ABSTRACT

SCHOOL OF SOCIAL WORK

MCCANTS, ZAUNITU ESTHER B.A. SAN FRANCISCO UNIVERSITY, 1966
M.S.W. ATLANTA UNIVERSITY, 1970

A STUDY OF WHETHER AFRICAN AMERICAN STUDENTS IN THE
ATLANTA UNIVERSITY CENTER SCHOOLS WERE
KNOWLEDGEABLE OF PUBLIC HEALTH POLICIES
AND PROGRAMS CONCERNING ABUSED
AND NEGLECTED CHILDREN

Advisor: Robert W. Waymer, Ph.D.
Dissertation dated July 2009

This study analyzed whether African American students in the Atlanta University Center schools were knowledgeable about public health policies and programs concerning abused and neglected children. Two hundred and one (201) participants were selected utilizing convenience sampling. The study surveyed males and females of which 91% were African American students. A survey questionnaire was utilized to collect data. The findings of the study indicated that a majority or 57.2% of the students were not knowledgeable about public health policies for abused and neglected children. However, a majority of the students indicated that they were knowledgeable about public health problems and programs for this population. A majority or 84.1% indicated that they were not abused and neglected as children, but a significant percentage or 15.9% indicated that they were abused and neglected. When the chi square test for significance
was applied, the null hypothesis was accepted indicating that there was no statistically significant evidence at the .05 level of probability that the students were abused and neglected when they were children.
A STUDY OF WHETHER AFRICAN AMERICAN STUDENTS IN THE
ATLANTA UNIVERSITY CENTER SCHOOLS WERE
KNOWLEDGEABLE OF PUBLIC HEALTH POLICIES
AND PROGRAMS CONCERNING ABUSED
AND NEGLECTED CHILDREN

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
ZAUDITU ESTHER McCANTS

WHITNEY M. YOUNG, JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
JULY 2009
ACKNOWLEDGEMENTS

Honor, glory and praises to God for his protection and guidance during my tenure as a student in the doctoral program. I acknowledge my mother and father for their support and encouragement. Without them, I would not be on earth. Also, I acknowledge the members of my dissertation committee. Dr. Richard Lyle has always been helpful and has been a source of strength for me. Dr. Roslyn Harper has been an inspiration to me on many occasions. I consider Dr. Robert Waymer as my mentor and chief advisor. Dr. Waymer gave me the needed strength and insight to endure the process. Dr. Kwaku Danso-Boafo of Morehouse School of Medicine provided needed guidance. Special thanks to Mrs. Claudette Rivers King. Mrs. King has served many years in the capacity of support staff to the Whitney M. Young, Jr., School of Social Work and Clark Atlanta University students and faculty. To my loving daughter, Zia, I express real appreciation for her willingness to hang in there with her mom.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS.................................................................</td>
</tr>
<tr>
<td>LIST OF TABLES...............................................................</td>
</tr>
<tr>
<td>CHAPTER</td>
</tr>
<tr>
<td>I. INTRODUCTION..........................................................</td>
</tr>
<tr>
<td>Statement of the Problem.........................................................</td>
</tr>
<tr>
<td>Purpose of the Study.............................................................</td>
</tr>
<tr>
<td>Research Questions...............................................................</td>
</tr>
<tr>
<td>Hypotheses............................................................................</td>
</tr>
<tr>
<td>Significance of the Study..........................................................</td>
</tr>
<tr>
<td>II. REVIEW OF LITERATURE................................................</td>
</tr>
<tr>
<td>Atlanta University Center Students...........................................</td>
</tr>
<tr>
<td>Public Health Policies for Children..........................................</td>
</tr>
<tr>
<td>Public Health Programs for Children........................................</td>
</tr>
<tr>
<td>Abused and Neglected Children................................................</td>
</tr>
<tr>
<td>Theoretical Framework..............................................................</td>
</tr>
<tr>
<td>III. METHODOLOGY....................................................................</td>
</tr>
<tr>
<td>Research Design...........................................................................</td>
</tr>
<tr>
<td>Description of the Site..............................................................</td>
</tr>
<tr>
<td>Sample and Population...............................................................</td>
</tr>
<tr>
<td>Instrumentation........................................................................</td>
</tr>
<tr>
<td>Treatment of Data.....................................................................</td>
</tr>
<tr>
<td>Limitations of the Study..............................................................</td>
</tr>
<tr>
<td>IV. PRESENTATION OF FINDINGS.................................................</td>
</tr>
<tr>
<td>Demographic Data.......................................................................</td>
</tr>
<tr>
<td>Research Questions and Hypotheses..........................................</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

(continued)

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. CONCLUSIONS AND RECOMMENDATIONS</td>
<td>171</td>
</tr>
<tr>
<td>Recommendations</td>
<td>175</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>176</td>
</tr>
<tr>
<td>Appendix A: Survey Questionnaire</td>
<td>177</td>
</tr>
<tr>
<td>Appendix B: SPSS Program Analysis and Data</td>
<td>180</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>189</td>
</tr>
</tbody>
</table>
### LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographic Profile of Study Respondents (N=201)</td>
<td>160</td>
</tr>
<tr>
<td>2. Knowledge of Public Health Policies about Abused and Neglected Children (N=201)</td>
<td>162</td>
</tr>
<tr>
<td>3. Knowledge of Public Health Programs about Abused and Neglected Children (N=201)</td>
<td>163</td>
</tr>
<tr>
<td>4. Personal Knowledge of Abused and Neglected Children (N=201)</td>
<td>164</td>
</tr>
<tr>
<td>5. Gender by Knowledge of Abused and Neglected Children Health Policies (N= 201)</td>
<td>165</td>
</tr>
<tr>
<td>6. Gender by Knowledge of Abused and Neglected Children Health Programs (N= 201)</td>
<td>167</td>
</tr>
<tr>
<td>7. Gender by Knowledge about the Problem of Abused and Neglected Children (N= 201)</td>
<td>168</td>
</tr>
<tr>
<td>8. Gender by Abused and Neglected as a Child (N= 201)</td>
<td>169</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

In the last decade, emphasis has been focused on government policies for abused and neglected children. The circumstances for this population appear to be detrimental to family lifestyles. Abused and neglected children are often subjected to family disorganization resulting in dysfunctional lifestyles and the dissolution of a stable home. Practitioners concerned about this population have identified this area as a worthy topic for concern and research.

This dissertation explored the theoretical and empirical relevancy regarding neglected and abused children, as well as public health programs and policies. The heightened concerns are primarily focused on the minority and economically disadvantaged population. Also, a review of literature indicates a heightened apprehension for the policies and programs concerning these children. The dynamics of the family system in which abuse and neglect occurs seems to be directly related to the socioeconomic factors of neighborhoods, schools, community programs, and lack of resources for health care providers (American Professional Society on Abuse of Children, 2008).

In the Atlanta University Center, questions have been raised about how much information, knowledge and understanding students have regarding the public health
programs and policies affecting neglected and abused children. This study was designed
to assess student awareness and understanding of the target population about public
health policies and programs for abused and neglected children.

The Committee on Appropriations (H.R. No.104-659) of the National Institute of
Health convened a working group of its component organizations supporting research on
child abuse and neglect. The National Institute of Health working group was established
in response to this mandate. The Appropriation Committee requested reports on current
National Institute of Health research efforts, the accomplishments of the research, and the
plans for future coordination efforts at the 1998 hearings. The recommendations for
future research was based both on an analysis of the NIH portfolio, as well as on the 1993
National Academy of Sciences report entitled, Understanding Child Abuse and Neglect
(NIH Guild Research on Child Neglect, 2007).

According to a report by the National Center for Abuse and Neglect (1993), the
priority areas of research needed included: (a) a better understanding of the nature and
scope of child maltreatment; (b) increased knowledge about the origins and consequences
of abuse and neglect; (c) improving treatments and prevention interventions; and (d)
developing a science policy for research and child maltreatment. Child neglect was also
noted as a high priority for research in the 1998 report, “Violence in Families: Assessing
Prevention and Treatment Programs.”

According to the American Medical Association (1985), there were two primary
considerations of child neglect. These classifications are physical neglect and emotional
neglect. The American Medical Association report stated that routine examinations may
reveal many indicators of physical neglect, including malnutrition, low birth weight,
repeated episodes of pica, constant fatigue, poor hygiene, persistence of treatable medical conditions, lack of immunizations and dental care, and inappropriate medications. The report indicates that child neglect is considered as preventable and offers suggestions for the alleviation of the problem.

Less readily apparent is emotional abuse. This abuse can involve inadequate nurturance and affection. In addition, there can be abuse related to the use of drugs and alcohol. As reported by the study, intervention may be difficult in the majority of cases where neglect is chronic or dangerous (National Academy of Science Report on Child Abuse and Neglect, 1993).

According to the report by the National Academy of Science Report on Child Abuse and Neglect (1993), research on child neglect lacked vigor and mostly relied on anecdotal evidence. Since these shortcomings have been identified, there is now the intent to encourage research in this area. The report indicated that the evaluation of interventions should be designed to prevent its occurrence and compensate for short and long term effect of neglect on child victims. The issues of abuse and neglect relegate children to living in a constant state of risk. It is felt that research is necessary in order to develop a better understanding of the problem and the relationship between public health policies and programs affecting abused and neglected children.

Statement of the Problem

The welfare of abused and neglected children is an important aspect, hence the need to design an evaluative plan that translates existing knowledge of the public health policies and programs. The identified gaps should be linked to planned programs which
are innovative outcomes to determine if there is a fissure for resolution of negated policies and services.

The problem of abuse and neglect is prevalent in the scope of child maltreatment. Child abuse and neglect is considered as preventable injuries. Children who are under the age of three are considered at risk for fatalities (American Medical Association, 1985).

The statement of problem of this dissertation seeks to identify, engage, collect, and explore major issues related specifically to abused and neglected children. This population segment tends to be subject to child maltreatment, poverty, physical and emotional neglect (American Medical Association, 1985).

This research identified systematic gaps of public health programs and policies concerning abused and neglected children. The identified gaps were highlighted by recommendations from the Atlanta University Center student scholars as future leaders. This multi-disciplinary audience was surveyed as participants. The student scholars were questioned about their recommendations of public policies to protect neglected and abused children. The concept of the students’ awareness and knowledge of public health programs’ and public health policies’ competence will be analyzed to ensure the protection of this vulnerable population.

The problem essentially stated that children should not be abused and neglected. Furthermore, the children have a right and privilege to be protected by public health policies and programs. While past emphasis has been attributed to the issue of child abuse, child neglect was measured as being less relevant (NIH Guild Research on Child Neglect, 2007).
Yet, the documentation by the National Institute of Health in 2007 indicates that child neglect may be related to profound health consequences. These conditions include premature birth, prenatal complications, physical injuries (such as central nervous system and craniofacial injuries, fractures, severe burns, and disfigurement), disabilities, mental deficiencies, and behavior problems. In addition, characteristics of a suicide, lowered intelligence quotient, depression, anxiety, post-traumatic stress disorder of delinquency, and later adult and criminal behavior. Abused and neglected children demonstrate a greater propensity to repeat the cycle of negative behavior as parents (Healthy People, 2010).

Children are classified as abused and neglected while predisposed for high risk characteristics regarding a variety of diseases and conditions. They may also become exposed to toxins which may cause anemia, cancer, and heart disease. There exists the problem of inadequate medical services, promoting health disparities, as well as improper diets which result in the development of disease and chronic disorders (Healthy People, 2010).

The program to protect children was established by the Federal Abuse Prevention Treatment Act of 1974 (42 U.S.C.A. Section Code 51069) Public Law as amended. The Keeping Children and Families Safe Act of 2003 Public Law 108-36 defines child abuse and child neglect. This law explains related acts of failure on the part of a parent or caretaker which results in death, serious physical or emotional harm, and sexual exploitation of a child. The definition of child abuse refers specifically to parents or caretakers who are responsible for children under the age of eighteen (Child Welfare Gateway Information, 2008).
Child neglect and abuse can also interfere with the normal socialization, cognitive and affective development, including the development of language, social relationships and academic skills (Child Welfare Gateway Information, 2008). The concept regarding political competence for abused and neglected children will ensure, analyze and identify public health policies agendas in decision making. The dialogue will provide a forum for the development of a scenario and trend extrapolation. This is accomplished by understanding the outcome and subsequent need for prevention policies to protect the population of children (Healthy People, 2010).

There exists the problem of inadequate health, medical services, and lack of proper nutrition which contributes to neglect. There is a lack of understanding of issues affecting the abuse and neglect of children. This dissertation study provided an assessment of the students’ collected awareness statements. The examined statements displayed a lack of understanding of the students which was demonstrated by their estimation of the nation’s political administration of social work programs. The students did not comprehend that public health programs and policies protocol for improvement and preventive strategies for victims of child abuse and neglect. These deficiencies required standards and measures of governmental entities. Furthermore, they did not understand the definitions of child abuse and neglect decisions regarding the treatment of children.

The integration of the ideation of the Atlanta University Center students displayed an assessment of their collected awareness by their statements. Furthermore, the students’ understanding of the nation’s political administration structure, the conclusions and direction of policy makers, social work practitioners and public and private sector,
required further clarification. The representations and contributions of the student group have the similarity of agenda setting of community orientated philosophies. The scholars exhibit the prospect to input ideation of problems, solution and strategic policies, without the theoretical knowledge of the subject matter.

Public health programs and policies require guidelines for the improvement and preventive strategies for victims of child abuse and neglect. Additionally, the definition of child abuse and neglect as mandated by law, applies to very deliberate circumstances and prevention (Zielinski, 2008).

Child abuse and neglect is a factor of social policy and administration and may be explained as an academic subject. The principal areas are related to policy and administrative practices in social services which include the Public Health Administration. Social policy is considered as a major subject area, rather than discipline that borrowed from other frames of reference. The collective contributions of disciplines, such as social work, psychology, economics, political science, management, history, philosophy, medicine or law are important (Turnock, 2004).

Systematic issues demonstrated by efforts to protect children of abuse and neglect by governmental policies. The pressures of the system is surmounted because of substance abuse issues of the parents, by increasing the rates of family dissolution, poverty, and budgetary cuts in social services. The changes are caused by an inept and flawed child welfare system (Turnock, 2004).

While the system is assigned the task of protecting children, in some cases, there is no progress. The other components fail, often with devastating consequences, such as death and the maltreatment of children (Golden, 2006).
First, of paramount importance, is that abuse and neglect dissects all social, economic, cultural and educational classes. Abused and neglected children may be the result of a generational phenomenon with symptoms of family dysfunction or crises. Moreover, child abuse and neglect conditions are vital to recognizing and ameliorating various forms of child treatment. Abuse is an action against a child, physical, non-accidental injury of a child by sexual nature and emotional abuse (Golden, 2006). Furthermore, chronic maltreatment acts or attitudes that interfere with the psychological and social development of a child is also classified as abuse.

There is a need for the early recognition and crisis intervention on behalf of the abused and neglected child. Therefore, it is imperative to establish and develop an effective process to facilitate prevention strategies. There is trepidation of critical issues in literature which support the notion of predictive risk factors in the lives of neglected and abused children (American Medical Association, 1985).

In circumstances where children cannot be safely maintained in their home environment, it becomes necessary for the child welfare system to intervene. Then the system must develop supportive public health programs and public health policies.

Purpose of the Study

The purpose of the study was to describe and explain whether African American students in Atlanta University Center schools were knowledgeable of the public health policies and programs concerning abused and neglected children. The study will also review and describe the plight of abused and neglected children and recommend solutions regarding policies and programs that affect these children.
Research Questions

The research questions of the study were as follows:

1. Is there evidence that African American students in the Atlanta University Center schools are knowledgeable about the public health policies for abused and neglected children?

2. Is there evidence that African American students in the Atlanta University Center schools are knowledgeable about the public health programs for abused and neglected children?

3. Is there evidence that African American students in the Atlanta University Center schools are knowledgeable about the problem of abused and neglected children in their community?

4. Is there evidence that African American students in the Atlanta University Center schools were abused and neglected as children?

Hypotheses

The null hypotheses for the study were as follows:

1. There is no statistically significant evidence that African American students in the Atlanta University Center schools are knowledgeable about public health policies for abused and neglected children.

2. There is no statistically significant evidence that African American students in the Atlanta University Center schools are knowledgeable about public health programs for abused and neglected children.
3. There is no statistically significant evidence that African American students in the Atlanta University Center schools are knowledgeable about the problem of abused and neglected children in their community.

4. There is no statistically significant evidence that African American students in the Atlanta University Center schools were abused and neglected as children.

Significance of the Study

This study is developed to demonstrate research findings to determine if there is an evaluation to assess the understanding of student scholars of the Atlanta University Center regarding their awareness of child abuse and neglect issues. The assessment and evaluation of public policies will determine if children will have improved lifestyles as the result of efficacy of public health policies and public health programs. The Atlanta University Center student scholars were identified as informed populace defined here as a group whose demographic profiles exceed the national average.

Finally, the implications for the best social work practice are geared to enhance their professional development, which protects this vulnerable group of neglected and abused children. This dissertation research developed a systematic analysis for the utilization and prevention strategies to address the plight of abused and neglected children. Children benefit from public health programs and public health problems. The study is an indication for political support and changes which allow for effective social work interventions, planning and administration.

The further significance of the study of this research was assessed accordingly regarding Atlanta University Center Students’ awareness and understanding of the target
abused and neglected child population. The participatory research was a way of raising the students’ consciousness of the existence and seriousness of the problem. The Atlanta University Center students’ awareness for knowledge of resources or lack of public health policies and programs was assessed to address the systemic deficiencies faced by abused and neglected children. In addition, a database was developed from information extracted from the students regarding their perspective of patterns of abuse and neglect and generational domestic violence as indicators of victims of maltreated children.
CHAPTER II

REVIEW OF LITERATURE

The purpose of this review of the literature was to lay a scholarly foundation in order to establish a need for the study. This chapter is a current review of the literature on the recent efforts to address issues of the child welfare system, especially the literature concerned with abused and neglected children. The review covers Atlanta University students, public health policies and public health programs of children, abused and neglected children, and a theoretical framework. Also, this review covers federal legislation which provides a foundation for states by identifying a minimum set of acts on behavior that define child abuse and neglect (Child Welfare Gateway Information, 2008).

Atlanta University Center Students

The Atlanta University Center is a consortium of six independent institutions, which constitutes the largest predominantly African American private education complex in the world. The member institutions of the Atlanta University Center are: Clark Atlanta University, a merger in 1988 of Clark College, an undergraduate institution founded in 1869 and Atlanta University, a graduate school chartered in 1865. Morehouse College, a liberal arts college for men, Spelman College, a liberal arts college for women, and Morris Brown College, a co-educational liberal arts college founded by the African
Methodist Episcopal Church. The Interdenominational Theological Center is another member of the Atlanta University Center federation of several seminaries. The newest member of the Atlanta University Center is the Morehouse School of Medicine (2008). The school is a private freestanding medical school that was established in 1975 at Morehouse School of Medicine at Morehouse College and became independent in 1981, to award the degrees of Doctor of Medicine, Doctor of Philosophy in Biomedical Science and the Master of Public Health.

Morehouse School of Medicine (2008) was established in 1975 and became independent from its founding institution in 1981. The Morehouse School of Medicine continues to be a pioneer and leader in the community medical school environment. Throughout the decades, the school of medicine has remained committed to medical education dedicated to improve the health and well being of individuals and communities (Morehouse School of Medicine, 2008).

The MD/MPH degree Morehouse School of Medicine is designed to provide an educational environment for training physicians to address the health needs of communities as well as individuals. The student body consists of 286 students. The mission is to train minority students as physicians, biomedical scientists, and public health professionals committed to the primary health care needs of the underserved. The medical school organizes and implements programs to improve the health quality and lives of people through education, research and service in public health. The program has a particular emphasis on people of color, minorities and other underserved populations (Morehouse School of Medicine, 2008).
The Master of Public Health Program was created in 1995 to address the increasing shortages of underrepresented minorities in leadership positions in the field of public health. The program was developed as a community-based model and provides students with a comprehensive education in core areas of public health training in community-based research (Morehouse School of Medicine, 2008).

This training provides students with an opportunity to perform community service. The Master of Public Health Program is housed within the Department of Community Health and Preventive Medicine and is located in the National Center for Primary Care. The Master of Public Health Program works to assure conditions which support the highest attainable standards of health, which are maintained according to the constitution of the World Health Organization, as the fundamental rights of every human being. In addition, the Morehouse School of Medicine is committed to developing a cadre of public health leaders who value learning and the application of knowledge that contribute to life-long service (Morehouse School of Medicine, 2008).

The instructional goal of the Master of Public Health at Morehouse School of Medicine provides students with the educational skills and abilities to address the public health needs of the community. The goal is to prepare graduates for leadership positions in the public health field. In addition, there is an increase representation of African Americans to receive improved service. The final result is to advance policies that impact practices in order to promote health (Morehouse School of Medicine, 2008).

The Interdenominational Theological Center is recognized as the leading institution for African American graduate theological training. The degree program consists of the Master of Divinity, Master of Arts in Christian Education, Master of Arts
in Church Music, Doctor of Ministry, and the Doctor of Theology in Pastoral Counseling. The theological center is accredited by the Association of Theological Schools and the Southern Association of Colleges and Schools. The center has a diverse student population, of whom 41% are women from seven different states and 13 foreign countries (Interdenominational Theological Center, 2008).

The theological seminary served as the first home of Martin Luther King, Jr. Center for Non-violent social change. The Interdenominational Theological Center celebrates 50 years of theological education since its charter in 1958. The student enrollment is approximately 450 degree students from the Caribbean, Africa, Asia, and the United States (Interdenominational Theological Center, 2008).

Another college in the Atlanta University Center is Morehouse College, which was established in 1881 and celebrates 140 years of challenge and change. The college continues to deliver an exceptional experience combining the intellectual, moral, and social needs of students. Morehouse College is a distinguished institution which is dedicated to producing outstanding men and extraordinary leaders to serve humanity with a spiritual consciousness. Academically, this college’s mission is to develop men with disciplined minds who will lead lives of leadership and service. Morehouse College is dedicated to the search for truth as a liberating force. The college offers instructional programs in four divisions: business, economics, humanities, and social sciences. Other subjects taught are science and mathematics. The college action plan is established to develop skills in oral and written communications, analytical and critical thinking and interpersonal relationships (Morehouse College, 2008).
The objective of the college is to promote the understanding and appreciation of the specific knowledge and skills needed for the pursuit of professional careers and/or graduate study. The enrollment of the student body of Morehouse College is approximately 2,800. They represent more than 40 states and 18 countries. Dr. Robert Michael Franklin, a student from the class of 1975, is the President of Morehouse College (Morehouse College, 2008).

Dr. Martin Luther King, Jr. was a Morehouse College graduate who led the country through one of its most transforming civil rights movements. Dr. David Satcher, MD, Ph.D., Morehouse College graduate, served as the Surgeon General of the United States. Mayor Maynard Jackson was the first African American mayor for the City of Atlanta. Spike Lee, film producer and director, continues to challenge how the world views African Americans in the lives of the critically acclaimed films (Morehouse College, 2008).

Another institution in the Atlanta University Center is Spelman College, a private independent college of liberal arts. This Historically Black College for women was founded in 1881. The goal of Spelman College as an initiative is to promote academic excellence in women and to develop leadership. The designated task is to improve the environment and establish the vision for personal achievements (Spelman College, 2006).

Morris Brown College was established in 1881, by the African Methodist Episcopal Church. Morris Brown is a private, coeducational liberal arts college engaged in teaching, research, and public service. This college also offers courses in the arts, humanities, education, professional programs, social sciences, and natural sciences.
Morris Brown College is committed to a liberal admissions policy to provide access to personal development and intellectual growth for students. The college considers the admission of students who show potential for sustained studies at the undergraduate level. Morris Brown College provides the student for preparation in the workforce that demands global thinkers. The college seeks to prepare critical thinkers, problem solvers and life-long learners with excellent communication. In addition, interpersonal and leadership skills are nurtured. The program prepares students who are inquisitive, analytical and creative in their every day lives, as well as develops their professional careers (Morris Brown College, 2008).

The general education program at Morris Brown College provides an in depth exposure to intellectual disciplines in the humanities, social sciences and behavioral sciences. The natural sciences and mathematical tracks are also taught. Moreover, the institution instruction includes a management entrepreneurship and technology program and an Organizational Management Leadership Program (Morris Brown College, 2008).

The final member of the Atlanta University Center is Clark Atlanta University, a comprehensive, private, urban coeducational institution of higher education with a predominantly African American legacy. The university offers undergraduate, graduate, and professional degrees, as well as certificate programs, to students of diverse racial, ethnic, and socio-economic backgrounds (Clark Atlanta University Catalog, 2006).

The consolidation of Atlanta University, which offered only graduate degrees, and Clark College, a four-year undergraduate institution, was oriented to liberal arts. Clark Atlanta University incorporated in 1988. The Clark Atlanta University offers graduate programs in the School of Arts and Sciences, Masters in Arts and Sciences,
Doctorate in History, and Doctor of Philosophy in International Affairs and Development. The School of Business Administration offers the Master of Business Administration (M.B.A.) and Master of Arts (M.A.). The School of Education offers the Master of Arts and Doctorate in Education degrees (Clark Atlanta University Graduate Catalog, 2006).

The Whitney M. Young, Jr., School of Social Work offers the Bachelor of Social Work and the Master of Social Work degrees. The Atlanta University School of Social Work in 1983 established the Ph.D. Degree Program in Social Work Policy, Planning Administration and Social Science. This degree prepares the individual for careers in teaching, research, social policy analysis, human service management, and organizational development, and seeks to increase the number of African American and other underrepresented ethnic minority social work leaders at the doctoral level (Clark Atlanta University Graduate Catalog, 2006).

In 2007, there were approximately 5,000 students attending Clark Atlanta University, which included undergraduate and graduate students. There were over 900 degrees awarded by the institution in 2007, and 42 were at the doctoral level. Dr. Carlton M. Brown is the President of Clark Atlanta University (Clark Atlanta University Website, 2008).

Clark Atlanta University is a private, coeducational institution predominantly of African Americans that was formed by the consolidation of the nation’s first black graduate and professional institution (Atlanta University, 1865). Clark Atlanta University is one of only two private, historically black universities in this country that award the doctorate degree in five or more disciplines. For the purposes of economy and efficiency,
during the 1930's, it was mandated that Clark College join the Atlanta University
Complex. In 1939, work was finished completing the physical plant adjoining Atlanta
University, Morehouse College and Spelman College. The Clark Atlanta University,
while categorized as a historically black institution, is widely known as a national
university and doctoral research institution by the Carnegie Consortium for the
Improvement of Higher Education (Clark Atlanta University, 2008).

Clark Atlanta University also inherits a commitment to serving the educational
needs of students of diverse racial, national and socioeconomic backgrounds as well as
special interest in discipline related to the development and international affairs. Clark
Atlanta University has a continued commitment to the highest standards of research,
teaching and public services directed toward the amelioration of injustices and suffering
of mankind (Clark Atlanta University, 2008).

Public Health Policies for Children

The mission of public health is to fulfill society's obligation of providing a
medical system so that individuals can be healthy. Public Health engages both private
and public organizations and the individual in accomplishing this mission (Institute of
Medicine, 1998).

Public health entails three core functions: the assessment of information on the
health of the community; comprehensive public health policy development; and
assurance that public health services are provided in the community. The totality of the
public health infrastructures includes all government and non-government entities that
provide services (Harrell, 1994).
Essential public health services: (1) monitor health status to identify health problems; (2) develop policies and plans that support community health efforts; and (3) enforce law and regulations that protect health and ensure safety (Harrell, 1994). All public health services depend on the presence of basic infrastructures. Every categorical public health program such as childhood immunization, infectious disease monitoring, care of asthma, emerging infections and the increase of chronic diseases are included. Prevention requires health professionals who are competent to address the problem of neglect and abuse (Turnock, 2004).

The mission of public health is to fulfill society’s obligation of providing healthy individuals. Public health is engaged both in private and public organizations and individual for accomplishing this mission (Institute of Medicine, 1998). Public health entails three core functions: the assessment of information on the health of the community; comprehensive public health policy development; and assurance that public health services are provided in the community. The totality of the public health infrastructures includes all government and non-government entities that provide services (Harrell, 1994).

Prevention requires health professionals who are competent to address the problem of neglect and abuse of children, through public health policies and public health programs (Healthy People 2010, 2008). The importance of whether a gap exist between researchers and practitioners ideas about what is considered useful public health policies and programs, after collecting data and formulated solutions to resolve these deficiencies. Public health policies of abused and neglected children address problems of epidemic propositions. Despite many barriers estimating the conditions of child abuse
and neglect issues, there is no doubt as to the significance or resulting social damage (World Health Organization, 2001).

In 2001, it was then estimated that up to 40 million children could be the victims of child abuse every year around the world. In fact, child abuse and child neglect is stated to have damaging consequences which tend to inflict destruction at the time of abuse. Years later abuse was yet, determined in the form of increased risk among previously abused adolescents and young adults becoming perpetrators and victims of both interpersonal and self-directed violence (World Health Organization, 2001).

