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THE DEFINITIONS ARE LEGION: ACADEMIC VIEWS AND PRACTICE PERSPECTIVES ON VIOLENCE AGAINST CHILDREN

Andreas Jud and Peter Voll

Andreas Jud, University of Ulm, Child and Adolescent Psychiatry and Mental Health, Ulm, Germany;
Lucerne University of Applied Sciences and Arts, School of Social Work, Lucerne, Switzerland
andreas.jud@hslu.ch

Peter Voll, University of Applied Sciences Western Switzerland – Valais, School of Social Work, Sierre, Switzerland
peter.voll@hevs.ch

ABSTRACT:

Both research and child protection practice are still far away from having uniform definitions of violence against children. The different disciplines involved in the sectors of national child protection systems rely on separate discourses and terms; definitions are sometimes rather general or implicit, and operationalizations of important elements are rare. The various terms in use – child maltreatment, child abuse and neglect, child endangerment, children at risk, children in need, etc. – speak of the variety not only of concepts, but also of practices. With respect to the latter, definitional issues are also issues of the scope and thresholds of intervention. This manuscript provides an overview of major terms and definitional approaches to violence against children and identifies eminent differences between them. Findings from several studies on the Swiss child protection system, including the first multi-sectorial national survey on agency responses to child maltreatment, illustrate how professionals use definitions and the consequences of having multiple definitional concepts for documenting reported cases. We conclude by advocating for a consensus-based interdisciplinary process of developing shared definitions of violence against children.

KEYWORDS:

child abuse and neglect; child maltreatment; child protection; child protection; Swiss child protection system

The definitions are legion

Introduction

Neither child protection practice nor research have common and uniform definitions of child maltreatment and its subtypes. This is mirrored by their variety in terminology: The generic term child maltreatment coexists with labels like child abuse and neglect, and concepts such as child endangerment, children at risk, children in need, etc. Likewise, there is no consensus on the number of categories and types of violent incidents that should be categorized as child maltreatment. While most scholars and professionals agree on the four subtypes – neglect, sexual abuse, and physical and psychological maltreatment – additional categories are suggested: Most importantly witnessing intimate partner violence (cf. Trocmé, 2008), as well as Munchausen-Syndrome by Proxy (cf. Rosenberg, 1987) or conflicts of autonomy (Münder, Mutke, & Schone, 2000).

One reason for the impressive variety of concepts is the involvement of a variety of disciplines in child protection research and practice – law, medicine and psychiatry, psychology, educational sciences, social work, sociology, political sciences, and more. They have different canons of literature on the topic, (often) different basic categories, and thus different diagnostic and treatment schemes, as well as different ways of conceiving of the link between diagnoses and treatment (Abbott, 1988). They occupy different points in social space and time (i.e., in institutions and in the chain of detection and intervention) with correspondingly different options, goals, and logics of action. In turn, the different actions define and corroborate the concepts. To give but two examples of widely differing views:

- At the institutional or system level, the penal system with its guiding principle of high specificity (notably the principles of ‘nulla poena sine lege’ and of the burden of proof upon the accusation) is fundamentally different from a system of medical, psychological, or social help aiming at the inclusion of every person in need. While the former (ideal typically) relies on narrow definitions in order to exclude cases of doubt, the latter tends to use larger ones in order to include them.
- At the level of disciplines and their cognitive schemes, law, medicine, and, in large part, psychology, typically address individual problems and conceive of behavior as individual behavior, whereas social work and family therapy think in terms of a family system. Accordingly, these disciplines may look at different problems at different levels and treat them with different methods that are based on different concepts.

Against this background, the legion of definitions comes as no surprise. The following sections and paragraphs summarize some of the major issues in the many definitions of violence against children from different disciplines for the different categories of child maltreatment. They build on issues identified in conceptual models of specific forms of child maltreatment. A brief summary of epidemiological research on child maltreatment connects the variety of definitions with the large variance in estimates of prevalence and incidence. Issues with applying child maltreatment definitions in child protection practice are illustrated by findings from studies on multi-sectoral child protection¹ in Switzerland: On a small scale, not only does this country have multiple sectors involved in child protection (public child protective authorities and services, police forces, clinical child protection teams, victim aid organizations, etc.), but also the related complexity of structures and conceptual issues is amplified by multiple languages and associated cultures (Jud & Knüsel, 2019, p. 209).

Conceptual Issues

Generally, definitions (de-)limit the set of entities (things, events, ideas, etc.) a concept refers to. However, according to the context of use, the implications of these references might differ and so do the purposes that a definition must serve. In analytical science, concepts indicate what one is speaking or writing about; in professional practice, definitions trigger interventions and often have a motivational force (linked to “sense”, to speak in Fregean terms, cf. Frege, 1962); and in law, quite similarly, they entitle or legitimate state action. Correspondingly, conceptual issues in child protection revolve around two major questions: (1) What constitutes the “object” called “child

¹ Trocmé, Akesson, and Jud (2016) deduce the dimensions of multi-sectoral child protection.

