

2023

Adult Attitudes and Adverse Childhood Experiences: Implications for Child Maltreatment

Carla M. Santana
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Carla Santana

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Yoly Zentella, Committee Chairperson, Psychology Faculty
Dr. Benita Stiles-Smith, Committee Member, Psychology Faculty
Dr. Lori LaCivita, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Adult Attitudes and Adverse Childhood Experiences: Implications for Child

Maltreatment

by

Carla Santana

MPhil, Walden University, 2020

M.A. Trinity College of Graduate Studies, 1998

BSW, San Diego State University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

August 2023

Abstract

In the United States, approximately \$124 billion is spent annually on mental health and medical diagnosis as a result of the negative effects of adverse childhood experiences. These experiences can result in both mental and physical illness as well as a pattern of instability across the lifespan, which may affect adult attitudes toward child maltreatment and perpetuate the cycle of abuse. The purpose of this quantitative regression study was to examine any association between a person's adverse childhood experiences and attitudes of what defined child maltreatment. Bronfenbrenner's ecological systems theory was the framework. A total of 98 participants took part in this study. The research question explored whether there was an association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering education, marital status, and parental status. People with higher adverse childhood experiences were expected to score child maltreatment as being less severe as they might have normalized their adverse childhood experiences from childhood and continued the cycle of abuse. Findings suggested that the hypothesis was not supported. Multiple regression analysis showed no correlation between the variables. The findings of this study may be used for positive social change for policymakers who might support a more child-centered policy that values the prevention of child maltreatment for positive social change.

Adult Attitudes and Adverse Childhood Experiences: Implications for Child
Maltreatment

by

Carla Santana

MPhil, Walden University, 2020

Trinity College of Graduate Studies, 1998

BSW, San Diego State University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

August 2023

Dedication

This dissertation is dedicated to all children in the world. May you know safety, love, and peace, and if you are wounded, may you always rest in safe surroundings, embraced by love and guarded by peace.

A child comes forth as a tapestry of 5000 ancestors
For they are fearfully and wonderfully made!
Sterling, unadulterated
Their psyche is a tabula rasa
A complex reflection of DNA

A parent, a caregiver, and the people in this world
Abuse, tarnish, obliterate, destroy the child
Now wounded, desecrated, broken

Born in America you are property!
Where sovereignty is valued over child protection!
objectified, used, and dehumanized
until you reach that magic age called majority!

by Carla Santana

May the people in America, wake up and make the world a better place for children, the most vulnerable population in the world, and also our future!

To the ones who love and see children as an innocent canvas and allow them a safe space to grow and encourage children to be themselves and to live without fear!

And applause to those who have gone in the trenches, advocating bravely for the child's right to live happy and safe from adversity, free to live who they were born to be!

Acknowledgments

I would first like to thank my chair Dr. Yoly Zentella. There are not enough words to express my gratitude for your patience and thoughtful and thorough feedback on every page of this dissertation. You are absolutely awesome.

A huge thank you to my committee member and methodologist, Dr. Benita Stiles-Smith. You have been so wonderful. I have learned a great deal from you. I appreciate your thorough feedback and how you encouraged me to succeed in this. Thank you as well to my URR, Dr. Lori LaCivita, and Dr. Zin Htway, for your many hours of dedication to mentoring me through statistics and methodology. Thank you as well to Dr. Tena Nelson for helping me with the prospectus.

Thank you to the participants of the study. Without you, I could not have completed this dissertation. I am eternally grateful to all of you.

To my first advisor with Walden, Judia Malachi: Thank you for the many hours that you spent with me on the phone, encouraging me to keep going and building me up. You are missed. To my current advisor Greg Murphy, thank you so much for encouraging me and for steering me in the right direction. I appreciate you.

To my mother, Charli Hokolesqua Eaton, my first mentor, childhood hero, and warrior: Thank you for teaching me to not be afraid to stand up for what is right.

To my former colleague and friend, Dana Young. Thank you for your support during this project. I also thank my friend and former colleague, Brianna Hall, for your ideas and input toward the dedication to this project.

Table of Contents

List of Tables	v
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background.....	3
Problem Statement.....	7
Purpose of the Study.....	10
Research Questions and Hypothesis.....	10
Theoretical Framework for the Study.....	12
Nature of the Study.....	13
Definitions.....	14
Assumptions.....	15
Scope and Delimitations.....	15
Limitations.....	16
Significance.....	18
Summary.....	19
Chapter 2: Literature Review.....	22
Introduction.....	22
Literature Search Strategy.....	24
Theoretical Foundation.....	25
Literature Review Related to Key Variables.....	36
History of Child Protection in the United States.....	37

Defining Child Maltreatment	40
Adult Attitudes Toward Child Maltreatment	48
Strengths and Weaknesses of the Reviewed Literature on Adult Attitudes Toward Child Maltreatment.....	55
Childhood Maltreatment and Adverse Childhood Experiences.....	56
Strengths and Weaknesses of the Reviewed Literature on Childhood Maltreatment and Adverse Childhood Experiences	60
Summary and Conclusions	62
Chapter 3: Research Method.....	65
Introduction.....	65
Research Design and Rationale	65
Methodology	65
Population	65
Sampling and Sampling Procedures	66
Procedures for Recruitment, Participation, and Data Collection	66
Demographic Survey	67
Instrumentation	67
Operationalization of Constructs	67
ACEs Questionnaire.....	68
Defining Child Abuse Vignettes.....	70
Data Analysis	73
Threats to Validity	73

External Validity	73
Internal Validity	74
Construct Validity	75
Ethical Procedures	75
Summary	77
Chapter 4: Results	79
Introduction	79
Data Collection	80
Results	83
Assumptions	86
Hypothesis Outcomes	89
Summary	89
Chapter 5: Discussion, Conclusions, and Recommendations	91
Introduction	91
Interpretation of the Findings	91
Review of the Findings With Existing Studies	93
How This Study Extends the Literature	96
Interpretation of the Findings and the Theoretical Framework	97
Limitations of the Study	98
Recommendations	100
Implications	101
Conclusion	103

References.....	106
Appendix A: CITI Research Certificate	118
Appendix B: Recruitment Flyer	119
Appendix C: Demographic Survey	120

List of Tables

Table 1. Demographics	83
Table 2. Descriptive Statistics.....	84
Table 3. Pearson Correlation.....	85
Table 4. Regression of ACES and Vignettes	85
Table 5. Regression of Child Abuse Vignettes Subcategories	86

Chapter 1: Introduction to the Study

Introduction

Society has yet to effectively address the cycle of child abuse in the United States. Parents who were abused as children are indicated are Hall (2011) noted that “twelve times more likely to abuse and neglect their own children”(Hp. 24). Johnson and James (2016) found a correlation between the experience of child abuse and the development of psychiatric problems, the most common of which are depression and anxiety, panic attacks, and posttraumatic stress disorder (PTSD). Adverse childhood experiences have been responsible for a total annual cost of \$748 billion annually for North America and the US and \$581 billion dollars for Europe (Bellis et al., 2019). In the state of California, adverse childhood experiences are believed to have cost a total of \$10.5 billion for the year 2013 (Miller et al., 2020).

Fusco (2015) asserted that there is a phenomenon of multiple generations transferring and continuing the cycle of child maltreatment and that empirical research does not appear to address how these parents feel about intervention and involvement by child welfare services. Client engagement is important when working with families from this population (Fusco, 2015). Improving the parent’s worldview regarding how they feel about receiving services from a public social service agency can have a huge impact on the effectiveness of service delivery to parents and children because parental engagement is directly connected to the efficacy of services provided (Fusco, 2015). Bellis et al. (2019) suggested that if funding were to be spent on decreasing adverse childhood experiences, the amount of money spent on healthcare could be significantly decreased

and that just a 10% reduction in adverse childhood experiences could mean an annual savings of \$105 billion in Europe and the United States.

Larkin et al. (2014) asserted that prevention and intervention are key to breaking the cycle of abuse. However, there does not appear to be a structured plan to address this important social problem. Vander Kolk (2016) asserted that although there is much knowledge about the adverse effects of child maltreatment, there are insufficient preventative measures being implemented to address the problem. The “choices of what to do for traumatized children are being debated in civilized societies around the world” (Van der Kolk, 2005, p. 378). Policymakers have debated whether preventative measures should be implemented to stop maltreatment or whether there should be services to address the trauma after the fact.

Historically, in the United States, children have been viewed as an extension of their parents and property of the parents, and therefore, children do not have rights (Woodhouse 1992). Imposing a policy of preventing child maltreatment could interfere with parental rights and would most likely be met with resistance as has been the case in past legal matters such as *Meyer v. Nebraska* 262 U.S. 390 (1923) and *Pierce v. Society of Sisters* 268 U.S. 510 (1925), cases which ruled in favor of parental rights (Woodhouse, 1992).

The potential positive implications for social change of this study were to bring attention to the need for a more child-centered social policy in regard to child maltreatment. Bringing attention to the ongoing and unaddressed pandemic of child maltreatment and its implications might have an impact on this social problem. Chapter 1

includes an introduction, background, problem statement, purpose of the study, research question and hypothesis, theoretical framework, nature of the study, definitions, assumptions, limitations, scope, and delimitations, significance, and summary.

Background

In this study, I examined adverse childhood experiences and potential connections to adult attitudes toward child maltreatment. My search of the literature did not yield any specific studies examining how a person's adverse childhood experiences might influence their attitude toward child maltreatment. The topics of child welfare and adverse childhood experiences have been a focus of many studies conducted by researchers (see: Anda & Felitti, 2006; Bellis, 2019; Dube, 2018; Johnson & James, 2016; Larkin et al., 2014; Miller et al., 2020; Van der Kolk, 2016). There appears to be a gap in the literature with regard to the connection between a person's adverse childhood experiences and adult attitudes toward child maltreatment. A review of the literature did not reveal studies in which adverse childhood experiences and adult attitudes toward child maltreatment were examined.

Anda and Felitti (2006) began a longitudinal research study in 1995 that included 17,337 participants with a follow-up that lasted for a timeframe of 15 years. The outcome was the creation of the adverse childhood experiences scale (Anda & Felitti, 2006). The researchers found a link between a person's adverse childhood experiences and a person's overall well-being throughout the lifespan, including both mental and physical health. A person's adverse childhood experiences were a predictor of physical health in that adverse childhood experiences score can be correlated to illnesses such as cancer and

heart disease (Anda & Felitti, 2006). Additionally, a person's adverse childhood experiences were correlated to mental health such as depression, anxiety, memory, substance use, and the ability to regulate moods and emotions. The adverse childhood experiences could even be correlated to a person's ability to obtain stability in adulthood (Anda & Felitti, 2006).

McLaughlin (2016) asserted a multitude of research studies have connected adversity in childhood suggested over the lifespan to issues like psychopathology. McLaughlin asserted that there is a correlation between childhood adversity and brain development, and issues related to a person's growth and development. McLaughlin recommended that for future research, there needed to be a consistent definition of childhood adversity. With a more concrete understanding of the factors that lead to psychopathology in individuals, then strategies to intercept the causes that lead to mental health diagnoses that are the result of adverse childhood experiences can be created. With early intervention, children's development was considered potentially better protected from psychopathology across the lifespan (McLaughlin, 2016).