Child abuse and child neglect issues are significant problems which may result in violence challenges. The World Health Organization, a public health agency is committed to assist the global national and local level. Violence research has identified child abuse and child neglect which occurred frequently in the early history of perpetual violence (Widom, 1989).

The prevention strategies are related to a number of studies which show that there is a lower frequency of abuse in families that receive preventive treatments (Olds, 1998). This knowledge provides the tools that are needed to offer prevention strategies and assistance to ensure that resources are used on programs, that are certain to work rather than regarding interventions that may look good, but does not have preventive value (Farrington & Walsh, 1999).

The solution and suggestion of home visits and parent training was an effective tool for child abuse prevention strategy. There is a need for research and knowledge as indicated from the review of the literature. The bases for research of child abuse and neglect are regarded by apprehension which addresses critical issues. Black families are
disproportionately represented in the child welfare system. This may be the result of racial bias of reporters who evaluate require subjective assessments on the part of interviewer. The data reports evidence of the interviewer who assessed parental behaviors (Berger, McDaniel, & Paxton, 2005).

In 2002, it was estimated that nearly 12.3% of this child population segment in the United States were determined to have been neglected or abused. However, the incidence of child maltreatment is not evenly distributed. Official child maltreatment is higher for black families than for white families (U.S. Department of Health and Human Services, 2002).

Correspondingly, there is a large body of research which indicates that compared with white families, black families are disproportionately reported and investigated for child abuse and neglect. Also, there are more reports which are often determined to be substantiated when the clients are black (Courtney, Barth, & Berrick, 1996). Approximately 15% of substantiated reports are child welfare issues of abuse and neglect victims. By contrast, 65% of the victims were black but only 51% of reported victims were white (U.S. Bureau of the Census, 2002).

There are sources of disparity regarding maltreatment roles according to these authors. Accordingly, there has been an ongoing debate regarding racial disparity on official maltreatment rates. One possible explanation is that racial disparities in child treatment may be driven by differences in poverty rates across racial groups. Black families are more likely than white families to live in poverty that is highly correlated to child treatment. The second explanation is that parenting behaviors may differ across racial groups that such differences may result from cultural or other factors correlated
with race. The third explanation is there may be racial bias practices in the child protection system (Levin, Murray, & Howard, 1999).

Another aspect in the literature addresses racial bias broadly and is used to represent several issues conceptually. This indicates that there are distinct reasons for elevated rates of maltreatment among African Americans (Drake & Zuravin, 1998). However, in most cases, this term denotes a racial double standard such as specific given identical behaviors. African American parents are more likely than white parents to face maltreatment charges which are likely to be substantiated (Courtney, Barth, & Berrick, 1996).

There is relatively little theoretical or empirical research to examine racial bias in child reporting. While the existing literature offers a useful categorization of pathways through which racial bias which might affect multiple judgments that lead to substantiated cases of maltreatment (Drake & Zuravin, 1998). Empirical studies of racial bias typically focus on the behaviors of narrowly defined professional groups that address working with families and children (U.S. Department of Health and Human Services, 2002).

Another citation of the literature, discussed public health policies as the distributions of economic structure characterizes this population segment. These policies sought to establish longitudinal measures of incomes of poverty groups affected by this research (UNICEF, 2004). The Institute of Medicine report defined the boundaries of public health by identifying three core functions of public health: assessment, policy development and assurance. Assessment is the diagnosis or problem identification, and assurance is treatment. Policy development is the role of collectively deciding remedies
or interventions which are most appropriate for the problems identified (Institute of Medicine, 1988).

Constitutional law derived from the U.S. Constitution, in which the powers and duties and limits of federal government is established in regards to children. This framework provides a wide range of policies which mandates or requires an activity to occur, or be prohibited such as requiring all newborns to be screened for specific metabolic diseases (Turnock, 2004).

Under the mandate of the Abandoned Infants Assistance Act of 1988, Public Law 100-505, the following projects were implemented. The Children’s Bureau funded 24 demonstration projects to prevent the abandonment of infants born to mothers with Human Immunodeficiency Virus infection, Acquired Immune Deficiency Syndrome and other medical problems. In addition, the special needs of the babies who are at high risk of developmental delay and other troubled outcomes are addressed. The projects developed ways to identify mothers at risk of abandoning their children and to provide services to help them bond with their infants and prepare to care for them at home. These projects also prepared infants who cannot reside with their natural families for placement in family foster homes, recruiting and training caregivers (Abandoned Infants Assistance Act of 1988, Public Law 100-505).

An important policy which was addressed by the Administration for Children, Youth and Families Act 2008, recognized that coordination with other agencies concerned with the prevention and amelioration of disabilities is essential for successful intervention. Accordingly, the ACYF is a member of the Federal Interagency Coordinating Council (FICC). The Federal-level counterpart of the State Interagency
Coordinating Councils, required under the Individuals with Disabilities Education Act (ODEA), there is a subcommittee of the FICC is currently developing an interagency agreement between the Department of Health and Human Services and the Department of Education. The Administration for Children, Youth and Families, the Administration for Developmental Disabilities, the Maternal and Child Health Bureau, the Social Security Administration, the National Institute of Mental Health, the Centers for Disease Control and Prevention, and the Office of Special Education Programs are all involved in achieving this goal. Under this agreement, the agencies work together to identify infants and children with disabilities who are in need of services, and will jointly coordinate and provide services and referrals for children and families (Administration for Children, Youth and Families, U.S. Department of Health and Human Services, 2008).

Again, there is another policy which supports children and families in the circumstance of at risk or disability is the Social Security Administration (SSA). Currently, through the Supplemental Security Income (SSI) program, the Social Security Administration provides monthly cash assistance totaling about $121 million to some 312,000 children with disabilities and their families who have limited income and resources. Of these identified children, more than 111,000 have mental retardation (Administration for Children, Youth and Families, U.S. Department of Health and Human Services, 2008).

Public Health Policy Reform is defined classically as who gets what when and how according to the Brookings Institute. The affects of the origins, formulation and implementation of public policy are recognized in the health care system. Politics for
example dictates who is entitled to services, which are classified as priority areas subsidized by the allocated budget (Base & Glassman, 2008).

Vested interests are usually made by reforms, for example healthcare unions, beneficiaries, dispersed and unorganized such as the poor and the sick. There are inherent political difficulties which are associated with the definition of policy. The negotiation of cost and benefits of policy reforms are associated with new administration or political crisis. Policy reforms may affect the stability of political administrations. Despite the acknowledged importance of policy, there is a broad agreement that political issues are rarely analyzed. Frequently ignored are all stages of the policy identification, development and implementation process in the health and political context (Base & Glassman, 2008).

There are examples of common issues of public health reforms. This article is centered on the role that politics and public health policies are implemented according to how analyses have been used to improve the feasibility and durability of the public health reforms. The article further concludes that the role of politics and public health policies implement how analyses have been used to improve the feasibility and durability of public health systems. The overview of the article presents the theoretical approaches to bring understanding to the political dimensions of public health policymaking, before presenting common features of the health sector policies (Base, & Glassman, 2008).

According to Shonkoff (2008), the importance of viewing the needs of children in a broad context is essential. The healthy development of all children benefits all of society by providing a solid foundation from economic productivity, responsible citizenship and strong communities.
The Women's and Children's Health Policy Center was established in 1991 for the purpose of addressing current policy issues related to evolving health system's reform which impact the health of children. The children's mission is draw upon the science base of the university setting to inform policies, programs and practice of maternal and child health. A significant emphasis was given to conducting and translating research for application to the field of public health (Shonkoff, 2008).

The knowledge base of child health was expanding, with an increased emphasis on clinical and population health. Meanwhile, the social and political context for child health in the United States shifts continuously (Grason, Minkovitz, & Silver, 2001).

Public policy is determined by social forces such as the economic market, social and political factors that influence public and private discussions regarding resource allocation and the use of existing regulations (Stoddard, 2008). The response to child public health problems in the twenty-first century is a challenge. The past provides many core lessons. This article explores three areas the need to focus on the environment that makes children sick rather than on sick children; the need to attack the biggest problems, not the most scientifically interesting ones; and the need to provide services where children are most likely to be. These lessons are illuminated as important child public health efforts in the nineteenth and twentieth century (Market & Golden, 2004).

The American Public Health Association established a Policy Statement Database, which addresses the Precautionary Principle and Children's Health. The statement expounds that the cornerstone of public health policy and practice has been the prevention of injury and disease (American Public Health Association, 2001).
By recognition of the Presidential Executive Order # 13045 which required that all federal agencies, when developing policies, must explicitly consider their impacts on children. Therefore, it reaffirms its explicit endorsement of the precautionary principle as a cornerstone of preventive public health policy and practice, both in the United States and throughout the world. The Presidential Executive Order #13045 encourages government at all levels, the private sector, and health professionals to promote and abide by this principle in order to protect the health and well-being of all children. Therefore, the American Public Health Association request explicit inclusion of the precautionary approach in all federal, state, and local legislation rules, or policies intended to protect children or that may impact the health of children. The Executive Order urged that whenever an enterprise, project, technology, product or substance is manufactured for use. The goal of public health advocates should be to reduce consumption as a means to protect children’s health and development. Also, to evaluate and encourage precautionary action to prevent potential harm to infants and children, even if some cause and effect relationships have not been established with scientific certainty (American Public Health Association, 2001).

The implications for public health policies for children are important. Child abuse and child neglect impact several long term socioeconomic outcomes at least in part because maltreatment affects the victims’ education, physical health, mental health and the likelihood of being victimized. Victims suffer the effects of child maltreatment but so does society through the cost incurred for prevention, identification, intervention and treatment. Therefore, the cost to society is vastly greater and considerable more difficult to measure. The direct cost is associated with treating the immediate needs of
maltreatment of the victims, hospitalization and physical and mental health care, child welfare services as well as maltreatment related to law enforcement and legal services (Zielinski, 2008).

An estimate, in 2005, of the total direct expenditures for dealing with abuse and neglect places the cost in excess of $24 billion dollars per year. The long-term indirect cost of maltreatment includes increased spending, due to problems resulting from earlier victimization. There are conditions such as impaired physical and mental health, substance abuse, criminal activity, incarceration and teenage pregnancy (Zielinski, 2008).

The public health policies of children as classified according to recommendations are reflected in the research. Research show possible causes for the relationship which exist between abuse and socioeconomic status, policymakers and practitioners. Specifically, steps should be taken to improve, long-term economic well being that will reduce the chance that the client will receive inadequate care for the child’s mental and physical care (Zielinski, 2008).

Furthermore, Public Policy Recommendations were made to provide victims with access to quality physical and mental health care. In addition, victims require educational support and special education programs, tutoring or vocational training. Moreover, there should be made available educational support (Zielinski, 2008).

Correspondingly, another literature review article deals with the relationship between the existence of chronic neglect, family violence, and to coordinate the need for policy to address issues relating to abused and neglected children. The author of this article explains that in a period of over ten years several boards and committees have reviewed the state of policy which affects abused and neglected children. In addition, this
author emphasized that there is a need for research and services addressing child maltreatment and other forms of family violence in the United States (Melton, 2002).

Although the collective efforts have resulted in a policy re-definition of the tasks involved in protecting children who reside in their homes. As stated by the author efforts to formulate policy of chronic neglect and family policy is a new conceptualization. In order to establish a framework to affect policy, research and services. Some positive steps have been taken, but most are yet modest according to the span. In summary, the author proposed that the relationship between chronic neglect and family violence requires interventions which address growing challenges for the family and the community (Melton, 2002).

The next article for literary review addresses policy that deals with ethics regarding intellectual disability. The author of this document focuses on public policy which may possibly be viewed not only as an ethical issue; but some issues are represented as such and debated using ethical terms. If a policy is generally accepted by the contentious, central character may call upon a variety of paradigms regarding controversy that may be framed as an ethical issue (Jewell, 2007).

An example is the debate concerning the sterilizations of young children who have made such a decision based on intellectual disabilities. The author further emphasized consideration may be required as to whether the parents are justified to arrange the sterilization of their daughter, who indeed has an intellectual disability. Hence, there appears to be a debate as to the role and responsibilities of the family in deciding whether or not to seek, medical interventions. The role and responsibility of the
family and state determining the procedure should be monitored and authorized (Jewell, 2007).

Furthermore, there is an issue of being fundamentally ethical; however the attempts to resolve these issues have been both medial and a legal concern. This article review offers an explanation of why some issues are deemed by the community as an ethical analysis of the problem of sterilization. Most certainly, the debate reveals an over emphasis on the rights at the expense of other ethical strategies, according to this author. In conclusion, he informed the readers that further resolution is required where medically informed legal approaches have been unsatisfactory (Jewell, 2007).

The next article for literary review addressing policy deals with ethics regarding intellectual disability. The author of this document focuses on any public policy which possibly be viewed not only as an ethical issue, however some issues are represented as such and debated using ethical terms. If a policy is generally accepted by the contentious, central character may call upon a variety of paradigms regarding controversy that may be framed as an ethical issue (Jewell, 2007).

An illustrative example is the debate concerning the sterilizations of young children who have made such a decision based on intellectual disabilities. The author further emphasized that consideration may be required as to whether the parents are justified to arrange the sterilization of their daughter, who indeed has an intellectual disability. Hence, there appears to be a debate as to the role and responsibilities of the family in deciding whether or not to seek, medical interventions. The role and responsibility of the family in determining the procedure as well as that of the state is demanding, as such and should be monitored and authorized (Jewell, 2007).
Furthermore, there is an issue of being fundamentally ethical; however the attempts to resolve these issues have been both medial and a legal concern. This article review offers an explanation of why some issues are deemed by the community as an ethical analysis of the problem of sterilization. Most certainly, the debate reveals an over emphasis on the rights at the expense of other ethical strategies, according to this author. In conclusion, he informed the readers that further resolution is required where medically informed legal approaches have been unsatisfactory (Jewell, 2007).

The literature review here focuses on the health care policy for medically fragile children is an issue. Medically fragile children have become an issue with special health care needs who depend on technology for survival. Despite the extensive care needs, the characteristics of this population, there are many medically fragile children who are cared for in their home. The caregivers are usually faced with numerous tasks including the daily care of the children, as well as the coordination of vital services (Mentro, 2003).

The inadequate access to healthcare, limited availability or lack of insurance and financial restraints has added to the problem of ineffectiveness of receiving treatment. These conditions may however, further complicate caring for a fragile child in the home. Although, federally funded programs such a Supplemental Security Income and the State Title V program may be beneficial for these children and their families. The Title V (CSHCN) of Social Security is the largest Federal Block Grant Program that leads the nation in ensuring the health of all mothers, infants, and children under the auspices of Maternal and Child Health Bureau with the special healthcare needs (U.S. Department of Human Services, Health Resources and Services Administration, 2000).
Current policies may limit access to necessary services. Patient advocates may be instrumental in restoring the health of medically fragile children by obtaining much required programs and vital services (Mentro, 2003).

Another article in the review of the literature examines public health policies of abused and neglected children. Specifically, this review is directed towards primary preventions identified as effective strategies of child maltreatment. The literature according, to these authors have been ignored potentially promising interventions that have not evaluated gaps in the development of such programs (Klevens & Whitaker, 2007).

The goal of this literature review was to identify the gaps and recommend future direction for developing interventions from a public health perspective. This was a systematic review of the literature for 1980-2004. By using the existing database, 188 primary prevention interventions were addressed as a broad range of risk factors which was conducted. According to the authors a few of the findings were rigorously evaluated yielding, the demonstration and impact on child treatment or risks factors (Klevens & Whitaker, 2007).

Finally, from the public health perspective the intervention for prevention was targeted on prevalent neglect risk factors such as poverty, partner violence and teenage pregnancy. The existence of social norms that tolerates violence towards children requires evaluation (Klevens, & Whitaker, 2007).

Afterwards, more attention should be given to low cost interventions according to the authors. Lastly, the policy would be delivered to the public by society requiring the minimal efforts from recipients (Klevens, & Whitaker, 2007).
Another literary review examines an article of the prenatal drug exposure and social policy. According to the research authors, prenatal drug exposure as a significant form of neglect continues to be a controversial topic. There are various perspectives regarding what is acceptable in regards to drug exposed infants (Ondersra, Simpson, & Brestan, 2003).

The issue extends from pre-natal substance usage, whereby the fetus has no right. This article reviewed and evaluates the controversy which surrounds the pre-natal use (Ondersra, Simpson, & Brestan, 2003). The established format challenges policy obstructions are complicated. The authors test the assertion of policy dilemmas as it responds to a theoretical assistance to review current practice issues. The authors surmise that the condition of prenatal drug exposure may decrease as research identifies specific and subtle deficits that are found in some affected infants. It is also suggested that the post-natal effects of parental substance abuse is also the result of drug abuse. In the terms of abuse and neglect Attachment Development the authors recognized that focus is for child protection. The objective of different discipline must collectively arrive at mutual consent, regarding a decision (Ondersa, Simpson, & Brestan, 2003).

The literature review examines clinical child adolescence policy. Public policy can serve as a positive tool for child and their families. This article addresses how psychology and other child-oriented research level to ensure that family issues related to child abuse and child neglect. It also attempts to demonstrate an effort to facilitate relationships to encourage policy makers and facilitators; to solicit and employ useful data (Portwood & Dodgen, 2005).
The authors encourage a relationship between policymakers and experts in child maltreatment through which policymakers solicit and employ relevant expertise and psychologist, to provide useful information to policymakers. Furthermore, that the policymakers ensure development of a process for relationships to establish effective policies effective for abused and neglected children (Portwood & Dodgen, 2005).

This article offers practical guidance to psychologist with the understanding the policymaking process, gaining familiarity with relevant policy, communicating effectively with policymakers, and understanding the unique contributions that psychologists can make to implement the policy process, as explained by the authors (Portwood & Dodgen, 2005).

The next literary review addressed practical guidelines for educating policymakers, on the family impact. This article examined the approach to advance the interest of children and families in the policymaking area. Psychologists are well positioned and contributed policymaking issues affecting the well being of children, youth and families. There is a significant amount of psychological research relevant to policy issues such as child mental health services (Portwood & Dodgen, 2005).

Accordingly, the authors offer an alternative to direct policy advocacy as a means for psychologist involvement in the policy arena is described and dedicated. The authors indicated that child advocates approach policy education from lessons learned by communicating research to the making of effective polices (Wilcox & Miller, 2005).

Another illustration for the review of the literature addresses public health policies for children. This article discusses the investment in children, families and communities that address challenges for an interdivisional public policy collaboration. In
addition, the article explains an interdivisional collaboration to foster policies for children. The author’s perspective was to review youth and families in the described communities (Solar, 2001).

The initiatives included: (1) producing a book that integrates scholarly research and policy; (2) developing materials for policymakers to include policy-oriented summary; and (3) enhancing the policy makers. During the process of developing these standards, a number of tensions emerged between the academically based and policy based authors; this encounter entered information to be presented and how to formulate the present policy recommendations (Solar, 2001).

In conclusion, the author emphasizes four categories for understanding the appropriate scope for recommendations and using correct language understanding kinds of information. The author concludes by urging psychologist to become proficient at understanding and participating in the public policy making (Solar, 2001).

This literature review of public health policies addresses the promotion of children’s rights and prevention of child maltreatment. In medical literature, child maltreatment is considered as a public-health problem or an issue of harm to individuals, but less frequently as a violation of children’s human rights. Public health approaches concentrate on the legal and professional response to cases of maltreatment. Both approaches have been associated with the improvement and outcomes for the child. Yet, maltreatment remains a global problem. The authors describe how children’s rights exist as ascribed by the United Nations Convention on the rights of the child. The principles contained in the United Nations Convention on the Rights of Children, provide a
framework for understanding child maltreatment as part of the range of participation and provisions are as important as the right of protection (Reading, Harwin, & Parton, 2008).

The principles contained in the United Nations Convention are related to medical ethics. The greatest strength of an approach based on the United Nations Convention on the Rights of Children that provides legal instruments for the implementation of policy accountability and social justice. The public health policy, and professional training and practice will result in further progress in the area of child maltreatment (Reading, Harwin, & Parton, 2008).

This example demonstrates the position of the impact of trafficking on children’s psychological and social policy perspectives regarding abused and neglected children. Child trafficking and commercial sexual exploitation are crimes. There are extreme forms of child maltreatment which are major violations of children’s human rights. Although from the author’s perspective empirical research is lacking. According to the author there is a lack of impact of such crimes on children’s developmental well-being, despite numerous reports which describe physical and emotional trauma (Rafferty, 2008).

The additional circumstances of humiliation, violence, degradation associated with the maltreatment of children as a commodity create unrelenting fear of abuse. This paper involves an overview of the impact of trafficking and the commercial sexual exploitation on children and the practical implication of related research in the area of child treatment and victimization. According to the author, the findings suggest that trafficking and commercial sexual present grave risk to the physical, psychology, spiritual and social-emotional development in young victims. The implications for
psychology and social policy in terms of psychological rehabilitation for children who have been victimized were presented in the article (Rafferty, 2008).

Another aspect of the literature review was explored in an article, which explored the development on a policy with the emphasis on the maltreatment research strategy. This article evaluates child maltreatment associated with suffering, yet there are serious gaps in knowledge and its epidemiology approaches to intervention (Department of Health and Human Services, 2004).

This article is a review which describes the development of a proposed national framework in child maltreatment as requested by the Department of Health & Human Services based on: (1) a review of the literature; (2) consultation with experts; and (3) application to evaluation criteria for considering research priorities (Department of Health and Human Services, 2004).

The article identified gaps in knowledge about child maltreatment and proposes a research agenda to make evidence based policy decision more likely. Although this work was guided by gaps in knowledge about child maltreatment. The scope of the review and consultation process could make the findings useful to broader research and policy guidelines (Macmillian, Jamieson, & Walten, 2007).

Another literature review focuses on the child and advocacy stages through research. The issues are child policies as established by the authors are often obscured by symbolic debates about the nature of child development and family life. There is a need for greater care in the identification of the interest at stake and the articulation of the normative foundations for various policies and programs. The convention on the rights of the child carries on implicit rights (KBS, 2005).
These rights focused agenda is for social science research. By building the agenda, this article presents topics that should be examined more closely by psychologist and it also provides rights which are grounded by principles for design, conduct, analysis, and reporting of research. Children’s rights are controversial and thoughtful applications, by the framework that leads to policies and programs that are rational (KBS, 2005).

The implication for policy decisions hold promises. This article deals with promises and possibilities in the application of research in the area of child maltreatment policies and practices. In this writing the authors discuss the policy implication of research concerning child maltreatment. The considerations of current research, policies are practices were evaluated. Finally, the authors describe important directions not only for future research, but also for the interventions to reduce adverse effects of maltreatment of children. For this purpose, the authors highlighted imitations in the application of empirical findings to actual child victims and the authors offered suggestions for improving the applicability (Toth & Cicchette, 2006).

This research explored the situations of gender, child neglect, theory, research and policy. According to the authors, neglect can lead to significantly poor outcomes for children in the short and long term. The definition of neglect and research reflect underlying theoretical assumptions and about gender roles (Toth & Cicchette, 2006).

Research into professional practices with child abuse and neglect suggest that practice is based on the focus of the mothers, policies with regard to child protection. In general, child neglect issues are not address in regards to gender issues in an explicit fashion. This literature research documents suggest that social policy must be informed by analysis of the gender issues that underlie understanding and response to neglect and
abuse. This article review states intervention and vulnerable children implementations. The author derives from a two year study of home supervision conducted a program of research on the Children's Act of 1995 (United States Department of Health and Human Services, Administration for Children and Families, 1995).

The focus is on children who are looked after by local authorities who have a legal supervision order at home. Primarily, the consequence is on been abused or neglected, offended or having failed to attend school without reasonable excuse. The author highlighted two assumptions, both from the legacy of Lipsky, that challenged specifically, non-implementation by street-level bureaucrats and managers in the home supervision study to share explore and understand the implications for implementation studies of the child welfare system (Murray, 2006).

During this research focus, the authors discussed seven major issues. Firstly, children are exposed to violence and must be recognized as a public health problem. Secondly, child development includes neurodevelopment that should be integrated into all aspects of research policy, practice, evaluation and training. Thirdly, the prevention and intervention efforts must be child-centered within the family context. Fourthly, by embracing a multi-disciplinary and ecologically sound approach would enhance systems of care for children and families. Next, there is a tiered approach from frontline workers, supervisors; community members enhance prevention and intervention efforts. When the children are exposed to violence they require a coordinated and multi-disciplinary marketing campaign. Finally, the authors present a guide for strategic planning for systems and communities must be developed (Geffiner, Griffin, & Lewis, 2008).
The practice gaps are given high priority, and placed in categories of training gaps of content and process. The audience and evaluation of children exposed to violence research. Policy gaps and needs pertain to reactive as opposed to proactive as opposed to proactive system and social policy that supports system integration, instead of system abuse (Geffner, Griffin, & Lewis, 2008).

The authors in another research article looked at child welfare practice and policy related to the impact of children experiencing physical victimization and domestic violence. The impact of family violence on children were investigated those who were exposed to domestic violence against women were physically abused, and neglected children (Chiodo, Leschied, & Hurley, 2007).

The authors explained that child outcomes are reflected in behavioral and school-related problems, delinquency, and the evaluation in the overall risk. By the same token, there was considerable variability on the effects of exposure to children. Similarly, children are exposed to domestic violence against women who were physically abused and did suffer a variety of child outcomes. Children experiencing the combined effects of physical maltreatment and the exposure to domestic violence experienced the poorest adjustment reflected in grade repetition and involvement in delinquency (Chiodo, Leschied, & Hurley, 2007).

Public Health Programs for Children

Another perspective in the literature review was concentrated on public health programs for children. This research study was designed to evaluate the effects of a home visiting program which assessed the parenting behaviors in the first two years of life.
This method of the study consisted of assessing a sample of 1173 families at risk for child abuse and neglect who met the criteria for Healthy Families of New York. The sample population was randomly selected and assigned to either an intervention group that was offered entitled Health Families of America or a control group that was given information and referrals to other services (DuMont, Hertzfeld, & Greene, 2006).

The data was collected through a process for review from the Child Protective Services records and maternal interviews at the baseline initial interview and later at the child’s first birthday, 90% of the first group was re-interviewed and on the second session, 85% of this group was re-interviewed. The results of this study reported committing one-quarter as many serious abuse at the age of two, than was the mothers in the control group. The two sets were tested and found to have had significant effects (less than .05). At the age of two years, the young first-time mothers in the Healthy Family New York group who were randomly assigned at 30 weeks of pregnancy were found to be less likely that the control group to engage in minor physical aggression (DuMont, Hertzfeld, & Greene, 2006).

From a study it was determined that among the women who were psychologically vulnerable, the Healthy Families of New York mothers were found to be one-quarter as likely to report engaging in serious abuse and neglect, as control group mothers with the lower rate versus non-intervention group. In conclusion, the authors’ findings suggest that the mothers who were offered home visitation were considered to be important factors in explaining the differential effectiveness, the results of the home visitations. Similarly, the involvement with the programs caused improved results by prioritizing the
population served by enhancing the model by meeting program objectives for hard to serve families (DuMont, Hertzfeld, & Greene, 2006).

The Health Resources and Services Administration help to provide health resources for the medically underserved populations. The main operating units of HRSA are the Bureau of Primary Health Care, Bureau of Health Professions, Maternal and Child Bureau and the HIV/AIDS Bureau. The nationwide network of 643 community and migrant health centers, plus 144 primary care programs for the homeless and residents of public housing, serve 8.1 million Americans annually. This agency provides services to people with AIDS through the Ryan White Care Act programs. Furthermore, it oversees the organ transplantation system and works to decrease infant mortality and improve maternal and child health. HRSA was established in 1982 by bringing together several existing programs. The HRSA has more than 1,300 employees centralized in Rockville, Maryland and another 750 employees in 10 regional offices throughout the United States. In the 1990s, the Department of Health and Human Services proposed a series of federal partnership grants for categorical programs, which included Maternal and Child Health Block Grant and the Prevention Block Grant (Turnock, 2004).

The delivery of health care to children is characterized by disconnected programs. Each program has distinct eligibility, administrative and funding criteria. The different programs can be categorized into three broad sectors; the personal medical and preventive services sector and the population-based community health services (Shi & Singh, 2004).

The population-based community health services include community wide health services, health promotion and health disease prevention services. For example,
immunizations delivery and monitoring programs lead to health screening programs; such as child abuse and neglect prevention. The other health services include special child abuse treatment programs and rehabilitative diseases for children with complex congenital conditions or other chronic and debilitating diseases and early interventions and monitoring of at risk infants (Shi & Singh, 2004).

Alternative community-based programs also provide assurance and coordination functions. Case management and referral programs for children with chronic diseases provide early interventions and control of infants at risk for developmental disabilities. The funding for these federal programs is from Medicaid. The programs are the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, Title V (Maternal and Child Health) of the Social Security Act, and other categorical Programs (Shi & Singh, 2004).

