panel (CFRP) system between 1992 and 1994. The CFRP data contained information on all household members and their relationship to the deceased child. For comparison, Stiffman et al. used a control group consisting of children under age five who had died of natural causes. Of the 291 injury deaths that were examined, 175 children (60%) were determined to have died of maltreatment. Fifty-five (31%) of the deaths resulted from injury caused by a parent or other caregiver.

Of this group, thirty-nine of the children died from being shaken, hit, or dropped. Eleven children died from the use of physical objects, including guns. The cause of death for the remaining five children was unknown. Stiffman et al. find that children living in households with one or more biologically unrelated adult males and boyfriends of the child's mother had the highest risk of death from maltreatment. These children were eight times

more likely to die of maltreatment than children living with two biological parents with no other adults.

Children residing with foster and adoptive parents, as well as with stepparents, were nearly five times as likely to suffer maltreatment deaths. Those living in households with other adult relatives present were twice as likely to die from maltreatment. However, children living with just one biological parent, with no other adult present, were not at an increased risk for fatal maltreatment.

### Corporal Punishment: Abuse or Not?

#### Corporal Punishment by Parents

In the United States all fifty states allow parents to use corporal punishment for purposes of disciplining their children. As long as the child does not suffer injury, the parent may use objects such as belts and the more typical spanking with the hand. When states passed child abuse laws in the 1960s, provisions allowing parents to use corporal punishment helped facilitate passage of the legislation. The Global Initiative to End All Corporal Punishment of Children reports in "States with Full Abolition" (December 2007, [http://www.endcorporalpunishment.org/pages/progress/prohib\\_states.html](http://www.endcorporalpunishment.org/pages/progress/prohib_states.html)) that as of 2007 corporal punishment by parents, caretakers, and teachers was completely banned in twenty-three countries around the world. Since January 2003, Canada has banned corporal punishment for children under two and over twelve years of age, as well as the use of any object, such as a paddle.

#### Corporal Punishment in Schools

As of 2006, among industrialized countries, only Australia (just Outback areas) and the United States allowed spanking in schools. In 2008 twenty-nine U. S. states banned corporal punishment in public schools. (See Figure: . Most of the states that allowed corporal punishment were southern states. During

the 2006-07 school year, 223, 190 school children were subjected to physical punishment, a decrease of 18% over the previous year (2008, <http://www.stophitting.com/disatschool/statesBanning.php>). Mississippi used physical punishment on the largest percentage of students (7. 5%), followed by Arkansas (4. 7%), and Alabama (4. 5%). Prevalence and Chronicity of Corporal Punishment In " Parents' Discipline of Young Children: Results from the National Survey of Early Childhood Health" (Pediatrics, vol. 113, no. , June 2004), Michael Regalado et al. report on the parental use of corporal punishment for discipline in regard to the health and development of children under three years of age. Six percent of parents surveyed indicated they had pked their children when they were four to nine months old, 29% pked their children when they were ten to eighteen months old, and 64% pked their children when they were nineteen to thirty-five months old. Frequent pkings were also administered by some parents (11%) of children ten to eighteen months old and nineteen to thirty-five months old (26%). Murray A. Straus and Julie H.

Stewart of the University of New Hampshire find in " Corporal Punishment by American Parents: National Data on Prevalence, Chronicity, Severity, and Duration, in Relation to Child and Family Characteristics" (Clinical Child and Family Psychology Review, vol. 2, no. 2, June 1999) that more than a third (35%) of parents surveyed used corporal punishment on their infants, reaching a peak of 94% of parents of children who were three to four years old. The prevalence rate of parents using corporal punishment decreased after age five, with just over 50% of parents using it on children at age twelve, 33% at age fourteen, and 13% at age seventeen.

Straus and Stewart also find that corporal punishment was more prevalent among African-Americans and parents in the low socioeconomic level. It was also more commonly inflicted on boys, by mothers, and in the South. Chronicity refers to the frequency of the infliction of corporal punishment during the year. Corporal punishment was most frequently used by parents of two-year-olds, averaging eighteen times per year. After age two, chronicity declined, averaging six times per year for teenagers. Effects of Corporal Punishment Behavior Problems in Elementary School.

Studies on the spanking of children have mostly used sample populations of children aged two and older. In "Spanking in Early Childhood and Later Behavior Problems: A Prospective Study of Infants and Young Toddlers" (Pediatrics, vol. 113, no. 5, May 2004), Eric P. Slade and Lawrence S. Wissow of Johns Hopkins Bloomberg School of Public Health conducted the first study of its kind in the United States by following a group of children younger than two years old to test the hypothesis that "spanking frequency before age two is positively associated with the probability of having significant behavior problems four years later. Slade and Wissow collected data on 1,966 children and their mothers who participated in the National Longitudinal Survey of Mother-Child Sample, a large-scale national study of youth aged fourteen to twenty-one years old. Some of these young people were mothers with children. Data were collected on the mother-children groups when the children were under two years of age. Four years later, after the children had entered elementary school, Slade and Wissow interviewed the mothers to explore their hypothesis.

