



# It Takes a Community: Preventing Child Maltreatment of Toddler-Aged Children in the US from an Ecological Systems Perspective

Allen E. Lipscomb<sup>1</sup>, Nicole L. Arkadie<sup>2</sup>

**ABSTRACT:** This article explores the impact of child maltreatment on toddler-aged children in the United States. It examines both risk and protective factors centered on child maltreatment. This article utilizes an ecological systems theoretical perspective to better understand the community level prevention and intervention strategies for this particular age cohort and population. It is imperative that education and resources are viewed as a public health prevention measure at the community level in order to combat child maltreatment among this vulnerable population.

**Keywords:** child maltreatment; toddler-aged children; ecological theory; community intervention; prevention



©2019 This work is licensed under the Creative Commons Attribution 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.

## 1. Introduction

It takes a community to prevent child maltreatment. Child maltreatment is a serious problem within the United States. It can cause serious physical injuries, including those resulting in death (Lucile Packard Foundation for Children's Health, 2019). In 2014, it was estimated and documented that 702,000 children (in the United States) were victims of maltreatment, and of those children, 1,580 of them died from neglect or abuse (Lucile Packard Foundation for Children's Health, 2019). Child maltreatment has a negative impact on the physical development, neurodevelopment, and emotional development of a child (Lucile Packard Foundation for Children's Health, 2019; Rodriguez & Tucker, 2015; Zielinski & Bradshaw, 2006). Children who suffer from child maltreatment are at risk for developing learning disabilities, have difficulties in school, behavioral problems, have substance abuse issues, and are more likely to repeat the cycle of violence of getting into violent relationships later in life, and become abusive parents (Lucile Packard Foundation for Children's Health, 2019; Rodriguez & Tucker, 2015; Li, Arcy, & Meng, 2016). Mental health illness, and emotional dysregulation has been positively linked to child maltreatment (Li et al., 2016).

---

<sup>1</sup> Social Work Department, California State University, Northridge

<sup>2</sup> Social Work Department, California State University of Sans Bernardino

Child maltreatment is a serious problem that impacts children, parents, families, and the community (Li et al., 2016; Center for Disease Control and Prevention, 2019). Infants and children under the age of five are a vulnerable population and are at a higher risk of suffering from child maltreatment (Cohen, Cole and Szrom, 2011; Center for Disease Control and Prevention, 2019). Child maltreatment is a societal and community problem, preventative methods must include a collaborative effort (Lucile Packard Foundation for Children's Health, 2019; Li et al., 2016). There remains a need to address community interventions that focuses on the at-risk population, children under the age of five, and toddler age, with the goal of mitigating child maltreatment.

The purpose of this paper is to explore the utilization of the ecological theoretical perspective in serving as a preventative community framework, in order to mitigate acts of maltreatment among toddler aged children. This article will utilize ecological systems perspective to answer the following questions: (1) what role does the community play in serving as a preventative measure in mitigating toddler-aged maltreatment? (2) What can be done in the future to ensure resources are available to decrease toddler-aged maltreatment?

## **2. Literature Review**

Child maltreatment is defined as neglect, physical abuse, emotional abuse, sexual abuse and exploitation that results harm or potential harm to a child's health, survival, development or dignity (Lucile Packard Foundation for Children's Health, 2019; Cicchetti, 2016). The Los Angeles Department of Children and Family Services defined abuse as repeated maltreatment or neglect of a child by parent (s) or a guardian that resulted in injury or harm (Los Angeles County Department of Children and Family Services, n.d.).

There are four main types of child maltreatment: physical abuse, sexual abuse, emotional abuse and neglect. Neglect is failure to provide a child with the basic physical needs of adequate food, shelter, clothing, and medical treatment (Cicchetti, 2016). Emotional maltreatment is the extreme withholding of a child's basic emotional need for psychological safety and security, acceptance and self-esteem, and age-appropriate self-sufficiency (Cicchetti, 2016). Whereas, physical abuse is causing non-accidental physical injury to a child (e.g., bruises, welts, burns, broken bones, choking,). Sexual abuse is attempted or physical sexual contact between a child and adult for purpose of the adult's sexual satisfaction or financial benefit by forced prostitution (Cicchetti, 2016).