Family support services include parent education and skill building in families at risk for developmental delay, physiological or social conditions such as low birth weight resulting from very low incomes. The Department of Agriculture, funds the Supplemental Food Program for Women, Infants and Children (WIC) and the Department of Education funds the Individuals with Disabilities Education Act (IDEA). The amendments to Title XIX, gives access to basic ambulatory medical which will not accommodate the needs of children with complex health conditions and environmental risks (Shi & Singh, 2004).

The Head Start Program, now concluding its 25th year, is a comprehensive child development program currently serving 550,000 low-income preschool children and their families in 2,000 communities across the country. A minimum of 10 percent of the
enrollment opportunities in each State must be made available to children with disabilities including mental retardation. Head Start is said have surpassed these requirements in each of the last 17 years; currently, 13 percent of the enrollment is comprised of children with disabilities (Administration for Children, Youth and Families, Department of Health and Human Services, 2008).

There are programs administered by the Children’s Bureau which affect children with mental retardation, their families, and other caregivers. Correspondingly, these are projects that offer respite care for families who adopt children with special needs, respite care and temporary crisis nurseries for children with disabilities, and specialized family foster care for older children with mental, emotional, or physical disabilities (U. S. Department of Health and Human Services Administration for Children Youth and Families, 2008).

The National Center on Child Abuse and Neglect (NCCAN) was established to prevent child maltreatment and is also particularly relevant to the prevention or amelioration of mental retardation. Between the years of 1986 and 1989 family supports of NCCAN provided and funded projects designed to reduce the risk of developmental delay among infants of chemically dependent mothers and to improve the child rearing skills of teen parents. Subsequently, the NCCAN awarded-based prevention programs that grants for model comprehensive communities that include prenatal health care, parenting education and support programs for new parents (U. S. Department of Health and Human Services Administration for Children Youth and Families, 2008).

In addition, support programs such as respite care and crisis nurseries for parents under stress. The NCCAN also funds a clearing house to assist agencies that work with
another high-risk group of children disable infants with life-threatening conditions. The National Information Clearing house on Disabled Infants with Life-Threatening Conditions disseminates Information on treatment procedures, and services and resources available to infants and their families, including support services (U. S. Department of Health and Human Services Administration for Children Youth and Families, 2008).

The American Academy of Pediatrics has Public Health Programs for children who are committed to the attainment of optimal physical, mental, social health and well-being for all infants, children, adolescents and young adults. The program addresses child abuse and neglect and provides an educational forum for the discussion of problems and treatment relating to child abuse and child neglect and its prevention (United States Department of Health & Human Services, 2007).

The American Humane Society’s mission is directed towards preventing cruelty, abuse, neglect and the exploitation of children and animals. The gathered information assists professionals and citizens in making informed decisions about how to help children and families in crisis. This association also develops resources and programs that help child welfare systems deliver quality in times of crises. The association also develops resources and programs that establish services for communities the citizen prevention of child abuse (American Humane Association, 2008).

The American Professional Society on the Child Abuse of children is a Public Health Program for Children. The purpose is to seek to improve the quality of practice provided by professionals who work in areas of child abuse and neglect by providing professional education and promoting research and practice guidelines (American Professional Society on the Abuse of Children, 2008).
The Center for the Study of Social Policy has the mission of developing public policies and practices that strengthen children and their families. In addition, its task is to assist communities to produce equal opportunities and a better standard in the future for all children (Center for the Study of Social Policy, 2008).

Another Public Health Program for Children is supported by the Child Welfare League of America (CWLA). The Child Welfare League is an association of Americans with more than 800 public and private non-profit agencies that assist over 3.5 million abused and neglected children and their families each year with a wide range of services (Child Welfare League Gateway, 2008).

An additional program, the Circle of Parents is a national network of parents and statewide, as well as regional organizations which work to prevent child abuse and neglect by strengthening families and promotes leadership through, self-help parents and support groups for children (Child Welfare League Gateway, 2008).

The Annie E. Casey Foundation contribution to Public Health Programs of Children is focused on building better futures for disadvantaged children and their families in the United States. The foundations mission is to foster public health policies, human services reforms and community supports that effectively meet the needs of today’s vulnerable children and families (Feld & Winterfeld, 2003).

The Annie E. Casey Foundation, also sponsors, the Casey Strategic Consulting Group (CSCG) was founded in 2001 as the consulting service of the Casey Foundation in order to augment the foundation's ongoing commitment to human the human services system reform. The mission is to provide intensive strategic consulting that facilitates and
accommodates the human service system transformations (Annie E. Casey Foundation, 2009).

The Casey Foundation further seeks results that predict better outcomes for American's most vulnerable children and their families by partnering with the public sector leaders. These leaders are said to share values, which are committed to substantially improving the lives of the people they serve (Annie E. Casey Foundation, 2009).

As previously mentioned, the Casey Strategic Consultant (CSCG) engagement teams work on-site in close collaboration with clients to strengthen agency management internal operations and frontline practices. The Casey Foundation seeks to collect meaningful support from other stakeholders, e.g. public officials, policymakers, and advocates, in order to address performance issues that exist outside of the boundaries of certain agencies (Annie E. Casey Foundation, 2009).

This approach has brought compelling gains in the quality of service provided to vulnerable children and families by child welfare and other human services agencies. The Casey Family Services provide direct service to agencies of the Annie E. Casey Foundation, and offers focused programs and services for vulnerable children and families in the United States (Annie E. Casey Foundation, 2009).

Doris Duke Charitable Foundation is another program for children. The foundation undertaking is on child abuse prevention. This program supports a number of national organizations and research initiative that advance efforts to prevent the maltreatment of young children by providing services supports and information to families (Child Welfare League Gateway, 2008).
Family Resources Center for Community-Based Child Abuse Prevention is a service of the Children’s Bureau Office of Child Abuse and Neglect. The program is entitled FRIENDS and the work is to build the capacity of states and communities to prevent child abuse and neglect (Child Welfare League Gateway, 2008). The program provides technical assistance to federal grantee agencies by implementing community based grants for the Prevention of Child Abuse and Neglect, which is authorized by Title II of the Child Abuse and Treatment Act under the Helping Children and Families Safe Act of 2003. The purpose of FRIENDS is to build the capacity of states and communities to prevent child abuse and neglect (Child Welfare League Gateway, 2008).

The National Association of Children’s Hospitals & Related Institutions, which promotes the health and well being of all children and their families through support of children’s hospital and health systems that are committed to the excellence in providing health care to children (National Alliance of Children’s Trust and Prevention, 2008).

Yet another public health program for children is the National Center on Shaken Baby Syndrome. The National Center on Shaken Baby Syndrome through the development and implementation of education programs, public policy and research establishes networks for support and train families, caregivers and professionals (Child Welfare League Gateway, 2008).

The National Family Preservation Network has a program for children that provide training tools and resources to assist policymakers and practitioners to build on a family’s strengths to preserve family bonds so children can be protected and nurtured at home.
Also, the National Respite Coalition is a public health program of children, which was established to secure quality, accessible, planned and crisis respite services for all families and services to strengthen stabilize and enhance safely for children (Child Welfare League Gateway, 2008).

Duke University sponsors a Program Model through the Children’s Advocacy Centers Community-Based Programs. This model involves professional multi-disciplines, a consortium of Child Protection Agencies, physical and mental health departments, the social work discipline, legal system and law enforcement agencies. Collaboratively, the entities work through a child-focused facility to maximize the victims well being and ensure systems are designed to protect and serve children entitled Center for Child and Family Policy (Zielinski, 2008).

The results of research strengthen the call for increased attention to child maltreatment preventions. Through the disciplines of social work, nursing, family partnerships and skilled home visitation, the first five years of a child’s lifespan have shown effective venues in reducing long-term rates of abuse and neglect. Utilizing the plan of intervening before abuse and neglect take place has reduced the incidence of maltreatment (Zielinski, 2008).

Another illustration from the literature review considered the impact of chronic conditions that may increase the feasibility of placing children at risk of being maltreated. The article examined whether or not there was feasibility for the relationship and to what extent specific chronic health conditions place young children at risk for maltreatment. The method the study used a sample of children from Illinois born between
January 1990 and March 1996, who were infants through the age of three (Jaudes & Bilaver, 2008).

These children were continuously enrolled in Medicaid, a public health insurance program for low-income families. The study used paid claims data and specific health codes to identify children with one of three conditions; chronic physical illness, developmental delay, mental retardation and behavioral or mental health conditions. This study utilized the Cox Regression proportioned hazard models to estimate the risk of substantiated child maltreatment that relates to health conditions which were conferred on children under the age of six years (Jaudes & Bilaver, 2008).

The results as indicated among children under the age of six, 24.1% had chronic physical health conditions, 6.1% had behavioral and mental health conditions, and 4.2% with developmental delays and mental retardation. Among children with 11.7% were maltreated, abused or neglected. Children in this population also had behavioral and mental health problems which were 1.95 times more likely to be maltreated than children without such conditions or victims of child abuse or neglect. Analogously, children with chronic physical health conditions were 1.1 times more likely to be maltreated. In contrast, children with developmental delays and mental retardation were not at an increased risk for maltreatment, according to the authors. Furthermore, if the child had a prior history of abuse or neglect before the age of three and was also diagnosed with a behavioral condition; the child was 10 times more likely to be maltreated again (Jaudes & Bilaver, 2008).

In conclusion, the authors further elaborated on the behavioral mental health conditions placed low-income children under six at the highlights risk for abuse and
neglect. Developmental delay, mental retardation conditions, however did not appear to increase the risk of maltreatment. While chronic physical health conditions increased the risk slightly among the group of children. Therefore, the identified variable of behavior, mental health in young low-income children should be considered a risk factor for potential abuse to pediatricians and other health professionals such as child protection agencies. Health professionals according to the authors should be trained to identify behavioral mental health conditions of children. There are practice implications for social sciences which chronic behavioral and mental health places young children at heightened risk for abuse and neglect. The early detection of mental or psychological health conditions place young children at heightened risk of abuse and neglect (Jaudes & Bilaver, 2008).

Early detection is mandated by the Individual with Disabilities Education Act, is a federal law that governs how state and public agencies provide services to children with disabilities. The authors stated that the high risk of abuse and neglect among children with behavioral mental health conditions and clinicians should give added scrutiny to at risk children. Child protection agencies should also be trained to identify behavioral, mental health and conditions. Accordingly, more states should record disability status in abuse records (Jaudes & Bilaver, 2008).

The next article was reviewed in the literature, based on its model for risk assessment in the Child Protection Services. The evaluation was assessed according to the Neural Network Modeling of Risk Assessment. The advantage of using neural methodology for modeling is that social science data can be extracted. This model according to the authors demonstrates risk assessment data. Neural network modeling of
the association of risks factors was contracted between the Washington State social workers of the Child Protective Service. The model establishes an association between social work overall risk to include thirty-seven separate risk factors for the State of Washington (Marshall & English, 2000).

The Risk Assessment Matrix is shown to provide case classification results, and superior linear or Logistic Multiple Regression. The importance of utilizing this model was to have the ability of case prediction and accuracy attributed to superiority for modeling non-linear relationships which occur between interacting variables. From the perspective of the authors, there is a mathematical framework of neural networks that is a possible approximation of the actual decision making process. In summary, the authors also discussed the implication of this modeling advantage for evaluating social science methods within the framework of ecological theory (Marshall & English, 2000).

The next illustration for literature review discusses the parenting practices among Dominican and Puerto Rican mothers. This study presents descriptive data about Latino parenting practices in the urban context. The Latino practices and underlying styles are a framework for understanding their culture. The content analysis of the parents’ focus groups revealed five essential Latino practices: (1) ensuring close monitoring of adolescents (2) maintaining warm and supportive relationships characterized by high levels of parent-adolescent interaction and sharing (3) explaining parental decisions and actions (4) making an effort to build and improve relationships (5) differential parenting practices based on adolescent’s gender. Mothers reported the risk of living in urban areas (Ramos, Dittus, & Johansson, 2007).
This study has important implications for culturally competent social work practice with Latino adolescents and their families. There have been relatively few empirical studies of practices among Latino families. Family-based research did not focus on the potential variation in culturally based parenting practice (Amato & Fowler, 2002).

Another article addressed the attitudes toward parenting strategies, potential for child abuse and parental satisfactions of ethnically diverse incomes in United States mothers. This research suggests that Latino and white parents are more similar than different (Medora, Wilson, & Larson, 2001).

Despite the rapid growth of the Latino population in the United States, which is expected to reach one-quarter of the population by 2050, the role of Latino culture in understanding parenting practices of Latino families remains understudied. According to the authors, parenting practices can be distinguished from parenting styles. This study considers parenting styles as the set of emotional climate in which a child develops. In this instance, the parent who follows a strict life style in the area of family communication exerts parental demanding physical discipline expectations (Medora, Wilson & Larson, 2001).

Researchers recognized the importance of culture in shaping parenting practices to study diverse cultural groups. The implications for social work according to the authors suggest several trends and directions for social work practice, research and the development of parent-based intervention programs. Moreover, researchers support the concept that population specific interventions are more widely accepted by results in greater efficacy when cultural norms are targeted towards groups. Finally, these groups
are considered as intervention strategies addressing cultural factors (Medora, Wilson, & Larson, 2001).

Another article in this literature review focuses on inter-partner conflict and child abuse risk among African American and Latino Adolescent Parenting Couples. The objective goal of this study was to identify links between observed conflict interactions and risk for child abuse and harsh parenting among a multi-ethnic sample of adolescent mothers, ages 14-19 years and young fathers 14-24 years. The method assessed categories prior to the childbirth observation based relationship data collected from 154 expectant adolescent couples, as well as information about physical aggression between partners (Moore & Florsheim, 2008).

Subsequently, two years after child birth, data relevant to harsh disciplinary practice and child abuse prone attitudes were collected from both young mothers and fathers. Next, multiple regression analyses was run to examine the correspondence between relationship quality prior to childbirth. Subsequent risk for harsh and potentially abusive parenting practices. The result of the findings indicated that inter-partners violence prior to childbirth predicted physically punitive parenting behavior for father, however not for mothers. Young mothers and fathers observed to be more warmly engaged with each other during their pre-birth couple interactions (Moore & Florsheim, 2008).

The data reported lower rates of physically punitive partner behavior with their children. Couples hostility predicted the father’s level of observed hostility toward his child during a structure play activities. The conclusions results, highlights the importance
of addressing the quality of the couples' relationship as a means of parenting practices among adolescent mothers (Moore & Florsheim, 2008).

The risk for engaging in dysfunctional parenting practices among adolescent mothers and partners. Adolescent mothers and their partners are at heightened risk for engaging in this study sought to identify interpersonal predictors of child abuse risk. The goal was to test hypotheses that would inform the development of programs for young at-risk couples. In conclusion, there are practice implications from these findings. The decision to recruit young couples prior to childbirth was based on the presumption that this period of time could provide a window of opportunity to administer couple-based child abuse prevention programs. These programs target at-risk couples which could help reduce the occurrence of harsh parenting behavior and abuse (Moore & Florsheim, 2008).

This study has important implications for culturally competent social work practice with Latino adolescents and their families. There have been relatively few empirical studies of practices among Latino families. Family-based research did not focus on the potential variation in culturally based parenting practice (Amato & Fowler, 2002).

Next, multiple regression analyses were run to examine the correspondence between relationship quality prior to childbirth. Subsequent risk for harsh and potentially abusive parenting practices. The result of the findings indicated that inter-partners violence prior to childbirth predicted physically punitive parenting behavior for father, however not for mothers (Moore & Florsheim, 2008).

Young mothers and fathers observed to be more warmly engaged with each other during their pre-birth couple interactions. The data reported lower rates of physically
punitive partner behavior with their children. Couples hostility predicted the father’s level of observed hostility toward his child during a structure play activities. The conclusions results, highlights the importance of addressing the quality of the couples’ relationship as a means of parenting practices among adolescent mothers. The risk for engaging in dysfunctional parenting practices among adolescent mothers and partners (Moore & Florsheim, 2008).

Adolescent mothers and their partners are at heightened risk for engaging in this study sought to identify interpersonal predictors of child abuse risk. The goal was to test hypotheses that would inform the development of programs for young at-risk couples. In conclusion, there are practice implications from these findings. The decision to recruit young couples prior to childbirth was based on the presumption that this period of time could provide a window of opportunity to administer couple-based child abuse prevention programs. These programs target at-risk couples which could help reduce the occurrence of harsh parenting behavior and abuse (Moore & Florsheim, 2008).

This literary review reference examines the procedures and practices of the Child Abuse Prevention Treatment Act (CAPTA). Each year there is approximately 900,000 causes of child abuse and neglect are substantiated in the United States with the highest rates of child maltreatment occurring among infants and toddler children exposed to maltreatment are at increased risk of developmental delay (Stahmer & Sutton, 2008).

The Child Abuse Prevention and Treatment Act specifies that children under three with substantiated cases of abuse or neglect much have access to early intervention services under Part C of the Individual with Disabilities Act. This research examines state practices developed by Part C agencies in response to new representatives
provided on referrals, screening evaluation, services and tracking methods through a semi-structured survey. The results indicate, the need for standardized referral processes, increased agency understanding of consent procedures for children and the coordination of routine screening between Child Welfare and Part C cross-agency, and the development of tracking the data base (Stahmer & Sutton, 2008).

The article in the literature review addresses the technology and media incidence which reduces dysfunctional parenting and interventions for abused and neglected children. In this article, the research authors observed 723 families in a study which participated after being randomly assigned to either a standard or technological web-support. The parents in both conditions reported significant improvements from pre-test to post-test interventions. They evaluated the child’s behaviors, dysfunctional parenting, parents’ anger, depression, and self-efficacy. The short-term improvements were maintained at six-month follow up intervals (Calam, Sanders, & Carmont, 2008).

The authors identified regressions as predictors of program outcomes and involvement. Parents who watched the entire series on the web had more severe problems at prevention, and high socio-demographic risk than parents who did not have access to the series. According to the authors there were few socio-demographic, child or parent variables that were assessed at the prevention stages of the program. As a result, there were parents from diverse socio-economic status who benefited from the program. The media interventions highlighted evidence-based parenting programs for reaching families who were in hard to reach populations that have child maltreatment prevention programs (Calam, Sanders, & Carmont, 2008).
Another example of a public health program was identified in the literature for abused and neglected children. This article describes the need for practicality by the utilization of longitudinal, multi-sector and multi-level administrative data. There was identified the need for a change to occur in technology, data, storage, computational speed and practice (Reid & Drake, 2008).

The next example of the literature focuses on a public health program which was viewed from the framework of community partnering to translate the health promotion strategy. The article explained that there was a general agreement about the complex interaction between the individual, family and organizational community. The authors explain that there are factors for which levels influence health outcomes. Specifically, there remains a gap between health and research practices (Best, Stokols, & Green, 2003). The authors emphasize the fact that there is a disconnection between the multiple theories and models and integrative framework. The integrative framework consists of a theoretical foundation of ecology which reflects health development. The researchers understand the importance of complex theory among individual, family and community factors. According to the authors, the gap between healthy communities requires best practice guidelines, share experiences that allow for dialogue regarding public health policies (Best, Stokols, & Green, 2003).

Due to the increased incidents of serious injuries to children, the literature has addressed this issue by developing hospital based parent education programs. This article explores the prevention of abusive head trauma among infants and young children. The objective of the study assesses the incidence of abusive head injuries among infants such
as, shaken infant or shaken impact syndrome, which represents a devastating form of child abuse (Dias, Smith, & Mazar, 2005).

The establishment of an effective program reduces the incidence of abusive head injuries. The authors improvised a prevention program capable of reducing the incidence of abusive head injuries. The plan was to determine whether a comprehensive regional hospital-based, parent education program may be effective when administered at the time of the child’s birth. The research would determine further if parent education administered at the birth of the child would be successfully implemented. Then, examine its impact regarding the incidence and format (Dias, Smith, & Mazar, 2005).

The program examined its impact on the incidence of abusive head injuries amount infants less than thirty-six months of age. The authors resolved that in a coordinated hospital based parent education program an assessment of all hospitals; provided maternity care in an eight county region of western New York State. This program was administered to parents (mothers and, whenever possible, fathers or father figures) with information describing the dangers of violent shaking and providing all response to persistent infant crying and to have both the parents sign voluntarily a compliance statement. The parents would then be assessed and assigned documents according to the compliance statement to be returned with the parent’s signature (Dias, Smith, & Mazar, 2005).

This program conducted telephone interviews with a randomized percent subset representation of the parents. Seven months after child birth, an assessment was made to assess the parents’ ability to remember the information. Finally, the regional incidence of abusive head injuries was determined to be among infants and children thirty-six months
of age. The program (study group) was contrasted with the incidence during the six preceding groups with statewide incidence rates for historical control and the statewide incidence rates for the Commonwealth of Pennsylvania. During the control groups and study periods using Poisson regression analyses displayed a type error rate of 0.05 (Dias, Smith, & Mazaar, 2005).

The results during the first 5.5 years of the program, equaled 65,205 compliance statements which were documented, and represents 69% of 96% of compliance states were signed by mothers and 76% were signed by fathers/father figures. The follow-up telephone surveys seven months later suggested that less than 95% of the parents remember having received the information. The incidence of abusive head injuries decreased by 47% from 41.5 cases per 100,000 live births during the six year control period to 22.2 abused per 100,000 live births during the 5.5 year period. No comparable decrease was seen in the commonwealth of Pennsylvania during the years 1996-2002, which represented the control and study period in western New York State. The authors conclusion coordinated, hospital based parent education program, targeting parents of newborn infants, can significantly reduce the incidence of abusive head injuries among infants and children thirty-six months of age (Dias, Smith, & Mazaar, 2005).

This review focuses on the randomized trial of a statewide home visiting program and its impact in preventing child abuse and neglect. The objectives of this program was to assess the impact of home visiting in the first three years in families identified as at-risk of child abuse through population-based screening at the child’s birth (Duggan, McFarlane, & Fuddy, 2004).
The experimental study focuses on Hawaii Healthy Start Program (HSP) sites operated by three community-based agencies from November 1994 to December 1995, 643 families were enrolled and randomly assigned to intervention and control groups. Child abuse and neglect data were measured by observed and self-reported parenting behaviors. All hospitalization for trauma conditions might have been avoided with adequate preventive care, maternal relinquishment of her role as primary caregivers, and substantiated Child Protection Service reports. Data was collected through maternal interviews (88%) follow-up each year of all families with baseline interviews; observation of the home environment and review of Child Protection Services, Hawaii Healthy Start Program and pediatric medical records (Duggan, McFarlane, & Fuddy, 2004).

Correspondingly, a review of the literature was targeted at abused and neglected children programs. This article assessed the prediction of characteristics of child abuse potential. The program objective was to differentiate risk measurements used to evaluate outcomes in child abuse prevention and intervention programs. This study examined pre-intervention to post-intervention changes on the Child Abuse Potential Inventory (CAP) and Abuse Scale correspond to actual changes in risk for future reports of maltreatment evaluated the validity; for classifying clinically significant change (Center for the Study of Social Policy, 2008).

The method utilized for the participants of this study which consisted of 459 parents participating, in one of 27 community-based family presentation and family support programs. Most parents were low-income mothers with a variety of social risk indicators, about one-third at-risk for the CAP Abuse Scale. The participants were
administered the Child Abuse Potential Abuse Scale and Program Enrollment. At the completion of the intervention there was follow-up for an average of two years for future maltreatment reports. Dynamic predictive validity was presented by comparing survival models, using a time dependent structure of pre and post-intervention. The results of the pre-intervention CAP Abuse Scales scores demonstrated incremental future predictive. In conclusion, the authors strongly supported the static predictive validity of the CAP and for screening purposes. The CAP Abuse Scale reflected changes for future maltreatment. The results of the exploratory analysis suggested the possibility that the changes observed reflected changes. The changes assessed are subjective distress by parenting attitudes, which may be an indicator of initial risk when computed. This study raises questions about the common practice of using instruments as proxy measure for child maltreatment risk in intervention and prevention programs (Chaffin & Valle, 2003).

The next example for literary review is a program of family prevention intervention for child neglect. The objective of this program is to engage in an exploratory analysis of self-reporting data gathered by the Family Connection Program. This process is used to build as a predictive model of program completing. The research authors assessed a sample of 136 families in a poor, urban neighborhood to meet at risk criteria for child neglect. Families were randomly assigned to receive 3 or 9 month interventions bi-variate predictors that emphasized for 136 families who did not complete services (Girvin, DePanfilis, & Daining, 2007).

Logistic regression analysis identifies service completion predictions for 136 families for who pre and post data. The results of the program according to the authors encouraged more caregivers in the three month group completes services. The successful
candidates were required to have more than one child and report a more positive alliance with their workers. Depressive symptoms, workers alliance and treatment group status predict services in the final model (Girvin, DePanfilis, & Daining, 2007).

Additional public health programs for children, in this review addresses cross-cultural primary prevention programs. This literature review expounds on existing reviews regarding primary prevention approaches to the wife and child in the United States, Canada and France. There are a large variety of primary prevention approaches for the wife and child abuse victim. However, there are no systematic overview, according to the authors exist. In addition, knowledge of intervention programs was limited by language barriers. This paper according to the authors looks beyond language differences to provide a fuller view of the spectrum of recent intervention programs. The authors present in the literature or qualitative overview and discuss the similarities and differences among different intervention strategies. The analysis identifies particular cultural factors with preventive approaches to stimulate dissemination of methods in the future. In summary, the authors provided a qualitative overview of programs that addresses the problems of program aims, contents, focus and interventions (Godenz & DePuy, 2001).

The next literature review, regarding public health programs was observed in an article of community life and public health safety programs. This article was developed to explain the United States Advisory Board on Child Abuse and Neglect recognized in the early 1990s, the challenges posed by the ongoing crisis in the child protection system. The generational declines in a social capital are intertwined. This issue of Family and Community Health discusses the conceptualization, implementation, and effects of strong
communities for children. The first large-scale application of the board’s visitation for a neighborhood based child protection system (Melton, Holaday, & Kimbrough, 2008).

Also, the first large-scale application of the board’s vision is for a neighborhood-based child protection system. The authors explained that they sought to demonstrate effectiveness in mobilizing large numbers of volunteers and organizations in diverse communities. Strong communities have potential usefulness not only in promoting child safety but also in meeting other important goals for community health (Melton, Holaday, & Kimbrough, 2008).

Another literary review effort critique regarding programs for abused and neglected is included in this dissertation. The article observes the importance of the science of community intervention. Most programs for the prevention of child maltreatment, as stated by these authors have relied on individual and family-level interventions. However, the absence of community-level strategies, conflicts with a growing body of research showing the importance of community factors. In the prevalence of child abuse and neglect, parents are continual trying to cope with dangerous community conditions and may become overly punitive, or conversely lacking in supervision towards their children. In short, parents rearing children in weak community have a difficult task. Conversely, however supportive communities can mitigate the threats that are posed by risky environments. Program experience and research programs build strong communities for children and suggest solutions to resolve these problems (Melton, Holaday, & Kimbrough, 2008).

This literature review describes the development and implementation of a program to program process to prevent child maltreatment in a multicultural inner city
community setting with very high rates of abuse and neglect. The rationale and philosophy emphasizing the prevention program, has a unique approach by combining several features pressing varying degrees of home visitation programs within a well-structured framework. This includes the identification of vulnerable parents during the antenatal period. The use of generic health professionals, health visitors are required in the identification and intervention with families. There is an active engagement strategy with the development of specialist clinics for parents with no stigma attached to participation (Naughton & Heath, 2007).

Another public health program reviewed in the literature assessed the parental attribution in retraining and the anger management to enhance the effect of the triple P positive parenting program with parents at risk of child maltreatment. Ninety-eight parents experiencing significant difficulties in managing their pre-school aged children were randomly assigned either to an enhanced group-administered behavioral family intervention program based on the Triple P-Positive Parenting Program that incorporated attribution retraining and anger management for a standard behavioral family intervention program. This program provided training in parenting skills alone at the post-intervention; both conditions were associated with lower levels of observed and parent-reported disrupted child behaviors (Sanders, Pidgeon, & Gravestock, 2004).

The lower levels of parent reported dysfunctional parenting, greater parental self-efficacy, less parental distress, relationship and conflict. Similarly, there are high levels of consumer satisfaction. Evidence Based Family interventions have showed a significantly greater short-term improvement on measures of negative parental attributions for children’s behavior. At six months follow-up both conditions show
similarly positive outcomes on all measures of child abuse potential, implications for establishing early intervention programs to the needs of parents at risk of child maltreatment (Sanders, Pidgeon, & Gravestock, 2004).

