

Electronic Journal for Inclusive Education

Volume 1
Number 3 *Electronic Journal for Inclusive
Education Vol. 1, No. 3 (Spring 2000)*

Article 6

Spring 2000

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Repository Citation

Schumacher, R. B., & Carlson, R. S. (2000). Variables and Risk Factors in Day Care Settings, *Electronic Journal for Inclusive Education*, 1 (3).

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**Variables and Risk Factors Associated With Child Abuse
in Day Care Settings**

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Abstract

Objective: This article was developed to identify the variables associated with abuse of children in day care centers and homes, and to specify risk factors to guide professionals and parents.

Method: The literature regarding child abuse [physical (PA), sexual (SA), and ritual (RA)] was reviewed, with emphasis on identification of variables associated with victims, perpetrators, and settings. Three factors increased the complexity of the review: (1) Differences in definition and categorization complicated study comparison. (2) Emotional tone affected some reviewers' definitions, methodology, and conclusions. (3) Some aspects of child abuse in day care homes and centers have not been well researched.

Results: PA most frequently occurred in the form of over discipline, was a response to prior conflict with the child, and may have been inadvertently supported by parental permission for corporal punishment. Although SA occurred less frequently in centers than in homes, effects on the victim seemed worse in centers. SA often included PA. A Satanic overtone was frequently associated with RA, and RA coupled with SA was most devastating. Unfortunately, effects were not temporary. Males predominated the perpetrator profile. Multiple perpetrator abuse was worse (e.g., severity of intrusion). Failure of center staff to report suspicion of abuse by fellow staff or parents was cited as a worry by several researchers.

Conclusions: Although research regarding abuse in day care settings is sparse, one cannot wait for more or better research in order to identify risk factors. Based on literature reviewed, the authors provide risk factors for faculty, caregivers, parents, children, and professionals.

Historical Perspective and Purpose

Prior to the 1980's there was no systematic examination of child abuse in day care settings, as an entity qualitatively different from abuse in other types of out-of-home settings (e.g. Gelardo and Sanford, 1987). Since 1983, however, public and professional interest in maltreatment of young children in day care facilities has increased dramatically. 1983 is a landmark year because it was then that children first began disclosing allegations of sexual and ritual abuse in the McMartin preschool in California (Waterman, Kelly, Oliveri & McCord, 1993). Although accounts of children being terrorized during satanic rituals seemed bizarre and unbelievable, alarmingly similar allegations made against child care facilities throughout the United States prompted public officials, educators and parents to more fully examine the phenomenon (Waterman et al., 1993). The sheer number of reports and amount of information collected (for legal and therapeutic purposes) provided a rich data base for study. This paper examines the knowledge base regarding physical (PA), sexual (SA), and ritual (RA) abuse of children in day care centers and homes. Variables associated with such abuse are identified so that specified risk factors may be considered by parents, educators, regulatory agencies, and social service providers concerned with preventing and detecting abuse.

Definitions, Incidence, and Significance

Physical Abuse

Physical abuse (PA), is defined as overt caregiver actions (such as spanking with hands or objects) hard enough to leave bruises, biting, and shaking a child (Margolin, 1990). Little empirical research exists regarding the incidence of PA in day care settings of any type because this form of abuse has received far less attention from researchers than SA. In her review, Margolin (1990) examined 98 cases of physical abuse perpetrated by baby-sitters in private homes. The data reviewed showed the most common type of PA to be over discipline, primarily bruising of buttocks, although children were also bitten, kicked, dropped on the head, burned, and shaken.

Seventy-five percent of the baby-sitters reported a conflict with the abused child prior to the abuse. Events which precipitated PA included children fighting with other children, toilet accidents, persistent crying which did not diminish after the caregiver tried several quieting techniques, disobedience, rudeness, bedtime problems, meal time disagreements, hyperactivity, and disturbing a napping person. She concluded many physically abusive caregivers held unrealistic expectations of children, including an inaccurate perception of the child's intentions. (For example, baby-sitters reported believing a child's behavior, such as a two year old's negativity, was purposeful and aimed at defeating the caregiver.) In 23% of the PA cases, parents either gave the baby-sitter permission to use corporal punishment or said they knew the sitter had hit their child in the past. Some baby-sitters told parents they were having trouble managing child behavior but parents did not respond. Margolin viewed this type of parental awareness and/or behavior as implicit encouragement to use corporal punishment, and thought such to be a significant contributor to the subsequent abuse.