Benbenishty et al. (2016) asserted that social workers who make assessments for risk and safety to children must make decisions that were in the best interest of the child and must also consider a caregiver's ability or willingness to change. The Benbenishty et al. (2016) research regarding attitudes toward child welfare included participants who are students and professionals who work in the field of child welfare. However, a review of the literature revealed no studies investigating a connection between attitudes toward child maltreatment and adverse childhood experiences. Benbenishty et al. (2016) created

the Child Welfare Attitudes Questionnaire to measure attitudes toward child welfare, and recommended further research using the scale in other countries.

Hayes and O'Neal (2018) examined data from the world values survey, using hierarchical generalized linear modeling of 53 countries, which included the United States. The researchers examined cultural beliefs and whether this influenced child maltreatment. The results of the study showed that countries that tolerated a higher level of violence were also tolerant of violence toward children. Regarding the attitude about violence toward children, Rwanda had the highest mean score of 7.11, while Chile had the lowest mean score of 1.36, and the United States' mean score was 1.79 (Hayes & O'Neal, 2018, p. 89). Maltreatment was defined in this study as being abuse that encompassed physical abuse, sexual abuse, emotional abuse, and neglect. Hayes and O'Neal asserted that adult attitudes regarding child abuse and corporal punishment have an impact on adult attitudes and the discipline of children, which impacts issues related to abuse and neglect.

Hayes and O'Neal (2018) recommended future research to encompass themes related to attitudes toward child maltreatment, the correlations to violence toward children, and the use of corporal punishment. They believed that future researchers should determine the primary reason for attitudes about physical violence toward children as an acceptable method of discipline. They also recommended future studies that examine other types of abuse in addition to corporal punishment, which was the main category focused on in their research study. According to Hayes and O'Neal (2018), "future research should triangulate measures of corporal punishment, and attitudes

toward child abuse and corporal punishment” (p. 91). Hayes and O’Neal used Bronfenbrenner’s ecological model as a frame for their study, supported by the macro-level attitudes of cultural norms and social policy which are the catalysts for driving adult attitudes toward child maltreatment in a given country. Lastly, Hayes and O’Neal recommended that if the future policy were to address the quality of life, this would “directly affect attitudes toward child maltreatment, which should, in turn, reduce their likelihood of child maltreatment” (p. 91).

Reviews of the literature by Hayes and O’Neal (2018), Anda and Felitti (2005, 2016), and Van der Kolk (2016) showed that there was a gap in the literature in the field of psychology with regard to adverse childhood experiences and attitudes toward child welfare. Merrick et al. (2017), who conducted a study using multiple logistic regression to measure the relationship between adverse childhood experiences and mental health outcomes for adults, found that 80% of the participants in their study reported at least one adverse childhood experience. McGavock and Spratt (2014) conducted a study at Queen’s University Belfast where students participated in a survey measuring adverse childhood experiences and participation in social services. The results indicated that the participants who reported prior social service contact were 23 times more likely to have multiple adverse childhood experiences than the participants who had not used social services. Fuller-Thomson et al. (2016) conducted a study to investigate the relationship between adverse childhood experiences and suicide attempts. Results of the study indicated that suicide attempts were significantly increased for respondents who reported

experiencing physical abuse, sexual abuse, and witnessing parental domestic violence in childhood.

This study was necessary because child maltreatment remains an issue in the United States. Jones et al. (2020) noted that 60.9% of adults who have taken the ACEs questionnaire reported experiencing at least one adverse childhood experience in their lifetime. Adverse childhood experiences have been correlated to mental health and physical health problems across the lifespan. Early detection and prevention are believed to be essential and key factors for preventing the continuation of the cycle of child maltreatment (Jones et al., 2020).

Problem Statement

The problem that I addressed in this study was that adverse childhood experiences can affect a person across the lifespan and result in both mental and physical illness as well as a pattern of instability, which may impact their attitude toward child maltreatment and perpetuate the cycle of abuse if not addressed early (Anda et al., 2006). This is significant because nearly 32% of the population in the world is under the age of 20, and child abuse is known to have adverse effects on a person's overall quality of life throughout the lifespan (Wallander & Coot, 2016). Additionally, children are dependent upon their adult caregivers for their every need, including advocating for their safety, protection, and overall well-being (Wallander & Koot, 2016).

Woods-Jaeger et al. (2018) asserted that people with adverse childhood experiences often perpetuate the cycle of abuse in adulthood. Woods-Jaeger et al. (2018) hypothesized that people with adverse childhood experiences may have

normalized their adverse childhood experiences and therefore are unable to identify the repetition of their childhood trauma. Therefore, further investigation was needed to bring attention to the problem of child maltreatment and the cycle of abuse that continues to be a significant social problem. A more child-centered social policy could be a key to breaking the cycle of abuse and bringing about positive social change for future generations.

The subject of child abuse, also often referred to in the literature as child maltreatment, remains a global problem that also affects the United States on a national level (Smith et al., 2015). It is not bound by a person's socioeconomic status, gender, culture, or ethnicity (Smith et al., 2015). Child maltreatment continues to be a prevalent problem in the United States, with child neglect having the highest number of incidences, followed by physical and sexual abuse. Although child maltreatment is not a new social problem, there appears to be a disconnect with consideration to how society should address the issue, and society has failed to articulate and implement a viable plan of action to address the problem (Smith et al., 2015).

Larkin et al. (2014) asserted that adverse childhood experiences are often met with denial by both family and culture, which perpetuates the problem. Additionally, failure to extinguish the abuse and treat the victim and family can lead to a cycle that continues, which ultimately leads to significant financial costs to society (Larkin et al., 2014). Van der Kolk (2016) asserted that abuse and neglect in childhood can change the brain and can result in adverse effects such as, "enduring difficulties regulating biological homeostasis and emotional responses throughout life" (Van der Kolk, 2016, p.

267). Additionally, Van der Kolk asserted that adverse childhood experiences studies found that “child maltreatment was the costliest public health issue in the United States today” (Van der Kolk, 2016, p. 267). Larkin et al. (2014) asserted that healthy brain development was paramount to a person’s ability to develop healthy cognitive functions and was also critical for a person’s ability to regulate moods and manage the demands of life circumstances that lead to stress.

Van der Kolk (2016) asserted that the cost of treating issues related to mental health exceeds the cost of treating medical conditions like cancer and heart disease. Van der Kolk also suggested that if the United States were to address the issue of child maltreatment effectively, the United States could dramatically decrease many of the mental health diagnoses such as depression, anxiety, PTSD, and substance abuse. Additionally, it could decrease domestic violence and crime and improve quality of life and work performance. Craig and Sprang (2007) asserted that child maltreatment in the United States affects as many as 4 million American children annually and costs the nation billions of dollars to treat the consequences to a person’s physical and mental health as a result of the abuse.

In my review of the literature, I found a research problem and gap in the literature in the field of psychology about adverse childhood experiences and attitudes toward child maltreatment. Therefore, additional research was needed to address how adverse childhood experiences might correlate with attitudes toward child welfare and implications for future policy and positive social change as it relates to children. Anda and Felitti (2006) recommended further study with the utilization of the ACEs scale as

they relate that many related topics encompass adverse childhood experiences that have not yet been explored.

Purpose of the Study

The purpose of this quantitative regression study was to examine if there is a relationship between the variables of a person's adverse childhood experiences as measured by the ACEs questionnaire and adult attitudes toward child maltreatment to be measured by the defining child maltreatment vignettes. The independent variable is the adverse childhood experiences score of 0 to 10 (Anda & Felitti, 2006). The dependent variable is adult attitudes toward child maltreatment to be measured by the Defining Child Abuse Vignettes by Giovannoni and Becerra (1979).

The defining child maltreatment subscales by Giovannoni and Becerra (1979) included sexual abuse, physical abuse, fostering delinquency, emotional mistreatment, nutritional neglect, medical neglect, supervision, alcohol/drugs, cleanliness, educational neglect, parental sexual mores, clothing, and housing. The independent variable in this study was the adverse childhood experiences, while adult attitudes toward child maltreatment were the dependent variable. The covariates in the study were education attainment, current marital status, and parental status.

Research Questions and Hypothesis

In this quantitative regression study, I examined if there is a relationship between the variables: a person's adverse childhood experiences as measured by the ACEs questionnaire (0 to 10) and adult attitudes toward child maltreatment as measured by the definitions of child maltreatment. A person's adverse childhood experiences are

measured by an ACE score. I hypothesized that people with higher ACE scores would have a more unfavorable attitude toward child welfare because they may have normalized their adverse childhood experiences from childhood and continued the cycle of abuse.

I used multiple linear regression to answer the research question. Regression analysis is appropriate when a researcher is attempting to measure two or more quantitative measurements in a study (Wienclaw, 2019). Additionally, regression provides a means to measure interactions between independent variables on dependent variables, while using both dichotomous and ordinal data (Hatcher, 2013).

I answered the following research question:

Research Question (RQ): Is there an association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering education, marital status, and parental status?

Null Hypothesis (H_0): There is no association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering, education, marital status, and parental status.

Alternative Hypothesis (H_1): There is an association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering education, marital status, and parental status.

Theoretical Framework for the Study

I grounded this study on Bronfenbrenner's (1979) ecological theory.

Bronfenbrenner believed that human development is a complex progression that involves both the individual and the environment. The ecological framework is a common theory used in research involving child maltreatment because it encompasses the person as the individual but in relation to their society, culture, extended friends and family, ethnicity, and socioeconomic status, and includes all the factors that affect the person as a whole (Bronfenbrenner, 1979).

In this study, I examined the relationship between adverse childhood experiences and child maltreatment. The ecological theory was appropriate as a foundation for this study because attitudes toward child welfare are influenced by culture, family, societal norms, laws, and policies. The subject of child welfare is affected by both macro- and micro factors depending upon the individual, their physical and mental health, as well as the society, country, and culture in which they grow up.

Child maltreatment is a complex issue that often extends beyond the individual and family and affects society by way of the political arena, legal arena, medical and mental health, policy, and governance. Thus, this model is frequently used in cases involving maltreatment. Additionally, because it includes both the micro- and macrosystems about the assessment and determination of factors that involve and lead to child abuse, this is a well-rounded theory that includes all the complexities of a person's development in the assessment process (Bronfenbrenner, 1979).

The ecological theory encompasses a person's development across the lifespan on both a micro- and macrolevel. Bronfenbrenner (1979) believed that children are born a blank slate, and reasons that family of origin as well as the environment, and society play important roles in shaping and forming a person's development from childhood to adulthood. The ecological theory was adequate for the framework of this study as it encompassed the elements that are involved in the complex issue of child maltreatment, and how this affects the person over the life span. Child abuse and neglect are often multifaceted and tied to multiple factors that encompass both micro- and macrolevels of the individual, family members, ethnicity, culture, and community. The child is dependent upon their caregiver for their every need; however, if those needs are not met, the child might develop difficulties that can extend into their social environments, like a school or social setting. If the child's adverse childhood experiences remain unaddressed, this extends into other areas of a person's life, affecting functional living and contributing to the continuation of the cycle of abuse. Researchers of adverse childhood experiences, Anda and Felitti (2005), asserted that child maltreatment has a direct effect on a person's physical and mental health, overall well-being, and functioning at home, and in society. This fits well with the ecological model's four components of family, school, community, and socio-politics systems.

Nature of the Study

I conducted a quantitative study using simple linear regression analysis to measure and evaluate results for this study. This method is nonexperimental and is commonly used in research that is attempting to measure a relationship between multiple

independent and dependent variables (Wienclaw, 2019). My goal was to answer the research question: Does a person's adverse childhood experiences (ACE) influence their attitudes toward what defines child maltreatment?

