# Stopping Child Maltreatment Before It Starts

Emerging Horizons in Early Home Visitation Services



eil B. Guterman

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Neil B. Guterman



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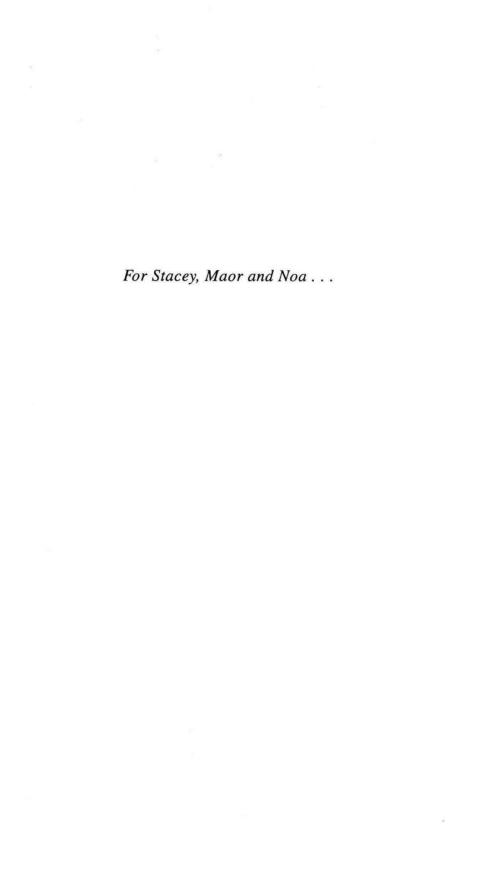
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#### PREFACE

In a free society, some are guilty and all are responsible. quoted in A. J. Heschel, 1996, p. xxiv

A jury needed only two and a half hours yesterday to convict Tabitha Walrond of criminally negligent homicide for the fatal starvation death of her infant son but acquit her of second-degree manslaughter, a more serious charge. Ms. Walrond, who was 19 when the 2-month-old son she was breast-feeding died in August 1997, wept quietly as she heard the verdict in State Supreme Court in the Bronx. The conviction carries a maximum sentence of 4 years in prison. . . . The trial, which lasted more than three weeks, focused on whether the death of the boy, Tyler Walrond, could have been prevented, and who was responsible for failing to save him. (Bernstein, 1999b, p. B1)

Who is responsible for failing to save Tyler and the countless other children suffering abuse and neglect at the hands of their parents? Although by legal definition, the culpability for physical child abuse and neglect rests with the parents of maltreated children, one of the most clear patterns emerging from the last several decades of research is that the social contextual "nests" in which parents are embedded and sustained bears a heavy burden of responsibility for the unfolding of physical child abuse and neglect. The existing system of child protection in the United States, which places the onus of the problem on individual parents, does not square well with this expanding scientific consensus concerning the power of ecological contexts to shape and provide potential solutions to the problem of child maltreatment. From both a scientific and moral standpoint, although some parents may be guilty according to legal definition, all are responsible for the presence of child maltreatment in our society.

Fortunately, an emerging nationwide movement is under way to promote within local communities the necessary supports and services to aid families who are struggling to parent their children. This movement aims for nothing less than the prevention of child maltreatment before it ever starts. The rapidly developing field of early child maltreatment prevention, most commonly delivered through the vehicle of early home visitation services, provides a beacon of hope as our nation strives to turn the tide on the problem of child abuse and neglect. Although not a novel service vehicle, early home visitation services offer an innovative strategy by delivering services during the sensitive perinatal period, aiming to promote a positive start in parenting in order to avert potential child maltreatment down the road.

Although the promise of early home visitation services remains alluring, this rapidly developing field continues to be fluid, fraught with uncertainty about its future and challenged by the complexity of efforts to realize the dream of preventing child maltreatment before it ever takes place. Indeed, ongoing scrutiny of research findings on early prevention efforts provides grounds for both optimism and some caution. Clearly, the growing early prevention movement holds great potential and is eminently sensible. Yet, the movement also presents unanswered questions, which, if unaddressed, threaten to derail progress toward reducing the incidence of child maltreatment in the United States. Most assuredly, the early home visitation movement is at a crossroads.