The definitions are legion

maltreatment”? And (2) what are the practical and professional implications, including legislation and policy? With respect to theory, the variety of definitions is linked to a potentially Babylonian variety of discourses and theories, with respect to practice, it may be linked to an unknowingly large variety of interventions and intervention thresholds: What seems to need intervention on the basis of a large, inclusive definition may seem to be an overreaction when using a narrower one.

In what follows, we develop constitutive dimensions² and related debates for different categories of child maltreatment.

- The configuration of persons (i.e., of victims and perpetrators): Who is affected by child maltreatment? Who is a child? And who is a perpetrator?
- Characteristics of violent acts and omissions: What are the role of power differentials and consent in defining child maltreatment? How to conceive of indirect forms of violence?
- Thresholds: What elements distinguish violent acts and omissions from (normal) difficulties in the upbringing of children?

For each element, we additionally sketch the practical and professional aspects at stake, and the consequences for both legislation and policy.

The Configuration of Persons Implied: Victims and Perpetrators

Lack of operationalization. Who is a child and beyond. Many definitions struggle with a lack of operationalization of important terms. It starts with the concepts of childhood and its age-range and continues with terms like caregiver and their meaning. Researchers and practitioners likewise struggle if they should, for example, rely on legal or developmental definitions of the age-range that constitutes childhood (cf. Mathews & Collin-Vézina, 2017). While some refer to the UN definition of childhood as the ages up to 18 years, other legal definitions set the threshold at 14 years (e.g., § 176 on Sexual Abuse of Children of the German Criminal Code) or 16 years of age (cf. Jud, Fallon, & Trocmé, 2012). Many do not operationalize the term child or childhood at all. The lack of operationalization not only is limited to the age of the victim, but also affects other terms and dimensions, as is exemplified by the World Health Organization’s definition of child sexual abuse:

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. [...]. (WHO, 1999, p. 15)

This definition does not operationalize terms like sexual activities, “not developmentally prepared”, or the “social taboos” of a society. For the development of national strategies to prevent child maltreatment, the consequences of a lack of operationalized definitions are dire. They do not know the size of the phenomenon, and, consequently, how to adequately invest resources to address it. Reviews on epidemiological research for all forms of child maltreatment all report large variances in prevalence and incidence (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Pereda, Guilera, Forns, & Gomez-Benito, 2009; Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2012; Stoltenborgh, Bakermans-Kranenburg, & van IJzendoorn, 2013; Stoltenborgh, Bakermans-Kranenburg, van IJzendoorn, & Alink, 2013; Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). Pereda et al. (2009), for example, have compiled 39 surveys on child sexual abuse from 21 countries with prevalence rates of 0 to 53% for females and 0 to 60% for males. In a 2013 status report of the WHO European Office (Sethi et al., 2013), the 85% confidence interval for the estimated 22.9% prevalence rate of child physical abuse spans 15%, the 85% confidence interval for the estimated prevalence rate of 29.1% for child emotional abuse even spans more than 30%. While some variance might arise from different study designs and sampling procedures, a large proportion of the variance is likely due to definitions and their operationalization. Stoltenborgh et al. (2011) show that for child sexual abuse broader definitions obviously produce higher prevalence

² The structure presented builds on the analysis by Mathews and Collin-Vézina (2017).

The definitions are legion

rates. This may seem desirable in social policy debates and for legitimation purposes. Unfortunately, a lack of standardization in definitions leaves epidemiological research on child maltreatment with only a few findings firmly corroborated: Although findings vary considerably (e.g., Sethi et al., 2013), surveys still confirm that child maltreatment is a highly prevalent problem, with many reporting rates that even exceed widespread chronic conditions like type 2 diabetes mellitus (Zheng, Ley, & Hu, 2018). Yet a more or less exact prevalence cannot be determined for most countries.³ Additionally, research on reported incidents to child protective services converges on the finding that child neglect is the most prevalent form of child maltreatment (Trocmé, 2008), and with only a few exceptions almost all surveys show a gender difference of more females affected by child sexual abuse than males (Barth et al., 2013; Stoltenborgh et al., 2011).⁴

Perpetrators. The U.S. Centers for Disease Control and Prevention (CDC) have offered a broad consensus among members of several disciplines for their definition of child maltreatment: “Any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child” (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008, p. 11).

The CDC definition highlights another debate in child maltreatment definitions: Should they be restricted to parents and other caregivers or include strangers and acquaintances? While most definitions of neglect and psychological or physical maltreatment are (implicitly) restricted to caregivers (cf. Finkelhor, 2008, p. 22-46), many definitions of child sexual abuse include all different types of sexual violence independent of the perpetrator (e.g., Bange, 2002; Deegener, 2005). However, sexual violence against children by strangers clearly differs in risk factors and consequences from sexual abuse by caregivers to dating violence by peers; analyzing all forms of sexual violence against children together has led to ambiguous findings on risk factors (Black, Heyman, & Smith Slep, 2001). All sexually violent acts against children violate a child’s intimacy. Sexual abuse by caregivers is additionally a breach of trust by a close person. The victim-perpetrator relationship is consequently often ambiguous (Fegert, 2007).