The independent variable was the composite score in this study of the abuse domain descriptor categories on the ACEs questionnaire (Anda & Felitti, 2005). The dependent variable of this study was the defining child abuse categories from Giovannoni and Becerra (1979). Results were operationalized through linear regression to answer the research question, investigating whether there is a relationship between attitude toward child maltreatment and the degree of ACE score through inferential statistics. I analyzed descriptive data collected from the demographic questionnaires for the relationship to attitudes toward child maltreatment. I analyzed the data using SPSS and then interpreted the results for significance.

Definitions

ACE: The Adverse Childhood Experiences (ACE) questionnaire, a 17-item scale available at <https://www.mdcalc.com/calc/10464/adverse-childhood-experiences-ace-score>. The scale is used to measure a person's history of adverse experiences in childhood (Felitti et al., 1998).

Adverse childhood experiences: Four or more adverse childhood experiences have a higher propensity for poor mental health, poor physical health, and overall poor outcomes across the lifespan (Anda & Felitti, 2006).

Adversity: a significant environmental event that has been ongoing over a significant amount of time (McLaughlin, 2016).

Child maltreatment: abuse that encompasses physical abuse, sexual abuse, emotional abuse, and child neglect (Hayes & O'Neal, 2018).

Child welfare: services that are provided by social worker practitioners that are created to support families and vulnerable children who are at risk of abuse and neglect (Benbenishty et al., 2015).

Assumptions

In this study, I assumed that participants, upon reading the consent for participation, understood the reason for the study and the questions asked on the demographic survey, the ACE questionnaire, and attitudes toward child welfare questionnaires. I assumed that participants in this study would answer all of the questions on the surveys truthfully and to the best of their ability.

Scope and Delimitations

The scope of this study focused on adverse childhood experiences and their potential relationship to child welfare attitudes. Although many studies have focused on child maltreatment and the many connections to adverse childhood experiences, I found no studies that focused on attitudes toward child welfare.

I completed a statistical analysis upon final analysis of questionnaire results entered in SPSS. According to Rubin and Babbie (2005), internal validity refers to the concern that statistical analysis might show that there is a difference between two variables when the difference is caused by other means. External validity refers to whether results can be generalized to the population beyond the participants of a study (Rubin & Babbie, 2005). My study was limited to a particular region of southern

California; therefore, results cannot be generalized to the overall population of the United States.

Delimitations of my study are that the study is focused on adults who were over the legal age of 18 in southern California. Therefore, anyone under the age of 18 was not included in this research. Results cannot be generalized to the national population as a whole. Data for my study were collected by way of a convenience sample and, therefore, did not represent all populations in the region where data was collected. However, the results of my study are still useful as they can offer information regarding attitudes toward child welfare.

Limitations

Questionnaires are reliant on a participant's reliability and accuracy of their self-report on the questionnaires and the assumption that they understood the instructions provided. For example, participants may have minimized their adverse childhood experiences and therefore failed to properly answer the questions on the adverse childhood experiences questionnaire, which would affect the statistical analysis and final results.

Populations in the United States are diverse, with many differences in ethnic groups, socioeconomic status, gender, and education. Therefore, my study cannot be generalized to the United States or internationally as a whole. The sample size was limited due to the confines of time constraints about geographical limits for conducting the research and the distribution of the surveys. According to Rubin and Babbie (2005),

the sample size affects the results because the larger the sample, the more significant the results and the less chance for a type II error.

Construct validity refers to how well the variables of the study answer the constructs of interest (Creswell & Creswell, 2018). Construct validity for my study refers to whether or not a person's adverse childhood experiences are correlated to their attitude toward child welfare. Confounding variables refer to a variable that the researcher did not account for that might have an effect on the results but may or may not necessarily demonstrate causality (Creswell & Creswell, 2018). I measured any relationship between groups as measured by the adverse childhood experiences questionnaire (0 to 10) and child maltreatment attitudes (13 categories). I investigated the adverse childhood experiences score about the positive or negative attitude toward child maltreatment. However, I did not consider other confounding variables such as prior experience with child welfare agencies, prior experience with being in out-of-home care or professional jobs, or affiliations related to the field that might influence a participant's answer on the questionnaire.

Because of the limitations of my research, any inferences made from the final statistical analysis cannot be made to the general population as a whole. According to Rubin and Babbie (2005), confounding variables are those things that the researcher did not initially account for, such as how a person's age or gender might affect the results of the study. Internal validity refers to the degree to which the results of this study are accurate, specifically, the relationship that a person's ACEs potentially have on their

attitude toward child maltreatment. External validity refers to the degree to which results can be generalized to the population examined.

Personal bias is another limitation of my research, I worked in a profession associated with child welfare for more than 22 years. However, I addressed this bias by way of a validated questionnaire that had been used in multiple studies and was used in a quantitative statistical research design that provided objective statistical analysis to draw inferences based on the participant answers to the questionnaires provided for the study. Therefore, the bias has been mitigated by way of the chosen research design.

Significance

Johnson and James (2016) asserted that the cycle of child maltreatment can have a profound effect on a person from childhood to adulthood, including such things as psychopathology, substance abuse, and relationship problems. The research suggests that people who experience abuse as a child often grow up to be abusers themselves unless they receive early intervention (Johnson & James 2016). Johnson and James further asserted that the topic of child maltreatment is sensitive and can lead to strong opinions and emotions from a society that may include denial and minimization of the abuse and even the propensity to try to make a rational explanation for the abuse.

My research filled a gap in the literature regarding attitudes toward child maltreatment, as an inquiry into the literature revealed no research directly examines a person's adverse childhood experiences and how this might be correlated to the attitudes toward child maltreatment and might be the failure of child welfare policies that address child maltreatment and the need for significant steps made to break the cycle of abuse.

According to Gelles (2016), current laws favor parents' rights instead of those of children because the United States views children as being the property of their parents as interpreted by the Fourteenth Amendment of the Constitution. The cycle of child abuse continues to be perpetuated because abused children often grow up to continue the cycle of behaviors learned from childhood. Therefore, unless a more child-centered approach is put into place, the current policy within the United States will remain unchanged (Gelles, 2016).

My research findings might contribute to positive social change in the United States as awareness of adverse childhood experiences and the correlation to a person's attitudes toward child maltreatment could increase helpful responses not currently available. As adverse childhood experiences can relate to psychopathology and overall quality of life over the lifespan, understanding their outcomes in the context of individuals can be important. The findings could help to educate people about the need for a more child-centered social policy that is willing to promote services to break the cycle of abuse.

Summary

Child maltreatment in the United States remains a nationwide concern that has been shown statistically to have profound consequences on a person across the lifespan. The consequences involve problems related to mental health, physical health, financial independence, life satisfaction, and the intergenerational continuation of child maltreatment. The adverse childhood experiences study by Anda and Felitti in 1995

brought to light the connection between mental health and medical conditions and their connections to having experienced adverse childhood experiences in childhood.

According to scholars, the economic burden on the United States is estimated to be approximately \$124 billion dollars annually in the form of health care, mental health care, and substance abuse treatment (Anda & Felitti, 2006; Bellis, 2019; Fusco, 2015; Peterson et al., 2018; Vander der Kolk, 2016). If the adverse childhood experiences were to be properly addressed through early intervention, there could be savings of millions of dollars annually.

Van der Kolk (2016) expanded and supported the concerns regarding adverse childhood experiences in his research regarding the effects of trauma on the brain and the connections to posttraumatic stress and the amygdala, which regulates a person's fight or flight response. Van der Kolk (2016) asserted that early intervention is needed; however, current social policy has failed to address the issue. Knox (2016) noted that in the United States, it is still legal to hit children as an acceptable method of discipline. Yet the acceptance of violence toward children promotes an attitude that perpetuates the cycle of abuse (Knox, 2016). Until an alternative method of discipline is supported by society, the cycle of violence will continue.

In my research, I investigated if there is a relationship between a person's adverse childhood experiences and attitudes toward child welfare. I hypothesized that a person's ACE score will drive their attitude toward child welfare. If Knox (2016) was correct in his assertion that acceptance of violence influences acceptance of physical discipline, then the assumption is that a person's experience of adverse childhood experiences may have

normalized their attitude toward the cycle of violence and ultimately facilitated an attitude of acceptance of abuse behaviors resulting in a rejection of child welfare services and intervention to address the aftermath of a person's adverse childhood experiences.

Chapter 2 includes an introduction, literature search strategy, theoretical foundation, literature review related to key variables, summary, and conclusion.

Chapter 2: Literature Review

Introduction

The purpose of this quantitative regression study was to examine if there is an association between a person's adverse childhood experiences as measured by the adverse childhood experiences questionnaire and attitudes toward child maltreatment questionnaire (13 categories). The problem, according to several researchers (Anda et al., 2006; Craig & Sprang, 2007; Larkin et al., 2014; Van der Kolk, 2016), is that child maltreatment can result in both mental and physical illness as well as a pattern of instability across the lifespan, which may impact adult attitudes toward child maltreatment and perpetuate the cycle of abuse. The variables were measured using the ACEs questionnaire score of 0 to 10 (Anda & Felitti, 2006) and the Defining Child Abuse Vignettes (Giovannoni & Becerra, 1979).

In this chapter, I discuss the literature about the research problem identified in this study. In the United States, about \$124 billion is spent annually on mental health and medical bills due to the negative effects of adverse childhood experiences (McCrae et al. 2018). In 2013, according to Miller et al. (2020), in California alone, at least \$103 billion was spent to cover the cost of treatment for the negative effects caused by adverse childhood experiences. Although the matter of child maltreatment is not a new problem, it remains an epidemic in the United States, and it is believed that child maltreatment is underreported (Knox 2010).

According to Miller (1983), the United States has historically favored parental rights over the child and society is ambivalent about child abuse issues as evidenced by the fact that multiple bills such as the mandated reporting laws had to be passed, attesting to the hesitation of society to address this issue. Gelles (2016) stated that the child welfare system needs to be child-centered if we are to effectively address the issue of child maltreatment in the United States. Van der Kolk (2016) noted that the current protocol is to be reactive to the problem of child maltreatment rather than to proactively address the issue.

Anda and Felitti (2006), who conducted the well-known adverse childhood experiences study from Kaiser Permanente in 1995, found in their research that people who have experienced four or more adverse childhood experiences have a higher propensity for poor mental health, poor physical health, and overall poor outcomes across the lifespan. Although prevention of adverse childhood experiences is key to breaking the cycle of child maltreatment, Americans' attitudes toward child maltreatment is a barrier to stopping the cycle of child maltreatment, as will be discussed in this chapter.

Peltonen et al.(2014) and Wamser-Nanney and Campbell (2020) asserted that attitudes toward child maltreatment are grounded in the beliefs in society about acceptable discipline, such as corporal punishment, which is believed to be linked to things like bullying and violence. Woodhouse (1992) and McGowan (2016) argued that until the laws are changed and it is no longer legal to hit children, the issues related to child maltreatment will persist. Therefore, I examined attitudes toward child maltreatment and adverse childhood experiences to determine if there is any connection.

In this chapter, I present the history of child protection and policy in the United States. Bronfenbrenner's ecological theory was a grounding for the study. Review of the literature on the variables of adverse childhood experiences and adult attitudes of child maltreatment. Chapter 2 includes the introduction, literature search strategy, theoretical foundation, literature review related to key variables, summary, and conclusion.