This book's purpose is twofold: First, it aims to introduce the field of early home visitation, presenting practice strategies and the contexts from which they have developed. Second, the book aims to evaluate early home visitation services on the basis of supporting scientific evidence.

PREFACE

In light of this evidence base, I will point out future directions necessary for the early prevention movement to thrive and advance beyond its present limitations. It is hoped that by explicating what is known and still to be known and tested, *Stopping Child Maltreatment Before It Starts* will serve as a map that may be relied upon to help reorient professionals in the field about our present location, identifying important next steps in this tough and dark terrain of child abuse and neglect practice. It is my modest wish that this book will serve as one useful vehicle to advance us away from the human darkness of child maltreatment and toward more supportive and healthful rearing of children in our society.

#### ACKNOWLEDGMENTS

Although the cover of this book notes only a single author, the work between the covers is drawn from the efforts of countless concerned parents and families, professionals, and academics. I have been fortunate to collaborate in the field of early prevention with many talented scholars and practitioners. Ann Reiniger, executive director of the New York Society for Prevention of Cruelty to Children, first established the Best Beginnings program in New York City, with which I continue ongoing study. Liz Anisfeld has proven a wise and generous collaborator in our study of the Best Beginnings program. Best Beginnings and its community-based anchor, Alianza Dominica, are filled with dedicated and creative practitioners whom I wish to acknowledge for their contributions to families and the community, as well as to the larger field of early home visitation services. I wish to especially thank Milagros Batista, Sobeira Guillen, and Moises Perez for their compassionate and dedicated work and insights, Lesbby Estrada-Nadal for her solid and conscientious management of the evaluation efforts, and Alisa Land for research assistance. The other members of the Best Beginnings directorate, Nick Cunningham, Mathilde Irigoyen, Wanda Lay, and Mary McCord, remain a supportive and empowering executive committee sifting through and applying important changes in the home visitation field. I also wish to acknowledge Mel Schneiderman, Vincent Fontana, Michael Garber, and Sister Carol Barnes of the New York Foundling Hospital and Len Walsh and Kathleen Collins of St. Vincent's Hospital in Manhattan, who have shown the foresight to support and test some of the innovations proposed in this text.

Several individuals at the national level have aided in invaluable ways in making sense of and advancing early home visitation services as a field. The collegial interchanges I have had with many, most notably with Deborah Daro and John Landsverk, have helped me to keep on my toes in this rapidly developing field. Deborah, in particular, deserves special appreciation not only from myself, but I believe from the larger field of child maltreatment prevention.

As in many books, the ideas in this volume would not have flowered without a fertile academic soil in which my work has been rooted. There are many individuals to thank here. Ed Mullen, the director of the Center for the Study of Social Work Practice, a collaboration of Columbia University School of Social Work and the Jewish Board of Family and Children's Services, provided early support to kick-start my efforts in early child-maltreatment prevention. Ron Feldman, my dean, and Alan Siskind, an executive at the Jewish Board, have both made tireless efforts at developing the infrastructure for practice and evaluation research on behalf of children and families. Peg Hess, Brenda McGowan, Sheila Kamerman, Jane Waldfogel, and Mary McKay have provided their own critical doses of encouragement and belief in this project and its larger mission for children and families in the United States. Rob Schilling, Nabila El-Bassel, and the Social Intervention Group at Columbia University also deserve special acknowledgment for their critical support, which led to the first pilot-testing of the Parents Together program.

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PREFACE

xv

most direct and unquestionable proof of the successes of early "in home" supports); my brothers, Mark, Larry, and Bruce; and everyone in the larger extended family, especially Martin and Lee. I offer unending gratitude to my parents, Monty and Dora, z'l. B"H.