Mothers were asked if they pked their child the previous week and how frequently they pked their children. They were also questioned about the child's temperament, mother-child interactions, and whether they had ever met with the child's teacher because of behavioral problems. Slade and Wissow find that, when compared to children who were never pked, white non-Hipic children who were frequently pked (five times per week) before age two were four times more likely to have behavioral problems by the time they started school.

No connection was found between pking and later behavioral problems among African-American and Hipic children. According to Slade and Wissow, the same results were found in studies involving children older than two years. They explain that the way white families and other ethnic groups view the pking of children may influence the effects of pking. For example, African-American families typically do not consider pking as "harsh or unfair."

"Increased Risk of Physical Abuse. Murray A. Straus presents in "Physical Abuse" (Murray A. Straus with Denise A.

Donnelly, *Beating the Devil out of Them: Corporal Punishment in American Families and Its Effects on Children*, 2001) a model called path analysis to illustrate how physical punishment could escalate to physical abuse. Straus theorizes that parents who have been physically disciplined as adolescents are more likely to believe that it is acceptable to use violence to remedy a misbehavior. These parents tend to be depressed and to be involved in spousal violence. When a parent resorts to physical punishment and the child does not comply, the parent increases the severity of the unishment, eventually harming the child. Corporal punishment experienced in

adolescence produces the same effect on males and females. Parents who were physically punished thirty or more times as adolescents (24%) were three times as likely as those who never received physical punishment (7%) to abuse their children physically. Straus notes, however, that his model also shows that three-quarters (76%) of parents who were hit many times (thirty or more) as adolescents did not, in turn, abuse their children. Effects on Cognitive Development. According to Murray A.

Straus and Mallie J. Paschall, in " Corporal Punishment by Mothers and Child's Cognitive Development: A Longitudinal Study" (paper presented at the Fourteenth World Congress of Sociology, Montreal, Canada, August 1998), corporal punishment is associated with a child's failure to keep up with the average rate of cognitive development. The researchers followed the cognitive development of 960 children born to mothers who participated in the National Longitudinal Study of Youth. The women were fourteen to twenty-one years old in 1979, at the start of the study.

In 1986, when the women were between the ages of twenty-one and twenty-eight, those with children were interviewed regarding the way they were raising their children. The children underwent cognitive, psychosocial, and behavioral assessments. Children aged one to four were selected, among other reasons, because " the development of neural connections is greatest at the youngest ages. " The children were tested again in 1990. About seven out of ten (71%) mothers reported pking their toddlers in the past week, with 6. 2% pking the child during the course of their interview for the study.

Those who used corporal punishment reported using it an average of 3. 6 times per week. This amounted to an estimated 187 pkings per year. Straus

and Paschall find that the more prevalent the corporal punishment, the greater the decrease in cognitive ability. Considering other studies, which show that talking to children, including infants, is associated with increased neural connections in the brain and cognitive functioning, Straus and Paschall hypothesize that if parents are not using corporal punishment to discipline their child, they are very likely verbally interacting with that child, thus positively affecting cognitive development.

**Corporal Punishment as Effective Discipline** Some experts believe nonabusive pking can play a role in effective parental discipline of young children. According to Robert E. Larzelere of the University of Nebraska Medical Center, in " Child Outcomes of Nonabusive and Customary Physical Punishment by Parents: An Updated Literature Review" (Clinical Child and Family Psychology Review, vol. 3, no. 4, December 2000), pking can have beneficial results when it is " nonabusive (e. . , two swats to the buttocks with an open hand) and used primarily to back up milder disciplinary tactics with 2- to 6-year-olds by loving parents. " Larzelere reviewed thirty-eight studies on corporal punishment to determine the effects of nonabusive and customary pking. He describes research on customary pking as " studies that measure physical punishment without emphasizing the severity of its use. "

Generally, the thirty-eight studies were nearly equally divided in their reports of beneficial child outcomes, detrimental child outcomes, and neutral or mixed outcomes: 32%, 34%, and 34%, respectively. Larzelere examines seventeen studies he considers to be causally conclusive, that is, the research showed that nonabusive pking was associated with the child outcomes. Nine studies in which children two to six years of age received

nonabusive pking after noncompliance with room time-out found beneficial child outcomes, such as subsequent compliance with parental orders.

Of these nine studies, two studies in which parents used reasoning with the child followed by nonabusive pking revealed a longer delay in between misbehaviors. A study involving extended disciplining by mothers showed that child compliance occurred at higher rates when the mothers used pking as a final resort after other disciplinary measures had been tried. Of the eight controlled longitudinal studies that