Literature Search Strategy

I developed search strategies with the assistance of Walden librarians to develop keywords and strategies for searching the Walden library database. Additional databases such as EBSCOhost, Google Scholar, PsychINFO, PubMed, JSTOR, Science Direct, APA PsychTests, and health and psychosocial instruments were all used to identify peer-reviewed journal articles and validated instruments and tests. Key terms included *child abuse, child maltreatment, child abuse in the United States, child welfare, child welfare policy, definitions of child maltreatment, attitudes toward child maltreatment, perceptions of child maltreatment, opinions of child maltreatment, statistics of child abuse in the United States, types of child abuse, history of child abuse in the United States, and child welfare services in the United States, adverse childhood experiences, attitudes toward child abuse, opinions toward child abuse, and children's rights in the United States.*

The majority of the articles I located and reviewed for this study were published within the past 5 to 7 years; however, because of the complexity of the topic, the history and longevity of the topic, and its relevance, several articles I cited date back as far as 1967. Bronfenbrenner created his theory of ecology in the 1960s, and I found subsequent

relevant research on the theory throughout the remainder of the 20th century. Significant literature about child maltreatment began appearing in the 1960s. In total, I cited more than six dozen studies.

Theoretical Foundation

Bronfenbrenner's (1979) ecological systems theory was the theoretical framework of this study. Bronfenbrenner renamed this theory the bioecological model in 1994 (Bronfenbrenner & Ceci, 1994); however, the literature has both terms listed dependent upon the age of the research. Bronfenbrenner believed that a person's environment is a crucial part of personal development across the lifespan. Bronfenbrenner (1974) Postulated that a person and their environment are changing and growing within the context of development and therefore changes to either the person or the environment have an impact on the overall development which can be positive or negatively dependent upon the resiliency of the person and the factors involved within the environment.

Bronfenbrenner (1979) defined five interrelated ecological structures that influence a person's development: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Bronfenbrenner believed that improving a person's environment created the potential for a positive impact on the person's development across the lifespan. One example is the Head Start program from 1965, which was based on the ecological theory and of which Bronfenbrenner was a cofounder (Bronfenbrenner, 1981). By offering children from disadvantaged backgrounds the opportunity to attend

preschool, they could receive nutritional and educational services to provide them a better chance for success in school and a positive start in life (Bronfenbrenner, 1981).

The microsystem is the first system involved in a child's development. This consists of parents, siblings, extended family, friends, and first experiences with the entrance of the school. In this stage of development, the child is dependent upon their caregivers, at first in infancy, for their every need. The child learns from these first early experiences and influences about the world as it relates to them through observing, participating, and experiencing. Children also are forming and learning about values, beliefs, habits, temperaments, and their abilities (Bronfenbrenner, 1981).

These experiences are critical because this is the stage in which children learn about relationships and how people interact with one another. The child is forming relationships and developing experiences, feelings, and opinions. about their relationship with family and eventually community as they grow older and become more autonomous (Bronfenbrenner, 1979). Therefore, if a person experiences adverse childhood experiences during ages 0 to 5 years, it can affect future experiences and functioning as a person develops across the lifespan. Without correction, this cycle can continue to the next generation. In terms of the microsystem and its effect on the person, childhood exposure to violence can hurt their sense of safety and their physical well-being (Sabri et al., 2013). Child abuse and neglect negatively affects the child across the lifespan. Children who are exposed to abuse and neglect often experience problems related to mental health, physical well-being, and physical health, cognitive delays, and poor school performance (Sabri et al., 2013).

The next layer of Bronfenbrenner's system is the mesosystem. This system involves some of the child's first outside experiences and connections away from the family of origin (Bronfenbrenner, 1979). The mesosystem includes things such as the local neighborhood or community where the person lives. One area of the mesosystems is that of elementary school. School attendance brings perhaps some of the most common first outside experiences away from the microsystem for children (Bronfenbrenner, 1979). This is also important because a child's first experiences in school will determine how much they enjoy school and whether or not they become engaged or disengaged (Bronfenbrenner, 1979). If a child has a negative experience with school, the child might do poorly because of the negative experience and lack of parental or familial involvement. If a parent is involved in the child's school experience, attends school functions, and has a positive interaction with the teachers and school personnel, then the child has a better chance for positive interaction and success in school, according to Bronfenbrenner's theory (Bronfenbrenner 1979). Conversely, if a parent or caregiver is apathetic about their child's education, then the child might not learn healthy habits for success in school such as completing homework, motivation to excel in academics, and involvement in school activities.

Additionally, children who grow up in neighborhoods that are impoverished and where exposure to crime and violence are prevalent tend to have a higher risk for involvement in violent and delinquent behavior (Sabri et al., 2013). They are also at higher risk for mental health issues such as depression, anxiety, and PTSD. Children who grow up around community violence also have a higher risk of acting out behaviors both

inside and outside of the home (Sabri et al., 2013). Being a victim has a much larger impact on the child than witnessing violence or hearing about violence (Sabri et al., 2013).

The third system, the exosystem, is not directly related to the child but will have a positive or negative impact on the child, depending on whether or not the child has adverse childhood experiences and whether or not the interaction is positive or negative (Bronfenbrenner, 1981). This system is composed of neighborhoods, media, local businesses, surrounding communities, services, public entities like police and hospitals, mental health facilities, and local public activities available in their community (Bronfenbrenner, 1981). These systems can have positive or negative effects on the child depending upon their experiences and interactions. For example, if there is domestic violence in the home and police are called and a parent is arrested, the child may or may not have a positive experience dependent upon the familial interaction with the police in that situation. Conversely, if a child's first interaction in meeting a police officer is in a neutral environment and the child has a positive interaction, then the child might view law enforcement as positive.

Other examples of the exosystem are the opportunities available to the person, which can be dependent upon community norms, expectations, gender, and socialization (Bronfenbrenner, 1981). Societal norms, beliefs, and values can have an impact on how the person sees themselves and their value, and opportunities available to them such as work, autonomy, and choices. Girls and women might be expected to be more submissive and stereotyped into feminine roles and types of careers whereas males might be

expected to be more aggressive and involved in more masculine roles and career choices (Sabri et al., 2013).

The fourth system is the macrosystem. This system involves the child's ethnic group, culture, subcultures, socioeconomic status, religion, and country of origin (Bronfenbrenner, 1981). This system is multifaceted and affects a child's attitudes, morals, values, beliefs, and opinions about their locus of control and its impact on the environment (Bronfenbrenner, 1981). This system also has a heavy influence on a child's opportunities in life. A child who grows up in a wealthy neighborhood and family of origin will typically have better opportunities than a child who grows up in an impoverished neighborhood and family of origin. This can have a huge impact on the person's education, career, beliefs, moral compass, and opportunities in society (Bronfenbrenner, 1981).

The last system, the chronosystem, was not introduced by Bronfenbrenner until 1986. This system involves things that happen to the individual over time as a result of the other four systems (Bronfenbrenner, 1986). Specifically, this system involves historical events in a person's life, family or personal transitions, or major personal events such as mental or physical health problems. These can be things like experiencing divorce, moving, being a victim of crime, or other significant life events (Bronfenbrenner, 1986).

Bronfenbrenner's theory as it relates to social policy is also an important component of this current study regarding adverse childhood experiences and opinions of child maltreatment because the policy is what determines how society chooses to manage

this complicated topic. Bronfenbrenner spoke about social policy as it pertains to validity and vitality (Bronfenbrenner, 1974). He further pointed out that social policy in theory should be based on science. Yet social policy is not always grounded in science; instead, it may be subject to local lawmakers who write the policy (Bronfenbrenner, 1974).

In regard to policy, Bronfenbrenner (1974) wrote of a child's environment as containing two layers. The first layer is what he refers to as the upper layer, the things that are most visible to others. This includes the child's home, neighborhood, school, activities, and the people in different roles who are involved in the child's life. Additionally, a support system is available to the child, in the local community and services (Bronfenbrenner, 1974). Bronfenbrenner referred to the second layer as being a supporting layer, for example, after-school programs, childcare, or other supports for ensuring supervision and safety or services for families and children. Bronfenbrenner also stated that in social policy, the child's environment is multifaceted. Therefore, to answer the difficult question regarding in what environment the child is better served, much more research and evidence is required (Bronfenbrenner, 1974).

In a quantitative study, Wang et al. (2019) used the ecological theory to conceptualize how a person's adverse childhood experiences mediate a relationship between neighborhood disorder and internal and external behaviors. Participants included 3,001 individuals from 20 different cities in the United States. Wang et al. (2019) cited the ACE's study by Anda and Felitti (1998), as it pertains to the well-being of children and adolescents. Additionally, they focused on the detrimental effects that ACEs have on

mental health as well as how this may influence current and future problematic behavior (Wang et al., 2019).

Wang et al. (2019) used the ecological theory to discuss how the microsystem of a family as well as the exosystem of neighborhoods help create the hypothesis of the interactions in these environments. Wang et al. explored the effects of the development of neighborhood disorder, child behavioral health outcomes, and adverse childhood experiences act on a child's overall development. The authors found a higher level of adverse childhood experiences in Black and Hispanic participants in comparison to White participants. Wang et al. postulated that the White participants had stronger advantages in the neighborhoods they resided when compared to Black and Hispanic participants.

Although the findings of Wang et al. (2019) were not strongly supported by the ecological theory, the authors found an indirect relationship between neighborhood disorder and a youth's internal and external behaviors. The authors reasoned that this might be because early child development is more centered on the microsystem of a family rather than neighborhoods. Additionally, Wang et al. reasoned that the ecological model is still relevant because a child's early life experiences within the family will have an impact on future learned behaviors as it is within the family of origin a person learns aggression and dysfunctional behaviors from observing caregivers. Findings suggested that professionals who work with children, such as therapists and psychiatrists, need to implement early interventions to mitigate and stop the progress and development of negative behaviors like neighborhood disorder. Neighborhood disorder can be defined as "observed or perceived physical and social features of neighborhoods that may signal

the breakdown of order and social control, and that can undermine the quality of life” (Gracia, 2014, p. 4325). Additionally, culture is also mentioned as a contributing factor and worthy of particular consideration when creating interventions for redirecting negative behaviors as a result of adverse childhood experiences (Wang et al., 2019).

Chesworth et al. (2019) used ecological theory in a cross-sectional qualitative study of 95,677 families with data from a national survey sample of children’s health. Chesworth et al. (2019) examined parental reports of childhood exposure to intimate partner violence and childhood bullying behavior. These researchers reported that children who internalize their feelings report depression and anxiety while children who externalize their feelings often engage in aggressive and delinquent behaviors. Additionally, the research supported a link between children who witness intimate partner violence and bullying behavior. Children who had four or more ACE scores in this study were more likely to have negative outcomes about their medical health and behavior when compared to children with 0 to 3 adverse childhood experiences scores. Therefore, the ecological theory is supported in this study as children who had multiple adverse childhood experiences were more susceptible to bullying behavior. Children who witnessed intimate partner violence tended to behave similarly to their same-sex caregivers in their family of origin. Therefore, the researchers concluded that their hypothesis was supported, that children who witness intimate partner violence have a higher tendency to become a bully and there was a correlation between this and their adverse childhood experiences score (Chesworth et al., 2019).