Parents as perpetrators are a particularly difficult challenge for child protection legislation, as both the UN Convention on the Rights of the Child and national legislations acknowledge the paramount importance of the family as the natural environment for the upbringing of children. For a potential intervention, child protection professionals have to delicately consider two fundamental principles: The child’s well-being and the family’s right to privacy.⁵

³ The need for research on the epidemiology of reported incidents of child maltreatment is detailed elsewhere (e.g. Jud, Fegert, & Finkelhor, 2016).

⁴ Surprisingly, the Balkan Epidemiological Study on Child Abuse & Neglect reports higher rates of child sexual abuse for several of the countries studied (Nikolaidis et al., 2018).

⁵ For a detailed introduction to the dilemma, see Goldstein, Solnit, Goldstein, and Freud (1996).

The definitions are legion

Characteristics of Violent Acts and Omissions

Do acts have to be malevolent? Most academic and practice definitions of child maltreatment or similar concepts consider not only malevolent acts of commission or omission, but also acts that originate out of a lack of adequate parenting capacities or the temporal unavailability of mentally ill or addict caregivers. In a child-centered orientation, the consequences of an act on children, not a perpetrator's intention, are seen as the basic defining element of maltreatment. However, Gilbert (1997, 2012) identifies an interesting difference on the level of system orientations: The "child protection orientation", dominant in Anglophone countries, framed abuse as the harmful behavior of malevolent parents, which called for legal investigation and public measures to control deviant, if not outright criminal, behavior. The "family service orientation", on the other hand, dominant in many central European countries, perceived the problem as a manifestation of family dysfunction stemming from psychological difficulties, marital troubles, and socio-economic stress, which are amenable to therapeutic interventions as well as social and/or economic support. While the system orientations used to be more distinct, they have begun to converge (Gilbert, 2012). For example, most European countries now have mandated reporting legislation (European Union Agency for Fundamental Rights, 2017) and child protective services in Canada and the U.S. have introduced so-called differential responses that do not require an investigative process for a child maltreatment report, but they may use the level of risk or need to open a case (e.g., Child Welfare Information Gateway, 2014).

Consent and power differentials. Hitting, kicking, or punching a child obviously goes against a child's best interest. Sexual acts between adolescent peers on equal terms or sexually connoted behavior of younger children like "playing doctor" and examining their peers' nude bodies (e.g., Leander, Larsen, & Munk, 2018) may, however, be adequate, wanted, and developmentally normal. Therefore many legal and non-legal definitions of child sexual abuse have a definitional aspect of consent or a power differential between the victimized child and the violent perpetrator who uses their advantage in power and authority (Mathews & Collin-Vézina, 2017). Below is one of the first examples:

Sexual abuse is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend and to which they are unable to give informed consent, or that violate the social taboos of family roles. (Schechter & Roberge, 1976, p. 129)

In definitions that – implicitly or explicitly – refer to caregivers as perpetrators, the power differential is built-in. In line with the previous section, variations of the power differential are primarily found in definitions of child sexual abuse. Some (legal) definitions establish a rule for an age difference, as in the following example from the Swiss Criminal Code:

No 1 Any person who engages in a sexual act with a child under 16 years of age, or, incites a child to commit such an activity, or involves a child in a sexual act, is liable to a custodial sentence not exceeding five years or to a monetary penalty. No 2 No penalty may be imposed if the difference in age between the persons involved is three years or less. [Art. 187 Swiss Criminal Code]

Peers, too, may use physical, cognitive, emotional, or social authority when enforcing sexual acts on others (Braun-Courville & Rojas, 2009; Kalmuss, 2004). There is often a thin line between desired sexual interactions between adolescents and acts without proper consent among equals (Colombo, Carbajal, Carvalhosa Barbosa, & Tadorian, 2017).

The definitions are legion

Neglecting the neglect. Neglect is not defined by active commissions, but passive omissions. Moreover, adequately addressing children's needs is dependent on a child's development and age. Infants are much more dependent on their caregivers for basic needs such as food and hygiene. For adolescents, other needs such as orientation and autonomy become more important. Scholars and practitioners have difficulties defining the phenomenon and applying definitions of neglect (McSherry, 2007). The reason for this struggle is likely linked to the nature of omissions: As non-acts and negations, they are per se cognitively more difficult to grasp and have to be identified against a horizon of possibilities. Accordingly, if one wants to perceive omissions with Weber (1972, p. 11) as a sort of action, they are more difficult to attribute to an individual actor (Geser, 1986). Neglect has therefore not seen the same amount of research as child sexual abuse or child physical maltreatment, and some scholars have complained about the neglect of neglect (Coohy, 2003; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003). However, difficulties in clarifying and applying definitions, and a lack of academic attention are apparent not only for neglect, but also for psychological maltreatment (e.g., Scannapieco & Connell-Carrick, 2005; Trickett, Mennen, Kim, & Sang, 2009).