Correspondingly, a public health program for children who were abused and neglected has been instituted in the pediatric residency training program by the medical profession. The background of child abuse and neglect are recognized as a leading public health problem with significant morbidity and mortality. The previous studies indicate that physicians often lack knowledge and confidences in addressing child abuse and neglect. The goal and objective of this program was to assess the child abuse and neglect curriculum in the pediatric residency programs as reported by chief residents and identify levels of preparedness of residents to address child abuse and neglect upon graduation (Narayan, Socolar, & St. Claire, 2006).

The method engaged twenty-eight item surveys sent to the chief residents of 203 participants. The Accreditation Council for Graduate Medical Education accredited pediatric residency programs in the United States from 2004-2005. This research was performed by bi-variable and multi-variable analyses. The result indicated that response was 71% of most programs taught didactics on physical and sexual abuse, but only 54% included domestic violence. Ninety-three percent of the respondents rated their didactic teaching skills information as useful. Forty-one percent of the programs are required mandatory clinical rotations and 25% offered no notations at all (Narayan, Socolar, & St. Claire, 2006).

The respondents rated the level of preparedness by graduating residents to address child abuse and neglect as: very well (12%), well (54%); somewhat (28%), or not well
(6%). The preparedness was scientifically associated with didactic usefulness and the number of didactic hours. The total number of inpatient cases of sexual abuse cases during mandatory notation number of physical abuse cases during the length of mandatory rotations. In conclusion, the mandatory clinical experience in child abuse and neglect improve the preparedness of graduating residents. This purpose is to identify and evaluate patients for child abuse and neglect. Perhaps residency training in circumstances of child abuse and neglect should be a required subspecialty rotation with more explicit curriculum content than in the current mandates (Narayan, Socolar, & St. Claire, 2006).

In the research with regards to social work practice, the literature reviewed programs and after care services of children of abuse and neglect. The objective of this program tested the effectiveness of extended aftercare in the intensive family preservation where children were victims of abuse and neglect in African American families. The method utilized providers collect pre-test and post-test data for 49 families who received services and 69 who received after care services. The result of these interventions reduced the removal of abused and neglected children from their homes from 20% to 41% (Nelson & Nain, 2008).

This article estimates the relative effects of social-economic status and parenting knowledge and behaviors on where nurse practitioners perceived a family as being suspected of or confirmed for child maltreatment during the first three years of a child’s life. The results suggest that both socio-economic status and parenting knowledge and behaviors appear to have a larger impact. Only a small portion of the effects of socio-economic status can be explained by these factors. This analogy implies
that families at risk of maltreatment may require more comprehensive interventions than are frequently offered by child welfare systems (Nelson & Nain, 2008).

There is a range of public health programs that provide employment, education, training and services for the integration and coordination of abuse and neglected prevention. This research study looked at bringing basic research or the early psycho-pathology, stress and prevention. There is also a major focus in developmental psychopathology on understanding and intervention. In the collaboration that was formed in the research network on early experience, stress and prevention science (Gunnar & Fisher, 2006).

This literature review study focused on translating basics and early experiences as stress neurobiology into preventive science. Intervention for neglected children provides a brief synopsis of model literature on early experience and stress neurobiology from which the authors glean several key issues. According to the authors, this study details preventive interventions with maltreated children. Finally, there were discussion considerations which facilitate a more complete integration of research on early experience and stress neurobiology into preventive intervention strategies (Keil & Price, 2009).

This next research scrutinizes the investigation of child maltreatment by looking at the critical connections for children who are abused and neglected. This article highlights strategy links the child welfare systems to enhance the healthy development of young children who are abused and neglected. The Child Abuse Prevention Treatment Act, 1993 Part C. This act outlines the barrier to Early Intervention for maltreated children and identifies strategies to ensure the referral and successful navigation of Early
Intervention Prevention. The authors support and describe several innovative, collaborative programs that link child protective services, health, mental health, and developmental services that provide cross-system training and funding to facilitate early intervention diagnosis and treatment for abused and neglected children (Dicker & Gordon, 2006).

This research work explores the risk of substantiated physical neglect related to poverty and characteristics. The authors used data from the National Study of Protective, Preventive and Reunification Services Delivered to Child and Families from 1994 to estimate the effects of several indicators of poverty and parental characteristics associated with substantial physical characteristics associated with substantiated physical neglect (Carter & Myers, 2007).

The results, according to the authors, suggest there is a high controlling for family characteristics in a logistic regression. The indicators of poverty were not found to be predictive of substantiated physical neglect. Only the Women and Infant Children’s Program recipients had an association. They were less likely to have physical neglect substantiated if they had mental or substance abuse problems (Carter & Myers, 2007).

The research authors dissect the cognitive process associated with child neglect. A natural group design was used thirty-four neglectfully mothers chosen from active chronic caseloads. In the same way thirty-three non-neglectful mothers obtained from community agencies serving families. The participants were administered the task of assessing maternal perception of infant emotions vocabulary (Hildyard & Wolfe, 2007).

Finally, the authors also made internal and stable attributions for children’s behaviors in situations where it was no clarity as to whether a child was at risk of harm or
the recall of information. The results indicated that neglectfully mothers show significant problems in providing information which process the concerns of the child’s emotions and behaviors. This concept emphasizes the affect of child rearing, cognitive-behavioral interventions to enhance parents’ ability to recognize the child’s emotions and to address maladaptive valuable attributions as addressed by the authors (Hildyard & Wolfe, 2007).

The research authors evaluated child neglect and developmental consequence interventions and policy implications. This paper reviews the literature on child neglect with respect to child outcomes, prevention interventions and implications for policy. The authors considered prevalence of the problem is discussed and then potential negative outcomes for neglected children. The problems included are low self-esteem behavioral problems; poor school performance, maladjustment, and psychopathology are evaluated by the authors. Also, for consideration was the risk factors and current neglect intervention which are then reviewed (Tyler, Allison, & Winder, 2006).

There exists popular family support programs such as family presentations which have mixed the success rates for the prevention of neglect. The successes and shortcoming of other programs are examined with the focus on implications for future policy and research. Overall, the authors verified that research supports a multi-disciplinary approach to assessment, interventions and research on child neglect. Furthermore, there is need for a combined effort among parent, community member’s professionals and policymakers (Tyler, Allison, & Winder, 2006).

In an effort to increase the awareness and prevention endeavors were considered by the authors. They targeted efforts to educate all involved parties which focus on the
early intervention during specific encounters of at-risk families connected with medical settings, and parent education programs (Tyler, Allison, & Winder, 2006). This research example critiques the building resilience in children of mothers who have co-occurring substance disorders and histories of violence intervention issues. Historically, children of parents with co-occurring substance abuse, mental health disorders and violence trauma have been overlooked in behavioral health treatment systems. This literary work describes the development of the children’s study intervention that included clinical assessments, group intervention and resources coordination advocacy for abused and neglected children ages five to ten years old (Finkelstein, Rechberger, & Russell, 2005).

This model was established to build resilience through increased coping skills, improving interpersonal relations and helping to reunite the positive identity and self-esteem foundation. The innovative procedures, the participation of consumer survivors, recovering women mothers were studied. In the planning, implementation and administrative applications of these interventions of this study were highlighted. The authors recommended that programs be implemented with family-focused integrated treatment approaches that can potentially increase protective factors for children affected by abuse and neglect, parental mental illness, substance abuse and violence (Finkelstein, Rechberger, & Russell, 2005).

In summation, the women co-occurring Disorder and Violence Study was developed into a five year initiative which was funded by the United States Substance Abuse and Mental Health Services Administration and was included to explore the
treatment required of children of women with multiple disorders (Finkelstein, Rechberger, & Russell, 2005).

This research illustration is focused on community-based intervention for children exposed to intimate violence. The study focused on a community-based intervention program which was tested with 181 children ages six to twelve years of age and their mothers exposed to intimate partner violence during the past years. A sequential assignment procedure was initiated to allocate participants to three conditions child intervention, child-plus mothers and a wait list comparison (Graham, Lynch & DeVol, 2007).

There was a two level hierarchical linear model consistency of repeated observations within individuals and individual assigned to conditions was used to evaluate the effects of the timeframe baseline to post-interventions to eight month follow-up for both intervention conditions. Outcomes were individual children who externalized and internalized behavior problems and internalizing behavior problems and attitudes about violence. Of the three conditions studied, children showed the greatest improvement over time in externalizing problems and attitude violence. There were 79% fewer children with clinical range externalizing scores and 77% fewer children with clinical range externalizing scores from baseline to follow-up for children (Graham, Lynch, & DeVol, 2007).

Abused and Neglected Children

The historical perspective of abused children is a form of child labor. Child labor is prevalent in the global community and is a public health and human rights problem. It
places children at risk for acute and chronic health problems. Furthermore, in many cases child labor prevents the completion of formal education and prevents the right to freely choose to economic opportunities (Kasper & Parker, 2008).

According to UNICEF, over 218 million children between the age of 5 and 17 years are classified as child laborers, and of these numbers 126 million are engaged in what is referred to by the International Labor Organization as the worst form of child labor. This article reviews the types of child labor, the health effects, human rights principle and international law, and what public health professionals can do to resolve the problem. The review addressed policy as global background for Child Labor, health effects, International Law and Human Rights. The human rights factors in the concept, of Child Labor and the business Code of Ethics (Kasper & Parker, 2008).

The Federal Child Abuse Prevention and Treatment Act 1974 (42 U.S.C.A. Section Code 51069) Public Law 93-247 2003, as amended by the Keeping Children and Families Safe Act of 2003 Public Law 108-36, defines child abuse and neglect minimum. The act explains that any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation. In addition, an act or failure to act which this presents an imminent risk of serious harm. This definition of child abuse refers specially to parents and caregivers responsible for a child eighteen and under. However, not for those individuals regarded as an emancipated minor. While the Child Abuse Prevention and Treatment Act of 1993 provides for sexual abuse and specific cases related to withholding or failure to provide medically, indicated treatment. It does not provide specific definitions for other types of maltreatment such as physical abuse, neglect; or emotional abuse. Federal legislation determines minimum
standards and each state is responsible for providing its own definition on maltreatment within civil and criminal court (Child Welfare Gateway Information, 2008).

This literature review examines the rationale of parents who abuse their children. In this instance, child abuse is considered a major social concern around the world. From the perspective of the authors, it is important to tackle the problem and understand the mechanism contributing to abusive parenting. These factors were dysfunctional child-centered and parent-centered cognition as potentially critical correlates of abusive behavior. The development of dysfunctional cognitions is also explored. Cognitive vulnerabilities are, typically not sufficient for the occurrence of abuse. Interaction with additional factors, such as an ability to inhibit, aggression, problem-solving capabilities, parenting skills, social isolation, and societal context are examined in the article (Seng & Prinz, 2008).

According to researchers, there is an association with domestic violence victimization and abuse and neglect. The article’s objective was to examine both recent and a period of more than one year in past measured by self-reporting disciplinary practices among female parents/caregivers in the national representative sample of children and families referred to child welfare (Kelleher, Hazen, & Cohen, 2008).

This method employed by the researchers was a cross-sectional survey of more than 3,000 female caregivers in the National Survey of Adolescent Well-Being Study (NSCSW), serves as a national representative sample of children and families referred to the child welfare agencies for investigation of abuse and neglect. The women reported physical domestic violence and victimization of their disciplinary practices for their

In the study 443 women reported the prior year domestic violence, 1,161 reported domestic violence victimization in bi-variate comparisons. There was a need of recognizing the process to intervene. The control of domestic violence victimization exposure children, demographic factors, and maternal characteristics was associated with higher rates of self-reported psychological aggression, physical aggression and neglectful parenting behaviors. In conclusion, a national child welfare sample, domestic violence victimization is associated with more self-reported aggressive and neglectful disciplinary behaviors among female caregivers. The mechanisms for these associations are not clear. Practice implications address rates of aggressive and neglectful disciplinary practices are especially high among female parents who are exposed to domestic violence. Child welfare agencies should plan routine and structured assessments for domestic violence among parents/caregivers and implement parenting interventions to reduce harmful disciplinary practice for those families (Kelleher, Hazen, & Cohen, 2008).

A study focused on the psychological abuse which occurs between parents association with child maltreatment from a population based sample. This study examined the association of partner psychological abuse and child maltreatment perpetrates. This cross-sectional study examined a population-based sample of mothers with children aged 0-17 in the North and South Carolina. There were 1,149 mothers who were asked about the occurrence of potentially neglectful or abusive behaviors exhibited towards their children by either themselves or their husband or partner. The outcome measures for psychological and physical abuse of the child were classified in four
categories; no abuse, mother perpetrates father/father-figure perpetrates. When the husband perpetrates towards the wife, the odds of child neglect was 5.29 times as much as families with no psychological abuse (Chang, Adrea, & Desmond, 2008).

In summation, the partner psychological abuse was strongly related to child maltreatment. Children experienced a substantially increased risk in maltreatment strongly related to child maltreatment when the partner psychological was present in the home. Finally, the practice implications emphasized from the study observed that the intimate partner psychological abuse is warranted. Primarily, child prevention should include education about the seriousness of partner psychological abuse in families. Domestic violence advocates and child welfare agencies linkages between the partners of psychological abuse and child maltreatment work together to develop effective screening for dual problems (Change, Adrea, & Desmond, 2008).

This article in the literature review was selected because it addressed the parental satisfaction in child abuse and neglect, focuses on a review of standardized measures. The low levels of parental satisfaction are implicated by being present for more than three decades. The employment of these instruments in child maltreatment populations has been limited, perhaps due to a lack of empirical evaluation (Carpenter & Donohue, 2006).

This paper further reviews studies that demonstrate the need to examine the relationship between parental satisfaction and child maltreatment. The recommendations are offered regarding the ability of these measures in child treatment. The article also emphasizes the need to assess parent satisfaction in child abuse and neglect. In closing,
the parent satisfaction in the parental role was observed in the parent-child relationship (Carpenter & Donohue, 2006).

Another literature review, addresses cultural factors in decision-making about child abuse. The objective of this study was to examine cultural factors that may influence child physical abuse reports relevant cultural factors such as respondents to ethnic identification. The corporal punishment acceptability was investigated as proximal variables of ethnicity that affect the child physical abuse reporting practices. The method of the study included the involvement of 378 participants. From the information obtain by cases twelve vignettes using the factors of identity and their acceptance of different discipline practices, were also assessed. The data was analyzed using multiple regression procedures. The study results indicated ethnicity minorities may not share similar and cultural values that influence reporting tendencies may not apply across cultural variables to understanding the relationship between ethnicity and reporting tendencies (Ibanez, Bemberton, & Tera 2006).

The ethnicity of the respondents served as a significant predictor of tendencies for African Americans. As such the response is of a higher level of ethnic identity and acceptance of corporal punishment were significant mediators or reporting tendencies, which influences the relationship between ethnicity and the likelihood of reporting a child of the same race (Ibanez, Bemberton, & Tera, 2006).

The following article is ecologically based which deals with the understanding of neighborhood characteristics through geospatial frameworks, in the context of Black, Hispanic and White Children. This paper examines the disproportionate number of racial and ethnic minority children in the child welfare system concerns of many children in the
child welfare professionals. There have been a few studies that have investigated how neighborhood processes may contribute to the disparity. Spatial regression procedures were used to analyze data from 940 census tracts in California (Freisthler, Bruce, & Needell, 2007).

According to the authors black children have a higher rate of poverty and higher densities of off-premise alcohol outlets; which were positively associated with child maltreatment rates. However increases in population since 1990, a higher percentage of residents who moved a higher percentage of residents were associated with lower rates. On the other hand, percentages of female-headed families, poverty and unemployment were positively related to maltreatment rates and Hispanic children (Freistheler, Bruce, & Needell, 2007).

Yet, for white children, the percentage of poverty, ratio of children to adults, and the percentage of Hispanic residents were positively associated with neighborhood rates. By reducing the neighborhood poverty may reduce rates of child maltreatment for all children, as concluded by the researchers. However, additional efforts to prevent maltreatment at the neighborhood level may need to be tailored to the specific demographic characteristics to be most effective (Freistheler, Bruce, & Needell, 2007).

Child welfare professionals and researchers are concerned with the overrepresentation of racial and ethnic minority children who are involved in the child welfare system. As an illustration, black children are fifty-one percent more likely to be removed from their homes due to child maltreatment than are white children (United States Department of Health & Human Services, 2004).
According to these authors, this child maltreatment disparity is attributed to three factors. First, the differences in child welfare needs of different racial and ethnic groups. The discrimination practices of child welfare workers. Next, this discussion varies due at least to an interest in the reasons for overrepresentation of racial and ethical minorities and the child welfare system to explain intervene and prevent maltreatment (Freisthler, Bruce, & Needell, 2007).

The literature focuses on services to minority children and families has strongly suggested that child welfare services should not operate from the perspective of providing a generic model or template approach to service delivery, but rather the service should be designed to adhere to the specific needs of individual children and families (Billingsley & Gould, 1991).

This literature review discusses a multi-level study of neighborhoods and parents to child physical aggression, which was the result or a human development project in Chicago, Illinois. The majority of children in the United States experience parent to child physical aggression, a disciplinary strategy out of favor with many experts. Several decades of research have documented a link between community characteristics and severe child treatment. None of the participants engaged in a multi-level approach to the study whether in the neighborhoods that was affected by the amount of corporal punishment and/or physical abuse by individual family members. The data for this article was derived from the Project Human Development in Chicago Neighborhood characteristics were associated characteristics were associated with the program. A cross level section interaction was found between neighborhood social networks and Hispanic
ethnicity. This article in conclusion is that the neighborhood characteristics may influence the amount of strategies that hold promise (Molnar, Buka, & Brennan, 2003).

This article review examines intimate partner violence, maternal stress, and the risk for maternal maltreatment of children. This research study examined the association of intimate partner violence. Intimate Partner Violence and maternal risk factor are related to maternal risk factors with maternal child maltreatment risk within a diverse sample of mothers (Taylor, Guterman, & Lee, 2009).

The study sample was derived with 2,508 participants from the Fragile Families and Child Well Being Study. They conducted regression analysis to examine associations between Intimate Partner Violence, parenting stress, major depression, key covariates, and four variables for maternal child maltreatment. The results of the mothers reported on the average, of 25 of physical aggression against their three year old children in the year before the study. Eleven percent reported some act of neglect towards their children during the same period, and fifty-five percent had spanked their children the previous month (Taylor, Guterman, & Lee 2009).

Approximately forty percent of mothers experienced Intimate Partner Violence, by their current partner. Intimate Partner Violence and maternal partner stress were both consistent risk factors for all maltreatment proxy variables. However, foreign born mothers as opposed to those mother born in the United States, reported fewer incidents of child maltreatment. In conclusion, there was further integration of Intimate Partner Violence and child abuse and child neglect prevention and intervention. Efforts are warrant and must carefully balance the needs of adult as well as child victims (Taylor, Guterman, & Lee, 2009).
Another article included in the literature review examined a systematic evaluation of multi-level studies and the significance regarding child abuse and neglect. This article evaluates circumstances faced by residents growing up in poor neighborhoods, and the related negative effects on children and adolescents. According to the literature it was concluded that there is risk of low birth weight, childhood injury and abuse. In addition, teenage pregnancy or crime in poor area is significant. However, the validity of such studies has been questioned as to the involvement with regards to ecological foundations on individual fallacies (Sellstrom & Bremberg, 2006).

This study utilizes multi-level techniques, which contribute to important knowledge in the field. The review clarified the importance of neighborhood contextual factors such as health outcomes in regards to children. The multi-level technique serves to examine the effects of neighborhood factors that are germane to the field of knowledge. The original studies using multilevel techniques examine outcomes by focusing on population in high income countries (Sellstrom & Bremberg, 2006).

The neighborhood’s socio-economic status and social climate were shown to have small to moderate effects on child health outcomes. Therefore, the birth weight, injuries, behavioral problems and child maltreatment are products of abuse and neglect. On the average ten percent of the variation in health outcomes were attributed to the variation by the neighborhood determinants and controlling significant individual and family variables. The review in this article demonstrates that intervention in underprivileged neighborhoods can reduce health risks to children, especially families that lack resources. There is an analysis of methodological fallacies indicate that interventions may have a greater impact than the review in fact established (Sellstrom & Bremberg, 2006).
This article of the literature addresses the understanding of Ecology's relationship to child maltreatment and its direction for future research through the review of literature. These studies examine the context of the neighborhood characteristics in relationship to social problems which condenses maltreatment incidents that occurred over a twenty-five year time period. Therefore, the article reflects the current state of knowledge regarding ecological studies of child maltreatment. There are eighteen studies which document stable ecological relationships, among the neighborhood such as impoverishment, housing, stress and rates of child treatment (Friesthler, Merritt, & LaScala, 2006).

There is additional evidence that unemployment and child care causes burden and devastation. These conditions are mutually agreed upon regarding issues of alcohol availability that may contribute to child abuse and neglect. The authors included discussions of methodological difficulties conduct research at the neighborhood level. The present recommendations for future research emphasizes movement from an examination of the neighborhood level characteristics (Friesther, Merritt, & LaScala, 2006).

The recommendation for evaluations of theoretically driven process and mechanisms which are supported by multi-level modeling techniques were required. Moreover, the goal objective is to exert efforts that will enable practitioners to develop evidence-based neighborhood interventions. This will prevent and reduce child abuse and neglect (Friesthler, Merritt, & LaScala, 2006).

This article addressed perceptions of child maltreatment by parents from the Indian subcontinent, as challenging myths about culturally based on abusive parenting practices. Clinicians and researchers emphasize the importance of
recognizing cross-cultural definitions, according to the premises set forward by the authors. The term child maltreatment highlighted the awareness that specific ethnic groups tend to use harsher methods to discipline their children. By using a mixed-method research, based on the questionnaire and focus group data. During the study, the authors found that 29 parents in South Asian decent provided contributions on their attitudes toward child discipline maltreatment and neglect. The study findings suggest that South Asian parents do not differ significantly from the other populations in their judgment of appropriate parenting approaches (Maiter, Alaggia, & Trome, 2004).

Moreover, the persistent and constant use of physical discipline was not acceptable. The behaviors of parents that may have emotional consequences for children were considered inappropriate. The lack of proper supervision of children was identified as an area of concern. Of significance, the participants voiced their reluctance to contact child protection services to eliminate the possibility of encountering a struggle, with child abuse implications for practice, as well as directions for further research as suggested by the authors (Maiter, Alaggia, & Trome, 2004).

This article in the review of the literature assessed parental substance abuse disorders and child maltreatment. There are according the authors few empirically sound studies or data used in the Child Welfare System, who have become affected by their parents’ substance abuse dependence. Accordingly, the authors Child Welfare Services are not required to obtain data elements that would identify families in both systems. Furthermore, the studies are based on child welfare services populations or parents in treatment and indicate that there is a substantial excess in clients (Young & Boles, 2007).
Also included in this population, as indicated by the review, are a large number of infants born with prenatal substance exposure. This is based on information that the authors suggest that there are important opportunities to close the gaps between the systems. These findings underscore both the need for obtaining accurate data within the systems and the opportunities to close the gap between the systems. These findings underscore the need requirement of obtaining accurate data within the system and the opportunities for states to improve their cross-systems data process through the implementation of monitoring (Young & Boles, 2007).

Another example in the literary review regarding child maltreatment inflicted from U.S. Army soldiers under the influence of substance abuse. Substance abuse has consistently been linked to child abuse and child neglect. According to the authors, to this date there has not been a study conducted in the military to describe the extent of substance abuse among child maltreatment which was committed between 2000 and 2004 by active duty soldiers found that thirteen percent of offenders documented as abusing alcohol and or illicit drugs at the time of the maltreatment incidence (Gibbs, Martin, & Johnson, 2008).

According to the authors the odds regarding substance abuse were increased for offenders who committed child neglect or emotional child abuse, but were reduced for child physical abuse. The likelihood of offender substance abuse, was deemed to have tripled in child maltreatment incidents which involved simultaneous spousal abuse. The findings include a lack of association between the offender’s substance abuser and child maltreatment recurrence. There is a possibly because of the predisposal to remove the
offenders from the home when either substance abuse or spousal abuse was documented (Gibbs, Martin, & Johnson, 2008).

There is general agreement about the need for projects which will ensure the safety of children. The project of this review seeks to examine the relationship among early maternal maltreatment risk to children and the need for self-regulation and development (Schatz, Smith, & Borskowski, 2008).

The method used for this project used the process of structural equation modeling, the relationship between early maltreatment risks. The risk was assessed by two evaluation tools. The authors make specific recommendations for the structural equation modeling as illustrated: (1) A multi-measured index of parenting attitudes, abuse potential and knowledge and expectation for child development; and (2) Cognitive and emotional regulation at age three (Schatz, Smith, & Borskowski, 2008).

The findings of the authors revealed that maternal maltreatment was associated with lower levels of children’s regulation which would follow by predicted academic skills and behavior problems. The authors insisted that by avoiding situations of maltreatment risks, outcomes did not significantly improved (Schatz, Smith, & Borskowski, 2008).

This article in conclusion, the results indicate that self-regulation were key variables in the relationship between maltreatment and child development. These findings, the authors concluded have important implications for intervention programs on self-regulations to enhance development outcomes (Schatz, Smith, & Borskowski, 2008).

The research addressing the maltreatment of children is prevalent in the literature. Despite increasing exposure to intimate partner aggression and violence, and occurrence
of intimate partner aggression and violence (IPAV) maltreatment addresses there is little known about the risk of IPAV at-risk and maltreatment in families. The researchers explored the nature of IPAV in a study in 554 homes environment where children were identified as at-risk or reported to an agency for maltreatment. This process examined partners in the alleged perpetrator. The researcher concluded that in the sample of intimate partner aggression and violence with differences in perpetrator gender for verbal, minor and severe violence. The authors surmised that there would be significant child behavior problem will all types of IPAV when assessing risk, safety and issues of harm against children were reported as being at risk or victims of maltreatment (English, Graham, & Newton, 2008).

The effort to include information regarding the child maltreatment and childhood injury regarding the strides in protective measures are important. The authors looked at the child maltreatment from a cognitive perspective (Azar & Weinziel, 2005).

The objective of the study was to look at both child maltreatment and childhood injuries which affect large numbers of children each year. In past research parallels were drawn in the antecedents of both forms of harm and suggested a more unified approach in research efforts and intervention development (Azar & Weinziel, 2005).

The authors explained further that this article provided an organized cognitive model that would both give the research and identify interventions directed at parents. The study supports the validity of the model. The study findings present implications of cognitive behavioral approaches. The data supported the effectiveness for cognitive enhancement to the current interventions. The authors conclude that the data support the effectiveness of cognitive enhancements. The premise according to the authors of such a
unified model is discussed regarding the obstacles to its dissemination was prescribed (Azar & Weinziel, 2005).

There is a continued concern regarding child maltreatment and the risk factors concerning the physical abuse of children. This reviewed article discusses the risk to children and protective factors or child physical abuse. This study is based on moderate to strong supported risk factors which would begin with distal perpetrator variables of being abused as a child or teen and receiving little support as a child. The authors also engaged family variables such as parents, and father’s alcohol abuse (Black, Heyman, & Smith, 2001).

The authors also evaluated the impoverished community and the percentage of two parent families. Moreover, the authors identified proximal variables increases the probability of parents, especially by mothers using severe tactics, such as dysphoria, unhappiness, emotional distress, anxiety, loneliness, depression. In addition, other factors include, somatic complaints, interpersonal problems, feeling of incompetence as a parent. There is a tendency of becoming upset, angry, stressful life events, including problem-solving and social support (Black, Heyman, & Smith, 2001).

Finally, the authors emphasized risk factors that are significant to abuse could possibly include the mother’s response and the interaction to impulsiveness. The other causation risk factors may negatively affect the automatic nervous system. There is high-risk parenting tactics, harsh discipline strategies, verbal aggression and yelling. In closing, the authors identified risk factors physical abusive behavior and determined that these behavior and the variables serve for future research practices (Black, Heyman, & Smith, 2001).
Another literary review addressed the review of the empirical literature identifying correlates of child neglect. More than half the children in the United States that were victims of child maltreatment in 2000 were victims of neglect. The majority of all child maltreatment rated fatalities in 2000 were the results of neglect (United States Department of Health and Human Services, 2002).

The highest rate of child fatality is due to maltreatment between the ages of zero to five, according to the author. The purpose of this article was to present the findings of a systematic review of the research on child neglect from 1990 to 2002. The review critiques method and synthesizes of the current body of knowledge on child neglect. Since the second National Incidence Study of Child Abuse and Neglect, the number of physically neglected children rose 102 percent. More children are victims of neglect than any other form of child maltreatment (United States Department Health & Human Services, 2002).

Another illustration in the literary review focused on the interrelatedness of multiple forms of child abuse, neglect and household dysfunction. The objective of this study highlighted childhood abuse and other adverse childhood experiences which historically were studied individually. Relatively little is known about the co-occurrence of these events. The purpose of this study is to examine the degree to which adverse childhood experiences co-occurrences as well as the nature of their occurrence (Dong, Andra, & Felitti, 2004).