-Neil B. Guterman

#### **Contents**

	Preface	xi
1.	The Darkness of Maltreatment, the Rays of Light in Prevention	1
2.	Child Maltreatment and Early Childhood	14
	A Window of Opportunity	16
	A Window of Risk	20
	Developmental Sequelae for Maltreated Children	23
	Etiology of Early Childhood Maltreatment	25
	Disempowerment and Parental Control	
	in the Unfolding of Child Maltreatment	30
3.	The Paradox of Child Protection,	
	the Promise of Home Visitation	38
	The Origins of Home Visitation and Child Maltreatment	
	Efforts	38
	The Paradoxical Advent of Child Protective Services	42
	Unraveling the Paradox—The Fundamental Mismatch	
	Between Child Maltreatment and the	
	Child Protection Solution	47
	The Re-emergence of Early Home Visitation Services	50
4.	Inside Early Home Visitation: Core Elements of Service	63
	Home Visitation as a Primary Venue for Service Delivery	64
	The Challenges of Early Home Visitation Services	69

	Parenting Curricula in the Home	72
	Health-Related Activities in the Home	77
	Linking Families With Community Supports	79
	The Effective Home Visitor	82
	Program Dosage	89
5.	Making the Connection With Families:	
	Who Receives and Benefits From Home	
	Visitation Services?	95
	Who Receives Services? Identifying Families and the	
	"Universal Versus Targeted" Debate	96
	Screening Problems and the Match Between	
	Home Visitation and Enrolled Families' Needs	102
	Who Benefits From Services? Families' Participation in	
	Home Visitation	107
6.	Combating Dual Abuse: Addressing Substance Abuse	
	in Home Visitation to Prevent Child Maltreatment	113
	The Intertwined Problems of Substance and	
	Child Abuse	115
	The Role of Substance Abuse in Heightening	110
	Maltreatment Risk	116
	Attending to Substance Abuse Challenges in	
	Early Home Visitation	119
	Emerging Directions in Addressing the Role of	
	Substance Abuse Within Home Visitation Services	121
7	Tomina Social Naturally in Hama Visitation to	
1.	Tapping Social Networks in Home Visitation to Prevent Maltreatment	133
		133
	The Role of Social Networks in the Etiology of	125
	Child Maltreatment	135
	The Strength of Strong and Weak Ties in Child Maltreatment Risk	120
		139
	Fathers and Maltreatment Risk Home Visitation and Social Network Supports:	142
	The Current State	144
	Emerging Directions in Effectively Tapping	144
	Social Networks via Home Visitation Services	148
	Assessing Families' Social Networks and	140
	Intervention Planning in Relation to Maltreatment Risk	149
	Social Network Groups	152
	DOUGH TICKWOIK GIUUDS	132

	Addressing the Role of Fathers in Home Visitation Services	157
8.	Empowering Parents in Home Visitation Neil B. Guterman with Hyeouk C. Hahm	162
	Powerlessness and Child Maltreatment Early Home Visitation and Parents' Powerlessness Expanding Home Visitation Services to Empower Families Empowerment Through Peer Learning and Role Modeling	165 167 172 177
9.	Revisiting Home Visiting	187
	References	195
	Index	237
	About the Author	247

#### Chapter 1

#### THE DARKNESS OF MALTREATMENT, THE RAYS OF LIGHT IN PREVENTION

A local child protective services department fielded a call from a hospital reporting suspected child abuse against a 5-month-old white infant, Baby G, by the infant's 27-year-old father, Mr. L. Upon medical examination, Baby G exhibited a number of likely signs of physical abuse, including red round lesions resembling burns on his stomach, a skull fractured in three locations, a detached retina, a collarbone that had been broken and later healed, marks on his arm that looked like bites and possible squeezing, and a round burn mark on the bottom of his foot.