While many definitions refer to neglect as omissions of adequately providing for children's needs, scholars have also included the failure to supervise as a separate form of child neglect (e.g. Barnett, Manly, & Cicchetti, 1993). Leeb et al. (2008, p. 18) further distinguish between two subtypes: One is that inadequate supervision occurs when caregivers fail to ensure a child uses appropriate safety devices or knowingly fail to protect a child from maltreatment perpetrated by a substitute caregiver. The second subtype of the failure to supervise is exposure to violent environments, which refers to caregivers who intentionally fail to take any available measures to protect the child from pervasive violence within the home, neighborhood, or community (Kairys, Johnson, Committee on Child Abuse and Neglect, 2002).

Implications of neglecting the neglect are further illustrated below with an example from Swiss child protection practice (see "Difficulties in the perception of neglect and psychological maltreatment").

Witnessing intimate partner violence as a separate category? Child welfare services around the world are often confronted with children who witness intimate partner violence⁶ (Trocmé, 2008). Some argue that this exposure to a violent environment is a failure of adequately supervising a child and therefore a form of neglect (Leeb et al., 2008, p. 18). Others argue that the high prevalence (and reported incidence) of the phenomenon warrants a category of its own (Trocmé, 2008).⁷

The latter argument is particularly relevant for child welfare practice. In the first national study on the caseload of Swiss child protection authorities, witnessing intimate partner violence and parental conflict was responsible for 71% of enacted child protection orders (Jud, 2008, p. 29). Medical child protection, on the other hand, tends to reject this separation: In Switzerland, the clinical child protection teams do not separately document witnessing intimate partner violence (Wopmann, 2008).

⁶ We avoid the umbrella term "domestic violence" as it encompasses several different phenomena: Intimate partner violence, witnessing intimate partner violence, child maltreatment, as well as maltreatment of the elderly in a household.

⁷ The widely used concept of "Adverse Childhood Experiences" (ACE) also clusters the witnessing of intimate partner violence within household dysfunctions and not within the categories of child maltreatment (e.g., Olofson, 2018).

The definitions are legion

Additional forms of violence against children. Scholars have introduced additional forms of child maltreatment, child endangerment, or violence against children in general that operate at different levels of abstraction.⁸ In foreshadowing the upcoming section of applied definitions in the Swiss child protection context, we have chosen to present examples of definitions found there.

In a study on the caseload in German child and youth services, MÜNDER et al. (2000) have, for example, introduced a “conflict of autonomy” between parents and their adolescent children. Independence from parents grows continuously and is a prominent developmental issue in adolescence. Therefore, the authors only refer to conflicts of autonomy if they are beyond normal development and not adequately dealt with (MÜNDER, 2001, p. 47f.). The phenomenon is regularly seen in child welfare services, evident for frontline workers, and of practical value. Theoretically, the term operates on a different level than neglect, physical or psychological maltreatment. The authors pick a need of specific importance for adolescents and define the failure to adequately handle this need as a separate form of child endangerment.⁹ With the same authority, they might have also picked the failure to adequately handle a toddler’s need to explore its environment. Failure to adequately provide for children’s needs is a central component of most definitions of child neglect. Isolating specific needs as separate categories therefore includes the risk of maintaining child neglect as residual for vague incidents. Additionally, some conflicts of autonomy likely deal with not only acts of omission, but also acts of commission, in other words, psychological maltreatment.

Pediatric literature on child maltreatment also refers to *Munchausen-Syndrome by-proxy* (e.g., ROSENBERG, 1987): A caregiver – primarily the mother – repeatedly introduces a child to health services with a feigned or artificially introduced disease or illness. The phenomenon is relatively rare¹⁰ and encompasses both violent acts of commission and omission (i.e., physical maltreatment and neglect).

Some forms of violence against children are often discussed and studied separately from the conceptual framework of child maltreatment, for example bullying by peers (e.g., HONG, ESPELAGE, GROGAN-KAYLOR, & ALLEN-MEARES, 2012; MAYNARD, VAUGHN, SALAS-WRIGHT, & VAUGHN, 2016). FINKELHOR conceptually embeds child maltreatment in the more general concept of child victimization: Children not only experience the same crimes as adults (e.g., cyberbullying, abductions, witnessing assaults), but also suffer from violence at the hands of those who are responsible for their care that is child maltreatment (2008, p. 3). The research-intensive concept of Adverse Childhood Experiences (ACE) (e.g., FELITTI et al., 1998; KOVACEVIC, 1998; OLOFSON, 2018; PIETREK, ELBERT, WEIERSTALL, MULLER, & ROCKSTROH, 2013) incorporates the different forms of child maltreatment as one pillar of ACEs beside five other household dysfunctions (witnessing violence against the mother, living with household members who were substance abusers, mentally ill, suicidal, or ever imprisoned). While there is strong evidence for a dose-response relationship between an accumulation of ACEs and negative health outcomes in adulthood (independent of the clusters), clustering the ACEs into the two pillars of child maltreatment and household dysfunctions improves the fit of modeling as compared to modeling all ACEs as a single construct (Olofson, 2018).¹¹

⁸ See Finkelhor (2008) for a conceptual overview on the multiplicity of phenomena of childhood victimization.