In 2012, Child Protective Services (CPS) in the United States received an estimated 3.4 million referrals for child abuse and or neglect (Child Maltreatment, 2014). Yet, these statistics are believed to be underestimated, as child abuse cases in the United States are under reported (Child Maltreatment, 2014; Lucile Packard Foundation for Children's Health, 2019).

Li's et al. (2016) study conducted a metanalysis literature review of 199 studies conducted on childhood maltreatment between the years of 1990 to 2014. These researchers found that existing literature supported a strong relationship between childhood maltreatment and mental illness, such as depression and anxiety (Li et al., 2016). The results of Li's et al. (2016) study demonstrated a need for effective programs and the development of policies to decrease child maltreatment.

### **3. Ecological Theory**

The ecological systems construct was coined by psychologist, Urie Bronfenbrenner who stated that human development was influenced by five different environmental systems, that individual behavior varied in the different environmental settings and systems (i.e., school, work, family, etc.) (Sincero, 2012). The five systems of ecological systems construct are: micro system, mesosystem, exosystem, macrosystem, and chronosystem that impact human development (Sincero, 2012; Rogers, 2013). For the purpose of this article we will be focusing on the micro and mesosystems. The ecological perspective is the most appropriate framework to explore and understand toddler-aged maltreatment because it explains human development in various social contexts (Zielinski & Bradshaw, 2006). The family serves as the main influencer on a microsystems level on a child's development, next followed by their peers, and on a mesosystems level, they are influenced by their school and community (Zielinski & Bradshaw, 2006).

The Ecological systems perspective reveals a multidimensional view of child maltreatment (Zielinski, & Bradshaw, 2006). Rogers (2013) stated that ecological systems perspective explained human development by looking at the interactions between the individual and different environmental systems. Little (2002) stated that ecological systems perspective had been recognized by the National Research Council as the best framework to address the causes, consequences, and treatment design for abused children. The ecological systems perspective offers a broader conceptualization that considers the multifaceted interactions among individual, family, community, and societal risk factors that results in child maltreatment (Little, 2002).

### **4. Child Maltreatment and Risk Factors**

The risk factors or characteristics that have been found to increase child abuse, are identified at the individual, family and community levels. On an individual systems level, behavioral problems, sex of the child, temperament, characteristics of the child, mental health, or having a disability poses a higher risk factor for child maltreatment (Little, 2002; Zielinski & Bradshaw, 2006). A child who is not school aged or under the age of five are at a higher risk for child maltreatment. Center for Disease Control and Prevention (2019) reported individual risk factors for child maltreatment were children younger than four years old. Infants and toddler-aged children are at greater risk because they spend more time with their parent(s) in their home environment and have less exposure to other outside adults who would be able to recognize and identify signs of maltreatment (Cohen et al., 2011). According to the CDC, the following are additional risk factors for toddler maltreatment: 1) Parents' lack of understanding of children's needs, child development and parenting skills; 2) Parental history of child abuse and or neglect; 3) Substance abuse and/or mental health issues including depression in the family; 4) Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income; 5) Nonbiological, transient caregivers in the home (e.g., mother's male partner); 6) Parental thoughts and emotions that tend to support or justify maltreatment behaviors (CDC, 2019).

On the family level, research has revealed that child abuse occurs more frequently in families experiencing issues surrounding maternal distress (depression, physical symptoms), family stress, poverty, social isolation, and history of parental experiences of physical abuse and or

corporal punishment (Little, 2002). Stress is a major risk factor within the family. Research revealed living in poverty and unemployment impacts a family's ability to function and care for their children (Little, 2002). Poverty has been found to have a negative impact on cognitive development, learning, and achievement outcomes (Ellis, Bianchi, Griskevicius, & Frandkenhuis, 2017).