The research method, according to the authors they utilized data from 8,629 adult members of a health plan who completed a survey about ten adverse childhood experiences abuse (emotional, physical and sexual), witnessing domestic violence,
parental marital discord, and living with substance abuse, mentally ill, or criminal household members. The bi-variate relationship is established by the research authors is between each of the ten adverse childhood experiences which was assessed, and multivariate linear regression models were used to describe the inter-relatedness of adverse childhood after the adjusting for demographic factors (Dong, Andra, & Felitti, 2004).

The author's results show that two-thirds of the participants reported that at least one Adverse Childhood Experiences (ACE) reported at least one additional ACE. The presence of one ACE significantly increased the prevalence of having additional ACE elevating the adjusted odds from 2 to 17.7 times. The observed number of respondents with high ACE scores was significantly higher than the assumption of independence (Dong, Andra, & Felitti, 2004).

The conclusions indicated that the study provides strong evidence of adverse childhood experiences are interrelated, rather than occurrence independently. Therefore, collecting information regarding the exposure to other adverse childhood experience is advisable for studies focusing on the consequences of a specific ACE. The assessment of multiple ACEs allow for the potential assessment of a graded relationship between the childhood exposures and health and social outcomes (Dong, Andra, & Felitti, 2004).

This literary review of abused and neglected children cites an instance of risk of the mother reported child abuse in the first three years of life. The purpose of this research was to investigate, within an at-risk population, parent and child characteristics associated with a mother’s self-reports of severe physical assault on the self-esteem of the child in the first three years of life (Windham, Rosenberg, & Fuddy, 2004).
The study population consisted of a community-based sample of mothers of newborns identified at-risk for child maltreatment (n=595). Families were assessed annually from the child’s birth through age three, by using instruments with established psycho-metric properties. Psycho-metrics is defined as the psychological theory or technique of mental measurement. The independent variable investigated included: family socio-demographics, parity, mother social support, maternal problem drug or alcohol use, partner violence and child age, child sex, low birth weights small for gestational age, and mother’s perception of the child’s demand level. The associations with maltreatment were examined using multivariable method for longitudinal data using multivariable methods for longitudinal data (Windham, Rosenberg, & Fuddy, 2004).

The results revealed that severe physical assault on a child was significantly associated with parental characteristics, maternal depression, partner violence and child’s characteristics. The assault to the child’s self-esteem was significantly associated with maternal depression, maternal illicit drug use, partner violence as well as the mother’s perception, of the child’s level. By controlling for family socio-demographic characteristics did not change the associations. Likewise, while the mother’s perception of child’s demand level was held constant there is an independent association with self-esteem assault. The associations were described persist while the demand level was constant. The authors further demonstrated in this high-risk sample, abuse was not associated with the mother’s age, education, race, parity or household income level (Windham, Rosenberg, & Fuddy, 2004).

In conclusion, the authors indicated that while characteristics such as small gestations age is a variable factor for increased abuse risk. They are not amenable to
intervention after the child is born. However, certain characteristics such as maternal depression and domestic violence are shaped and should be targeted for intervention. (Windham, Rosenburg, & Fuddy, 2004).

The next article in this literature deal with child protection services and justice system's processing of serious cases. The aim of this study was to examine the transmission of cases child abuse and neglect cases, through four systems; child protection, law enforcement, dependency courts and criminal courts (Sedlak, Shultz, & Wells, 2006).

The method of this study is focused on a county selected from a 41 county telephone survey which was conducted for the National Incidence Study of Child Abuse and Neglect. The researchers demonstrate this analysis and prospective samples were drawn from law enforcement. There were 225 cases that were followed through both the dependency and criminal court system (Sedlak, Shultz, & Wells, 2006).

The authors indicated that the percentage of Child Protection Services (CPS) open was dependent on the court system. However, the acceptance and prosecution rates were higher of the cases referred from Child Protective Services. Of interest was the case referral patterns which appear to be influenced by communications and mutually positive regardless of the procedures in place. One of the most instructional findings was the degree of difficulty of tracking cases across organizations and the types of obstacles that impede success (Sedlak, Shultz, & Wells, 2006).

The authors suggested that disorganization was not an issue. Rather internal structures facilitate intra-organizational processing were the same structures that actually impede cross-organization case findings (Sedlak, Shultz, & Wells, 2006).
In conclusion, the authors suggest additional information is required as well as the existence of multi-disciplinary teams or the Child Advocacy Center to ensure collaboration of all parties. The recommendation was made for more attention to daily task and activities as well as communication. From the technical side, the use of common cases identifies that are screened for several referrals are recommended. Further studies according to the authors should expand the scope of inquiry to include the consequences of cases trajectories, rather than focusing on the justice system (Sedlak, Shultz, & Wells, 2006).

Another perspective in the literature review which considered why child maltreatment research should include children’s disability status in their maltreatment. The children who are abused and neglected as a topic matter as approximately eight percent of children in the United States have disabilities (U.S. Census Bureau, 2002).

These children are more likely to be abused and neglected than their non-disabled peers. Data from the second National Incidence of Child Abuse and Neglect revealed that children with disability were almost twice as likely to be maltreated as children without disability. Sullivan and Knutson (2000) studied 4,503 maltreated children, 1,012 of whom also had an identified disability. The overall rate of non-disabled children was 11 percent. For children with disability the overall rate was 31 percent. Children with disabilities were 3.4 times more likely to be neglected and physically, emotionally or sexually abused, compared with non-disabled children. According to the researchers, child maltreatment is seven times higher for neglect, physical abuse and emotional abuse was five and half times higher for sexual abuse (Sullivan & Knutson, 2000).
Deaf and hard-of-hearing children have twice the risk for neglect and emotional abuse almost four times the risk for physical abuse than for neglect and emotional abuse, and almost four times the risk for physical abuse for their non-disabled counterparts. Children with speech and language difficulties have five times the risk for neglect and physical abuse, and three times the risk for sexually abuse children who are developmentally delayed and have four times the risk for all types of treatment (Tackett, Lyon, & Taliffero, 2005).

Children with learning disabilities and orthopedic disabilities have twice the risk for all types of maltreatment. However, the children with the highest risk were those with behavioral disorders (Tackett, Lyon, & Taliffero, 2005).

There is a serious gap in the states’ ability to protect abused and neglected children and disability. The State of Oregon was one of the first states to establish a task force to gather knowledge about the number of abused and neglected children with disabilities. The children with disabilities and risk factors were unique to child with disabilities (Oregon Institute on Disability and Development, 2000).

While a normal and permanent home for children would ensure the child’s development of what might occur on a daily basis in the structure of the home as it relates to his stability of the family. It was determined that abused and neglected children do not have the required foundation. Approximately, thirty percent of abused and neglected children suffer from severe emotional, behavioral or developmental problem. The findings from the study indicate the effectiveness of intervention treatment was significant. The mental health profession was determined to have research potential for perspective informants. There was determined to be a need for quantitative and
qualitative study to assess the needs of abused and neglected children. Finally, the authors suggested that emphasis should be placed on the study's early protective factors, that appear common to disorder and interventions to provide precursors of dysfunction (Craven & Lee, 2006).

The literature examined the potential interaction being child related factors, including child abuse and child neglect. There are variable that include gender, mental health and disability status. However, the research of the interaction is lacking and limited. The relevance of the studies, which guide appropriate child welfare services to promote stability. Mental health problems and disability were chosen because as the variable increased the risk of abused and neglected children (United States Department of Health and Human Services, 2004).

Another review of the literature featured an article which considered treating sexually abused children. The purpose of this study was to illustrate that child abuse is associated with psychiatric difficulties which can be long lasting and have case significance as well as cause functional impairment. Children and adolescents who were sexually abused were found to have increased depression, anxiety and post-traumatic stress disorder. The research design was to measure the durability and the improvement in response to two treatments for sexually abused (Cohen & Mannari, 2005).

The sample consisted of fifty-six females and twenty-six males, the mean ages were 11.4 years of age, and 10.8 years of self-reported racial identity of the participants. The procedure intent was to provide treatment and complete repeated measures analysis was conducted. The procedure intent was to provide treatment and complete repeated measures analysis was conducted (Cohen & Mannari, 2005).
The Children’s Depression Inventory (CDI), self-reported instrument measured trauma-related systems with distinct scales based on a factor analysis for anxiety and trait anxiety in children. The report instrument which measures a variety of child emotional and behavioral difficulties and includes four broad factors, social competence, behavior problem, internalizing and externalizing. The design was longitudinal survey and empirical study (Cohen & Mannari, 2005).

By analysis, the objective was to examine comparative treatment effects on the two alternative treatments over the course of the year. The effort was made to examine improvement in forty-nine case treatments modes which was completed in a six to twelve month period of time. The results of the study indicated that the result was superior to a prototypical supportive empowerment therapy in producing durable improvement in depressive, anxiety and sexual concern symptoms concern symptoms over the course of a year following treatment (Cohen & Mannari, 2005).

This review of the literature, examine observed the role of fathers in risk for physical child abuse and neglect and the possible pathways. The article explained that despite the overrepresentation of fathers in the role perpetrators were represented also in cases of severe physical child abuse and neglect. The case demonstrations play a special role in shaping the risk for physical child abuse and neglect. This article reviews the possible fathers’ pathway that may contribute to physical child abuse and neglect is supported in existing risk empirical evidence. (Lee & Guterman, 2005).

According to the author, the present empirical base implicates the set of socio-demographic factors in physical maltreatment risk, including the father’s absence, age, employment status and income provided to the family. Also, the paternal
maltreatment risks include the father’s physical abuse or substance abuse cases (Lee & Guterman, 2005).

Additional factors include the father’s absence, age, employment status, and income they provide to the family. The paternal psychosocial factors, implicated physical maltreatment risk include the fathers’ abuse of substances, as well as their own childhood experiences of maltreatment. The nature of father relationship with the mothers, and the direct care they provided to the child. The authors stated in closing that the empirical base suffers from significant methodological limitations. The focus was on preventing more definitive identification of the risk factors causal process (Lee & Guterman, 2005).

This article was included in the research study for the content of observing ethnicity in maltreatment research as a replication of Behl content analysis. This study examines the use of ethnicity in empirical research articles published in three major child maltreatment specialty journals from 1999 to 2002. Of the American samples, 12.5% focus on ethnicity of participants in analyses. Ethnicity has a significant effect in 52.3% of the article used in the analyses, suggesting its importance as a variable in a wide range of studies. African Americans and Native Americans are underrepresented in research samples. These findings according to the author indicate the need for ethnicity in American research in 2001 in 2001 and the study suggest the need to highlight continuing expansion on reporting and using ethnicity research (Miller, 2006).

Another review of the literature addressing abused and neglected children was addressed in an article’s focused on recognizing and responding to child treatment. The professionals from child health, primary care, mental health, schools, social sciences, and law enforcement services all contributions recognition and responses to child
maltreatment. According to the authors, in all sectors, children suspected of being maltreated are under-reported to child protection agencies, and a perception that reporting may cause more harm than good, are among the reasons for not reporting (Gilbert, Kemp, & Thoburn, 2008).

Furthermore, strategies were instituted to improve the recognition mainly used in pediatric practice, including training. By the use of questionnaires for asking children and their parents about maltreatment data was collected. From these information evidence-based guidelines determines who exactly should be assessed by the child protection specialist. Finally, the studies suggest that policies emphasize the substantiation of maltreatment without exercising concomitant attention. To that end, the authors maintain that welfare needs lead to less services provision for maltreated children that do those in the system for which child maltreatment is part of a broad child and family welfare response (Gilbert, Kemp, & Thoburn, 2008).

This literary review addresses the assessment of parenting behaviors across racial groups and the implications for the child welfare system. The article discusses the element of neglect and its impact on African American families. African American families are disproportionately represented in the child welfare system. This may be accounted for in part as the result from racial bias in judgment made by those who report and investigate child maltreatment. There is little known about how race influences judgments about parenting (Berger, McDaniel, & Paxon, 2005).

This article relies on data from a population based survey which examines whether the race of the participants was relative. The race of the families interviewed was related regarding the influence of parenting assessments. The study reports evidence
of racial bias in some measures by interviewing, and assessing parenting behaviors. Racial bias to some extent measures to what extent there has been a requirement of subjective assessment on the part of interviewers (Berger, McDaniel, & Paxon, 2005).

In 2002, it was determined that approximately 12.3 of every 1,000 United States were African American. However, the incidence of child maltreatment is not evenly distributed. Officially, child maltreatment rates in families were determined higher for black families than for white families. Still, a large body of research indicates that compared with white families, black families and disproportionately reported and investigated for child abuse and neglect (United States Department of Health & Human Service, 2002).

The literature review also addresses the concern for the research perspective of the child welfare system which accommodates abused and neglected children. According to the authors, approximately fifteen percent of the population of the United States children yet black account for twenty-five percent of substantiated child abuse and neglect victims (Courtney, Barth, & Berrick, 2005).

By contrast about sixty-five percent of United States children victims are white, but only fifty-one percent of the cases are substantiated. Official maltreatment rates for these groups have remained relatively stable in recent years (United States Bureau of the Census, 2002).

There has been an ongoing debate from the sources of racial disparity regarding the official maltreatment rates. One explanation is that racial disparities in child maltreatment may be driven by differences in poverty rates across racial groups. Black
families are likely than white families to live in poverty highly correlated to child
treatment (Berger, McDaniel, & Paxon, 2005).

Second, the explanation is that parenting behavior may differ across racial groups
and differ across racial groups and that such differences may result for cultural or other
factors correlated with race. Third, the explanation is that there may be racial bias in the
Child Protection System. Racial bias has been broadly used to represent several
conceptually distinct reasons for elevated rates of maltreatment among blacks. However,
in most cases, the term denotes a racial double standard (Berger, McDaniel, & Paxon,
2005).

The authors of this study observed that there are given identical behaviors, such
as while black parents are more likely that white parents to face maltreatment issues
resulting in being persecuted for charges, brought against them. While on the other hand,
white parents were less likely to be charged with or have charges of child mistreatment
substantiated against them (Berger, McDaniel, & Paxon, 2005).

According to the authors there are minimal theoretical or empirical research
studies which examine racial bias. While the exiting literature offers a useful
categorization of the direction through which racial bias might affect multiple judgments
may lead to substantiated child maltreatment (Courtney, Barth, & Berrick, 2005).

As an illustration, there was minimal discussion of how individuals formed
judgments about parenting behaviors of others. Whether or not the judgments are bias in
reporting or complicated by the fact that maltreatment reports come from a large and
heterogeneous population. Child Protective Services rely on volunteers, including
doctors, healthcare workers, social worker, teachers, neighborhood relatives and strangers to make reports of maltreatment (Courtney, Barth, & Berrick, 2005).

The authors explained that while it is possible that many professionals have been trained to assess child maltreatment; there is no knowledge as to whether individual without expertise, make racially bias judgments. This article focuses on the process by which individual’s discernment about the parenting behaviors of others explores whether or not these differences can be explained by other factors are influenced by race. (Berger, McDaniel, & Paxon, 2005).

This literary review article addresses issues faced by abused and neglected children. Specifically, the authors address child neglect and its relationship to developmental issues and outcomes. The objective of this article is intended to highlight the manner in which child neglect is, the most common form of maltreatment, affects children’s physiological and mental development. The method utilized for the study is organized according to three developmental periods: preschool, school-aged and younger adolescents and older adolescents and adults. The major developmental process consists of cognitive adjustment, social-emotional and behavioral attributes (Hildyard & Wolfe, 2002).

Although there is emphasis placed on specific and unique effect of varying forms of neglect. The particular attention is paid to studies that allow comparisons of neglect and abuse that clarify their similarities and differences. The results of the study past as well as very recent findings converge on the conclusion that child neglect can have severe deleterious, hurtful short and long-term effects on children’s cognitive and emotional development (Hildyard & Wolfe, 2002).
According to the authors, this research is consistent with attachment and related theories of neglect occurring early in life that is particularly detrimental to subsequent development. Moreover, neglect is associated with effects that, in many areas, are unique from physical abuse. Neglect exists especially throughout childhood and early adolescence. This concept is relative to physically abused and neglected children that have more severe, cognitive and academic deficits, such as social withdrawal limited by peer interactions and internalizing as opposed to externalizing the problem (Hildyard & Wolfe, 2002).

The authors conclude that the current review offers further support for the long-standing that child neglect poses a significant challenge to children’s development and well being. The article limitations according to the authors are with regards to the state of knowledge discussed and directions for future research (Hildyard & Wolfe, 2002).

Another literary review effort critique regarding programs for abused and neglected children are included in this dissertation. In this discussion, the point of view considering the co-existing child neglect results from drug abuse in young mothers. According to the authors, although perpetrators of child neglect often abuse illicit substances, treatment outcome evaluation in drug abusing young mother have been found to neglect their children and are conspicuously absent from their homes. The existing problem-solving intervention and family-based therapies include skill-acquisition components; that have demonstrated effectiveness in substance abusing adolescents and child neglecting mothers, according to this author (Donohue, 2004).
The purpose of this article is to review studies, which have examined the relationship of drug abuse and neglect. Also, by reviewing clinical treatments it appears to be effective in both perpetrator of child neglect and drug-abusing adolescents. Finally, the treatment is used to validate drug abuse and child neglect interventions for use with adolescent mothers who abuse and neglect their children (Donohue, 2004).

Another literary review is discussed regarding the effect of services on the recurrence of child treatment. This study objective examined the relationship of services on the hazard of child maltreatment recurrence during Child Protection Services, intervention for families who were provided continuing intervention. The families afford continuing interventions: following a confirmed index report of physical abuse or next report of physical abuse or neglect (DePanfilis & Zuravin, 2002).

These authors evaluated a non-current prospective study selected 434 subject families. The study eligibility requirements from 1,181 families randomly selected from the 2,902 families who had experienced a substantiated report of child abuse and neglect during the sampling years. The data was collected and coded from archival sources for five years, following the index report. Each record was coded by two research analysts to increase inter-rater reliability. Data was analyzed with the Cox Proportional Regression Model. The results delineated case characteristics that predicted recurrences that were child vulnerability family stress, partner abuse and social supports deficits (DePanfilis & Zuravin, 2002).

After examining the potential effect on nine services related variables. Only the attendance at services predicted recurrence with controlling for other variable in the models. Families who were noted to attend the services identified in their service plans
were thirty-three percent less likely to experience at a recurrence of child maltreatment, while their case was active with Child Protective Services. The implications of this and other research suggest by actively engaging families and helping them accept and review services that may reduce the likelihood of future maltreatment (DePanfilis & Zuravin, 2002).

Research addressed abused and neglected children, in the exploration from the suspicion on physical child abuse to reporting primary care clinician decision-making. The goal of this study was to determine how frequently primary care clinicians reported suspected physical child abuse. In this prospective observation study 434 clinicians collected data on 15,003. Child injury visits, including information about the injury, child family likelihood that the injury was caused by child abuse and whether the injury was reported to child protective services. The data represented the clinicians indicating some suspicion on child abuse for 1,683 of the reported injuries were analyzed (Flaherty, Sege, & Griffith, 2008).

Clinicians reported that six percent of the patients were referred to child protective service. Clinicians did not report twenty-seven of the injuries considered likely or very likely that were child abuse and seventy-six percent of injuries which were considered possible causes of abuse. Reporting rates were increased if the clinicians perceived the injury to be inconsistent with the history and whether or not the patient was referred to the clinician for suspected child abuse. In conclusion, the clinicians had some degree of suspicious that ten percent of the injuries they evaluated were caused by child abuse. Clinicians did not report all suspicious injuries to child protective services. Even if the level of suspicion was caused by child abuse and injury characteristics from clinician
previous experience much of the abuse was not reported (Flaherty, Sege, & Griffith, 2008).

The next review of the literature consists of authors who addressed the risk factors for infant maltreatment in a population based study. The context of the study consisted of approximately 900,000 children who were determined to be victims of abuse or neglect by the United States Child Protective Service in 2002. The infancy to age three groups had the highest rate of victimization and children younger through age one, accounted for the largest percentage of victims (Samuel, Chang-Xing, & Resnick, 2004).

The object of this study was to identify prenatal and socio-demographic risk factors associated with maltreatment of infants up to one year of age. The study design utilized the observational cohort study. The participants were 189,055, of children born in the state of Florida. The results were that 1,602 children or 85% of the 1996 birth cohort had verified instances of maltreatment. Of the socio-demographic variables studied, eleven were found to be significantly related to infant maltreatment. Of the risk factors studied, mother smoked during pregnancy; more than two siblings; Medicaid beneficiary; unmarried marital status, and low birth weight infant. It was found that infants who had four of these risk factors had a maltreatment rate seven times higher than the population (Samuel, Chang-Xing, & Resnick, 2004).

In conclusion, the data on nearly all risk facts found to be significantly associated with infant maltreatment are available on the birth certificate. Such information can be incorporated into a population based risk assessment tool that could identify sub-population at the highest at the highest risk for infant maltreatment. Because
resources are limited to these groups and should be given priority for enrollment in child abuse prevention programs (Samuel, Chang-Xing, & Resnick, 2004).

Risk assessment is a central component of crisis intervention in all aspects crisis intervention of families in crisis and children at risk of abuses. Structured risk assessment instruments are promoted to manage increasing demands for child welfare services by providing a mechanism to guide decision making (Knoke & Trome, 2005).

The type and intensity of services required to protect children from subsequent. The value of the structure risk assessment is hypothesized to lie in improved consistency and accuracy of workers' judgment. However, risk assessment models were frequently implemented with little empirical evaluation (Knoke & Trome, 2005).

Post implementation studies indicate that many commonly used risk assessment tools fails to attain adequate levels of reliability and validity. There are a number of challenges to validate which have been identified. A more systematic approach to the development and testing of risk assessment instruments are required to support the child welfare practice (Knoke & Trome, 2005).

Research regarding the relationship of abused and neglected children has suggested that there may be a connection between domestic violence and child neglect. This study evaluated the co-morbidity of child neglect in 1999, when 2,350 families from a single county in Kentucky were included an analysis. The findings indicated that domestic violence was a co-morbid factor in approximately twenty-nine percent of the cases and although the cases were more likely to be open when child neglect was substantiated. They were less likely to be opened when domestic violence was also present (Antle, Barber, & Sullivan, 2007).
The secondary random sub-sample of 100 cases was reviewed to examine the impact of co-morbidity. The child welfare workers' assessments of risk and the workers' response to domestic violence through legal actions was incorporated regarding the domestic violence into the case plan. The results showed that child welfare rates families as significantly at greater risk when there was previously unreported domestic violence and identified more problems in children's interpersonal function of domestic violence was significantly correlated with more severe neglect and a limited support network for the family. Although the number of legal actions were in response to domestic violence was equivalent to 35% of the child welfare plan (Antle, Barber, & Sullivan, 2007).

In a study of abused and neglected children medical records were abstracted from children less than 36 months of age, and evaluated at a regional period. Two pediatric radiologists and each noted the likelihood using criteria and a seven point scale from definite unintentional injury. Ratings were done of independent cases when disagreement occurred. The case discussion and joint rating was agreed upon, if possible. The proportions of the cases which rated as abuse were compared over the three years, and logistic regression was compared over the three time period, logistic regression was then used to calculate adjusted odds ratios (Leventhal, Larson, & Abdoo, 2007).

This study found that in the early, middle and late samples, there were 200, 210 and 232 children respectively with fractures. The proportion of cases rated as abuse decreased from twenty-two percent in the early period to eleven percent in the middle group and ninety-five percent for the late group. Thus, the odds of being rated as abused decreased by over fifty percent from the early group (controlling for age, gender, ethnicity, type of medical insurance and the site of pediatric care). There were no
statistically significant differences found. The proportion of abusive fractures in young children decreased substantially, at the major pediatric hospital (Leventhal, Larson, & Abdoo, 2007).

The issue of child victimization and child maltreatment are included as sexual abuse, physical abuse, robbery and larceny. Other child welfare indicators also improved during the same period including teen pregnancy, teen suicide and children in poverty (Finkehor, & Jones, 2007).

This article reviews a wide variety of possible explanations for change; demographic, fertility and abortion legalization, economic prosperity, increased incarceration offenders. The changing social norms, practices, and the dissipation of the social changes from psychiatric pharmacology, researchers argue are multiple factors which probably multiple factors contributing child maltreatment and child victimization (Finkehor & Jones, 2007).

In recent research there is identified necessity of measuring the risk of physical neglect in a population. Child neglect accounts for the majority of officially substantiated cases of child treatment in this country. There is a gap in the research regarding the population-based data which is lacking. This study estimates the number of children at risk for specific subtypes of physical neglect. By using results of an anonymous telephone survey which was administered to 1,435 mothers of children age 0 to 17 years in North and South Carolina. Children were considered at-risk for neglect from lack of enough food, lack of access to medical care when needed, and inadequate supervision. Demographic factors were significantly related to the outcomes of interest including
family income which lacks proper food or access to medical care (Finkehor & Jones, 2007).

There was according to the authors the limited overlap in children at the risk for the different subtype of neglect. Maternal self-reporting data can be used to improve researcher understanding of children at risk for neglect. The researchers explore gaps in knowledge that may become amenable to intervention efforts (Finkehor & Jones, 2007).

Another study looked at specific parents who become involved in child neglect issues. Correspondingly another differential analysis exists by the parent’s gender and family structure. This article presented information regarding studies about fathers and child neglect which was determined to be insufficient. The current research according to the authors tend to focus on mothers. However, the research does not fully explain the influence of all parental figures on child protection. This research aims to make comparisons of socio-demographic characteristics and personal problems of mothers, as compared to fathers in 1,266 neglected families. This information was obtained by workers in a representative sample of 63 child welfare service agencies (DuPour, Lavergne, & Trome, 2007).

The findings suggest that parental situations vary greatly according to gender and family structures. Mothers face more issues that fathers. As an illustration provided by the research authors, the mother face more mental health issues (DuPour, Lavergne, & Trome, 2007).

According to the study, biological mothers are in worse condition than surrogate mothers. While on the other hand surrogate fathers are in worst position that biological role fathers. The parental problems differ according to the family structure. However, the
way to which those issues affect mothers could explain the difference faced by each group. Overall, single female-headed families, according to the authors seem particularly vulnerable and fathers present better socio-demographics characteristics and struggle with less personal problems than the mothers. Yet, these examples are implications for research action and the exploration for practice (DuPour, Lavergne, & Trome, 2007).

In regards to abused and neglected children, the authors assessed factors that contribute to child maltreatment severity; as a multi-method and multi-dimensional investigation. This study was used to gather data during evaluations conducted by the Comprehensive Assessment and Training Services. The project was implemented to determine the relative contribution of four primary domains demographic. The development of empirically-based risk assessment tools, were used to determine the severity of child maltreatment. It is noted in this study, a multi-dimensional, multi-method approach data collection was used to assess 208 maltreating parents. Hierarchical multiple regression analyses were performed by entering each domain or area of variables into the regression equation in four consecutive blocks (Sprang, Clark, & Bass, 2005).

Results indicate that maltreatment severity varies as a function of the level of trauma recovery, substance misuse, a child externalizing behavior and qualitative feature of the parent child relationship as well as family stress. Relationship variable added to the amount of variance accounted for the overall model, beyond demographic adult and variables (Sprang, Clark, & Bass, 2005).

The authors argue that the findings of this study emphasizes, the importance of developing a multidimensional assessment model of the factors which lead to child
maltreatment severity and to broader the parameter of models used in child maltreatment research. Finally, the role that each contributing factor plays in the interference of effective parenting is of prime importance (Sprang, Clark & Bass, 2005).

The issue of physical abuse persists as an issue in child maltreatment. The purpose of this study is to identify factors that predict recidivism among families, in which the father is the perpetrator of physical abuse and to compare the factors to show that investigators believe are related to higher risk. The method used was a case comparison design to demonstrate a case comparison design was used to understand risk among 137 predominantly Caucasian families in which a father had injured a child (Cooley, 2006).

The results submitted by the author indicated that the multivariate analysis showed that families in which the father was unemployed (greater time at risk), had younger children. Also, that the male figure was not the biological father of all of the children. Therefore, the father did not take responsibility for his behavior. Consequently, this seriously injured the children. These fathers more than likely maltreated the children. Furthermore, these factors along with whether the mother had a criminal history correctly predicted reoccurrence for eighty-three percent of the families. The investigators correctly predicted reoccurrence for seventy percent of the families. In conclusion, the author argues that the investigators placed too much emphasis on some of the variables, not related to the recurrence. As such, that the mothers’ mental health may be useful by utilizing assessment systems, notwithstanding the consideration of the perpetrator of offenders (Cooley, 2006).
In support of the need to focus on the comparisons of diverse groups of individuals who encounter abuse and neglect, a collective group of research addressed this intention. The objective of this study was designed to assess the incidence of child emotional and physical abuse, which associated risk factors and psycho-social symptoms in a cross-cultural comparison. The methodology consisted of one thousand and one hundred forty-five children ages 10-14 years who participated in the study. They completed questionnaires assessing their experiences of emotional or physical abuse, and then provided information about family risk factors and psychosocial symptoms, including Post-Traumatic Stress Disorder (PTSD) Symptoms (Sprugevca, Bonevski, & Pakanskiena, 2004).