⁹ The paragraph translates arguments of Jud (2013, p. 56).

¹⁰ McClure et al. (McClure, Davis, Meadow, & Sibert, 1996) report an annual rate of 2.8 reported incidents per 100,000 infants up to 1 year of age and 0.4 newly reported incidents per 100,000 children aged 2-16 years in a British and Irish sample.

¹¹ According to Olofson (2018), the cumulative risk approach to modeling ACEs that groups the indicators into one category instead of separate but correlated categories (1) restricts each indicator to having the same impact as every other indicator and (2) disregards the intensity of each indicator by limiting it to a binary coded item.

The definitions are legion

Legislation usually does not necessitate a child protection intervention for malevolent caregiver acts, and acknowledges the impaired well-being of a child based on a lack of parental competences or capacities as a sufficient reason (for Switzerland, e.g., Rosch & Hauri, 2016, p. 415). Nevertheless, many child protection professionals still perceive terms like neglect as blaming the parents for their child's impairment by the family's poverty, violent neighborhoods, etc. Therefore some child welfare services refer to "structural violence", as introduced with reference to Galtung (1969). This concept refers to the fact that individuals may be hampered from reaching their full potential by social structures – economic, political, legal, religious, and cultural. These structures not only hinder adequate parental care, but also are a source of bias in the provision of child welfare services, as research has observed without necessarily referring to the term of structural violence (e.g., Drake et al., 2011; Jud & Gartenhauser, 2015; Miller, Cahn, Anderson-Nathe, Cause, & Bender, 2013). Critics of the concept point to its vagueness: According to Wacquant (2004), it lumps together a huge array of phenomena that need to be separated, and it operates at the levels of outright domination and social disparity. The generic term assembles and may in fact merely reflect one side of the social determinants of individual health and well-being; it "may be strategically useful as a rhetorical tool, but it appears conceptually limited ..." (Wacquant, 2004).

Thresholds

While some severe acts of commission and omission against children are unambiguously violent, the distinction between still acceptable educational behavior and mildly violent acts that trespass the threshold into child maltreatment is often difficult to establish and not clear-cut – for both academia and practice (Doherty, 2017; Platt & Turney, 2014). Epidemiological definitions therefore differ on the thresholds of severity, if a single event (of belittling a child, or mildly slapping its fingers) should be counted, or if certain types of behavior should be included or excluded (e.g., verbal sexual aggression). More recently, they have moved away from the issue of thresholds (of severity) by relying on the nature of the act of commission or omission itself (e.g., Leeb et al., 2008, p. 11-13): First, even socially accepted behavior may have severe consequences, and second, future research may reveal the harsh consequences of acts that are currently not considered harmful.

Child protection practice is challenged by changing social norms, thresholds that vary both historically and between different cultural contexts. Obviously, the perception of these thresholds also differs between the various disciplines involved in child protection and child maltreatment research (Hansen et al., 1997; Levi & Crowell, 2011). In (legal) definitions for child protection practice there is yet another threshold to be considered: Not every inadequate act of commission or omission against a child requires protection of the child or professional support for the family. The system's scarce resources are reserved for the ones who need it the most.

Applying Child Maltreatment Definitions in Swiss Child Protection Practice

In the sections to follow, we will illustrate some of the issues discussed above with examples of applications child maltreatment definitions in the Swiss child protection system that both of the authors have studied with several projects (e.g., Jud & Gartenhauser, 2015; Jud, Landolt, Tatalias, Lach, & Lips, 2012; Jud, Lips, & Landolt, 2010; Jud, Perrig-Chiello, & Voll, 2011; Maier, Mohler-Kuo, Landolt, Schnyder, & Jud, 2013; Voll, Jud, Mey, Häfeli, & Stettler, 2008), among them the first multi-sectorial national survey on agency responses to child maltreatment (Optimus Study 3; Jud, Kosirnik, et al., 2018). This system shows a high diversity of services and authorities arising from 26 cantonal and sub-cantonal variations of organizing child protection and child welfare (cf. Jud & Knüsel, 2019). This diversity is amplified by Switzerland's cultural and linguistic variety. Different languages not only imply different labels of organizations, but also are associated with different concepts of the state (e.g., Ladner, 2016). A detailed description of the Swiss child protection system is available by Jud and Knüsel (2019).