Wald and Cohen (1986) identified stress as a major risk factor for child maltreatment and stated that stress might result from a single extremely challenging event/situation, or from the accumulation of several less wearisome situations or events. The kinds of stressors typically examined are financial problems, health problems, marital problems, job-related problems, poor family interaction, a difficult or ill child, and social isolation. Another risk factor for child maltreatment is a parent who lacks the adequate knowledge of child development and has poor parenting skills. These two factors cause a parent to have unrealistic expectations on appropriate childhood behavior and thus, heightening risk for child maltreatment (Little, 2002).

At the community level, risk factors can include community violence, concentrated neighborhood disadvantage, poor social connections, negative peer groups of family members, lack of access and availability to community resources such as; shelters, transportation, government aide, and mental health services (Little, 2002; The Center for Disease and Control and Prevention, 2019). In addition, living in a neighborhood that has high levels of crime, increases the risk of maltreatment due to families living in a highly stressful environment, this creates hypervigilance, and reactive behaviors which can be a trauma response (Little, 2002). Lacking adequate community resources puts a strain on the family, and increases their stress levels, which can decrease a parent's tolerance level and increase their frustration level, resulting in child maltreatment (Little, 2002). A toddler-aged child requires more of a parent's time, energy, and attention, making them more susceptible to maltreatment (Cohen et al., 2011).

A study conducted by Salazar et al. (2016) reported a positive relationship between community focused programs and decreased child maltreatment. These authors stated that if you provide emotional, mental, and behavior prevention programs and interventions during childhood development, there will be lasting positive effects on their life span that will transcend prosocial behavioral patterns intergenerationally (Salazar et al., 2016). However, these researchers noted there was a lack of community centered prevention and intervention programs (Salazar et al., 2016).

## **5. Toddler-aged child maltreatment**

The impact on the development of toddler-aged children from maltreatment is severe. Li's et al. (2016) study revealed that childhood maltreatment was a leading contributor to the development of anxiety and depression disorders among children and adults. Research has demonstrated that adults who experienced childhood maltreatment are more likely to suffer from substance abuse, eating disorders, sleep disorders, mental health disorders, exhibit more post-traumatic stress systems, have cognitive distortions, be in abusive relationships, and abuse their own children (Li et al., 2016; Cicchetti & Toth, 2005; Corwin & Keeshin, 2011; Teicher & Samson, 2013; Cicchetti & Banny, 2014)

Additionally, child abuse has been linked to psychiatric disorders (Li et al., 2016).

Research in neuroscience on early brain development indicates that toddler-aged children are of the highest concern because they experience environments that expose them to abuse and or neglect prior to their birth (Cohen et al., 2011). Early experience to child maltreatment changes the physical construction of the developing brain thus, preventing infants and toddlers from completely developing the neural pathways and necessary connections that facilitate learning (Cohen et al., 2011). These structural changes to the brain cause psychological difficulties, which can include cognitive delays, mood dysregulation, and difficulty paying attention (Cohen et al., 2011). These difficulties lead to future problems related to self-esteem issues, inability to control behavior and challenges displaying and demonstrating empathy (Cohen et al., 2011).

## **6. Prevention and Community Intervention**

Early prevention and community intervention are pivotal to ensuring optimal developmental success of children. Understanding and strengthening protective factors will aid in decreasing and mitigating the problem of child maltreatment. Focusing on preventative measures to child maltreatment is needed versus taking on a reactive approach. Wald and Cohen (1986) stated that preventing child abuse from occurring would be preferable, versus attempting to pick up the pieces after maltreatment had occurred.

A preventative approach to child maltreatment would be to strengthen protective factors such as: formal and informal supports, providing parenting classes, increasing access to community resources, and engaging peer groups of family members. Protective factors are identified as conditions or qualities of individuals, families, or communities, that reduce risk and the probability of undesirable outcomes and endorse healthy development and well-being (Haller et al., 2017). The following are protective factors that have been found to combat child maltreatment; nurturing parenting skills, supportive family environment and social networks, parenting education, stable family relationships, household rules and child monitoring, parental employment, adequate housing, access to health care and social services, communities that support parents and take on the responsibility of a preventative method to child abuse (Centers for Disease Control and prevention, 2019).