Sexual Abuse

Sexual abuse (SA) ranges from fondling to intercourse, and includes penetration with objects (Faller, 1988; Finkelhor, Williams, & Burns, 1988), forcing children to have sex together, and taking pornographic pictures (Finkelhor et al., 1988). The only nationwide study of substantiated sexual abuse in day care settings examined incidents involving 1,639 child victims in 270 day care facilities from 1983-1985 (Finkelhor et al., 1988). Extrapolating from the data to account for missed reports, the researchers estimated there were 500-550 cases involving 2500 victims over the three year period. They noted, however, that there are approximately 229,000 day care facilities caring for seven million children in the

United States. The incidence of SA in day care centers (5.5 per 10,000 children) thus is less than that of children sexually abused in their own homes (8.9 per 10,000); the large number of victims in day care is not an indication of special high risk to children in day care settings. It is simply a reflection of the large number of children in day care, and the relatively high risk of SA to children cared for in and out of their own homes (Finkelhor et al., 1988).

Various researchers have argued that sexual abuse (SA) in day care settings is qualitatively different from SA in other circumstances. Faller (1988) noted the use of severe threats and increased incidence of multiple perpetrators and victims. Kelly, Brant, and Waterman (1993) emphasized the involvement of female perpetrators, the very young age of some victims, and the more psychologically damaging dynamics of SA combined with satanic or quasi-satanic activity. They observed that threats in day care center SA appear to go beyond what is usually needed to silence victims, and seem to be made expressly for the purpose of psychological terror.

Using Finkelhor and Browne's 1985 model of "traumagenic dynamics of sexual abuse", Ehrensaft (1992) cited two factors which worsen abuse experienced in day care settings. These are the stigmatization resulting from community and media involvement after disclosure, and the victim's exacerbated sense of betrayal, because the offender is often the child's first trusted contact with the institutional world outside the family.

Types of sexual abuse reported in Finkelhor et al.'s study (1988) were also reported in other research (e.g., Bybee and Mowbray, 1993; Faller, 1988; Waterman et al., 1993), but relative incidence of each type varied. For example, fondling was the most common form of SA noted by Bybee and Mowbray (1993), Waterman et al. (1993), and Finkelhor et al. (1988); however, Faller (1988) reported only 30% of victims were fondled in his investigation.

Studies are difficult to compare, however, because researchers do not categorize abuse in exactly the same way. For example, Finkelhor et al. (1988) reported 93% of the victims were penetrated, either via intercourse, digitally, or with an object, while Faller (1988) reported 20% vaginally penetrated, 80% digitally penetrated and 6% penetrated with an object. Bybee and Mowbray (1993) who examined data regarding SA of 100 children in one day care center, reported only 56% were genitally penetrated, but did not differentiate between vaginal and anal penetration, and presumably did not include digital or object penetration.

Despite comparative difficulties, it is apparent many victims experience highly intrusive forms of sexual activity. Bybee and Mowbray (1993) and Faller (1988) found abused children experienced an average of 7 and 5.3 different types of SA respectively. Faller further found 62.5% of the children abused were involved in group sex.

It should be noted that most researchers who studied SA also reported physical injuries (Bybee & Mowbray 1993; Finkelhor et al., 1988; Kelly, 1989; Waterman et al., 1993). Such abuse included physical restraint, food deprivation, being drugged and forced to ingest excrement (Kelly, 1989), assault with weapons, and enforced drug ingestion (Waterman et al., 1993).

Ritual Abuse

Ritual abuse (RA) typically includes PA and SA in the context of satanic or quasi-satanic activity (Finkelhor et al., 1988; Young, Sachs, Brown, & Watkins, 1991). Children reporting RA have described ceremonial animal and human mutilation and sacrifice, live burial, sacrificial participation or witness, ingestion of human blood, feces, urine and semen, and death threats should they disclose the abuse (Kelly, 1989; Young et al., 1991). RA has been alleged in day care facilities throughout the United States (Crewdson, 1988) and has resulted in several high profile criminal trials such as the McMartin preschool case in California (Waterman et al., 1993), and the Country Walk case in Florida (Hollingsworth, 1986).

Reported RA incidence is much lower than SA (Finkelhor et al., 1988), but RA is the most psychologically damaging form of child abuse in day care settings (Kelly, 1989; Waterman et al., 1993).

It should be noted that some doubt the existence of RA (Coons, 1994; Richardson, Best, & Bromley, 1991; Victor, 1993) while others have challenged the veracity of specific reports (e.g., Nathan, 1996), citing factors like advocate "priming" to account for report (Coleman & Clancy, 1990). The prevailing literature since the McMartin preschool case erupted, however, demonstrates that researchers find the evidence too compelling to dismiss (Finkelhor et al., 1988; Waterman et al., 1993). Factors cited in support of children's reports of RA include corroborating medical evidence, offender confessions and the uncanny similarity of children's accounts of RA throughout the country (Crewdson, 1988; Gould, 1988). Perhaps the most reasoned yet sensitive approach to validation is neither unquestioned acceptance nor unequivocal denial, but critical judgment (Van Benschoten, 1990).