The definitions are legion

Legal Threshold for Intervention

The Swiss legislation, as in many other countries (e.g., Meysen & Hagemann-White, 2011, p. 193), is vague in its terminology regarding child protection. It does not provide definitions for different types of violence, but only the generic concept of the endangerment of the child's best interests. The Swiss Civil Code states: "If the child's best interests are threatened and the parents are unwilling or unable to remedy the situation, the child protection authority must take all appropriate measures to protect the child" (Art. 307 No 1 Swiss Civil Code).

The vagueness of legislation on public child protection is purposeful: It leaves practitioners with the discretion to decide based on the context, on the assessment of a family's resilience (e.g., if a family has the strength to overcome mildly neglectful behavior without an intervention).¹² It comes, however, at the cost of a lack of reliability in decisional outcomes. The same incident may be assessed quite differently depending on the agency involved.¹³ Regional variance in reports independent of the socio-structural parameters is a consequence: Newly reported cases in Switzerland between September and November 2016 differed from a low of 26 cases per 10,000 children in one region to 107 cases per 10,000 children in the same period in another region (Schmid et al., 2018, p. 22f.), even though the different regions do not vary respectably in demographic factors, wealth distribution, unemployment, etc. It seems that the area of child protection (and adult protection as well, see Estermann & Fuchs, 2016) is a particularly impressive instance of the concept of "local legal culture" (Delpeuch, Dumoulin, & Galembert, 2014, p. 188f.; Langer, 1994).

Variety of Frameworks

Conceptual frameworks differ in Switzerland both between disciplines and linguistic regions. While, for example, an approach to definition and assessment by French author Alföldi (2005) has been implemented in parts of Francophone Switzerland, the German-speaking area is not aware of such an approach. On the other hand, the definitional and assessment frameworks of German authors (e.g., Reich, 2005) that are used by child protection practice in German-speaking areas are hardly ever used in Francophone Switzerland. Especially in social work, practitioners usually read literature in their native tongue; books and manuscripts are rarely translated. In the medical field, pediatricians also more commonly refer to international academic literature, independent of their linguistic region of origin. Research on decision-making in child protection regularly shows variances across linguistic regions as, for example, authorities in Italian-speaking Ticino value the unity of the family more highly than their colleagues in other parts of Switzerland (Jud, Mitrovic, & Rosch, 2017).

Legal conceptual frameworks may differ as cantons are entitled to adopt specific legislation within the rather general federal frame. Nevertheless, concepts also differ on the level of federal legislation across languages: While the German and Italian versions of the Swiss Civil Code refer to the child's well-being ("Wohl des Kindes", "Bene de figlio"), the French version uses the development of the child ("développement de l'enfant") as the basic term in child protection (cf. Art. 307 Swiss Civil Code). Yet the choice of terminology also differs for contexts, as legislation on adoption (Art. 264f. Swiss Civil Code) uses child well-being ("bien de l'enfant") in French as well.

As the cantonal institutional structures differ and give different weight to disciplinary approaches and professional claims (psychology, psychiatry, social work), cantonal institutional frameworks may differ along disciplinary lines. However, they may also differ with respect to

¹² Secondary literature on Swiss legislation is somewhat more specific. Hegnauer wrote that "...endangerment is the likely possibility of physical, moral, mental, or psychological harm. It is not necessary that the harm is already evident. The possibility of harm is assessed independently of its causes and contributing factors: Characteristics and behavior of the child, its parents may contribute, or aspects of the broader environment" (1999, N27.14; Translation by first author).

¹³ Baumann and colleagues (Baumann, Dagleish, Fluke, & Kern, 2011) provide a theoretical conceptualization on how thresholds in child protection vary depending on decision-maker variables like profession, years of experience, continuing education, etc.

The definitions are legion

organizational differentiation (e.g., specialized agencies vs. polyvalent services entrusted with child protection assessment and intervention), which in turn may favor the adoption of different concepts.

Lacking (Documentation of) Definitions

While agencies and practitioners refer to different disciplinary and linguistic frames, child protection practices across Switzerland shares the commonality that many agencies do not have a documented definition of child maltreatment (or any other terminological frame). Even many highly specialized units like interdisciplinary child protection teams have no “official” definitions on which their decisions rely upon. Some argued that they would have implicitly shared definitions and thresholds in their team (see also Jud, Koehler, et al., 2018, p. 8f.). It is at the least questionable if members would reproduce largely similar definitions when asked independently. Some agencies and national stakeholders use a list of categories for their data collection that may include terms like physical maltreatment, sexual abuse, conflict of autonomy, difficulties in upbringing (lacking capacities, mentally ill or addict parent, etc.), child problem behavior (dissocial behavior), etc. (cf. Konferenz für Kindes- und Erwachsenenschutz (KOKES), 2012; Wopmann, 2008). However, these lists do not come with definitions (or operationalizations) of the terms. The categories presented by the national umbrella organization for child protection authorities (KOKES, 2012) combine both causes (e.g., physical maltreatment) and symptoms (e.g., child behavior)¹⁴ as reasons for enacting child protection orders, contributing to a conflation of cause and effect: Problem behavior may well be caused by physical maltreatment (e.g., Cicchetti & Toth, 2005); conversely, children with problem behavior have an increased risk of being maltreated (e.g., Finkelhor, Ormrod, & Turner, 2009). Moreover, this national administrative data set surprisingly also offers the option “not confirmed”. The latter option represents situations where child protection orders are enacted without a proper assessment of the child’s situation or without a properly documented assessment result – in situations of urgency, out of a lack of time or resources. However, it may also represent the sheer unwillingness to properly clarify the conditions and aims of intervention. The latter would be most unfortunate and disrespectful to the persons affected by a child protection order, meaning that the state does not even present a reason for its intervention. Alas, the lack of (operationalized) definitions in the Swiss child protection system also goes along with a lack of standardization and comparability of assessment (Lätsch, 2012).