Mr. L claimed that he found Baby G choking on a bottle and rushed him to the hospital. Hurrying into the hospital entrance, Mr. L stated, he ran into the automatic doors, which hit the baby in the head. Mr. L claimed the baby's burns were received from chemicals in the backyard pool, and the bite marks came from the baby's two older brothers. Mr. L's story largely coincided with that of Baby G's mother. Protective services did not charge the family with child abuse but referred them for 6 weeks of intensive family preservation services.

An anonymous caller to child protective services alleged that K, an 8-year-old African American girl, and her five siblings, ranging in age from 11 months to 10 years old, were not adequately fed and were living in a garbage-strewn and rat-infested household. The caller stated that their mother was regularly high on heroin and that, in addition to the six children and the mother, at least four other adults lived in the home part-time, using and selling drugs. The caller asserted that there was little furniture in the home and no beds for the children to sleep on, as the adults had been known to sell the children's belongings to purchase drugs. The older children were reported to have poor school attendance and performance. After investigating the home, the protective services worker reported that there was not enough evidence to substantiate child neglect.

Protective services had ongoing contact with the D family since 2year-old J was reported by his mother as being "abused" by her husband. Child abuse was not substantiated at the time. One year later, a local hospital reported J to protective services, and again, abuse was not confirmed. At this time, however, a case was opened on the family, and the protective services worker visited the home monthly to monitor and manage the case. Throughout this period, J was brought several more times to the emergency room for bumps and, later, for a scratched cornea and a round lesion on his chin that appeared to be a burn. Later, J was treated in the emergency room for a bloody nose, a boxed ear, and bruised shoulders. Shortly before J's fourth birthday, J was brought to the emergency room in a coma, resulting from months of intracranial bleeding. Doctors also discovered bruises covering the boy's body. J emerged from surgery permanently paralyzed and profoundly retarded, requiring institutional care for the remainder of his life. (Reidinger, 1988)

Although the wounds that maltreated children suffer differ in variety and severity, all abused and neglected children confront the reality that those who take care of them are also those who harm them. The wounds left by child abuse and neglect are, thus, not only physical ones but also ones that disturb the souls of developing and vulnerable children. Might the lives of Baby G, the K children, and J, like millions of other children in the United States, have taken different paths, free from parental abuse and neglect? Those concerned with the problem of child abuse and neglect and familiar with youngsters such as these often face a gnawing question: Could we have prevented their maltreatment from occurring? Can we stop child maltreatment before it ever starts?

Sadly, we cannot turn back the clock for those children already harmed by maltreatment. For such children, ongoing intensive efforts are necessary to ameliorate the effects of their maltreatment, to protect them from future harm, and to give them the best chance of developing into whole and healthy functioning adults. However, for those children not yet maltreated but facing the possibility in the future, can we prevent their personal catastrophes from occurring and, in so doing, also avert the damaging and often long-term consequences that result?

This book's premise, as its title pronounces, is that child maltreatment can be stopped before it starts. Preventing child abuse and neglect before it occurs has long remained a hope of many who work with children at risk. Over three quarters of a century ago, for example, Christian Carl Carstens, the first director of the Massachusetts Society for Prevention of Cruelty to Children and later founder of the Child Welfare League of America, exhorted concerned professionals to work toward "the prevention of cruelty and neglect, and not merely the prevention of its recurrence" (quoted in Antler & Antler, 1980, p. 202). Although the ideal of preventing child abuse and neglect before it happens has engendered great hope, it is nonetheless a goal that has never yet been adequately realized.

Recently, however, advances in early intervention research have reignited the hope of stopping child abuse before it starts (Guterman, 1997a; Olds & Kitzman, 1993). Selected interventions under careful study and specific conditions have shown that the onset of child maltreatment can be averted. Inspired in part by such findings, a national movement has been spawned promoting the establishment of neonatal support programs for families facing special challenges in raising their children. Although we cannot turn the clock back for those children already abused and neglected, the current evidence suggests that the potential trauma for other children facing similar circumstances may now be preventable.