Few researchers have compared victims of RA/SA with those of SA without an RA component. Typically, children ritually abused were exposed to an increased number of sexual acts (8.34 vs 5.67) and the acts were more severe. That is, there were more forms of penetration, pornographic pictures taken, threats that the child or parents would be harmed, dismembered, or killed (Kelly, 1989; Waterman et al., 1993; Young et al., 1991). Some investigations have yielded different, but still alarmingly high numbers as well as disturbing invasions. Waterman et al. (1993) researched two large scale (multi-victim and perpetrator) SA incidents, one with and one without RA component. Approximately 71.4% and 82% of the children respectively, experienced highly intrusive sexual acts such as vaginal intercourse, anal and oral-genital contact, and foreign object penetration.

In view of these findings, it is not surprising that SA/RA seems more devastating to children than SA without ritual component (Kelly, 1989; Waterman et al., 1993; Finkelhor et al., 1988). In general, children sexually victimized display such behaviors as fear of particular objects, times, places or people associated with the abuse; sleep disturbances; regression to behaviors from an earlier age and sexualized behavior (Finkelhor & Browne, 1985; Cozolino, 1989; Edwards, 1990; Gould, 1988). Kelly (1989) noted that children forced to sexually abuse other children in day care (a dynamic common to RA) were more severely affected, and expressed extreme guilt about hurting other children. Finally, victims of multiple perpetrators (which is more common in SA/RA than in SA contexts) displayed more psychological difficulties than those exposed to a single perpetrator (Finkelhor et al., 1988; Kelly, 1989; McLeer, Deblinger, Henry, & Orvaschel, 1992; Waterman et al., 1993).

Effects are not temporary. More than two years after the events, 88% of the parents of ritually abused children in Kelly's (1989) study reported their children still had persistent fears related to experienced abuse. Five years after abuse, Waterman et al., (1993) found clinically diagnosed behavior problems in 17% of preschool victims in the McMartin case. When treatment is sought for survivors as children or adults, the presenting problem often is not history of abuse, but chemical dependency, PTSD, phobia, depression, self-abuse, and schizophrenia (Braun & Sachs, 1985; Coons, 1994; Keane and Wolfe, 1990; McLeer et al., 1992; Young et al., 1991).

Setting

Although most child care is home based, Margolin (1991) found day care centers or preschools to be safer than home-based care settings. Differences have been documented between SA in day care centers versus day care homes. Single perpetrators were typical in home day care settings; multi-perpetrator abuse was primarily confined to day care centers (Faller, 1988). Since abuse involving two or more perpetrators usually is more severe, homes may appear to be safer facilities.

Finkelhor et al., (1988) believe that SA in home day care is likely to continue for longer time periods

before disclosure, because a greater likelihood of informal solutions exist in homes than in centers. Under-reporting rather than setting, then, may have accounted for findings.

High incident locations identified for abuse include private areas and/or situations such as the bathroom, toileting, basement, and nearby buildings (Bybee & Mowbray, 1993; Finkelhor et al., 1988). High incident times for abuse also are those which typically involve fewer opportunities for observation such as the beginning or end of the day, or nap time (Finkelhor et al., 1988).

Perpetrators

Perpetrator profiles (PA/SA/RA) differ, but some patterns emerge. The husband of the primary caregiver was a frequent perpetrator in day care homes (Margolin, 1990), and peripheral staff or family of staff in day care centers (Finkelhor et al., 1988). Persons other than the primary caregiver thus pose a significant risk to children in day care settings.

The predominance of males as abusers was noted in early SA literature (Finkelhor et al., 1988). More recently, the same finding has emerged regardless of the predominance of female caregivers in both homes and centers (Finkelhor et al., 1988; Faller, 1988), or age of perpetrator (Margolin & Craft, 1990). Based on interviews with mothers of young children in day care, Margolin (1991) also found males much more likely than females to be abusive (SA; PA).

Multiple perpetrators were involved in 17% of the sexual abuse cases in Finkelhor et al.'s (1988) research, and in half of the cases in Faller's (1988) study. Like RA, multiple perpetrator SA is much more rare than single perpetrator SA but important because of its association with multiple children (Finkelhor et al., 1988; Kelly, 1989; Waterman et al., 1993), more severely intrusive acts (Finkelhor et al., 1988; Waterman et al., 1993), greater number of different types of sexual acts (Faller, 1988), increased risk of pornographic pictures being taken (Finkelhor et al., 1988), and greater likelihood of ritual abuse (Finkelhor et al., 1988; Kelly, 1989).