If definitions are documented, it is often not evident whether the definitions are self-developed or derived from the definitions of other authors. During the process of preparing the first national study of reported incidents of child maltreatment across sectors, some agencies had to look up their definitions in their manual or handbook. Larger agencies with a specialized and centralized support unit more likely had a documented definition. Handbooks and manuals are, however, not always regularly used by frontline workers (cf. Jud, 2014) – just as, in general, theories espoused by frontline workers do not necessarily coincide with theories-in-use.¹⁵

Difficulties in the Perception of Neglect and Psychological Maltreatment

As was previously introduced, scholars and practitioners alike have struggled with definitions of neglect and psychological maltreatment. The verbal behavior of psychological maltreatment is probably generally perceived as less severe than physical violence – exemplified by the proverbial “sticks and stones may break my bones, but words will never harm me”. In the first national analysis of the files of child protection authorities in Switzerland, not one case out of a stratified random sample of 164 cases with child protection orders had the order enacted with reference to

¹⁴ Sentinels to the Swiss child protection system, like professionals in schools, mainly report cases based on problem behavior and less because of alleged incidents of child maltreatment (Jud, 2012).

¹⁵ The terms have been coined by Argyris (1993). For general considerations on the difference between organizationally established rules and individual behavior, see Crozier and Friedberg (1977).

The definitions are legion

psychological maltreatment as the main reason (Jud, 2008). Additionally, the coding of maltreatment types by clinical child protection teams had included rank ordering (Jud et al., 2010) – if multiple allegations included child sexual abuse, only this type of violence was documented.

Even though international literature repeatedly confirmed child neglect as the most prevalent type of incident that child protective services have to deal with (e.g., Trocmé, 2008), neglect made up 22.4% of newly reported cases in the different sectors of the Swiss child protection system in the Optimus Study (Schmid et al., 2018, p. 25). However, 3,846 out of a total of 7,651 cases could not be properly sorted into one of the categories pre-defined by the study, as reliable and detailed information was lacking.¹⁶ It is likely that a large portion of these uncategorized cases would fall under neglect if properly and reliably assessed. Incidents that may fit definitions of supervisory neglect¹⁷ or the failure to provide (e.g., Leeb et al., 2008, p. 18) may also often be sorted into or perceived under other labels such as conflict of autonomy or difficulties in upbringing. Definitions of neglect are rarely documented and often vague.

Conclusion

Generally speaking, definitions should identify and group together phenomena that are homogenous with respect to causes and consequences, otherwise they are useless for theories, if by theory we mean systems of “if-then”-relations. Therefore, definitions of violence against children should aim at identifying phenomena that have some common risk factors and outcomes in order to benefit both research and practice in developing effective and tailored prevention and intervention strategies. Definitions at an intermediate level of specificity best serve this cause (cf. Azar, Povilaitis, Lauretti, & Pouquette, 1998). Therefore we caution against too-inclusive definitions of violence against children that fail to provide helpful knowledge of risks and processes. Instead, child maltreatment should be seen as the specific phenomenon of caregiver-inflicted violence on children among the plethora of other child victimizations (cf. Finkelhor, 2008, p. 3-21).

Shared definitions of child maltreatment have not yet been achieved, neither by research nor by practice; the variety of definitions and the variability of terms-in-use are still quite large. Consequently, epidemiological studies resulted in large variances for child maltreatment (Sethi et al., 2013; Stoltenborgh et al., 2012; Stoltenborgh, Bakermans-Kranenburg, & van IJzendoorn, 2013; Stoltenborgh, Bakermans-Kranenburg, van IJzendoorn, et al., 2013; Stoltenborgh et al., 2011), and research produced ambiguous findings on the risk factors of child maltreatment subtypes (e.g., Black et al., 2001). The lack of shared definitions, and in turn comparable findings, not only impairs the scientific identification of incidences, risk factors, and effects, but also impedes further steps in a public health approach to the prevention of violence (World Health Organization, 2007, p. 22f.). In other words: It hinders the development and implementation of evidence-informed interventions and the implementation of effective interventions on a larger scale.