## **7. Community Level Prevention Methods**

Tucker and Rodriguez (2014) stated that support found outside of the family would lower the chance of parental abuse. Community prevention is essential. Formal and informal support acts as a mediator for families experiencing high levels of stress, they act as an aid to prevention of child abuse (Salazar et al., 2016). Salazar's et al. (2016) study examined a prevention program known as "communities that care (CTC)." CTC is a preventative approach that reduces problem behaviors in a community by identifying high risk factors and depressed protective factors, and then implements evidence-based preventive interventions (Salazar et al., 2016).

Additionally, Salazar's et al. (2016) research suggested that the most widely used models for the prevention of child maltreatment emphasized the relationship between family/child characteristics and their community. Research suggests that employing interventions at the neighborhood and community levels, would prevent child maltreatment (Salazar et al., 2016). Child Welfare agencies experience intense and overwhelming amounts of work, have high

caseloads, and would be open to a more collaborative community response to the issue of child maltreatment (Salazar et al., 2016). Child Welfare agencies interact with families on a daily basis, taking on a more collaborative approach within the community is an essential step to decreasing child maltreatment (Salazar et al., 2016).

In an effort to raise awareness about the importance of a collaborative approach between the community and child welfare agencies. The Child Welfare Information Gateway (2013), constructed by the Children's Bureau of the U.S. Department of Health and Human Services, suggested specific ways that a community should be involved. (1) Community synergism will produce more positive outcome, as people work together, and are held accountable to a higher standard, (2) The strengthening of families is achieved through positive community relations, and (3) Children must be involved in social institutions such as school, religious affiliations, and recreational facilities (Child Welfare Information Gateway, 2013).

Community provides a safety net for all parents, but more specifically to at-risk parents, in helping to increase their parenting skills. In addition, prevention programs in schools have a had positive impact on child maltreatment prevention. Reynolds and Robertson (2001) found existing research supported that established, comprehensive programs significantly contributed to protecting children from harm. The results of Reynolds and Robertson (2001) study found that children who participated in a school-based prevention program experienced significantly lower rates of child abuse and or neglect. Community involvement is necessary in the prevention of child maltreatment.

## **8. Discussion**

### **Suggestions for Future Community Level Interventions**

Building community support is a vital component of any maltreatment prevention program and approach. Authors suggest further collaboration with community partners and clergy professionals (i.e. Child Protective Services, Churches, etc.) with the goal of sharing in combating toddler maltreatment prevention within the community. This endorses collaboration with the community, promotes public awareness, community engagement activities to enhance positive parenting, stress management and prevention programs for parents, and an overall community needs assessment, to capture the needs of the community.

Having Child Protective Services intervene and serve as a resource hub to children and families, by adopting a preventative approach versus a reactive method to the community it serves, would mitigate child maltreatment. Thus, ensuring optimal health and success of children. In addition, there is a need to advocate for initiatives that are created to breakdown the historical cycle of generational poverty by improving the educational outcomes and overall life prospects of low-income parents and their families. So what might this look like? A community-level toddler maltreatment prevention initiative would be idea way to focus on early parenting as a target through a culturally comprehensive and inclusive approach that addresses multiple levels of the psychosocial stressors. Authors suggest communities utilize a four tier plan approach to serve as a preventive system of toddler maltreatment. First, community stakeholders, school administrators (i.e. principal, directors, etc.) and agency supervisors' to be engaged in collaboratively aligning and enhancing resources for families who may be a greater risk for toddler maltreatment. Agency

providers include but is not limited to public and private health and human service agencies, private practice agencies, local city of recreation and parks, churches and other spaces of worship and government agencies and larger bureaucratic servicing institutions. The second tier is to have communities aim for increasing social capital within the communities. This includes city leaders and representatives building trust and buy in from the parents, creating a more collaborative process that allows for access to early head start programs. The goal is to cultivate a collective community of responsibility, thus ensuring the protection of toddler-aged children. This would enhance natural supports of both formal and informal resources for families with toddler-aged children (e.g., volunteer from faith communities, mentors and parent partner's support through neighborhood tenants). The third tier would be designing non punitive screening mechanisms to enhance at-risk populations (e.g., low-income women, single parents, and previous involvement with Child Protective Services). And finally, an outcome measure to evaluate toddler-aged maltreatment reports in any given community based on the protective factors cultivated within the larger community.