The results displayed incidence rates of maltreatment differed by category as did the level of reported symptoms incidence of emotional and physical abuse. The differential was noted according to location, then was deterred to be a higher level of abuse and neglect in the rural regions. In this supportive concept, a similar association according to the authors there existed between the emotional, physical abuse and psycho-social symptoms and the connection to their causes. The largest uniform correlation existed between emotional abuse and anger. However, when examining the combined scores of emotional and physical abuse there was found to be a higher correlation in relationship to anger and depression (Sprugevca, Bonevski, & Pakanskiena, 2004).

Finally, the parental overuse of alcohol was associated with emotional and or physical abuse. In conclusion, the authors critique found that the incidence rates of maltreatment differed according to the country where the child-reported levels of
emotional and physical abuse occurred. Yet, there were similar patterns of correlation with psycho-social symptoms of parental alcohol overuse and residing in rural areas (Sprugevca, Bonevski, & Pakanskiena, 2004).

This next literary review which addresses abused and neglected children includes the book entitled The Children of Neglect: When No One Cares. The authors evaluate the complex concepts of neglect separate and apart from abuse, by providing a theoretical base for literature. The families who mistreated children according to the authors, were neglectful families who were the most difficult to identify and treat. This book was effective in providing information for the knowledge base of maltreatment research and practice (Smith, Fong, & Rowena, 2004).

The book on neglect by Smith, Fong and Rowena (2004) focused on issues surrounding neglect, child maltreatment policy as well as the roles of culture, poverty and substance abuse. By the same token, the authors demonstrated a comprehensive portrayal of the current state of research and practice with neglectful families and child victims. There were four chapters that addressed the overview and definitions by theoretical framework of neglect. The reference explored areas of parental and environmental deficiencies. This book gave a concise overview of the history and current status of child maltreatment policy. The book discussed child maltreatment from the perspective of practitioners and policymakers working in child welfare to provide treatment and bring understanding to child neglect.

This literary work addresses the risk of death among children report for non-fatal maltreatment. This article presents an analysis of longitudinal data to explore whether low-income children who survived a first incident of reported maltreatment were at
higher risk of later childhood death. This condition extracted from the study was matched to a comparison group of low-income children without reports of maltreatment. There were 7,433 cases. By contrast, to the comparison group, children in the maltreatment reports, median time from the first report to subsequent death was nine months. The majority of the deaths among children who were reported for maltreatment could be classified as preventable accidents or recurrent maltreatment, as compared to resulting from severe health conditions (Reid, Drake, & Chance, 2007).

Analogously, in the literary review critiques evaluation was made regarding risk factors of parent who were abused as children by the mediation analysis of the intergenerational continuity of child treatment. This study provides an exploration of factors implicated in the intergenerational cycle of child maltreatment. Families with newborns were there was at least one of the parents who were physically and or sexually abused as a child (Dixon, Browne, & Glachritsis, 2004).

The families were compared in terms of risk factors to families where the parents had no childhood history of victimization families. The characteristic of risk factors in the study was tested by mediation processes. The information was collected by community nursing who engaged in health visiting. Data was combined from 4,351 families of which 135 had a parent who self-reported a history of abuse in childhood. The healthy visitor visited each family at home when the child was 4 to 6 weeks of age to assess the risk factors (Dixon, Browne, & Glachritsis, 2004).

The results concluded that within thirteen months after birth nine families were referred for maltreating their own child in comparison to 18 families. The assessments determined found a significantly higher number of risk factors for the families in which
there was a history of mistreating children. Subsequent, to mediation analysis the study indicated that three significant risk factors. There were three significant risk factors. In becoming parents under twenty-one years of age, history of mental illness or depression, or residing with a violent adult. In conclusion, prevention may be possible, once a history of parenting childhood abuse had been identified by offering services (Dixon, Browne, & Glachritsis, 2004).

This study by Keil and Price (2009) examined relationships among social information variables in the domains of peer provocation and peer group entry. The study reviewed critiques of the reformulation of social information processing mechanisms in the adjustment for children. The variables of the study were examined within and across the domain to determine whether processing patterns with the type of social situations. The terms were evaluated for factor analysis regarding children who had experienced physical abuse. In addition, to neglect displayed more hostile responses. The study denotes that the fewer responses were related to neglected children and non-maltreated by comparison to children in the neglect group. This group displayed more processing deficits and generated more aggressive responses that the comparison group children (Keil & Price, 2009).

This study observes the emotion and knowledge in young neglected children. The young neglected children may be at risk for emotion knowledge denotes children with histories of neglect or no maltreatment. It was determined that those who were associated with a higher IQ (intelligence quotient) was associated with better emotion and knowledge, but neglected children had consistently poorer emotions knowledge over time. The study compared non-neglected after controlling for the IQ. It was determined
by the author that both neglect status and IQ may contribute to deficits in emotional knowledge. Therefore, both factors should be assessed when evaluating that children are appropriately designed and pace emotional knowledge (Sullivan, Bennett, & Lewis, 2008).

The research topic extends to review the psychobiology of maltreatment in childhood. The varied maladaptive behavioral social, medical, and psychiatric outcomes associated with maltreatment in childhood have been extensively documented in the extensive documentation in the extent of empirical literature (Watts, Fotson, & Gilber, 2006).

In this review of the literature there is examination by the authors of the adverse impact of the stress associated with maltreatment on the regulations of the neurobiological stress systems. Alterations tend to occur in the brain maturation, and neuropsychological outcome of the developing child. Furthermore, the information provided a detailed discussion of the process between psychological consequences, of trauma. Subsequently, cognitive, language, and academic deficits that often have a devastating impact on functioning (Watts, Fotson, & Gibler, 2006).

In summary, the authors reviewed neuro-imaging techniques and the empirical results of studies utilizing techniques which examined brain maturation regarding maltreated children and individuals with post-traumatic stress disorder. The authors addressed the practice, research and policy implications of the psychobiological sequences of child maltreatment and offer future directions for research (Watts, Fotson, & Gibler, 2006).
In a study addressing the change of focus of child treatment research this literature review looked at the professions and field for types of behaviors or circumstances choosing to direct their attention and efforts. Research on this topic, examined the psychological aspect and mental health professionals who are concerned with child maltreatment, child sexual abuse and has proven to be of interest (Chaffin, 2006).

Over the past two decades it has been virtually the same with child welfare populations and the general populations. In the child welfare, sexual abuse is an important but relative less frequent issue. Child neglect and physical abuse dominate child welfare, caseloads and historically has persisted. The disconnection between the interests of mental health professionals and child welfare appears to be deceasing, both in terms of dialogue within psychology and the division of research resources. This article according to the author and examines what this emerging change may mean for practice and research in terms of the changing nature of populations involved, different types and locations of services, different roles and new multidisciplinary alliances (Chaffin, 2006).

The following research authors examine the prospective of longitudinal study of 574 children were followed, from age five. The authors examined the linkage between early physical abuse and violent delinquency and other socially relevant outcomes, during the late adolescence or early adulthood and the extent to which the child’s race and gender moderate these links (Lansford, Johnson, & Dodge, 2007).

The study evaluated the analyses of covariance which indicated that individuals who were been physically abused in the first five year of life were at greater risk for being arrested for violent, non-violent and status offenses. Moreover, physically abused
youth were likely to have graduated from high school and more likely to have been fired in the past year. Finally, the authors underlined the feasibility of becoming a teen part and to have been pregnant or impregnated by someone in the past year, while not married. In closing, these authors perspective was that these effects were more pronounced for African Americans that for European American, American youth and somewhat more pronounced for females than for males (Lansford, Johnson, & Dodge, 2007).

Another study was conducted to look at the research review, risk and resilience of emotional abuse. These authors examined risk and residence in relationship as it related to emotional abuse. The research as identified numerous child and family factors that may increase the risk of emotional abuse occurring and has also identified numerous ways in which an experience of emotional abuse can enhance the vulnerability to negative outcomes (Iwanie, Larkin, & Higgins, 2006).

However, relatively little is known about the factors that determine the extent to which an experience of emotional abuse predicts later psychological functioning. The factors that may determine risk and resilience in children who may experience emotional abuse were discussed. Research by the authors emphasized that predisposing factors such as early care giving experiences precipitating factors such as the frequency, intensity and duration of the abuse (Iwanie, Larkin, & Higgins, 2006).

While much attention was focused on by the factors which defined intrinsic to the child such as working models of the self and other internal or external attributions. Finally, other factors included behavioral and coping with strategies, self-esteem issues, disposition and external factors such as school and the availability of supportive
relationships. The need to pay attention to the particular vulnerabilities and protective factors pertaining to the lack of emotionally abused child in order to most effectively enhance resilience is highlighted by authors (Iwanie, Larkin, & Higgins, 2006).

Historically, the authors determined that the child abuse field has approached interventions through individually focused child or adult psychotherapy. According to the authors there was the need for more comprehension and understanding of current research indicated that the field is moving beyond individually focused models. Existing research on child sexual abuse, physical abuse and neglect suggests that multiple factors within the child’s social ecology relates to the occurrence of abuse and to its mental health impact (Chaffin, 2006).

In this review article the literature of child sexual abuse, physical abuse and neglect which emphasizes social ecological factors as it relates to abuse, recovery and interventions. In conclusion, an approach to intervention is suggested that emphasize potential target areas and interventions from across multiple systems (e.g. individual family, school and the child system (Chaffin, 2006).

According to the literature the subject of the potential for child neglect exist with adolescent parenthood. The authors of this article, focuses intensely with regards to the adolescent mother and their children. This present study examines the role of neglect potential, as stated by the authors, for terms of antecedents and its consequences for child development. The study participants included 100 adolescents, mother-child dyads who were part of a larger longitudinal study. Data was collected from the third trimester of the mothers’ pregnancy until the children’s tenth year of the child. The histories of maternal neglect and the quality of mother-child interactions during early childhood were assessed
during early childhood and found to predict neglect, potential (Mounds, Borkowski & Whitman, 2006).

The research found that the children who exhibited more external lying problems and fewer adaptive behaviors, with neglect potential mediating the effects of early potential and the quality of parenting children’s later externalizing behaviors. The authors argue that neglect potential may be mechanisms through which early potential for child abuse and insensitive maternal interaction which affect later externalizing problems in children of adolescent mothers (Mounds, Borkowski, & Whitman, 2006).

The research has shown a relationship between maltreatment and diversity in adjustment. The authors indicated that after many decades of research this is an indication that physical abuse and neglect are associated with substantial risk for neglect. Across cultural lines, there are difference in many developmental tasks of childhood adolescence, and adulthood. Recent investigations however indicate that despite the elevated risk for negative outcomes, some abused and neglected children demonstrate relatively positive success in developmental task. According to the authors an overview of studies indicated that were resilient functioning among maltreated children. Also, the results indicated that although a proportion of maltreatment children did not appear to be resilient to harsh and inadequate care. Therefore, it is argued that a summary of factors associated with the functioning among abused and neglected children; may include characteristics of the child’s family context, supportive parenting, broad experiences, and environment. The methodological consideration and recommendation are considered for future research. In conclusion, the implications for clinical policy applications were presented by the research authors (Haskett, Nears, & Ward, 2006).
This next literature work reviewed cognitive and emotional differences in young maltreated children. Translational applications of dynamic skill theory as a means of understanding the variable in the behavioral and cognitive presentation of high at-risk populations were studied. Two studies illustrated the application of normative development of maltreated children with attention to their developing worldviews or negative bias cognitive skills (Ayoub, O’Connor, & Rapport, 2006).

Cognitive complexity demonstrated by the maltreatment of children is dependent upon a positive or negative context. Positive problem solving, according to the authors is more difficult for maltreated children when compared to their non-maltreated counterparts. The difference is by maltreatment type, severity, timing of abuse, and identity of the perpetrator (Ayoub, O’Connor, & Rapport, 2006).

As concluded by the authors the translation of dynamic skill theory, as applied to maltreated children, enhances the basic understanding of functioning and clarifies the nature of the developmental differences, as well as underscoring the need for early intervention (Ayoub, O’Connor, & Rapport, 2006).

From another perspective of the topic of abused and neglected children, these authors look at the impact of childhood abuse and neglect as it relates to substance abuse and psychological distress in adulthood. The authors utilized the structural equation model to examine the relationships of childhood trauma, educational level, and the use of avoidant coping on substance abuse and psychological distress in a community same of 285 women (Singer & Farkas, 2007).

The authors argument in their results and conclude that self-reported childhood trauma was significantly related to greater substance abuse and psychological distress,
through educational attainment. Also, includes was avoidant coping strategies. The lower level of education affected substance abuse through greater psychological distress. The findings indicate the need for supportive educational strategies and interventions to teach coping skills in preceding years in preventing substance abuse and long-term psychological distress in children exposed to trauma. When children are alleged or neglected in out-of-home care investigations must determine the facts of the allegations as well as arrange for the safety of children (Singer & Farkas, 2007).

Further, the authors of this paper reports on a secondary analysis of a cross-sectional archival review, by discussing placement in foster homes, determination of finding of child maltreatment, evaluation of safety and decisions about licensure and corrective action.. The review is designed to assess the quality of investigations and to explore possible barriers to effective decision-making. The results according to the authors suggest that faulty decisions are identified in this study and may be related to inadequate knowledge, information processing, errors, the task environment, perceptual blocks, and expressive blocks. In closing, the authors argued that this paper provides the framework for health, development and mental health professions, who seek to partner with child welfare to develop and implement programs to addressing these critical issues (De Panfiliis & Girvin, 2005).

The authors contribution to research evaluated the protection against antisocial behavior in children exposed to physically abusive discipline. This study investigated protective factors regarding school commitment, importance, parent and peer disapproval of antisocial behavior, positive future orientation and religion. The authors hypothesized to the lower risk for antisocial behavior among adolescent, had been physically abused.
Protective factors were investigated to compare non-abused children, at-risk of abuse, low socio-economic status and early antisocial behavior (Herrenkohl, Tajima, & Whitney, 2005).

The authors’ method of analyses used a two step hierarchical regression approach. They reviewed the following variables of age, gender, early antisocial behaviors which were entered as controls. Each factor was entered as a separate predictor. The comparison of results for abused and non-abused children concluded that there was a significance of having a religious community protective influence. The outcomes were associated with at-risk for antisocial behavior (Herrenkohl, Tajima, & Whitney, 2005).

The authors in this study gathered information to use environments of abused and neglected children. When children are adjudicated by a court of law as researched by the authors, they are removed from their homes. The results in the disruption of their daily lives were considered based on the examination of the context in which maltreated children seek and use information. For this purpose, the authors established the basis to cope with this stressful period of the lives of abused and neglected children (Hersberger, Murray, & Sokoloff, 2006).

The method of this study applies to Taylor’s four components of information which used the environment to look at the consumers, the uses of information and the context whereby they made choices regarding information most beneficial to them at particular times (Taylor, 1991).

The authors explored research patterns of maternal behavior among neglectful families and implications for research and intervention. The authors examined the heterogeneity regarding the neglecting caregiver and which were not explored in an
empirical fashion. This study sought to address the limitation by utilizing archival data in order to explore the variability of maternal behavior among neglectful families (Wilson, Kuebil, & Hughes, 2005).

This method used by the current study was extracted from archival data containing caseworker and self-report information regarding 100 neglectful mothers. The cluster analysis described patterns or maternal behavior. Subsequently, an analysis was performed by the researchers to determine differences between the cultures regarding the degree of neglect. Maternal depression was perceived as social support and other characteristics such as income and education (Wilson, Kuebil, & Hughes, 2005).

The research authors’ appraisal of the trauma, violence and abuse of children’s exposure to domestic violence were indicated. The authors review addresses research on the overlap of physical child abuse and domestic violence which were prime factors in this study. The authors explored current findings on the crucial point of physical child abuse. The exploration was viewed within the context of other risk factors, including community violence and related family and environmental stressors (Herrendohl, Sousa, & Tajima, 2008).

The evidence from the studies reviewed suggested considerable overlapping. For instances, according to the authors there were compounding effects, and possible gender differences in the outcomes of violence exposure. The data demonstrates a need to apply a broad conceptualization of risk to the study of family violence and its effects on abused and neglected children. Notwithstanding, further testing of competing theoretical models will advance the understanding of the pathways. The exposure to domestic violence leads to problems as abuse and neglected children. In conclusion, the authors supported the
premise that protective factors and processes through which the process of resilience is determined (Herrendohl, Sousa, & Tajima, 2008).

This research is by the authors who explored the psychosocial intervention for maltreated children. Child sexual abuse, physical and emotional abuse as well as domestic violence and childhood traumatic grief may result in significant and long lasting emotional abuse and behavioral difficulties. The authors review randomized controlled studies that have assessed child mental health outcomes for maltreated and violence exposed children. The authors focused on maltreated and violence-exposed children typically experience more than one of these types of traumas (Cohen, Mannarino, & Murray, 2006).

Researchers discussed the effectiveness of psychosocial treatments that are available to address Posttraumatic Stress Disorder (PTSD), depression, anxiety, and behavioral problems in abused and neglected children. It is likely, according to the authors that treatments which effectively reduce mental health symptoms in children exposed to one type of child maltreatment or violence exposure will also be effective for other multiple types. Finally, mental health outcomes are not the only requirement for important outcomes for future treatment or intervention efforts (Cohen, Mannario, & Murray, 2006).

The next research exhibits addresses the child and adolescent’s social emotional development within the context of school. The authors of this study observed children and adolescents exposed to violence may development health problems, impacting their ability to develop appropriate social-emotional skills. The authors demonstrated that limited development of social-emotional skills has been associated with poor associated
with poor performance in school. They conducted a review of the literature to better understand social-emotional development of abused and neglected children and its role in a child’s ability to function in the school setting. In the conclusion, the developmental psychopathology framework was used to demonstrate the dynamic relationship between children in their context. Correspondingly, the emphasis of the school setting is explored to identify its role, in providing services that address the needs of children and adolescents with social limitations (Aviles, Anderson, & Davila, 2006).

This article argues that to provide adequate historical explanations for the maltreatment of children in institutional care is necessary to ground the analysis in the context of the concept of child abuse. Children were treated harshly in the industrial schools, due to their poverty because they were victims of parental cruelty, which were perceived to have contaminated their innocence. The author described the abused and neglected children as being treated as the moral dirt of a social system determined to prove its purity and subjected to ethnic cleansing. The prevention of such abuse today requires a radical reconstruction of the traditional status for abused and neglected children. Moreover, the justice and healing for survivor’s makes necessary remembrance of the totality of the abuse they experienced (Ferguson, 2007).

Additional research was addressed child abuse recognition and reporting support and resources for changing the paradigm. The Child Abuse Recognition Experience Study (CARES) primary care provides reported that they decided not to report a substantial proportion of injuries that they suspected might have resulted from abuse. The most serious cases may sometimes result in death. This research presents detailed reports of two cases illustration by the authors professional staffing as a member of
multidisciplinary child fatality review. The author finally discussed several alternative legal programs for improving mandatory reporting (Berkowitz, 2008).

The next research was stressed by the authors who dealt with assessing child neglect as a review of standardized measures. Child neglect is the most prevalent type of child maltreatment, according to the author. Yet, there are only a few standardized methods that exist in the assessment of the widespread neglect problem. Measures were shown to exist, regarding child neglect which was limited. In addition, to the existing issues of social desirability responding and items may infer that parents are to blame or be responsible (Stowman & Donohue, 2005).

The review focused on child neglect to include only a few established characteristics. The next step is maintained to provide a context in which to examine issues and assessment. Later, according to the authors, standardized measures of child neglect include a review of their response format. The review provided psychometric support. Finally, the authors explained that future directions for practice and research are reported based on the documentation of the findings (Stowman & Donohue, 2005).

Another study conducted by authors critiqued the reporting of participants in research studies to child protective services and limitations to attrition. This study examines the impact of Child Protective Services reports made by the author’s research study participant retention which discusses human subject protocols that minimizes the need to make negative impact of reporting on participants and participant retention (Litrownik, Kotch, & English, 2006).

The research authors evaluated 1,354 primary caregivers’ child pairs in Longitudinal Studies of Child Abuse and Neglect Studies. A total of fifteen were reported
to child protective services by the staff. Group rates of study-generated reports and study participation were study participants. Subsequently to reports by the researcher it was determined that the overall retention rate was ninety-three percent across a minimum of three interview waves in the sample. The authors concluded in their findings the reporting of research participants to child protective services may have impacted the attrition rate (Litrownik, Kotch, & English, 2006).

In a research study of understanding roles and improving reporting and response relationships across professional boundaries it was found that child abuse was underreported. The author who is a child protective service professional with extensive field and management experience provided perspectives on some of the barriers that inhibit an effective response to reporting and collaborations between professionals. The article included recommendations for changes in training, child protective services procedures. Child protective services protective services staffing, confidentiality requirements, and the adoption of a Child Advocacy Center model. According to the author in most instances, children in this country are abused or neglected by those responsible for their care not being investigated by state or county child protection agencies (Goad, 2008).

It was reported that one fourth of the children who were seriously harmed or injured receive child protective investigations. Although the National Incidence Study did not distinguish between cases that were screened by child protective services investigations (United States Department of Health and Human Services, Administration for Children Youth and Families, 1993).
The findings indicated that a child protective services referral indicates that the effective protection for abused and neglect children victims is to ensure the safety of maltreated children. Next, the report according to the author indicated that the maltreatment problem remains untreated. The overall incidence of maltreatment increased during the time period of 1986-1993, as extenuated, by the authors. Finally, the correlation between almost every social problems and child maltreatment is well documented and are costly to the community victims (Goad, 2008).

The authors created a study which examined vulnerabilities by using a multi-site community in the community research sample of 585 children. These factors alter transitions from teacher-reported externalizing and internalizing behavior. Children from kindergarten through eighth-grade were not physically abused during the first five years of life (Lansford, Malone, & Stevens, 2008).

The early lifetime history of physical, abuse twelve percent of the sample was determined through interviews with mothers during the pre-school period. Regardless of whether the child was abused, African American males have low early social competence, low early social-economic status and experienced. African American males also experiences adolescent harsh discipline. Furthermore, resilience effects are defined as significant interactions effects. The findings according to the authors provide a great deal of support for an addictive or main effect perspective. The vulnerability factors do not have stronger effects for the physically abused children, however instead are equally beneficial or harmful to children regardless of the abuse status (Lansford, Malone, & Stevens, 2008).
Another study reviewed abuse type and substantiated status varying by recurrence of cases. This study examined the extent to which abuse type and substantiated recurrences as to the same type of abuse, as well as the factors that differentiate the risk of occurrence. The sample was drawn from all the records of Child Protective Service in ten Florida counties, over 5.4 years, with a study population of 25,504 families with one or more child abuse and neglect reports. The research method utilized a bi-variate analyses using Chi-square varying by recurrence. The study findings show that a majority of neglect reports was repeated by later neglect report (Bae, Solomon, & Gelles, 2007).

Study findings show that a majority of neglect reports were re-submitted having neglect issues. Sexual abuse was least likely to be re-reported to the child protective services. The recurrence of sexual abuse was more significantly associated with child and family characteristics, while repeated issues of neglect and physical abuse were more likely to be affected by the child protective system. The authors however did not find any significant differences in the risk factors between substantiated recurrences and unsubstantiated. Finally, the authors concluded that the results will serve to provide a knowledge base to interventions for maltreatment (Bae, Solomon, & Gelles, 2007).

In 1996, the Child Abuse Prevention Treatment Act (CAPTA) was amended to mandate that states establish a process to allow persons identified by child protective services agencies as child treatment to contested case on physical abused characteristics of modified and overturned outcomes (Sunday, 2009). The persons identified by child protective services agencies as child maltreatment to contest the findings to the author, there is little known about the outcomes of these contested cases in this study content
analysis used to examine evidentiary characteristics, the failure to meet basic standards, which had insufficient creditable evidence (Sunday, 2009).

In addition, according to the author, there was a lack of creditable information, history of a risk of harm. There were four identified characteristics. Specifically, the nature location, severity, size and source of adverse outcomes, which impact on risk indicators. The study evaluated 104 contested cases of physical abuse, presided over by several Administrative Law Judges. The descriptive analyzes suggested that injuries inflicted on children were predominantly minor bruises, scratches or marks. The injuries resulted mainly from physical force. The most frequently inflicted areas were lower parts of the body. By using logistic regression analysis as a method to predict modified versus overturned overcomes. The results, according to the author showed that substantiated cases of physical abuse lacked the proof of harm, and substantial risk. The harm was more likely to be modified rather than overturned outcomes. Furthermore, the results show that substantiated cases of physical abuse lacking proof of harm were more likely to be modified than overturn cases, according to the author. Finally, the author argued and concluded that practice implications are related to the determination of harm from evidentiary perspectives, as discussed in the research (Sunday, 2009).

Although the research has demonstrated a variety of protocol procedures, this article deals with individual, family and neighborhood factors that distinguish resilient from non-resilient maltreated children according to a cumulative stressors model. The objective of this article was to explain that children who are physically maltreated are at risk for a range of adverse outcomes in childhood and adulthood. Some children are according to the authors, who are maltreated manage to function well despite their
history of shortcomings and adversity. The authors reviewed which individual family and neighborhood characteristics distinguish resilient from non-resilient maltreatment. Also, the children’s individual strengths promote resilience even as children are exposed to multiple family and neighborhood stressors (Jaffe, Caspi, & Moffit, 2007).

The data from the Environmental Risk Longitudinal Study, describes a nationally representative sample of 1,116 twin pairs and their families. The families were visited at their homes, when the children were 5 and 7 years old. The information was provided by the teachers regarding the children’s school behaviors. The authors then, rated the likelihood that children had been maltreated based on the mothers report of harm to the child and child welfare involvement with the family. The results indicated that resilient children were those who engaged in normative levels of antisocial behavior. Boys were found to be above average intelligence where parents had relative few symptoms of antisocial personality and were more likely to be resilient (Jaffe, Caspi, & Moffit, 2007).

According to the authors, children whose parents had substance abuse issues lived in high crime neighborhoods. There were low elements of social cohesion and social control that were less likely to be resilient versus non-resilient children under conditions of low family and neighborhood stress. In conclusion, these findings suggest that the children residing in multi-problem families, personal resources may not be sufficient to promote their adaptive functioning (Jaffe, Caspi, & Moffit, 2007).

From a different perspective, the following research study sought to examine a longitudinal study of the effects of chronic maltreatment on children’s behavior and emotional problems. The aim of this longitudinal study was to examine the links between chronic levels of maltreatment and child behavioral emotional problems. The authors
methodology was to engage forty-nine maltreated children 132 victims of continuous or chronic maltreatment, 17 victims of transitory maltreatment and their mothers were evaluated over a six year period. The home was designed to obtain longitudinal assessment of different behavioral and emotional problems in the children. In addition, the mothers self-reported potential for abuse to determine chronic aspects of maltreatment situations. Afterwards, the results showed that victims of chronic maltreatment had significantly more emotional problems such as anxiety and depression. Finally, there was also a greater tendency to exhibit more aggressive behavior and social withdrawal problems than the children from the transitory maltreatment group (Ethier, Lemelin, & Lacharite, 2004).

In conclusion, this study confirms that there are difference among maltreated children in levels of behavior, and emotional problems. In order, to clearly identify the impact of maltreatment consideration should be given to those who are at high risk for developing efforts conclude in an improvement of the family situation. Therefore, the reduction or elimination of maltreatment consequently leads to an improvement in the behavior of children (Ethier, Lemelin, & Lacharite, 2004).

The following research study observed child maltreatment and violent delinquency and the effects on the sub group. The study employed data from the Chicago Longitudinal Study (CLS) to investigate the relationship between child maltreatment and the incidence as well as the frequency of violent delinquency. The authors also determined if affects vary between physically abused and neglected children and also if selected indicators, such as sex, cumulative risk, public aid receipt were established. There is a relationship which exists, according to the author between maltreatment and
violent outcomes. The study followed a group of 1,539 low-income minority children who attended public kindergarten programs in 1985-1986. The primary sample includes 1,404 participants for whom maltreatment and delinquency status were verified. Child maltreatment was found to be significantly associated with all violent outcomes investigated. Effects were comparable for physically abused and neglected children. The results indicated that public assistance moderates the association between maltreatment and multiple outcomes. The authors concluded that the findings support the hypothesized connection between maltreatment and violent delinquency while highlighting certain subgroups that may be at high risk (Mersky & Reynolds, 2007).

This is a study which addresses child maltreatment in the children of the nineties, as a cohort study of risk factors. The objective of this cohort study was to analyze the multiple factors affecting the risk of maltreatment in young children with the periodic framework. The authors of the research utilized a Longitudinal Study of Parents and Children, 14, 256 participated in the study 293 were investigated by social services for suspected maltreatment and 115 children were placed on protective supervision (Sidebotham & Herron, 2006).