In their recent literature review study, Lipscomb and Arkadie (2020, p. 35) used the ecological systems theory to address the role the community plays in serving as a preventative measure in mitigating toddler-aged maltreatment and what can be done in the future to ensure resources are available to decrease toddler-aged maltreatment. Infants, toddlers, and children under the age of 5 are considered at higher risk for child maltreatment as well as at higher risk for abuse going undetected. One explanation for this is that children under five are often not in other settings outside the home like school and other childhood activities where mandated reporters or other adults might see them, therefore, abuse and neglect can go undetected (Lipscomb & Arkadie, 2020). According to these researchers, other reasons for children under age five to be at higher risk for abuse are related to their parents' own experience and knowledge about parenting, child development, history of abuse and/or neglect, substance abuse, and mental health. Other related factors included the parents' age and socioeconomic status, the number of unrelated adults in the home, and the parent's education and support system (Lipscomb & Arkadie, 2020).

Although the ecological theory has five components, this study by Lipscomb and Arkadie (2020) only focused on the micro (family) and mesosystems (school and community) of the ecological theory because of the belief that children under five will not yet have interacted with the other levels of the ecological theory the exosystem, macrosystem, and chronosystems (Lipscomb & Arkadie, 2020). At the micro level, children under five are abused at higher rates when they reside in homes with high stress such as parents who have mental health, poor coping skills, low income and access to

resources, and minimal or no support systems. These conditions increase the chance of these children having learning and cognitive difficulty and can hinder their ability to thrive (Lipscomb & Arkadie, 2020).

At the mesolevel, these children reside with families who come from disadvantaged neighborhoods with limited resources of support systems or transportation, and higher crime. Parents who are raising children in these conditions will often have higher stress which in turn affects their ability to parent and often leads to a higher rate of child abuse and neglect toward children (Lipscomb & Arkadie, 2020). Early intervention, according to Lipscomb and Arkadie (2020), and community programs aimed at providing resources and support to families have a positive effect on parenting, lowers the risk of abuse and neglect, and have a positive effect on these children across the lifespan. However, there is presently a lack of preventative interventions and services for these families (Lipscomb & Arkadie, 2020).

Dekel et al. (2020) employed the ecological theory as the framework in a qualitative grounded theory study that conducted 49 in-depth interviews with 22 parents, step-parents, and former caregivers in South Africa who were incarcerated for child homicide. These researchers relate that “experiencing adversities has been associated with the use of violence” (p. 1). According to Dekel et al., people who have been exposed to childhood violence may have been “desensitized” to violent behavior and other problems which increases their likelihood of developing antisocial personality disorder. Questions that the researchers asked were “Tell me about your childhood life and tell me about the events that led up to your child’s death” (Dekel et al., 2020, p. 14).

According to Dekel et al.(2020), people who have experienced trauma are often suffering from mental health disorders that hinder their ability to be empathic and attentive to their children because their mental health has interfered with their ability to recognize their behavior as harmful to their children. Additionally, a history of trauma can interfere with a parent's protective capacities as well as negatively impact their feelings about being a parent. Results of the study revealed that 20 of the 22 participants reported having experienced trauma, abuse, neglect, and abandonment, in childhood. Multiple moves that were traumatic were reported by 13 of the participants, who also related that having to change school had affected their academic performance and eventually dropping out of school. Drugs and/or alcohol were used by 17 participants to manage their feelings about the trauma, and 14 of the participants were intoxicated when they committed the crime (Dekel et al., 2020).

Although many of the participants were exposed to violence first at the micro level, some were exposed at the community level (Dekel et al., 2020). One participant disclosed a rape in the community, four male participants disclosed gang involvement and 21 of the participants reported growing up in a politically violent environment in South Africa (Dekel et al., 2020). Overall, the findings support the fact that adverse childhood experiences, particularly violence, have a profound negative impact on parenting and are correlated to child maltreatment then inflicted upon children, repeating the cycle of child abuse and violence (Dekel et al., 2020).The five systems of the ecological theory were applicable in this grounded qualitative study as violence was associated with the multifaceted levels of the ecological theory.

Kaferly et al. (2020) and Wamser-Nanney and Campbell (2020) argued that the ecological theory is an appropriate theory to frame studies that examine child maltreatment because of the complexity and multifaceted constructs that are involved in this topic. The traumatic effects of childhood maltreatment have been shown to persist and afflict the affected person across the lifespan. The ecological theory covers every stage of development from infancy through adulthood. Particularly, within this present study of adult attitudes toward child maltreatment, the cycle of abuse is believed to continue because of the interfamilial transmission as a result of behaviors and negative environment perpetuated within the family of origin which is believed to be passed from one generation to the next (Peltonen et al., 2014).

Literature Review Related to Key Variables

Child maltreatment is not a new problem in the United States. The current research relates that even though much more is known about this topic in recent years, child maltreatment currently remains a significant problem (Van der Kolk, 2016). Adverse childhood experiences have been known to be linked to not only poor outcomes regarding mental health and overall quality of life but also poor outcomes for physical health across the lifespan (Anda & Felitti, 1995). Defining child abuse has been a controversial subject in the United States because of constitutional rights and the fact that a definitive definition has not been identified McLaughlin (2016) relates that, there are many ways to define child maltreatment and adversity.

Van der Kolk (2016) suggested that the current policy in the United States is reactive in its approach to addressing the issue. McCrae et al. (2018) noted that \$124

billion could be saved annually in medical and mental health costs if child maltreatment were properly proactively addressed. Child maltreatment continues to be an epidemic problem in the United States.

History of Child Protection in the United States

McGowan (2016) and Woodhouse (2014) asserted that children historically in the United States have been treated as the property of their caregivers, which in most cases are their parents. The care of children in the United States has historically been about what is best for society, not the child because the child has been viewed as property (McGowan, 2016). In fact, Hilary Rodham Clinton (as quoted in McGowan, 2016), a known child advocate in the United States, said that according to “eighteenth-century British common law . . . children are regarded as chattels of the family and wards of the state, with no political character or power and few legal rights” (p. 11). Woodhouse (1992), a professor of law and one of the nation’s leading experts in the field of children’s rights, stated that children in the United States are viewed as their caregiver’s property, it has been traditionally the mindset that children are an extension of their parents, and that parents had the right to discipline their children however they see fit.

The United Nations created a treaty in 1989 that involves Countries agreeing to protect children from violence and maltreatment all over the world, however, the United States is one of only two countries that has declined to sign this agreement to protect children (Fiorvanti & Brassard, 2014). The issue of child protection has become a political issue in the current modern-day society (Pritchard & Steven, 2018). According to Gelles (2016), part of the problem in modern-day social work is that although child protection

social workers are primarily in theory supposed to be looking out for the best interest of the child, they are in reality looking out for the best interest of the parent (Gelles, 2016).

In the United States, there has been resistance to creating legislation for the protection of children from child abuse because of the Constitution and the belief that a parent should have the right to raise their children without government intervention (Barnett et al., 1993). Additionally, there is a debate about “deciding the age at which a child should be considered a human being”(Barnett et al., 1993, p. 13). In the literature, there are other references to children being referred to as property. Woodhouse (2014) relates that the United States is hesitant to take a stance because of parental rights and the historical beliefs of this country regarding the Constitution. In the United States, the historical stance regarding children has been in support of parent’s rights and rights to privacy as was outlined in two lawsuits that went to the Supreme Court in 1923 with *Meyer v. Nebraska* and in 1925 with *Pierce v. Society of the Sisters Holy Names of Jesus and Mary*, where the court ruled in favor of parental rights over education and rights to rule over the upbringing of their children (Woodhouse, 2014).

Historically, although the United States is considered a civilized country, regarding the protection of the most vulnerable in society, America has failed to solidify a protective policy that favors the child’s right to be safe from abuse rather than the rights of the adults who harm them (Gelles, 2016). In America, it is acceptable to use corporal discipline on a child, yet the same form of treatment on an adult is illegal and can lead to intervention by authority (Knox, 2010). Physical violence against children in the United States is often justified as a discipline and often minimized. Adults are free to issue a

“spanking” with objects such as a belt or a paddle and this is justified as a discipline. Knox(2010 stated that parents are allowed to spank their children in the United States because of the stance that parents are “the owner of children” (Knox, 2010, p. 104) and that children are their “property”(p. 104). Therefore, physical violence toward children is justified, even though current research shows this is harmful to children and perpetuates a cycle of aggression in children as well as contributes to increased mental health issues (Knox, 2010).

The United States and Somalia are the only two countries that have refused to sign the United Nations Treaty, Article 19, which addresses the rights of the child to live free from violence, both corporal and mental (Knox, 2010). In the United States, for every 1,000 children, 2.1 are physically abused, a statistic Knox (2010) suggested was underreported (Knox, 2010). In the United States, children remain the only people that it is legal to hit under the law (Knox, 2010). Godwin (2015) related that under U.S. law, children are treated the same as property interests of their parents. Parents are assumed to have the best interest of their children in mind and make decisions regarding education, religion, and discipline that are in the best interest of their children. The United States gives “parental privilege to discipline as a legal excuse to battery” (Godwin, 2015, p. 4).

The U.S. Supreme Court has made many rulings in favor of parental rights over the child. The Supreme Court has ruled that “there exists a private realm of family life which the state cannot enter” (Godwin, 2015, p. 11). Parents have the right to “bypass due process” where their children are concerned and institutionalize them until the age of

majority (Godwin, 2015, p. 12). In America, the concept of parental jurisprudence which states:

Custody embraces the sum of parental rights concerning the rearing of a child, including his care. It includes the right to the child's services and earnings, and the right to direct his activities and make decisions regarding his care and control, education, health, and religion. (Godwin, 2015, pp. 12–13)

Defining Child Maltreatment

The definition of child maltreatment is intertwined with the history and acknowledgment of the existence of child abuse in the United States. Currently, there is no definition of what defines child maltreatment as it is described differently depending upon where the information is obtained (Whitney et al., 2006). Additionally, what defines abuse is influenced by a person's societal and cultural norms, relationship to the child, as well as the era in which the abuse occurs, because what defines abuse is often influenced by current societal beliefs, values, and norms (Whitney et al., 2006).

According to Barnett et al. (1993), child abuse has been discussed throughout history and has been described in the form of child homicides and sexual and ritualistic forms of abuse. Ancient Greece is said to be known for condoning abuse of children and its justification with Greek mythology (Barnett et al., 1993). Modern-day America has condoned child abuse as it has been grounded in the roots of the church and the belief that children require adult guidance and discipline to include corporal punishment as an acceptable form of punishment for children (Barnett et al., 1993). Before the 20th century, there was no known definition of child maltreatment. Giovannoni and Becerra's

1979 research (as cited in Barnett et al., 1993) is known as one of the earliest and most comprehensive studies conducted in the United States in an attempt to define what constitutes child maltreatment.

The passage of the Child Abuse Prevention and Treatment Act of 1974 created a national definition of child maltreatment:

Child abuse and neglect means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of any child under the age of eighteen by a person responsible for the child's welfare under circumstances that indicate the child's health or welfare is harmed or threatened thereby. (Public Law 93-247, section 2; Barnett et al., 1993, p. 14)

The *Diagnostic and Statistical Manual for Psychiatric Disorders (DSM-5*, American Psychiatric Association, 2013) listed definitions of child maltreatment for practitioners diagnosing and mental health treatment. The International Classification of Disease, ICD codes, created by the World Health Organization is what medical providers use to identify child maltreatment when diagnosing patients in the medical field (Slep et al., 2015). These definitions are based on more than 10 years of research by the Air Force (Slep et al., 2015). Child maltreatment is correlated to a higher incidence of mental health diagnoses in people and is also been correlated to physical diseases such as diabetes, obesity, heart disease, and an increased risk of being a victim of childhood homicide (Slep et al., 2015). Many medical professionals do not screen for child maltreatment and it is considered a matter to be managed by police and child welfare, therefore, leaving the possibility for some victims to be undiagnosed (Slep et al., 2015).