Adolescent caregivers are more likely to sexually abuse children than adult caregivers. Age of perpetrator is not a significant factor in PA with one exception. Thirteen year old caregivers are more physically abusive than perpetrators of any other age (Margolin & Craft, 1990). Children in day care settings, therefore, may be at increased risk for sexual abuse when cared for by early adolescent males. Margolin (1991) found children to be at greater risk for abuse, in general, when cared for by adolescents.

Ability to predict potential for abuse perpetration is of import to parents, regulatory agencies, researchers, and treatment providers. Offender past criminal history, has long been of interest, yet Finkelhor et al., (1988) found only 8% of perpetrators of day care SA had prior arrests for sexual behavior. This finding has particular implications for regulatory agencies, since identification of past sexual abusers is frequently cited as an expensive, albeit necessary, component of abuse prevention (Russell & Clifford, 1987). Relying primarily on criminal background checks to prevent SA appears to be insufficient prevention against abuse.

Possibly more promising are investigations of day care worker job satisfaction. Job satisfaction has been found to correlate with less likelihood for abuse (Atten & Milner, 1987), as well as child nurturant behavior, like encouragement and age-appropriate instruction (Berk, 1985).

The study of programmatic risk factors is, unfortunately, inconclusive. High quality day care correlates with group size, child/staff ratio, and caregiver training (Divine-Hawkins, 1981; Ruopp, Travers, Glantz, & Coelen, 1979). A study of 424 founded license violation complaints yielded five times as many in facilities with lower staff training requirements (Russell & Clifford, 1987). Other studies, however, have found staff training and experience, program reputation, and intensity of agency monitoring to be non-productive of abuse (Finkelhor et al. 1988).

Examination of staff size, staff relationships, and facility type yield more consistent findings. Larger staff

size is related to less severe abuse including shorter duration of abuse, and fewer victims, while family relationships among staff is a risk factor for more severe abuse (Finkelhor et al., 1988). Abuse has been found to be less severe (e.g., less likely to occur multiple times, less likely to last more than one month) in urban than in rural facilities (Finkelhor et al., 1988). Although multiple explanations have been proposed (e.g., higher educated, more experienced staff in city facilities), data analysis is not supportive of hypotheses offered.

Potential for multiple perpetration has been associated with limiting parental access (Finkelhor et al., 1988), one caveat is necessary. Parent participation may also be a risk factor since parents can be perpetrators.

Victims

Victim demographics of PA in day care settings have not been well researched. Studies investigating SA victim profiles have reported predominantly female victims regardless of setting, (Faller, 1988; Finkelhor et al. 1988; Margolin & Craft, 1990). Age of onset of abuse varied somewhat depending on setting, with younger children (ages three and four) more likely to have been abused in day care centers, reflecting the general age of children in such settings, and older children in day care homes (Faller, 1988), possibly reflecting presence of more school age children in those settings.

Although SA and PA victims often displayed warning signs of abuse prior to disclosure, like genital rashes, crying when brought to day care setting, and significantly changed eating patterns, parents were not routinely alarmed (Finkelhor et al., 1988; Margolin, 1990).

Reporting

Factors cited or posited for failure to report include family loyalty among staff (Finkelhor et al., 1988), unawareness of legal mandate to report (Wurtele & Schmitt, 1992), and, perhaps, most worrisome, fear of legal consequences among day care workers (Wurtele & Schmitt, 1992) and elementary school staff (Abrahams, Casey & Daro, 1992). Caregivers were unaware that state laws grant immunity for reporting in good faith. Researchers agree that few reports of day care abuse originate from caregivers (Finkelhor et al., 1988; Russell & Clifford, 1987).

Summary

Research regarding child abuse in day care settings is sparse and in its infancy. Never-the-less, consideration is warranted of risk factors identified by current research (See Table 1). Practical issues must also be addressed. For example, positive male role models are considered desirable in day care settings. How can men be encouraged to consider caregiver positions much less careers without increasing children's risk of abuse? Parental involvement is associated with lower rates of abuse, yet most parents are not directly involved for the very reason that they are consumers of such care--they work full time elsewhere. What personal, economic, and/or workplace changes must occur to enable parents to become a real and effective presence in their children's day care experience?

The right to be safe in a day care setting should be the birthright of all children. Professionals and parents share responsibility to prevent child abuse of all kinds, and to devise prevention strategies based on sound research. Thoughtful analyses of commonalities in day care child abuse incidents, combined with clinical insights gained from work with victims and offenders, should yield deliberate and

specific educational, programmatic, and policy changes designed to protect children from abuse in child care settings.

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