The children were placed on the child protection register before their sixth birthdays. The parental questionnaires were administered during pregnancy and the first three years of life. The study evaluated the risk factors which have been analyzed using a hierarchical approach to logistic regression analysis (Sidebotham & Herron, 2006).

The results of the study indicated that poor social networks increased the risk of the investigation. Another factor introduced in this study, was maternal employment which reduced the risk of outcomes adjusted odds ratio which was insignificant. There were
reported domestic violence which increases the risk of investigation and registration but this was no longer significant. Another factor was single parent families were of higher risk at registration. Reported domestic violence increased the risk of investigation and registration was not significant after adjusting to high order variable. The low birth rate children were at higher order variables, than more affluent children according to the authors. The study supports research demonstrating factors in parental background, socioeconomics family environment as affected the risk of child maltreatment. By combining factors within factors within a comprehensive framework, authors concluded the results (Sidebotham & Herron, 2006).

This research reflects upon the historic abuse of young people living in their home. The author explained beginning with the recognition of individual abuse. Another illustration was made regarding the status of childhood and the application of the approved treatment status. Along with the results of the study failure of managerial organizational, the institutional critique and the popularity of preventative policies were identified. Next, identifying common themes arising from this account it is suggested the need to rethink the concept of abuse, as surmised by the author. The paper reviews changes in the law, policy and practice designed to prevent abuses. The author argues that challenges remain in addressing structural inequalities, improving protection of the children, balancing their need and rights by extending the protection to different groups of young people, emphasizing the prevention vision for children's homes (Stein, 2006).

The next study focuses on how the neighborhood influences child maltreatment as a review of the literature. The objective of this article was to review of the literature regarding the relationships between neighborhoods and child maltreatment to identify
future directions for research in this area. The authors’ method was to search electronic databases and a survey of experts to yield a list of twenty-five studies on the influence of geographically defined neighborhoods on child maltreatment. The results showed that the process that links neighborhood conditions to maltreatment reports of parenting behaviors are not confirmed by the research literature (Coulton, Crampton & Irwin, 2007).

The selection of bias, neighborhood definitions and spatial influences are largely, uncontrolled the existing research. The authors in the conclusion, proposed a framework for pursuing further study in neighborhood and child maltreatment that addresses the gaps in the current literature. In summary, the authors strived to determine if the neighborhood was based on strategies to prevent and reduce, child maltreatment which will be enhanced by research that provides a better understanding of how neighborhood conditions act as stressors or supports for families at risk of maltreatment (Coulton, Crampton, & Irwin, 2007).

The literature at this point discusses child maltreatment, burden and consequences in high income countries. Child maltreatment remains a major public health and social welfare problem in high-income countries. Every year about four to sixteen percent of children are physiically abused and one in ten is neglected or psychologically abused. During childhood between five percent of boys are exposed to penetrated sexual abuse. However, the official rates for substantiated child maltreatment indicate less than a tenth of this burden is reported. According to the authors, exposure to multiple types and repeated episodes of maltreatment is associated with increased risk of severe maltreatment and psychological consequences. The authors established the fact that child
maltreatment substantially contributes to child mortality and morbidity behavior, obesity and criminal behavior, which persist into adulthood. The authors concluded that neglect is at least as damaging as burdened and serious as long-term consequences of child maltreatment required increase in prevention and therapeutic strategies from early childhood (Gilbert, Widom, & Browne, 2009).

This selection of research looks at the ecological influences on the sequelae of child maltreatment, review of the literature. There are numerous studies that indicate child maltreatment studies increases the development of internalizing and externalizing behavioral problems. The authors focus is on variations in outcomes. The victims of maltreatment, is considered from the ecological perspective which examines how the effects of maltreatment has developmental effects (Zienski & Bradshaw, 2006).

Then by accounting for heterogeneity, the authors’ outcomes were associated with abuse and neglect. The closer examination by the authors of the influence contextual factors and incidence of maltreatment may be moderate in its developmental effects. The authors closely examined the influence contextual factors that exert the psychological sequence of maltreatment will best inform the interventions, treatments and public policies directed toward the population group. Also, in the article the method for conducting research was also discussed in the research (Zienski & Bradshaw, 2006).

Research by Westby (2007) explains that child maltreatment is a global issue. The researcher purpose was to explain why children with speech and language impairments are at increased risk for having experienced abuse, neglect and trauma. Furthermore, the research explored how such maltreatment may vary across diverse cultures and countries.
Literature reviews on maltreatment was the method used to provide a framework for identifying child maltreatment across cultures. The cultural variation in discipline practices was found to impact maltreatment; and professional roles in treatment when they encountered children who were at risk and have experience abuse, neglect or trauma. This author concluded that speech-language, pathologist and audiologist are required to document and report any instance of suspected child abuse as a means to intervene effectively with children and families from diverse cultures which experience child maltreatment. Accordingly the author explained that professionals must understand when a practice which causes harm is detected and must be able to modify childrearing practices in culturally acceptable ways (Westby, 2007).

This research reference addresses children who are killed by genetic parents versus stepparents. The authors of this article stated that despite many empirical studies of children killed by parents, there have been limited theoretical programs to address this solution. This study examines 378 cases in the national register which reveals that circumstances differed for genetic parents versus step parents (Harris, Hilton, & Rice, 2007).

This article demonstrated that infants were at greatest risk for filicide, especially by their genetic mothers. The emphasis was on biological mothers who killed their children particularly the older children were said to be disproportionate had a mental illness and received short prison sentences if convicted. While filicide by genetics fathers were disproportionately accompanied by marital discord, suicide and the murder of a wife, referred to as uxoricide. Filicide, the deliberate act of parents killing a child, by
stepparents were disproportionately common and likely to involve ongoing abuse and death by beating (Harris, Hilton, & Rice, 2007).

Moreover, if parents also had a child, their stepchildren were at increased risk of ongoing abuse and neglect prior to death. Poor child health is a factor to increase the risk of filicide by the deliberate death of a child by genetic mothers, especially when there was remaining opportunities for childbearing is reduced, according to the authors (Harris, Hilton, & Rice, 2007).

Although, the authors findings were considered to be consistent with the explanation of depression, socioeconomic and stress to create a pattern that is based on parental investment theory. This research review considers the topic of children who are exposed to child maltreatment and other family violence. The authors expounded on the prospective association occurs between exposure which to family violence and child maltreatment in the first four years of life. The study introduced the concept of non-verbal communication of decoding ability at age eight and a half, when exposed to maternal victimization and were less able to communicate accurately. The intense expressions of fear anger, sadness as happiness which was relegated to children from non-violent homes. According to the authors, child maltreated children showed a global deficit in associations between the variables. The results are discussed by the authors in relationship to current theoretical positions and the need of further research (Bowen & Nowicki, 2007).

The next research entry addresses theoretical and empirical underpinning of parent-child interaction therapy with child physical abused populations. Children who experience physical abuse often suffer numerous negativity both short and long term
difficulties in comparison to non-abused children. There is considerable effort that has been invested in developing and identifying treatment interventions which emphasize negative outcomes. The authors presented as an illustration, the model of Parent Interaction Therapy. This interaction was established for the treatment of externalizing behavior problems in children aged two to seven years have been used to treat physical abuse populations. This treatment of externalizing behavior problems in children aged two to seven years have been used to treat physical abused populations (Herschell & McNeal, 2005).

The authors review the subject from a theoretical rationale, according to the application to the Parent Child Interaction Therapy to physically abusive parent-child dyads. In addition, the authors provide details on the clinical modification made for this specific population. Emerging treatment outcomes are critiqued and future research directions included. Furthermore, the authors cite almost 3,500 children under the age of fifteen years to continue to die from physical abuse or neglect each year in the industrial world. In 2003, the rate in the United States the rose children were reported to dying each week from forms of maltreatment (Herschell & McNeal, 2005).

The Department of Health and Human Services Report (2003) indicate that 903,000 United States children were victims of abuse or neglect in 2001. Of these, nineteen percent of children experienced physical abuse. The authors indicated that children who experience physical abuse tend to suffer numerous negative immediately short and long term difficulties in comparison to be non-abused children including poor school performance, disruptive behavior problems, difficulty achieving secure attachments and problems with peer relationships (Herschell & McNeal, 2005).
In conclusion, the authors stated that researchers found that adults who were physically abused as children exhibit a high rate of antisocial behaviors, such as aggression, experience adult pathology, perpetrate maltreatment of children. Moreover, the victims face higher rates of unemployment, low paying jobs, increased educational problems, experience physical health problems and cancer. Consequently the financial cost of maltreatment is substantial (Herschell & McNeal, 2005).

This research is an example of maltreatment as a spatial analysis of social disorganization, alcohol casses and rates of child treatment in neighborhoods. Parental substance abuse is also contributing factor to increasing child welfare caseloads. Previous research regarding the role of substance abuse in child maltreatment focused exclusively on the efficacy of substance abuse treatment (Freisthler, 2004).

This study examines the relationship social disorganization and alcohol access on child abuse of maltreatment for 940 census tracts in three counties in California. This study examines the role of neighborhood. Social disorganization and alcohol access on child abuse and neglect. Spatial regression models show that neighborhoods show that neighborhoods with higher percentages of poverty, female-headed households. Hispanic results population-loss, and greater densities of neighborhood bars, has higher rates of child maltreatment (Freisthler, 2004).

In addition, the authors determined that neighborhoods provide an ideal mechanism for developing preventive interventions of child abuse and neglect because individual families or parents are not targeted for services. Instead the neighborhood characteristics that contribute to potentially harmful living situations for children may be
altered. The results suggest that efforts to prevent child maltreatment should focus on neighborhood disadvantages and alcohol outlet densities (Freisthler, 2004).

The following literature example addresses the childhood victimization and lifetime re-victimization. The study examines the fundamental hypotheses that childhood victimization that leads to increase vulnerability for subsequent victimization, adolescence and adulthood. The object of this research also seeks to determine whether there are differences in the rate of experiencing tantrums and victimization by gender, race ethnicity and childhood abuse and neglect (Spatz, Widom, & Dalton, 2008).

The authors stated that the methods using a prospective cohort design, participants are individuals with documented cases of childhood physical and sexual abuse and existing from the years of 1967 through 1971 and a matched group. Both groups were interviewed in persons (mean aged 39.5) in 2000-2002 using a new instrument to assess lifetime trauma and victimization history (Spatz, Widom, & Dalton, 2008).

Abused and neglected individuals reported a higher number of traumas and victimizations experiences that controls all types of childhood victimization. Physical abuse, sexual abuse and neglect were factors associated with increased incidence of re-victimization. This significant group of abused and neglected versus the control group by race, ethnicity interactions were found. Childhood victimization increased the risk for physical and sexual assault, abuse, kidnapping, stalking and have a family member or friend murdered, crime victimization or trauma. In conclusion, these finding provide strong support for the need for early intervention, abused and neglected children, families
to present subsequent exposure to traumas and victimization experiences (Spatz, Widom, & Dalton, 2008).

This research explores the battered-child syndrome. The battered-child syndrome is a term the authors used to describe young children who received serious physical, generally from a parent or foster parent. The literature review of the authors, of the commentary physicians and other health care professionals have learned about the long-term life effects of child abuse and neglect on the physical and mental health of survivors. There have been studies regarding the long term life effects of child abuse and neglect from the consequences of childhood trauma, in the adult population which has documented adverse outcomes (Kempe, Silverman, & Steele, 2008).

These include increased occurrences of many physical conditions such as heart and liver disease, mental health problems, depression, anxiety, alcohol, drug abuse, and social problems such as unemployment or unwanted pregnancy. Over the years, the physicians work has shown that the long-term consequences of trauma are not only persists but they are addictive behaviors (Kempe, Silverman, & Steele, 2008).

The literature research emphasizes the need for understanding of the ways children can be maltreated has expanded greatly. Over the years the acknowledgement and contribution has been intensified with great numbers of children who are exposed to neglect and abuse both physically abused. In 2006 the National Child Abuse and Neglect Data System reported that 905,000 children in the United States were found by social services agencies to be survivors of child abuse or neglect. A meta-analysis of surveys of adults reported that 30% to 40% of women and 13% of men experienced sexual abuse during childhood (Gaudiosi, 2006).
Success has been more limited for prevention of child maltreatment. The effective presentation of sexual abuse of children has been an elusive goal. Conversely, home visitation and family development programs utilizing family development programs, social workers and nurses have shown promising results for prevention of physical abuse and neglect (Eckenrode, Zielinski, & Smith, 2001).

This literature review is established in relationship to the adolescents’ and mother perceptions of parental management of peer relations. The purpose of this investigation was to examine the relation of the level and discrepancy in mothers and adolescents report of parental management of peer relationships and parent-child conflict about peer relations to mothers and adolescents who have been neglected and abused by parents. The parental management of peer relationships showed a result of parent-child conflict reports of adolescents, drug use, delinquent behavior, and grade point average. This study includes an ethnically diverse sample of 121 seventh and eighth graders and their mothers who completed questionnaires assessing the degree to which mothers managed peer relationships. The results suggest that both level and discrepancies between mothers’ and adolescents’ reports of parenting are important in predicting the outcome variables. Furthermore, the direction of the discrepancy was important in determining its relation to the outcome variables (Mounts, 2007).

This literature example in the research looks at the rational and method for examining reasons for linkages among adolescent risk behaviors. This study indicated a large volume of research is directed toward the investigated interrelations among adolescent risk behavior. Several theoretical accounts have been proposed researchers
have not directly examined the hypotheses as to why risk behaviors are linked (Busseri, Willoughby, & Chalmers, 2007).

In the research a distinction is drawn between predictive factors that explain variance in risk behaviors and linkage factors which may provide an explanation for why risk behaviors are interrelated. The relevance of linkage factors to risk behavior research, theory and practice is described. The authors further stated that, the sample was used to interpret analytic techniques for exploring linkage related issues as illustrated. By using this technique the authors' hypotheses regarding the role of predictors was necessary in explaining linkages among risk behaviors and was tested directly. The proposed line of inquiry was to provide valuable input for intervention efforts and theoretically relevant information concerning linkages among adolescent risks (Busseri, Willoughby, & Chalmers, 2007).

This research review focuses on the child abuse and neglect as it relates to the dissociative identity disorder. Dissociation is the disruption of the normal integrative processes of consciousness and memory, and identity that defines selfhood. Dissociative Identity Disorder is increasing understood as a complex and chronic post-trauma is closely related to severe, particularly early, child abuse. Many studies have revealed early associated risk of a variety of psychiatric conditions (Wasseem & Switzer, 2005).

According to the authors many effects of childhood abusive experiences on growth development have been associated with a variety of later mental health problems. Diagnoses of dissociative behaviors are made until adulthood, long after extreme maltreatment occurred in childhood. Researchers have shown according to the authors'
state that borderline personality, posttraumatic stress disorder (PTSD) in adulthood may be traced to childhood abuse (Wasseem, & Switzer, 2005).

The existence of significant dissociative psychopathology, according to the authors, relates to physical and sexual abuse childhood was known to clinicians in the last century. The recent acknowledgement of medical practitioners has made a basis for the implication of linkages. In summation clinical and research reports indicate that a history of physical and sexual abuse in childhood among adults who develop major mental illness than was previously suspected. There are various degrees of disorder which exist, ranging from passive disengagement and withdrawal from the active environment personality disorder, characterized by disturbance in the memory and are understood as posttraumatic, adaptive dissociative disorder response to the fear of overwhelming trauma, and most commonly abuse (Wasseem & Switzer, 2005).

The authors focused on the historical aspect of child abuse and neglect because children normatively exhibit age-related differences in levels of dissociative personalities in a particular behavior deviates from that of other children of the same age, if a child exhibit symptoms. Moreover, the research focuses on children have a much poorer sense of continuity of their behavior and the time of loss is not easy for children to understand. The authors emphasize that dissociation reflect disruptions in the integration of memories, perception and identity of self. Finally, the authors give emphasis to pathophysiology. The dissociation is a psycho-physiologic process that alters a person’s thoughts so that, certain is not associated or integrated with other information as a process produces a range of clinical behaviors related to memory and identity.
Notwithstanding, not all abused children develop a dissociation than non-abused children (Waseem & Switzer, 2005).

This research addresses abused and neglected children who required medical and mental health treatment. The longitudinal perspective study examines the role of the specialty in the mental health care practice setting. This study determined outpatient mental health treatment was recorded using the service assessment for children and adolescents. The children were followed for one and a half years to identify those who were subsequently placed in placement. The majority of the children needed specialty mental health care. The hypotheses focused on the role of specialty mental health care provided by community based care. The hypotheses cause (mental health) and preceded the effect of fewer out of home placements. The sample focused on the mental health needs have abused and neglected 1,249 children from twenty-two counties in Tennessee which were assessed with the children were referred for child welfare and juvenile justice home case management services. The same scored in the clinical range of children served by the child welfare system of forty-four percent to sixty-six percent (Glisson & Green, 2006).

According to the authors, there was an improved systematic screening for mental health problems and access to specialty mental health care of children referred for services by the child welfare and juvenile systems, nation-wide are three million children annually. The majority of these children are at risk for serious emotional or behavioral problems that follow them to adulthood. The study determined that the caretaker reported that at least fifty percent had a substance abuse problem. The caregiver’s mental health problems and problems and parental substance abuse are risk factors for children and
these data that a large proportion of the caregivers have psychological problems that place the children and these data that a large proportion of the caregivers of abused and neglected children have psychological (Glisson & Green, 2006).

In this research study it was determined there was two requirements for casual inference were met in this study. There was a significant association between specialty of mental health care and reducing the need for out of home placements. The study found that there was a statistically significant effect of mental health care required for abused and neglected children. The level of mental health and the reduced probability show that there is a need for improved systematic screening for the assessment of access to mental health care. Finally, the authors determined that the majority of the children are at risk for serious emotional or behavioral problems that follow them to adulthood (Glisson & Green, 2006).

Another research example was directed towards the discussion and study of individual, family, peer academic characteristics of male Juvenile Sexual Abuser who were themselves abused and neglected children. This study examines the individual functioning, interpersonal relations and academic performance of 115 males who were divided into five demographically matched groups’ sexual offenders with peer, adult victims, sexual offenders, and non-sexual offenders, nonviolent nonsexual offenders, and non-delinquent youths (Ronis, & Borduin, 2006).

The authors studied parents and youth, completed self-report instruments, behavior rating inventories and a video-recorded interaction task, and teachers completed a rating measure. The result the juvenile sexual offenders, had more behavior problems, more difficulties in the family and peer relations, and poorer academic performance.
However, the authors concluded that the offenders did not offer any of the measures of individual or interpersonal adjustment (Ronis & Borduin, 2006).

Theoretical Framework

A framework may be defined simply as the structure of the idea or concept and how it is put together. By comparison a theoretical framework is an essay that is interrelated to the theory involved in the question. The theory is a discussion of related concepts. The concept is a work or phrase that symbolizes several interrelated ideas. Therefore the concept must explain the relationship among concepts. For example, if the research question does not include a theory, there is little doubt that it contains at least one concept that needs to be explained or described in relationship to the question as a whole (Yegidis & Weinbach, 2006).

The theoretical framework is an important element of research. The theoretical framework concept is a collection of interrelated concepts like a theory that can be used as guidelines for research and determinants which identify measurements statistical relationships. Theoretical frameworks are critical in deductive theory, theory testing and various sorts of studies for research. Theoretical framework is best engaged in applied research and basic research to solve a particular problem with specific circumstances. This communicates the process when obtained knowledge from the study can contribute to the professional base (Yegidis & Weinbach, 2006).

The theory will allow the possibility of observations that make sense, from similarities and differences. The purpose of research for a dissertation is to contribute to the scholarly literature in the field, not to solve an isolated problem. The theoretical
framework provides for a practical application of ideas, a systematic plan to study and collect and analyze data gathered to be applied from the leadership management theory. This procedure allows ability to problem solving and decision making is paramount, to the theoretical framework (McDavid & Hawthorn 2006).

The dissertation theory application selected for this topic is Transformational Leadership Theory. The definition of transformation explained in Webster’s dictionary (1994) is a change in the shape, structure, nature of something. Another definition in the dictionary explains the theory as change, need and practices of the organization involved in transformational which is connected (Beckhard, 1990).

The identified pace of change facing organization that has resulted in the need for flexible leadership. This author cites the need for adaptive leaders to work effectively in a rapid changing environment by the adjustment of both the leaders’ followers. The leaders have the responsibility to develop solutions to difficult problems. The literature according to Bass (1998) regarding transformational leadership theory has given support to leadership performance, limitations and future direction in leadership (Sheldrake, 2003).

Transformational political leadership engages authority and authority and power to implement coercive decisions. Bass argued that transformation leadership was universally applicable. Further he proposed that regardless of the culture, transformational leaders inspire followers to go beyond self-interest for the good of the group or organization. Transformational leadership is the combination of vision, developing challenges, traditions and assumptions of the model of business organization (Sheldrake, 2003).
Another perspective of transformational leadership has focused on identifying a range of leadership behaviors that contribute to effective performance. Transformation leaders articulate a vision, use lateral or nontraditional thinking, for the purpose of encouraging individual development. The process allows for feedback, to use participative decisions. Transformational leadership theory developed by Bass and others is documented in the literature. These authors engaged collectively to provide the opportunity to examine leadership behaviors. Previous research has shown that transformational leadership is positively associated with performance appraisal ratings. Bass recognized that cultural differences contribute to differences at individual level management. The variation occurs because the same concepts may contain specific thought processes belief (Sheldrake, 2003).

The Transformational Leadership Theory embraces a moral code and value structure as followers are motivated to consider justice, morality and peace (Landy & Conte, 2005). Bass recognized cultural differences contribute to differences at the individual level management. The variation occurs because the same concepts may contain specific thought processes beliefs. This is reflective of the understanding or behavior of one culture to another. The variation occurs because the same concepts may contain specific thought process beliefs. This is reflective of the understandings of behaviors or one culture to another (Sheldrake, 2003).

By comparison, other sources have stated that the structural perspective of Transformational Theory takes the view that the organizational role occupies an importance position with related organizations (Kuntz 1971). There are clear guidelines which exist for the expected performance of managers. The major issue for leaders is
meeting with organizations’ expectations and having access to status and power in leadership styles. This may suggest that leadership behavior is important to those who occupy the same position in the organization and are at the same level in the organizational hierarchy (Sheldrake, 2003).

The most recent writings by Bass and Avolio (1998) discussed four components of transformational theory they are idealized influence, inspirational motivation, intellectual stimulations and individualized consideration. The core principle of authority comes from the consent of the governed. First, the ethics of leadership is based on three premises, the more character of the leader. Second, ethical values rooted in the leader’s vision, articulation and program followers embrace or reject. Third, the morality process of social ethical choices rest with the actions of leaders and followers pursued collectively. Ethical dimensions of leadership have also been acknowledged by other authors (Bass & Avolio 1998).

The examination by Bass (1998) propositions is consistent by Burns (1978) that authentic transformational leadership must rest on a foundation of legitimate values. Ethics are questioned despite the fact that transformational leadership is conceived as leadership involving more maturity, and the uplifting of followers. Meta-analytical evidence supports the generalized finding that transformation if more effective, productive, innovative satisfying that is more effective, satisfying transactional leadership (Burns, 1978).

Transformational leaders seek the greatest good for the most people without violating individual rights. The leaders are concerned with honesty, and have been known to extent and extend the evidence to emphasize a point. The leaders maintain the value of
accurate communication in demonstration and trust of both the leaders and the followers, (Bass, 1998).

According to Graham (1995), the transformational leader, determines conflicting interest, values and cost revenue efficiency. The transformational leaders play an important role in organizational developments. They use the process by observation and many of the techniques this improves the understanding of group dynamics.

Ethical issues, while important, have become the focus of intense scrutiny and discussions as the result of corporate and political standards. A published document revealed that data demonstrated that altruism positively influences transformational leaders. Finally, transformational leadership has positive effects on the ethical climate of the organization (Engelbrecht, Aswegian, & Theron, 2005).

According to Collins (2001) there is some evidence that transformational leaders are not committed and made the case that organization led by transformational leaders excel as leaders motive external environment changes. However, in another study researchers reported that the leader is supported with the view held by several researchers that transformational leadership is comfortable in a stable environment. In this situation, the leader will be highly motivated and emphasize the intellectual stimulation and inspiration of every member in order to preserve the organization (Smith, Montagno, & Kuzmenko, 2004).

Transformational leaders focus primarily on the goals of the organization. The transformational leader is less concerned with valuing others and indicate that transformational leaders primarily on the goals of the organization. This description makes the contextual differences examined by with the explanation that an effective
leader adapts his behavior as a transformational leader. As the organization faces urgent challenges and must move from a position of stability, transformational leadership, places emphasis on organizational goals and intellectual stimulus (Smith, 2004).
CHAPTER III
METHODOLOGY

Chapter III presents the methods and procedures that were used in conducting the study. The following methods and procedures are described: research design; description of the site; sample and population; instrumentation; treatment of data, and limitations of the study.

Research Design

A descriptive and explanatory research design was conducted in this study. The study was designed to describe and explain whether African American students in the Atlanta University Center schools were knowledgeable about the public health policies and programs concerning abused and neglected children.

The descriptive and explanatory research design allowed for the analysis of the demographic characteristics of the student respondents. The design allowed the researcher to ascertain if there was evidence that African American students were knowledgeable about the public health policies and programs for abused and neglected children. Also, the research design facilitated the calculation of the statistical relationship between African American students who were abused and neglected as a child and their knowledge of public health policies and programs designed for abused and neglected children.
Description of the Site

The research study was conducted in Atlanta, Georgia. Atlanta is the largest urban metropolitan city in the State of Georgia. The surveys were administered on the campus sites of the six schools in the Atlanta University Center area. The campus sites were as follows: Clark Atlanta University; Interdenominational Theological Center; Morehouse College; Morehouse School of Medicine; Morris Brown College, and Spelman College.

Sample and Population

A total sample of 201 students was collected from the six Atlanta University Center schools utilizing convenient sampling techniques on each of the school campus sites. The sample included only students from the six schools in the Atlanta University Center area. A goal of 300 participants was established for the study. Of the 300 participants, 201 or 76% of the original goal was achieved by the researcher.

Instrumentation

A questionnaire was developed and employed in the study. The questionnaire was entitled: A Study of the Student Awareness in the Atlanta University Center of Public Health Policies and Programs concerning Abused and Neglected Children. The questionnaire consisted of two sections that had a total of twenty (20) questions. Section I solicited demographic information about the characteristics of the respondents. This information was utilized to develop a profile of the respondents. Section II was the instrument of the study that measured statements from the respondents about public health policies and programs utilizing a four point continuum Likert scale.
Section I of the survey questionnaire consisted of eight questions (1 thru 8). The questions in Section I were concerned with gender, age group, ethnicity, education, marital status, home location, family income, school and awareness of the problem. These questions provided the needed information in order to describe the characteristics of the respondents in the study.

Section II of the survey questionnaire consisted of twelve questions (9 thru 20). The questions in Section II were concerned with what the respondents understood about the public health policies and programs as it related to abused and neglected children. Also, in Section II there were questions (17 thru 20) designed ascertain information about their personal involvement and their knowledge of abused and neglected children. The Likert scale was as follows: 1 = Strongly Disagree; 2 = Disagree; 3 = Agree; and 4 = Strongly Agree.

Treatment of Data

The statistical treatment of the data utilized descriptive statistics, which included measures of central tendency, frequency distribution, and cross tabulation. The test statistics for the study was chi square which was designed to measure the statistical significance of evidence at the .05 level of probability between variables.

The frequency distribution of variables was used to analyze each variable of the study in order to summarize basic measurements. Cross tabulations were employed to calculate the statistical significance between variables.
Limitations of the Study

There are two limitations of the study. The first limitation was built into the design of the research methodology because it would only focus on respondents from the Atlanta University Center schools. The second limitation was the lack of generalization to other groups because the study only surveyed African Americans in the Atlanta University Center schools.
CHAPTER IV
PRESENTATION OF FINDINGS

The purpose of this chapter was to present the findings of the study in order to describe and explain the awareness of African American students about the public health policies and programs concerning abused and neglected children. The findings were organized into two sections: demographic data and research questions and hypotheses.

Demographic Data

The target population for the research was students in the Atlanta University Center schools. A total of 201 students were surveyed on six campuses of the Atlanta University Center schools. Descriptive statistics were used to analyze the following: gender, age group, ethnicity, education, schools, marital status, family income home location and awareness of the problem.