The International Classification of Disease, also known as ICD codes, used to identify specific diagnoses for medical providers, can be found in the *DSM-5*. The ICD code for physical abuse is Z62.1 and defines physical abuse as being, “nonaccidental acts of physical force by a child’s parent/caregiver that result or have reasonable potential to result, in physical harm to a child or which evoke significant fear” (Slep et al., 2015, p. 20). The *DSM-5* lists multiple criteria for describing physical abuse such as broken bones, bruises, burning, and death. Physical acts that describe physical abuse are, shaking, hitting, kicking, slapping, stabbing, choking biting, punching, or throwing (Slep et al., 2015).

The ICD code for psychological abuse, sometimes referred to as emotional abuse is Z62.2. This is defined as “nonaccidental verbal or symbolic acts by a child’s parent or caregiver that result in significant psychological harm” (Slep et al., 2015, p. 21). The criteria required to meet this diagnosis is described in multiple terms including threatening, berating, humiliating, abandoning or taking meaningful things away, scapegoating, coercing, or excessive discipline of a child, and must also include some form of disruption to the child such as fear of the parent, somatic complaints or interfering with normal activities or cognitive development (Slep et al., 2015).

The ICD code for sexual abuse, sometimes referred to as emotional abuse, is Z62.3. This is defined as, “sexual acts involving a child that are intended to provide sexual gratification to an adult” (Slep et al., 2015, p. 22). The criteria required to meet this diagnosis is described as, fondling or penetration of the genitals, both vaginal or anal. Oral genital or anal, fondling over or under the clothing, exposing or exploiting a child

for sexual gratification, forcing or threatening a child to perform sexual acts including masturbation, posing, and child pornography (Slep et al., 2015).

The ICD code for child neglect is Z62.4. This is defined as “confirmed or suspected egregious acts or omissions by a child’s parent/caregiver that deprives the child of needed age-appropriate care and that result, or have reasonable potential to result, in physical or psychological harm”(Slep et al., 2015, p. 23). The criteria to meet this diagnosis is described as, lack of supervision or abandonment, failure to provide adequate food, clothing, or shelter, and for which the neglect results in physical or mental harm to the child (Slep et al., 2015).

Several factors must be taken into consideration when diagnosing child maltreatment including the child’s age and developmental level because young children are not known to be good historians and parents or caregivers are not going to admit to harming a child (Slep et al., 2015). Additionally, taking into consideration the age of the child correlated to the form of abuse. A very young child might be dependent upon their parent for their every need; however, an older child might be capable of meeting some of their own needs or experiencing less harm dependent upon the form of abuse and the severity. For example, shaking an infant is far more dangerous than shaking a teenager (Slep et al., 2015).

In 1979, Giovannoni and Becerra set out to create a more comprehensive definition of what defines child abuse in the United States. These researchers related that “like other forms of social deviance, they are socially defined phenomena. The research was thus focused on the opinions of the definers themselves-professionals and members

of the general population” (Giovannoni & Becerra, 1979, p. xv). The study took place in California utilizing a sample of 949 families who were brought to the attention of the Department of Social Services among four counties: Contra Costa, Sacramento, Orange, and San Diego (Giovannoni & Becerra, 1979). Based on the research, 78 vignettes were created to measure attitudes regarding what defines child abuse (Giovannoni & Becerra, 1979). The researchers then compiled the 78 vignettes into a Likert scale format from 1 to 9, with 1,2, and 3 as mildly harmful;4,5, and 6 as moderately harmful; and 7, 8, and 9 as severely harmful(Giovannoni & Becerra, 1979).

Physical abuse was defined as “inflicted non-accidental which causes or creates a substantial risk of causing disfigurement, impairment of bodily functioning, or other serious physical injury.” This definition also includes physical harm caused by parental negligence that results in physical harm although not intentionally inflicted (Giovannoni& Becerra, 1979, p. 83). Emotional abuse is “a child is suffering serious emotional damage, evidenced by severe anxiety, depression, or withdrawal, or outward aggressive behavior toward self or others, and the child’s parents are not willing to provide treatment”(Giovannoni & Becerra, 1979, p. 83).

Sexual abuse is defined as, “a stated harm whether inflicted by a parent or other household member” (Giovannoni & Becerra, 1979, p. 83). Additionally, sexual abuse is discussed within the concept of societal taboos and beliefs about sex. The authors relate that although sexual abuse is considered harmful to the child, there was not much known during this time in history to further define it except to say that society defines what are appropriate sexual behavior and sexual boundaries (Giovannoni & Becerra, 1979). The

definition of neglect encompassed multiple categories related to physical abuse, emotional abuse in the form of failing to seek appropriate services for a child and contributing to the delinquency of a child. Lack of supervision and failure to provide necessities of food, clothing, medical attention, and clothing were included in the definition of child neglect (Giovannoni & Becerra, 1979).

Giovannoni and Becerra (1979) conducted some of the most respected research defining child abuse. Since the creation of the 78 vignettes, the authors' research has been used in many studies. For example, in a quantitative study conducted in 1986 in Chicago, Rose et al. (1996) gathered responses caregivers and employees of from the Illinois Department of Child Welfare. The child abuse vignettes by Giovannoni and Becerra were modified to create a five-point Likert scale questionnaire that was used to answer the research questions. The first question compared the scores of the level of seriousness of neglect amongst the 131 participants. The second question compared the responses amongst the 123 child welfare social workers and the last question compared results between the 131 caregivers and the 123 child welfare workers. Nonwhite caregivers rated neglect as being more serious than White caregivers. The investigative social workers rated neglect as more serious than the case-carrying social workers. The 131 caregivers rated neglect more serious than the 123 social workers in all categories. The researchers stated that a more definitive definition of general neglect needs to be made as there should not be such a variance in opinion between the community and social workers because societal opinion is what drives the decisions made by policymakers.

Pierce and Bozalek (2004) conducted a quantitative comparison study in Cape Town, South Africa that included 181 participants, 57 social workers, 42 human service workers, 65 lay persons, and 18 police officers. The questionnaire defining child abuse by Giovannoni and Becerra (1979) was modified to 17 categories and was used to measure the participant responses. The researcher's findings related that the professionals who routinely worked with the child maltreatment population answered the questions as more severe than the participants who did not work with this population. The researchers postulated that this was possible because the professionals were in the field working with the child abuse population while the general participants were not, therefore their answers were based on the information that each group knew of, meaning that the professional group has knowledge and skills that influenced their answers and decision of how severe they rated their answers in the study.

In a quantitative correlational study conducted by Choi and Thomas (2015), the differences in perception of child neglect were examined among Korean parents over the age of 20 and children ages 10 to 13. A convenience sample of 321 parents and 294 Korean children participated in a study in Seoul Korea. The researchers modified the 78 vignettes from the Defining Child Abuse Vignettes by Giovannoni and Becerra (1979) and used 50 of the vignettes to answer the perceptual differences of child neglect among the participants. The parents rated emotional neglect as more serious of the domains chosen while the children rated drugs and alcohol as the most serious. One possible explanation for this difference in opinion could be that the internet and social media have provided more information and influenced Western culture and thought among Korean

youth; therefore, culture is important to consider when defining child neglect (Choi & Thomas, 2015). The researchers stated that the findings of this study indicated the importance of considering children's opinions and rights about child neglect when forming programs and social policy for children (Choi & Thomas, 2015).

Defining child maltreatment is intertwined with the culture and history of the United States. Defining child maltreatment is complicated because child maltreatment has not always been perceived to be a societal consideration. Children were considered chattel before any societal action or laws being put into effect that defined abuse and protect children as evidenced in the child abuse laws that were only signed into law in the United States with the passage of the Child Abuse Prevention and Treatment Act of 1974 (Barnett et al., 1993). Researchers have investigated and defined child maltreatment and its effects and has correlated exposure to abuse and neglect in childhood to negative implications for mental health, and other problems related to physical health, stability, and life satisfaction across the lifespan.

The current laws under the U. S. Constitution still relate to children as the property of their parents. Woodhouse (1992) noted that children have traditionally been viewed as belonging to their parents and, therefore, the parent has a right to discipline as they see fit. It is still legal in the United States to physically hit a child as it is looked at as discipline (Godwin 2015). Yet if a person is considered a legal adult and experiences physical abuse, it can be considered battery or domestic violence.

With what we know about the effects of abuse and neglect on mental health and physical health across the lifespan, there remains a gap in the literature and a failure to

investigate how to effectively address adult attitudes toward child maltreatment in the United States. Although Anda and Felitti(2006), Fusco (2015),Van der Kolk (2016), Peterson et al. (2018), and Bellis (2019) have demonstrated the effect of child maltreatment across the lifespan, the literature is unclear about how person's attitude toward child maltreatment is formed.

Adult Attitudes Toward Child Maltreatment

Wamser-Nanney and Campbell (2020), in a study of 1,071 four-year-old children and their caregivers, examined data from a longitudinal study of child abuse and neglect from U.S. child protective services. Seventy-five percent of the caregivers in this study were the children's mothers and 52% were said to be living below the poverty line (Wamser-Nanney& Campbell, 2020). The ecological model was used as a framework. The primary aim of these authors was to look at the parental attitudes toward child maltreatment as well as the macro level influences and to expand the literature. There were several assumptions made regarding adult attitudes toward child maltreatment. The authors postulated thatcaregivers with a history ofchild maltreatment, depression, lower socio-economic status, poor health, and more stressful life events would be at higher risk for problematic parenting and attitudes toward child maltreatment (Wamser-Nanney& Campbell, 2020).Additionally, regarding caregiver attitudes toward physical discipline, the findings suggested that caregivers with lower levels of aggression reported lower levels of physical discipline and more empathy, understanding, and realistic expectations of children. Further, Wamser-Nanney and Campbell (2020) were unable to conclude that traumatic experiences significantly impacted caregiver attitudes; however, caregiver

experiences of maltreatment may still be significant. Lastly, these findings represent a single point in time; results can change with different populations and points in time. The authors recommended examining relationships that influence attitudes toward child maltreatment and to look at other indicators that might influence these attitudes (Wamser-Nanney & Campbell, 2020).

In Finland, where corporal punishment is illegal, Peltonen et al. (2014) conducted a quantitative study using logistics regression, with a sample of 2,716 Finnish mothers of children ages 0 to 12 years of age. The researchers aimed to examine corporal discipline against children and to see if a parent's own experience as a victim of severe corporal discipline in childhood influenced their propensity to inflict corporal discipline on their children. Severe corporal discipline was defined as slapping, punching, beating up, grabbing, choking, kicking, and hitting. A child's age, disability or chronic illness, parent's age, financial status, and marital status were significant contributing factors to the parental risk for severe corporal punishment(Peltonen et al., 2014).