## 9. Conclusion

There is a need to take on a more preventative approach to child maltreatment rather than a reactive approach. As demonstrated and presented within this paper, community prevention is essential to preventing child maltreatment. Ecological theory revealed that child maltreatment is a multidimensional issue, and factors interplay at the individual, family, and community levels. Preventative measures mitigate child abuse and reform on each level and need to be taught in order to educate communities how to positively deal with this reality.

Incorporating community involvement at the beginning of a child's life has been shown to have greater success in childhood development and prevention of child maltreatment (Cohen, 1986; Haller et al., 2017). Community prevention has been shown to be essential in reducing child maltreatment by providing formal and informal support to children and families (Salazar et al., 2016; Tucker & Rodriguez, 2014).

Non-school aged children are at a greater risk of suffering from child maltreatment due to multiple factors of, the lack of exposure to other adults outside of the home, lack of parenting skills, lack of parents understanding of child development, families living in high stressful environments, and history of parental abuse, etc. (Center for Disease Control and Prevention, 2019). Employing interventions on a community level prevents child maltreatment (Salazar, et al., 2016). Also, enhancing the relationship between child welfare agencies and the families they serve, taking on a collaborative approach would reduce child maltreatment. Lastly, to reduce the risk of child maltreatment, there is a need to incorporate preventative community focused intervention programs.

## References

- Ainsworth, M. S. (1989). Attachments beyond infancy. *American Psychologist*, 44(4), 709-716.  
doi:10.1037/0003-066X.44.4.709
- Astuto, J. & Allen, L. (2009). Home visitation and young children: An approach worth investing in? *Social Policy Report*, 23(4), 3-21.

- Brassard, M. R., & Fiorvanti, C. M. (2015). School-based child abuse prevention programs. *Psychology in the Schools, 52*(1), 40-60. doi:10.1002/pits.21811
- Bruce, J.E., Bianchi, J., Griskevicius, V. & Frankenhuis, W.E. (2017). Beyond risk and protective factors: An adaptation-based approach to resilience. *Journal of Psychological Science 12*(4), 561-587.
- Boonstra, H. D. (2009). Home Visiting for At-Risk Families: A Primer On a Major Obama Administration Initiative. *Guttmacher Policy Review, 12*(3), 11-15
- Centers for Disease Control and Prevention (2019). Violence prevention: Child abuse and neglect. Retrieved from: <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>
- Child maltreatment: Facts at a glance (2014). Retrieved from <https://www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-at-a-glance.pdf>.
- Child Welfare Information Gateway. (2014). *Protective factors: Approaches in child welfare*. Retrieved from [https://www.childwelfare.gov/pubPDFs/protective\\_factors.pdf](https://www.childwelfare.gov/pubPDFs/protective_factors.pdf)
- Cicchetti, D. (2016). Socioemotional, personality, and biological development: Illustrations from a multilevel developmental psychopathology perspective on child maltreatment. *Annual Review of Psychology, 67*187-211. doi:10.1146/annurev-psych-122414-033259
- Cicchetti, D., & Banny, A. (2014). A developmental psychopathology perspective on child maltreatment. In M. Lewis & K. D. Rudolph (Eds.), *Handbook of Developmental Psychopathology* (pp. 723-741). New York: Springer Science+Business Media.
- Cicchetti, D., & Toth, S. L. (2005). Child maltreatment. *Annual Review of Clinical Psychology, 1*, 409-438. doi: 10.1146/annurev.clinpsy.1.102803.144029
- Cohen, J., Cole, P., & Szrom, J. (2011). *A call to action on behalf of mistreated infants and toddlers*. [PDF file]. Retrieved from <https://www.zerotothree.org/resources/454-a-call-to-action-on-behalf-of-maltreated-infants-and-toddlers>
- Corwin, D. L., & Keeshin, B. R. (2011). Estimating present and future damages following child maltreatment. *Child and Adolescent Psychiatric Clinics of North America, 20*(3), 505-518. doi: 10.1016/j.chc.2011.03.005
- Felitti, V. J., & Anda, R. F. (1997.) The adverse childhood experiences (ACE) study. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/ace/index.htm>
- Haller, A.C., Klasen, F., Holling, H., Bullinger, M., & Ravens-Sieberer, U. (2017). Risk and protective factors of health-related quality of life in children and adolescents: Results of the longitudinal BELLA study. *PLoS ONE 12*(12), 1-17.
- Li, M., D'Arcy, C., & Meng, X. (2016). Maltreatment in childhood substantially increases the risk of adult depression and anxiety in prospective cohort studies: Systematic review, meta-analysis, and proportional attributable fractions. *Psychological Medicine, 46*(4), 717-730. doi:10.1017/S0033291715002743
- Little, L., & Kantor, G. K. (2002). Using ecological theory to understand intimate partner violence and child maltreatment. *Journal of Community Health Nursing, 19*(3), 133-145. doi:10.1207/153276502760242332
- Los Angeles County Department of Children and Family Services (n.d.). *Safety: What is child abuse?* Retrieved from <http://dcfs.lacounty.gov/safety/index.html#2>