As indicated in Table 1: Demographic Profile of Study Respondents (N=201), the typical respondent was an African American male between the ages of 20-29 who was an undergraduate student that attended Clark Atlanta University. Also, the typical respondent indicated that his home location was in the southeast, was never married, and had an annual income of under $25,000. The typical respondent indicated that he was aware of the problems of abuse and neglected children but was not abused or neglected.
Table 1

Demographic Profile of Study Respondents (N=201)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>86</td>
<td>42.8</td>
</tr>
<tr>
<td>Male</td>
<td>115</td>
<td>57.2</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 20 yrs</td>
<td>54</td>
<td>26.9</td>
</tr>
<tr>
<td>20-24 yrs</td>
<td>113</td>
<td>56.2</td>
</tr>
<tr>
<td>25-29 yrs</td>
<td>23</td>
<td>56.2</td>
</tr>
<tr>
<td>30-34 yrs</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>40 yrs up</td>
<td>6</td>
<td>3.0</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>183</td>
<td>91.0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>International</td>
<td>7</td>
<td>3.5</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate Student</td>
<td>159</td>
<td>79.1</td>
</tr>
<tr>
<td>Graduate Student</td>
<td>42</td>
<td>20.9</td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clark Atlanta University</td>
<td>112</td>
<td>55.7</td>
</tr>
<tr>
<td>Morehouse College</td>
<td>32</td>
<td>15.9</td>
</tr>
<tr>
<td>Spelman College</td>
<td>15</td>
<td>7.5</td>
</tr>
<tr>
<td>Morris Brown College</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Inter Theological Center</td>
<td>17</td>
<td>8.5</td>
</tr>
<tr>
<td>Morehouse School/Medicine</td>
<td>24</td>
<td>11.9</td>
</tr>
<tr>
<td>Aware of the problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>63</td>
<td>31.3</td>
</tr>
<tr>
<td>Yes</td>
<td>138</td>
<td>68.7</td>
</tr>
</tbody>
</table>
### Table 1 (continued)

**Demographic Profile of Study Respondents (N=201)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>11</td>
<td>5.5</td>
</tr>
<tr>
<td>Never Married</td>
<td>187</td>
<td>93.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Family Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $25,000</td>
<td>55</td>
<td>27.4</td>
</tr>
<tr>
<td>$25,000-34,999</td>
<td>23</td>
<td>11.4</td>
</tr>
<tr>
<td>$35,000-44,999</td>
<td>25</td>
<td>12.4</td>
</tr>
<tr>
<td>$45,000-49,999</td>
<td>9</td>
<td>4.5</td>
</tr>
<tr>
<td>$50,000-59,999</td>
<td>19</td>
<td>9.5</td>
</tr>
<tr>
<td>$60,000-69,999</td>
<td>22</td>
<td>10.9</td>
</tr>
<tr>
<td>$70,000-79,999</td>
<td>17</td>
<td>8.5</td>
</tr>
<tr>
<td>$80,000 &amp; up</td>
<td>31</td>
<td>15.4</td>
</tr>
<tr>
<td><strong>Home Location</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North east</td>
<td>51</td>
<td>25.4</td>
</tr>
<tr>
<td>South east</td>
<td>72</td>
<td>35.8</td>
</tr>
<tr>
<td>South west</td>
<td>17</td>
<td>8.5</td>
</tr>
<tr>
<td>North west</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>Mid west</td>
<td>31</td>
<td>15.4</td>
</tr>
<tr>
<td>West Coast</td>
<td>18</td>
<td>9.0</td>
</tr>
<tr>
<td>International</td>
<td>8</td>
<td>4.0</td>
</tr>
</tbody>
</table>

As indicated in Table 1, the majority or 91% of the respondents were African Americans. Also, the majority or 68.7% of the respondents indicated that they were aware of the problem of abuse and neglected children.

Table 2 is a frequency distribution of the four questions that were designed to assess the knowledge of the public health policies about abused and neglected children.
by the research respondents. Table 2 indicates whether or not the respondents disagreed or agreed that they were knowledgeable of the policies as they relate to the problem of abuse and neglect for all children.

Table 2

Knowledge of Public Health Policies about Abused and Neglected Children (N=201)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q9. Public policies are implemented for all children</td>
<td>125 62.2</td>
<td>76 37.8</td>
</tr>
<tr>
<td>Q10. Public policies address the needs of all children</td>
<td>155 77.1</td>
<td>46 22.9</td>
</tr>
<tr>
<td>Q11. Public policies for children prevent problems</td>
<td>70 34.8</td>
<td>131 65.2</td>
</tr>
<tr>
<td>Q12. Social workers and others create public policies</td>
<td>76 37.8</td>
<td>125 62.2</td>
</tr>
</tbody>
</table>

As shown in Table 2, respondents indicated that the majority or 65.2% agreed that public policies for children did prevent problems, and that a majority or 62.2% agreed that social workers and others should create public policies for this population. However, a majority or 62.2% of the participants disagreed that public policies were implemented for all children. Also, a majority or 77.1% of the participants disagreed that public policies addressed the needs of all children.

Table 3 is a frequency distribution of the four questions that were designed to assess the knowledge of the public health programs about abused and neglected children by the research respondents. Table 2 indicates whether or not the respondents disagreed
or agreed that they were knowledgeable of the programs as they relate to the problem of abuse and neglect for all children.

Table 3

Knowledge of Public Health Programs about Abused and Neglected Children (N=201)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q13. Public programs are implemented for all children</td>
<td>120</td>
<td>81</td>
</tr>
<tr>
<td>Q14. Public programs address the needs of all children</td>
<td>143</td>
<td>58</td>
</tr>
<tr>
<td>Q15. Public programs for children prevent problems</td>
<td>57</td>
<td>144</td>
</tr>
<tr>
<td>Q16. Social workers and others create public programs</td>
<td>61</td>
<td>140</td>
</tr>
</tbody>
</table>

As shown in Table 3, respondents indicated that the majority or 71.6% agreed that public programs for children did prevent problems, and that a majority or 69.7% agreed that social workers and others should create public programs for this population.

However, a majority or 59.7% of the participants disagreed that public programs were implemented for all children. Also, a majority or 77.1% of the participants disagreed that public programs addressed the needs of all children.

Table 4 is a frequency distribution of the four questions that were designed to assess the personal knowledge of the participants about abused and neglected children.

Table 4 indicates whether or not the respondents disagreed or agreed that they had
personal knowledge of other children benefiting from public policies or programs. Also, Table 4 indicates whether or not the respondent was abused and neglected as a child.

Table 4

Personal Knowledge of Abused and Neglected Children (N=201)

| Questions                                      | Disagree |  | Agree |  |
|------------------------------------------------|----------|----------------|-------|
|                                                 | #        | %            | #     | %            |
| Q17. Children I know benefit from public policies| 115      | 57.2         | 86    | 42.8         |
| Q18. Children I know benefit from public programs | 94       | 46.8         | 107   | 53.2         |
| Q19. I know children who are abused and neglected | 65       | 32.3         | 136   | 67.7         |
| Q20. As a child I was abused and neglected      | 169      | 84.1         | 32    | 15.9         |

As shown in Table 4, respondents indicated that slight majority or 53.2% agreed that they knew children who benefited from public programs, and that a majority or 67.7% agreed that they knew children who were abused and neglected. However, a majority or 57.2% of the participants disagreed that children benefited from public policies. As indicated in Table 4, a majority or 84.1% of the participants disagreed that they were abused and neglected as a child.
Research Questions and Hypotheses

There were four research questions and four hypotheses in the study. This section provides an analysis of the research questions and a testing of the hypotheses.

Research Question 1: Is there evidence that the African American students in the Atlanta University Center schools are knowledgeable about the public health policies for abused and neglected children?

Hypothesis 1: There is no statistically significant evidence that the African American students in the Atlanta University Center schools are knowledgeable about public health policies for abused and neglected children.

Table 5

Gender by Knowledge of Abused and Neglected Children Health Policies (N= 201)

<table>
<thead>
<tr>
<th>Knowledgeable of health policies</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Male</td>
<td>47</td>
<td>23.4</td>
<td>68</td>
</tr>
<tr>
<td>Female</td>
<td>68</td>
<td>33.8</td>
<td>47</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>57.2</td>
<td>86</td>
</tr>
</tbody>
</table>

\[ df = 1 \quad p = .525 \]
Table 5 is a crosstabulation of the gender of the study participants by their knowledge of abused and neglected children health policies. As shown in Table 5, a majority or 57.2% of the study participants indicated that they were not knowledgeable about the health policies for abused and neglected children. When the chi square test for statistical significance was applied, the null hypothesis was accepted ($p = .525$) indicating that there was no statistically significant evidence at the .05 level of probability that African American students in the Atlanta University Center schools were knowledgeable or had an awareness of public health policies for abused and neglected children.

Research Question 2: Is there evidence that the African American students in the Atlanta University Center schools are knowledgeable about public health programs for abused and neglected children?

Hypothesis 2: There is no statistically significant evidence that the African American students in the Atlanta University Center schools are knowledgeable about public health programs for abused and neglected children.
Table 6

Gender by Knowledge of Abused and Neglected Children Health Programs (N= 201)

<table>
<thead>
<tr>
<th>Knowledgeable of health programs</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Male</td>
<td>42</td>
<td>20.9</td>
<td>44</td>
</tr>
<tr>
<td>Female</td>
<td>52</td>
<td>25.9</td>
<td>63</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>46.8</td>
<td>107</td>
</tr>
</tbody>
</table>

df = 1  \( p = .611 \)

Table 6 is a crosstabulation of the gender of the study participants by their knowledge of abused and neglected children health policies. As shown in Table 6, a majority or 53.2% of the study participants indicated that they were knowledgeable about the health programs for abused and neglected children. When the chi square test for statistical significance was applied, the null hypothesis was accepted \( (p = .611) \) indicating that there was no statistically significant evidence at the .05 level of probability that African American students in the Atlanta University Center schools were knowledgeable or had an awareness of public health programs for abused and neglected children.

Research Question 3: Is there evidence that the African American students in the Atlanta University Center schools are knowledgeable about the problem of abused and neglected children in their community?
Hypothesis 3: There is no statistically significant evidence that the African American students in the Atlanta University Center schools are knowledgeable about the problem of abused and neglected children in their community.

Table 7

Gender by Knowledge about the Problem of Abused and Neglected Children (N=201)

<table>
<thead>
<tr>
<th>Knowledgeable about the problem</th>
<th>Disagree</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Male</td>
<td>29</td>
<td>14.4</td>
<td>57</td>
</tr>
<tr>
<td>Female</td>
<td>34</td>
<td>14.9</td>
<td>81</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>31.3</td>
<td>138</td>
</tr>
</tbody>
</table>

df = 1  \ p = .530

Table 7 is a crosstabulation of the gender of the study participants by their knowledge of the problems about abused and neglected children. As shown in Table 7, a majority or 68.7% of the study participants indicated that they were knowledgeable about the problems of abused and neglected children. When the chi square test for statistical significance was applied, the null hypothesis was accepted \( p = .530 \) indicating that there was no statistically significant evidence at the .05 level of probability that African American students in the Atlanta University Center schools were knowledgeable or had an awareness of problems of abused and neglected children.
Research Question 4: Is there evidence that the African American students in the Atlanta University Center schools were abused and neglected as children?

Hypothesis 4: There is no statistically significant evidence that the African American students in the Atlanta University Center schools were abused and neglected as children.

Table 8

<table>
<thead>
<tr>
<th>Gender</th>
<th>Abused and neglected as a child</th>
<th>( \text{Disagree} )</th>
<th>( \text{Agree} )</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Male</td>
<td>69</td>
<td>34.3</td>
<td>17</td>
<td>8.5</td>
</tr>
<tr>
<td>Female</td>
<td>100</td>
<td>49.8</td>
<td>15</td>
<td>7.5</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>84.1</td>
<td>32</td>
<td>15.9</td>
</tr>
</tbody>
</table>

\( \text{df}=1 \quad p=.197 \)

Table 8 is a crosstabulation of the gender of the study participants by whether they were abused and neglected as a child. As shown in Table 6, a majority or 84.1% of the study participants indicated that they were not abused and neglected as a child. When the chi square test for statistical significance was applied, the null hypothesis was accepted \( (p=.197) \) indicating that there was no statistically significant evidence at the .05
level of probability that African American students in the Atlanta University Center schools were abused and neglected as a child.

In sum, study participants indicated that they were knowledgeable and had an awareness of the health programs and the problems of abused and neglected children. However, study participants indicated that they were not knowledgeable nor did they have an awareness of the health policies for abused and neglected children. When asked whether or not they were abused and neglected as a child a clear majority indicated that they were not abused or neglected. However, a significant percentage or 15.9% of the study participants indicated that they were abused and neglected as a child.
CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

The purpose of the study was to assess and explain the awareness of African American Atlanta University Center students about the public health policies, programs and the problems concerning abused and neglected children. Also, an aim of the study was to review and describe the plight of abused and neglected children.

In studying the plight of abused and neglected children the study was designed to answer four research questions that indicated whether there was any evidence that the student participants were knowledgeable about public health policies, programs and problems of abused and neglected children. The fourth study question asked whether any of the African American students who participated were abused and neglected as a child.

The conclusions and recommendations of the research are presented in this chapter. Recommendations are proposed for future discussions for policy makers, social workers, practitioners and administrators. Each research question is presented in order to summarize the significant findings of interest.

Research Question 1: Is there evidence that the African American students in the Atlanta University Center schools are knowledgeable about the public health policies for abused and neglected children?
In order to assess whether or not there was any evidence that the African American students in the Atlanta University Center schools were knowledgeable about the public health policies for abused and neglected children a crosstabulation analysis of the gender of the students by the knowledge of health policies of students was tabulated.

As shown in Table 5 of the study, both male and female respondents surveyed indicated that they were aware of the public health policies for abused and neglected children, however a majority or 57.2% indicated that were not knowledgeable about the health policies for this population of children. When the chi square test for statistical significance was applied, the null hypothesis was accepted ($p=.525$) indicating that there was no statistically significant evidence at the .05 level of probability that the students were knowledgeable of public health policies for abused and neglected children.

Research Question 2: Is there evidence that African American students in the Atlanta University Center schools are knowledgeable about the public health programs for abused and neglected children?

In order to assess whether or not there was any evidence that the African American students in the Atlanta University Center schools were knowledgeable about the public health programs for abused and neglected children a crosstabulation analysis of the gender of the students by the knowledge of health programs of students was tabulated.

As shown in Table 6 of the study, both male and female respondents surveyed responded positively about the public health programs for abused and neglected children
and a majority or 53.2% agreed that they felt knowledgeable about the health programs for this population of children. When the chi square test for statistical significance was applied, the null hypothesis was accepted \( (p = .61) \) indicating that although the students felt knowledgeable there was no statistically significant evidence at the .05 level of probability that they were knowledgeable of the public health programs for this population of children.

Research Question 3: Is there evidence that the African American students in the Atlanta University schools are knowledgeable about the problem of abused and neglected children in their community?

In order to assess whether or not there was any evidence that the African American students in the Atlanta University Center schools were knowledgeable about the public health problem of abused and neglected children a crosstabulation analysis of the gender of the students by the knowledge of the public health problem of students was tabulated.

As shown in Table 7, both male and female respondents surveyed responded positively about the public health programs for abused and neglected children and a majority or 68.7% agreed that they felt knowledgeable about the health problems for this population of children. When the chi square test for statistical significance was applied, the null hypothesis was accepted \( (p = .53) \) indicating that although the students felt knowledgeable there was no statistically significant evidence at the .05 level of
probability that they were knowledgeable of the public health problems of this population of children.

Research Question 4: Is there evidence that the African American students in the Atlanta University Center schools were abused and neglected as children?

In order to assess whether or not there was any evidence that the African American students in the Atlanta University Center schools were abused and neglected as a child, a crosstabulation analysis of the gender of the students by whether they were abused as a child was tabulated.

As shown in Table 8, both male and female respondents surveyed responded to the question of being abused and neglected as a child. A majority or 84.1% disagreed that they were abused however a significant percentage or 15.9% indicated that they were abused and neglected. When the chi square test for statistical significance was applied, the null hypothesis was accepted ($p = .197$) indicating that there was no statistically significant evidence at the .05 level of probability that the students were abused and neglected when they were children.

In sum, both male and female respondents surveyed indicated that they were aware of the public health policies, programs and problems of abuse and neglected children however; the participants felt they were not knowledgeable about public health policies. A majority of the participants did indicate that they were knowledgeable about the programs and problems of this population. Also of special interest to the researcher, a
significant percentage or 15.9% of the African American students indicated that they were abused and neglected as a child.

When the test statistics of chi square was applied, all four of the null hypotheses in the study was accepted indicating that there was no statistically significant evidence at the .05 level of probability that the students were knowledgeable about public health policies, programs or problems of abused and neglected children.

Recommendations

As a result of the findings of this study, the researcher is recommending the following:

1. Research should continue in order to develop baseline data on the student population that indicated they were abused and neglected as children;

2. Social workers should be encouraged to do additional research studies which targets abuse and neglected children; and

3. Social work educators should develop and require instructional modules about abuse and neglected children in the curriculum of all social work programs.
APPENDIX A

SURVEY QUESTIONNAIRE

A STUDY OF THE STUDENT AWARENESS IN THE ATLANTA UNIVERSITY CENTER OF PUBLIC HEALTH POLICIES AND PROGRAMS CONCERNING ABUSED AND NEGLECTED CHILDREN

Section I Demographic Information: Place a mark (x) next to the appropriate item.

1. Gender: 1) __ Male  2) __ Female

2. Age Group: 1) __ Under 20 yrs  2) __ 20-24 yrs  3) __ 25-29 yrs
   4) __ 30-34 yrs  5) __ 35-39 yrs  6) __ 40 yrs & up

3. Ethnicity: 1) __ African American  2) __ Caucasian  3) __ Hispanic
   4) __ Asian  5) __ Other  6) __ International

4. Education: 1) __ Undergraduate Student  2) __ Graduate Student

5. Marital Status: 1) __ Married  2) __ Never Married  3) __ Widow
   4) __ Divorced

6. Home Location: 1) __ Northeast  2) __ Southeast  3) __ Southwest
   4) __ Northwest  5) __ Midwest  6) __ West Coast
   7) __ International

7. Family Income: 1) __ Under $25,000  2) __ $25,000-34,999
   3) __ $35,000-44,999  4) __ $45,000-49,999
   5) __ $50,000-59,999  6) __ $60,000-69,999
   7) __ $70,000-79,000  8) __ $80,000 & up
APPENDIX A

(continued)

8. School: 1)____ Clark Atlanta University       2)____ Morehouse College
           3)____ Spelman College         4)____ Morris Brown College
           5)____ Interdenominational Theological Center
           6)____ Morehouse School of Medicine

9. I am aware of the problem of abused and neglected children in my community.

   1)____ No       2)____ Yes

Section II: This section asks questions about public health policies, public health programs and abused and neglected children. Write the appropriate number in the blank beside each statement using the following scale. Please respond to all questions.

1 = Strongly Disagree       2 = Disagree       3 = Agree       4 = Strongly Agree

Policies

10. Public health policies are implemented for all children.

11. Public health policies address the needs of all children.

12. Public health policies for abused and neglected children are designed to prevent problems.

13. Social workers, doctors, and elected officials create social policies.

Programs

14. Public health programs are implemented for all children.

15. Public health programs address the needs of all children.

16. Public health programs for abused and neglected children are designed to prevent problems.

17. Social workers, doctors, and elected officials create social programs.
APPENDIX A

(continued)

Children

18. Children I know really benefit from public health policies.

19. Children I know really benefit from public health programs.

20. I know children who were abused and neglected.

21. As a child I was abused and neglected.

Thank you very much
Appendix B

SPSS Program and Data

TITLE 'A STUDY OF AUC STUDENT AWARENESS OF POLICIES AND PROGRAMS'.
SUBTITLE 'Zauditu McCants - CAU School of Social Work - PhD Program'.

DATA LIST FIXED/
ID 1-3
GENDER 4
AGEGRP 5
ETHNIC 6
EDUCAT 7
MARITAL 8
HOME 9
INCOME 10
SCHOOL 11
PROBLEM 12
POLICY1 13
POLICY2 14
POLICY3 15
POLICY4 16
PROGRM1 17
PROGRM2 18
PROGRM3 19
PROGRM4 20
CHILD1 21
CHILD2 22
CHILD3 23
CHILD4 24.

VARIABLE LABELS
ID 'Questionnaire number'
GENDER 'Q1 Gender'
AGEGRP 'Q2 Age Group'
ETHNIC 'Q3A Ethnicity'
EDUCAT 'Q3B Education'
MARITAL 'Q4 Marital Status'
HOME 'Q5 Home Location'
INCOME 'Q6 Family Income'
SCHOOL 'Q7 School'
PROBLEM 'Q8 I am aware of the problem of abused and neglected children in my community'
POLICY1 'Q9 Public health policies are implemented for all children'
POLICY2 'Q10 Public health policies address the needs of all children'

180
APPENDIX B

(continued)

POLICY3 'Q11 Public health policies for abused-neglected children prevent problems'
POLICY4 'Q12 Social workers, doctors, and elected officials create social policies'
PROGRAM1 'Q13 Public health programs are implemented for all children'
PROGRAM2 'Q14 Public health programs address the needs of all children'
PROGRAM3 'Q15 Public health programs for abused-neglected children prevent problems'
PROGRAM4 'Q16 Social workers, doctors and elected officials create social programs'
CHILD1 'Q17 Children I know really benefit from public health policies'
CHILD2 'Q18 Children I know really benefit from public health programs'
CHILD3 'Q19 I know children who were abused and neglected'
CHILD4 'Q20 As a child I was abused and neglected'.

VALUE LABELS
GENDER
1 'Male'
2 'Female'/
AGEGRP
1 'Under 20 yrs'
2 '20-24 yrs'
3 '25-29 yrs'
4 '30-34 yrs'
5 '35-39 yrs'
6 '40 yrs-up'/
ETHNIC
1 'AfricanAmerican'
2 'Caucasian'
3 'Hispanic'
4 'Asian'
5 'Other'
6 'International'/
EDUCAT
1 'Undergraduate Student'
2 'Graduate Student'/
MARITAL
1 'Married'
2 'Never Married'
3 'Widowed'
4 'Divorced'/
APPENDIX B
(continued)

HOME
1 'North-east'
2 'South-east'
3 'South-west'
4 'North-west'
5 'Mid-west'
6 'West Coast'
7 'International'/

INCOME
1 'Under $25,000'
2 '$25,000-34,999'
3 '$35,000-44,999'
4 '$45,000-49,999'
5 '$50,000-59,999'
6 '$60,000-69,999'
7 '$70,000-79,999'
8 '$80,000 & up'/

SCHOOL
1 'Clark Atlanta University'
2 'Morehouse College'
3 'Spelman College'
4 'Morris Brown College'
5 'Inter Theological Center'
6 'Morehouse School of Medicine'/

PROBLEM
1 'No'
2 'Yes'/

POLICY1
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

POLICY2
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

POLICY3
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

POLICY4
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
<table>
<thead>
<tr>
<th>PROGRM1</th>
<th>1 'Strongly Disagree'</th>
<th>2 'Disagree'</th>
<th>3 'Agree'</th>
<th>4 'Strongly Agree'</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRM2</td>
<td>1 'Strongly Disagree'</td>
<td>2 'Disagree'</td>
<td>3 'Agree'</td>
<td>4 'Strongly Agree'</td>
</tr>
<tr>
<td>PROGRM3</td>
<td>1 'Strongly Disagree'</td>
<td>2 'Disagree'</td>
<td>3 'Agree'</td>
<td>4 'Strongly Agree'</td>
</tr>
<tr>
<td>PROGRM4</td>
<td>1 'Strongly Disagree'</td>
<td>2 'Disagree'</td>
<td>3 'Agree'</td>
<td>4 'Strongly Agree'</td>
</tr>
<tr>
<td>CHILD1</td>
<td>1 'Strongly Disagree'</td>
<td>2 'Disagree'</td>
<td>3 'Agree'</td>
<td>4 'Strongly Agree'</td>
</tr>
<tr>
<td>CHILD2</td>
<td>1 'Strongly Disagree'</td>
<td>2 'Disagree'</td>
<td>3 'Agree'</td>
<td>4 'Strongly Agree'</td>
</tr>
<tr>
<td>CHILD3</td>
<td>1 'Strongly Disagree'</td>
<td>2 'Disagree'</td>
<td>3 'Agree'</td>
<td>4 'Strongly Agree'</td>
</tr>
<tr>
<td>CHILD4</td>
<td>1 'Strongly Disagree'</td>
<td>2 'Disagree'</td>
<td>3 'Agree'</td>
<td>4 'Strongly Agree'</td>
</tr>
<tr>
<td>POLICY5</td>
<td>1 'Strongly Disagree'</td>
<td>2 'Disagree'</td>
<td>3 'Agree'</td>
<td>4 'Strongly Agree'</td>
</tr>
<tr>
<td>PROGRM5</td>
<td>1 'Strongly Disagree'</td>
<td>2 'Disagree'</td>
<td>3 'Agree'</td>
<td>4 'Strongly Agree'</td>
</tr>
</tbody>
</table>
APPENDIX B
(continued)

CHILD5
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'.

RECODE POLICY1 POLICY2 POLICY3 POLICY4 (1 THRU 2.99=2)(3 THRU 4.99=3).
RECODE PROGRAM1 PROGRAM2 PROGRAM3 PROGRAM4 (1 THRU 2.99=2)(3 THRU 4.99=3).
RECODE CHILD1 CHILD2 CHILD3 CHILD4 (1 THRU 2.99=2)(3 THRU 4.99=3).
RECODE POLICY5 PROGRAM5 CHILD5 (1 THRU 2.99=2)(3 THRU 4.99=3).

MISSING VALUES
GENDER AGEGRP ETHNIC EDUCAT MARITAL HOME INCOME SCHOOL
PROBLEM POLICY1 POLICY2 POLICY3 POLICY4 PROGRAM1 PROGRAM2
PROGRAM3 PROGRAM4 CHILD1 CHILD2 CHILD3 CHILD4 (0).
BEGIN DATA
0012311252122123121231142
022211212221232233233341
00322112122334334323231
00421222852223232333243
0052111235124343343443411
00622112112223223231143
0072111231241311411411
00821112311223232233244
009211121111222423223243
010211221124123223233211
01121121612613232333311
012236223622432322333311
013211122422322222222323
0142312426232233233333
015122216211341142242
016221125411444244111114
0172111211222311132342
018121112211333333333311
0192231222123222323232121
02011111211343232422221
02124121246212322312311
022236227162234223323321
023131221612232233333311
024131221623233322332214
02522212266223222311121
02613122216233333333221
027231212661321132323341
02813122186223223232331
0291422561233233232221
03023122326232231232333
03111112162131232321141
03212112232223332323331
APPENDIX B

(continued)

033123126522223122231142
034121121722221321232242
035121214222233232432321
036211121532234232322341
037121121622223122232242
038121122122223222233441
0392212216122322334441
040121121122223222322241
041121122822434334343431
0421211211121323411341331
043125123122223223223333
044211121812212332322411
045121122422322333222311
04612112322133122323344
047121121321113322211242
048221227261322322333311
0491212276132232243221
05023121286232123112141
05121112521223422331232
052121122511223222321111
05321112681123332234321
05411125311213221323311
05511126312222322332244
05621112551222323342341
0572211123312322231131
058221122632333232332231
0592211218322231122231
0602212216621122233331
06122112263222332332141
0622211261122132233342
06322112171121233333311
06421112411133333332321
065211121811323233222221
06622112361133333333341
0671111221122322333331
068234227362322143343321
06912122682113313443311
0701212266222223222231
0712211258322223233311
07226121166221222123322
0731311218121121111141
07422112151123223223231
07521112151222323223231
07612112281132344342231
077225121512234233331211
07812512511221322232242
07922112661222322333322
08012112111222322322242
08123112211244434432231
APPENDIX B

(continued)

FREQUENCIES
/VARIABLES GENDER AGEGRP ETHNIC EDUCAT MARITAL HOME INCOME SCHOOL PROBLEM POLICY1 POLICY2 POLICY3 POLICY4 PROGRAM1 PROGRAM2 PROGRAM3 PROGRAM4 CHILD1 CHILD2 CHILD3 CHILD4 POLICY5 PROGRAM5 CHILD5
/STATISTICS=.
REFERENCES


Center for Child and Family Policy. (2008).


Child Welfare Act (Public Law 96-272).


Clark Atlanta University. (2008). Website.

Clark Atlanta University Catalog. (2006).


Child Welfare League of America.


Grason, H., Minkovitz, C., Silver, G., & Stobino, D. (2001). An overview of capacity for State Title V. A collaborative initiative of the association of maternal and child health program. The Johns Hopkins University Women’s and Children’s Health Policy Center, with Maternal and Child Health Bureau, HRSA, DHHS.


Hibbard, R., & Desch, L. (2008). *American Academy of Pediatrics*. The pediatrician’s role in development and implementation of an individual education plan and/or an individual family service plan.


addressing the developmental and mental health needs of young children in

Leventhal, J., Larson, I., Abdoo, D., Singaracharlu, S., Takizawa, C., Miller, C.,
becoming less common? Changes over 24 years. *Child Abuse & Neglect*, 31(3),
311-322.

23(8), 344-843.


parents from the Indian subcontinent: Challenging myths about culturally based


National Institute of Mental Health and the Center for Disease Control and Prevention. (2008).


Oregon Institute on Disability and Development. (2000).