Additionally, Peltonen et al., 2014) noted that mental health, alcohol, and drugs have all been shown as negatively correlated to child maltreatment as well as a caregiver's own experience with violence in childhood. The authors looked at maternal self-report of mothers of children living in the home and if self-reported corporal punishment was associated with the risk factors related to family, child, and the mother's parenting practices. Findings indicated that mothers who had experienced physical abuse in childhood and also mothers who were stressed at the time of the discipline of their child, reported a 95% increase in risk in the propensity for use of physical violence as a

means for discipline of their children when compared to the mothers who reported no experience of corporal discipline in childhood. Additionally, mothers who needed help but did not receive services and mothers who received services but felt it did not help them, also had a 95% higher risk for the use of severe physical discipline as compared to mothers who did not experience stressors or need the services to help them with parenting (Peltonen et al., 2014).

Peltonen et al. (2014) stated that prevention of physical discipline of children is important to the termination of generational transmission of physical abuse from one generation to the next. Additionally, termination of intergenerational abuse can help increase the potential for non-violent adult attitudes toward physical discipline toward children and to improve parenting skills. Lastly, Peltonen et al. concluded the best environment for positive social change regarding childhood physical abuse is a political culture that places value on child safety and the implementation of positive parenting skills. Peltonen et al. stated that this research study did not address factors such as a parent's unrealistic expectations of the child, strict upbringing, or the parent's reactivity or anger and suggested that these are possibilities for future research. Additionally, future research should focus on exploring "a more diverse range of potential risk factors" for parental attitudes and the use of violence toward children as a means of discipline (Peltonen et al., 2014, p. 1930).

In a descriptive study conducted by Haltom et al. (2019), research was conducted regarding children who were suspected victims of child abuse. Children's caregivers were given the ACE (Anda & Felitti, 1995). A total of fifteen participants took part in this

study conducted at a pediatric hospital. The main agenda of this study was for the researchers to gather additional information that might help to understand the intergenerational pattern of child abuse and to contribute more knowledge to the literature. The findings of this study relate that 86.7% of the participants had exposure to adverse childhood experiences

Since that initial study, the CDC has conducted an additional inquiry in 32 other states using the behavioral risk factor surveillance system with findings that remain consistent with the original study and its correlation between adverse childhood experiences and negative health outcomes. The additional research and follow-up studies have further validated the fact that adverse childhood experiences are correlated to mental health issues, negative pediatric brain development, somatic complaints, sleep disorders, diabetes, and asthma (Haltom et al., 2019). The findings within the 15 participants are consistent with the current research already conducted and documented in the previous literature on adverse childhood experiences. Peltonen et al. (2014) noted a gap in the literature with regard to understanding intergenerational continuation of adverse childhood experiences. Additionally, they relate that additional research on the ACEs questionnaire and the intergenerational transmission of adverse childhood experiences is necessary and also difficult because of the sensitive topic.

Bower-Russa et al. (2001) conducted a quantitative study at a Midwestern university of undergraduate-level psychology students using descriptive statistics, chi-square, and ANOVA to measure results. A total of 225 participants were included in the study, in which the authors set out to measure attitudes toward physical abuse of children.

The authors argued the information in psychology about understanding parental physical abuse is limited. The history of transgenerational physical abuse remains at 30% and in this present study, 21% of the participants met the criteria for having experienced severe physical abuse in childhood. Bower-Russa et al. stated that these numbers were high enough for concern as abused individuals have a tendency to “normalize” their experiences which lends validity to the possibility that parental modeling may be the main avenue for which the cycle of abuse occurs. Additionally, this is unchanging, as a personal history of physical abuse tends for the attitude to persist and believe that physical abuse is not abuse, but acceptable means of discipline (Bower-Russa et al., 2001, p. 235). Bower-Russa et al. argued that the way to change attitudes toward child physical abuse as an acceptable discipline is through changes in social policy and legislative action which has been shown to work in countries like Sweden. The study included 459 participants at a midwestern university. Structured equation modeling was used to interpret the research question as to whether attitudes mediate the relationship between discipline history and disciplinary response (Bower-Russa, 2005). The participants were undergraduate students attending a research psychology class to meet graduation requirements. The findings of this study were statistically significant with regard to finding a correlation between caregiver childhood history of abuse and their disciplinary practices and were associated with higher rates of injurious discipline. Additionally, participants who experienced abuse in childhood tended to be more lenient toward physically abusive disciplinary practices (Bower-Russa, 2005).

Bower-Russa (2005) found that people who have a history of being victims of physical abuse tend to normalize the behavior in comparison to people who have not experienced physical abuse in childhood. The findings demonstrate a difference in the discipline practices of parents with a history of physical abuse in childhood compared to the parents who did not have a history of physical abuse in childhood (Bower-Russa, 2005). The author suggested further inquiry was needed on the risk for perpetration of abuse from adult victims with a history of abuse and a need for “attitudinal change” (p. 272).

Kaferly et al. (2020) used data ($N = 779$) from a longitudinal study of child abuse and neglect (Longscan) records of 779 four-year-old children and their caregivers from child protective services in the United States. The primary aim was to examine whether the existence of a natural mentor had any positive influence on the prediction of attitudes of adolescents with a history of exposure to child abuse. Eighty-eight percent of the participants identified a natural mentor, 54% were female, 55% were African-American, 25% Caucasian, 7% Hispanic, 11% multiracial, and 2% listed as other (Kaferly et al., 2020).

More than four million reports of child maltreatment occur every year, and child maltreatment remains a serious public health problem affecting physical, mental, developmental, and emotional health (Kaferly et al., 2020). The ecological theory by Bronfenbrenner was used as the framework for this study because the theories acknowledgment of micro and macro influences on child development across the lifespan as the family of origin, culture, neighborhoods, school system, public sector, community,

and extended society all play a role in the development of a person over the course of their life. The authors acknowledge that the empirical research has supported the idea that families with a history of child maltreatment have a reduced capacity to engage in healthy parenting that is supportive of strong caregiver attachment which often results in the intergenerational transmission of parental attitudes that continue the pattern of child maltreatment (Kaferly et al., 2020).

The findings of this study did not support the hypothesis that natural mentoring would mediate adolescent parenting attitudes. Kaferly et al. (2020) stated that while the hypothesis was not supported, healthy mentors are still an important part of community support and service delivery and are still shown to have a positive impact on youth and individuals who have histories of being victims of child maltreatment. Also, of importance is the consideration of diversity issues, ethnicity, gender, and race. Future research and additional inquiry into this subject are necessary as there is limited research. Specifically, Kaferly et al. noted that additional research should be conducted to examine further what are the factors involved in determining parental attitudes toward child maltreatment. This research is limited as it is from a specific point in time across a specific population in the United States and therefore also the research findings are significant, they cannot be generalized to the overall population. Lastly, as previously stated, although the presence of a natural mentor did not mediate the transmission and attitude of child maltreatment, it is still an important element in changing the attitudes of victims regarding child maltreatment (Kaferly et al., 2020).

Strengths and Weaknesses of the Reviewed Literature on Adult Attitudes Toward Child Maltreatment

Wamser-Nanney and Campbell(2020), Peltonen et al. (2014), and Bower-Russa et al. (2001) showed the connection between transgenerational child maltreatment and adult attitudes toward child maltreatment. A strength of this literature review is that the connection between attitudes and justification of child maltreatment appeared to consistently show a connection between a person's attitude toward child maltreatment and own experience of victimization of abuse in childhood.

Another consistent theme was that adults abused as children are more likely to justify their abusive parenting as part of their perpetuation of the cycle. Part of the justification is their belief that this style of abusive parenting was done to them when they deserved it, which justified the continuance of this behavior with their children. The cultural and societal influences condone corporal punishment as a means of appropriate discipline of a child. Societies that condone corporal discipline of children do not have insight into the gravity of how violence toward children is perpetuated through the overuse and justification of corporal punishment as an acceptable means of disciplining of children.

My review showed a lack of studies on societal attitudes toward child maltreatment and the reasons that society continues to condone the use of corporal discipline toward children. Knox (2010)noted that if the same behavior of corporal discipline were perpetrated on an adult, it would be considered interpersonal violence with possible legal ramifications. Knox further asserted that corporal discipline of

children perpetuates aggressive behavior and the cycle of child abuse, yet it remains an issue in the United States, partly because of policies that state that children are the property of their parents.

Additionally, the literature has focused mainly on corporal punishment about adult attitudes, yet the research fails to address other types of child maltreatment. Kaferly et al. (2020) and Peltonen et al. (2014) stated that future research should focus on diversity issues and explore connections to other types of abuse outside of corporal discipline. Wamser-Nanney and Campbell (2020), Peltonen et al. (2014), and Bower-Russa et al. (2001) argued that more research on this topic is important for not only understanding what factors continue to drive this cycle of abuse and attitudes that perpetuate the cycle but also to find ways to resolve this important social problem. As such, there was a need for more research regarding adult attitudes toward child maltreatment remains a research problem worthy of further research.

Childhood Maltreatment and Adverse Childhood Experiences

Anda et al. (2005), using logistic regression, defined epidemiologic and neurobiological effects of adverse childhood experiences. Adverse childhood experiences can affect a child's brain development, which can have lasting effects on a person's health and quality of life into adulthood (Anda et al., 2005). "The Amygdala mediates fear response. There is evidence of dysregulation of the sympathetic nervous system in humans; early abuse and PTSD is associated with increased cortisol and norepinephrine levels in children" (Anda et al., 2005, p. 175). Therefore, children who are abused and neglected or who witness violence, experience changes to the developing brain that can

affect their ability to regulate emotions across the lifespan and can lead to a higher incidence of mental health, suicide, substance abuse, and negative physical health (Anda et al., 2005).

Using logistic regression, McCrae et al. (2018) studied 5,872 children ages birth to 18 who were investigated by a United States child welfare agency. Children were grouped into four developmental categories: infants, 0–23 months; preschool, 2–5 years; elementary school, 6–10 years; and adolescents, 11–18. Caseworkers, caregivers, and children were the informants in this study (McCrae et al., 2018). The authors described adverse childhood experiences as toxic stress, or “strong, frequent or prolonged adversity without adequate adult support” (National Scientific Counsel on the Developing Child, 2014; as cited in McCrae et al., 2018, p. 38). Like adverse childhood experiences, toxic stress in children has been shown to result in lower immune systems, disease susceptibility, and effects on the nervous system (McCrae et al., 2018). The researchers related that disease and chronic stress can be greatly decreased if adverse childhood experiences were prevented and successfully treated.

Additionally, McCrae et al. (2018) stated that children who are part of the child welfare system may have been disproportionately represented regarding the actual number of adverse childhood experiences. As much as 40% of the children in the child welfare system have experienced 4 or more adverse childhood experiences by the age of 2 years old (McCrae et al., 2018). The primary focus of this study was the effects of adverse childhood experiences from a child’s perspective because the previous research has focused on the impact of adverse childhood experiences from the adult’s perspective.

In this study, the children who had four or more adverse childhood experiences were twice as likely to have complex health problems, which is consistent with the studies involving adults (McCrae et al., 2018). The researchers relate that a limitation of using adults for adverse childhood experiences is that they are limited by “recall bias,” as they may inaccurately report childhood experiences (McCrae et al., 2018, p. 39).