It becomes evident, then, that we face two different challenges which cannot necessarily be met by the same strategy. The most adequate definition in terms of one scientific discipline or with respect to one problem may not be the best one overall and thus not be accepted and shared by others, and so may be the balance between inclusive- or exclusiveness. There is a potential conflict of aims which could also be stated in terms of a tradeoff between clarity and precision on the one hand, and wide acceptability on the other hand. Rather than ignoring this problem, we would advocate a consensus-based approach to definitions across the multiple disciplines concerned with child protection. This process may start on international platforms like the International Society for

¹⁶ The study has used the standardized documentation of agencies in different sectors of the Swiss child protection system, individual files of the total 7,651 cases have not been consulted (Jud, Kosirnik, et al., 2018). For example, some agencies have categorized forms of child maltreatment along with categories for services like in-depth assessment in the same variable (Jud, Koehler, et al., 2018, p. 8f.).

¹⁷ So far, the authors are not aware of a definition-in-use that explicitly acknowledges the concept of supervisory neglect.

The definitions are legion

the Prevention of Child Abuse and Neglect (ISPCAN) and should lead toward increasingly shared definitions of child maltreatment. At its end, it could bring about a set of definitions to be used as a common standard against which more specific definitions can be knowingly developed for specific research questions and practice problems. A common standard may lead to more comparable findings regarding the epidemiology, and less ambiguous evidence for risk factors of the phenomenon. In addition, it may help to transfer the still often simultaneous production of similar knowledge on child protection in disciplinary silos into an interdisciplinary co-production of knowledge where one discipline can help to overcome the blind spots of another.

In line with the arguments developed above, such a consensus process should consider two of the most important desiderata for child maltreatment research:

- to clearly differ between perpetrators of sexual violence against children. Child sexual abuse by caregivers differs in risk factors and outcomes from sexual violence against children by strangers or peers¹⁸ – while all require research as well as supportive and protective interventions for victims.
- to develop a terminology which allows for describing and documenting multiple victimizations. There is ample evidence for the cumulative burden of multiple adverse experiences (e.g., Felitti et al., 1998; Pietrek et al., 2013). Moreover, the severity of developmental and health outcomes depends on the severity of the acts and the chronicity of the situation rather than on the specific type of violence (e.g., English, Graham, Litrownik, Everson, & Bangdiwala, 2005). In contrast, there is no evidence for rank ordering maltreatment types; psychological maltreatment, for example, can also have devastating sequelae (e.g., Spertus et al., 2003; Trickett et al., 2009).

Child protection practice in Switzerland (and many other countries around the world) does not base its decisions on uniform and operationalized definitions of child maltreatment: Legal definitions of most child maltreatment subtypes are nonexistent in many countries (cf. Meysen & Hagemann-White, 2011), and oftentimes child protective services do not apply explicit definitions either. Ambiguity, or the complete absence of a definition, is problematic for the legal systems and child protection practice in general, as the unwarranted exclusion of acts of commission or omission may preclude protective or supportive services (Mathews & Collin-Vézina, 2017). Unwarranted inclusion, on the other hand, may lead to negative outcomes like stigmatization or the violation of individual rights. Good practice examples for legal definitions are available – some from somewhat unexpected sources (e.g., Romania, cf. Meysen & Hagemann-White, 2011, p. 137). For child protection practice, conceptual approaches to definitions of child maltreatment (Dubowitz et al., 2005; Glaser, 2002; Mathews & Collin-Vézina, 2017) would have several advantages for practice.¹⁹ At the level of service providers, too, a consensus-based approach to shared elements of definitions across sectors (e.g., public child protection, law enforcement, the health sector) is needed to both improve the reliability of assessments in child protection practice and for improved data collection on the magnitude of reported incidents across sectors of a child protection system. Only this improved comparability will lead to findings that allow policy-makers and administrators to identify regional gaps in reports or gaps in serving specifically vulnerable populations. This information will then help to best allocate scarce resources to the ones most in need, change practices in assessment and intervention, train professionals, and adequately reorganize systems for better responses (Jud et al., 2016). The ongoing second phase of the pan-European project CAN-MDS provides a basis for discussion: The investigators have developed a multi-sectoral tool for data collection (Ntinapogias, Gray, Durning, Nikolaidis, & CAN-MDS Project's Partners, 2015) that is now being implemented in six European countries. A successful implementation of the project at the national level in Cyprus and at regional levels in Bulgaria, France, Greece, Romania, and Spain would provide not only good practice for

¹⁸ As introduced above, definitions of the subtypes of neglect, psychological and physical maltreatment usually (implicitly) refer to caregivers as perpetrators.

¹⁹ This argument also applies to child maltreatment research.

The definitions are legion

multi-sectoral child maltreatment surveillance in one country, but also a template for improved comparability with services for victimized children across Europe. Seen in this context, a consensus project of academics and professionals is but one part of larger societal consensus process regarding child maltreatment and its prevention and, in the last instance, an adequate ecology of childhood.

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The definitions are legion

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