- Lucile Packard Foundation for Children Health (2019). Child Abuse and Neglect in California. Retrieved from <https://www.kidsdata.org/export/pdf?cat=2>.
- Mercy, J., & Saul, J. (2009). Creating a healthier future through early interventions for children. *The Journal of the American Medical Association*, 301(21), 2262-2264.
- Olds, D.L. (2008). Preventing child maltreatment and crime with prenatal and infancy support of parents: The Nurse-Family Partnership. *Journal of Scandinavian Studies of Criminology Crime Prevention*, 9(S1), 2-24.
- Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population based prevention of child maltreatment: the U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.
- Reynolds, A., & Robertson, D. (2003). School-based early intervention and later child maltreatment in the Chicago longitudinal study. *Child Development*, 74(1), 3-26. Retrieved from <http://www.jstor.org.libproxy.csun.edu/stable/3696339>
- Rodriguez, C. M., & Tucker, M. C. (2015). Predicting maternal physical child abuse risk beyond distress and social support: Additive role of cognitive processes. *Journal of Child And Family Studies*, 24(6), 1780-1790. doi:10.1007/s10826-014-9981-9
- Rogers, A.T. (2013). *Human Behavior in the Social Environment*, 3rd Ed. New York: Routledge
- Salazar, A. M., Haggerty, K. P., de Haan, B., Catalano, R. F., Vann, T., Vinson, J., & Lansing, M. (2016). Using communities that care for community child maltreatment prevention. *American Journal of Orthopsychiatry*, 86(2), 144-155. doi:10.1037/ort0000078
- Sincero, S.M. (2012). Ecological Systems Theory. Retrieved from <https://explorable.com/ecological-systems-theory>.
- Stagner, M. W., & Lansing, J. (2009). Progress toward a prevention perspective. *The Future of Children*, 19(2), 19-38.
- Teicher, M. H., & Samson, J. A. (2013). Childhood maltreatment and psychopathology: a case for ecophenotypic variants as clinically and neurobiologically distinct subtypes. *American Journal of Psychiatry*, 170(10), 1114-1133. doi: 10.1176/appi.ajp.2013.12070957
- Tucker, M. C., & Rodriguez, C. M. (2014). Utility of child report: Correspondence with parent-reported child abuse risk. *Child Abuse Review*, 23(5), 334-341. doi:10.1002/car.2310
- Wald, M., & Cohen, S. (1986). Preventing child abuse—What will it take? *Family Law Quarterly*, 20(2), 281-302. Retrieved from <http://www.jstor.org.libproxy.csun.edu/stable/25739430>
- Whitaker, D. J., Lutzker, J. R., & Shelley, G. (2005). Child maltreatment prevention priorities at the Centers for Disease Control and Prevention. *Child Maltreatment*, 10(3), 245-59.
- Zielinski, D. S., & Bradshaw, C. P. (2006). Ecological influences on the sequelae of child maltreatment: a review of the literature. *Child Maltreatment*, 11(1), 49-62.