Garcia et al. (2017) used logistic regression with data from a national survey of child and adolescent well-being. A total of 5,500 children ages 0 to 14 were part of a sample referred to child protection agencies for child maltreatment (Garcia et al., 2017). Data was collected between the years 1999 and 2000 and follow-up studies were conducted at 12, 24, 36, and 60 to 72 months. The researchers looked at the effects of adverse childhood experiences on the social, emotional, and behavioral outcomes of the participants. The most common adverse childhood experiences reported involved neglect, exposure to domestic violence and community violence, and hospitalizations for medical conditions (Garcia et al., 2017). Findings suggested that a person’s chance of a diagnosis of medical or mental health problems increased with age and with being a victim of sexual abuse (Garcia et al., 2017). Diagnosis of internalizing behaviors increased in cases of physical abuse. Latinos had a lower incidence of reported externalizing behaviors, however, researchers were unable to identify the reason. Lastly, mental health treatment for adverse childhood experiences did not necessarily mitigate social, emotional, and behavioral outcomes, prompting the researchers to relate that social workers may need to focus more on child safety than well-being (Garcia et al., 2017).

Chesworth et al. (2020) used the ACEs questionnaire and a statistical analysis of multiple linear regression from a cross-sectional qualitative study of 95,677 U.S. families. The authors examined the relationship between childhood exposure to intimate partner violence and bullying. The sample included 66% White, 15% Black, 2% Asian, .05% Native American or Alaska Native, and 16% Other. Just over one-half were male and 49% were female. The researchers hypothesized that children who witness intimate partner violence (IPV) have a higher tendency to become a bully as well as a correlation between their adverse childhood experiences score and their tendency to bully (Chesworth et al., 2019).

The main predictor variable in the above study was childhood exposure to bullying. Ten independent variables included, the eight variables from the adverse childhood experiences, and two additional variables of parent/child relationship and parent coping ability (Chesworth et al., 2019). Some covariates included age, gender, race, and economic status. The researchers used a two-tailed test and findings were calculated at the $p < .001$ level of significance of the dependent, independent, and main-level variables (Chesworth et al., 2019). Findings were significant in participants who reported adverse childhood experiences scores of 4 and higher with childhood exposure to IPV.

Additionally, covariate findings suggested that males were more likely to bully than females, and household poverty increased the risk of bullying (Chesworth et al., 2019). The age of bullying decreased as age increased with middle school being the peak and then a decrease at the high school age level, which researchers believe might be

connected to maturity (Chesworth et al., 2019). Findings were also significant in regards to children who were exposed to IPV and were bullies compared to children who were not exposed to IPV. Findings revealed that children exposed to IPV had a .030 higher score on a 5-point bullying scale compared to children who were not exposed to IPV (Chesworth et al., 2019). Therefore, the researcher's hypothesis was supported by the findings of this study and the findings were consistent with other research studies that have been conducted on this topic (Chesworth et al., 2019).

Strengths and Weaknesses of the Reviewed Literature on Childhood Maltreatment and Adverse Childhood Experiences

Anda and Felitti (1995) brought attention to the fact that adverse childhood experiences affect people in areas related to not only mental health but also physical health. In numerous follow-up studies, adverse childhood experiences and compared adverse childhood experiences to subjects related to the intergenerational transmission of child maltreatment, mental health, physical health, social, emotional, and behavioral outcomes, and neurobiology across the lifespan. These are all a strength in the research and available literature.

Another strength in the literature is the availability of research that provides definitions of what defines adverse childhood experiences. McCrae et al. (2018) described adverse childhood experiences as being toxic stress, while Karatekin and Hill (2018) referred to adverse childhood experiences as being childhood abuse and household dysfunction. Choi et al. (2020) suggested that poverty is also a factor related to adverse childhood experiences, even though it is not part of the accepted majority of

diversity issues used by researchers to investigate adverse childhood experiences.

Currently, the accepted adverse childhood experiences used by researchers are substance use, mental illness, domestic violence, incarceration, divorce/separation and physical abuse, sexual abuse, emotional abuse, general neglect, and physical/emotional neglect (Choi et al., 2020).

However, what remains a weakness in the available literature is the lack of research that examines how to effectively address the social problem of child maltreatment. Although there is much discussion about the effects of adverse childhood experiences, there does not appear to be literature that examines attitudes toward child maltreatment and how to address the perpetuation of the cycle of abuse. As Van der Kolk (2016) pointed out, there is much literature on the topic, but how to address the issue remains the problem. Therefore, I examined adult attitudes toward child maltreatment to determine if the presence of adverse childhood experiences or no presence of adverse childhood experiences has any correlation to an adult's attitude toward child maltreatment.

The researchers discussed in this review noted that adverse childhood experiences have negative consequences for the neurobiological, medical, mental, physical and social, emotional and behavioral health across the life span and that a proactive approach is superior to being reactive in addressing adverse childhood experiences. Early intervention is a key factor in addressing adverse childhood experiences (McCrae et al., 2019).

However, adult attitudes toward child maltreatment with regard to age, gender, and ethnicity need additional research. Additionally, Wamser-Nanney et al. (2020), Bower-Russa et al. (2001), Kaferly et al. (2020), and Peltonen et al. (2014) have pointed out that there is a need for a more diverse pool of research addressing attitudes toward other types of child maltreatment outside of physical punishment, including physical violence toward children in the form of corporal discipline yet failed to explore other types of abuse such as neglect, emotional abuse, sexual abuse, and effects of parental drug and alcohol abuse on children.

The aforementioned research is pertinent to this current study of adult attitudes toward child maltreatment because in this research I investigated the connection between adult attitudes toward child maltreatment and whether a history of childhood maltreatment is correlated with the perpetuation of the cycle. In this study, I examined the correlation to determine if the presence of adverse childhood experiences is what influences adult attitudes. My goal was to expand the literature by examining multiple types of abuse instead of just physical abuse.

Summary and Conclusions

The goal of this chapter was to provide a review of the literature on the key concepts involved with explaining the research problem of adult attitudes toward child maltreatment. The key concepts for this literature review were the attitudes regarding child maltreatment and how it is connected to the history of child maltreatment in the United States. Another key concept was the definition of child maltreatment in the United States, which is multifaceted and defined from multiple viewpoints, such as medical

professional definitions, and mental health professionals, such as the Diagnostic and Statistical Manual (DSM-V) of mental disorders. The attitude of society reflects the social policy that is put in place to protect children from diverse childhood experiences.

Although the social problem of child maltreatment has been well documented, the cycle of abuse, the negative outcomes for children across the lifespan, and the need to effectively address the issues still require further research. Peltonen et al. (2014) argued that as long as adults continue to condone the use of physical punishment as an acceptable means of discipline for children, the cycle of child maltreatment will continue. Peltonen et al. suggested additional research with a more diverse variety of child maltreatment and adult attitudes is necessary to better understand the intergenerational transfer of abuse.

Additionally, the topic of child maltreatment, adverse childhood experiences, and adult attitudes toward physical punishment in the United States have independently been a focus of Anda and Felitti (2005), Bellis (2019), Dube (2018), Johnson and James (2016), Larkin et al. (2014), Miller et al. (2020), Van der Kolk (2016), and Gelles (2016). However, there remains a gap in the literature regarding the connection between a person's adverse childhood experiences and adult attitudes toward child maltreatment. Haynes and O'Neal (2018) stated that researchers should explore attitudes toward child maltreatment, and more specifically, why adults condone physical violence toward children as an acceptable method of discipline. In this study, I examined adult attitudes toward child maltreatment and other types of abuse as it pertains to adult attitudes toward child maltreatment.

Chapter 3 comprises an introduction, the research design and rationale, methodology, threats to validity, and summary. I used multiple regression to examine the adverse childhood experiences in people and the intergenerational transfer of child maltreatment. Regression methodology is commonly used when looking at correlations between variables. Specifically, the literature review showed that adults who were abused as children tend to justify and normalize their attitudes toward the continuation of the cycle of abuse against their children.

Chapter 3: Research Method

Introduction

The purpose of this quantitative regression study was to examine if there is an association between a participant's adverse childhood experiences and attitudes regarding child maltreatment. The independent variable was measured by the ACE score (0 to 10). The dependent variable was measured by the defining child maltreatment vignettes score (0 to 9). The covariates in the study were education attainment, current marital status, and parental status. Chapter 3 includes the research design and rationale, the methodology used for this study, the population, used sampling and procedures, recruitment, participant, and data collection. This chapter also includes threats to validity, ethical procedures, and a summary.

Research Design and Rationale

A multiple regression research design is commonly used to measure the relationship of one or more variables between one or more groups (Hatcher, 2013; Wienclaw, 2019). A quantitative research design leads to timely, objective results and to a relatively quick interpretation of the data (Hatcher, 2013). Therefore, based on the purpose of my study, I used this design.

Methodology

Population

The sample consisted of adult participants. There were no limitations for participants with regard to gender, ethnicity, or citizenship, other than that they were at least 18 years old and living in the United States. Because the research question was

comparing a difference between the means and was drawing inferences from the correlational research design, a pool of participants who both have and have not experienced adverse childhood experiences was needed for comparison in this study. I completed a power analysis with a p -value set to .05, which is customary for research (Creswell & Creswell, 2018), to set a minimum target goal of 92 participants.

Sampling and Sampling Procedures

I used a convenience sample design to obtain participants for this research. According to Creswell and Creswell (2018), a convenience sample refers to a participant pool, meaning that the sample is based on their availability to the researcher. I relied upon methods such as posting a recruitment flyer on social media that contained a link for participation in the study through SurveyMonkey. I distributed the recruitment flyer through e-mail to personal contacts, Facebook, Instagram, and the Walden participant pool, to meet the targeted goal of 92 participants.

Procedures for Recruitment, Participation, and Data Collection

I posted a recruitment flyer on social media and for distribution by e-mail to personal contacts to explain the purpose of the study and for access to the link to SurveyMonkey to participate (Appendix B). SurveyMonkey provides a platform for coding participants anonymously. I included information about the purpose of the study, how participation could benefit those who took part, and information about its voluntary nature.

Demographic Survey

A demographic survey (Appendix C) accompanied the questionnaires to assist with the measurement of dependent variables and assessment and consideration of covariate variables. The demographic survey included education attainment, current marital status, and parental status. I used linear regression to analyze the results of the data collected. The *p*-value was set to .05, which is standard for research and significance value (Creswell & Creswell, 2018). Before entering the results into SPSS, I screened the results for completeness regarding answers and applicable signatures. Any incomplete questionnaires were removed for the authenticity and accuracy of the results.

Instrumentation

The instruments used in this study were the ACE, a 17-item scale used to measure a person's history of adverse experiences in childhood. The ACE provides a score of 0 to 10 (Felitti et al., 1998). The second instrument I used was a set of Defining Child Abuse Vignettes by Giovannoni and Becerra (1979). On a scale of 0 to 9, these vignettes measure a person's opinion about the severity of scenarios of child abuse. The vignettes were based upon actual records from child abuse files across four counties in southern California (Giovannoni & Becerra 1979).

Operationalization of Constructs

The independent variable was adverse childhood experiences. The dependent variable was child welfare attitudes, measured by the ACE questionnaire (Anda & Felitti, 1998). I used the Defining Child Abuse Vignettes by Giovannoni and Becerra (1979) to define the attitudes toward child maltreatment. I entered ACE scores into SPSS. I used a

root mean squared error (RMSE) to test the reliability of the data results from SPSS regarding the results of the research. Written permission was not required for using the ACE. On November 17, 2020, I obtained written permission from R. Becerra to use the Defining Child Abuse Vignettes

ACEs Questionnaire

The ACEs questionnaire (Felitti et al. 1998) is a 17-item instrument measured in a yes or no format. This instrument was appropriate to measure the independent variable in this study as a self-report instrument that measures categories of a person's childhood experiences of child abuse. Categories of abuse include psychological abuse, physical abuse, sexual abuse, exposure to substance abuse, mental health, violence, and criminal behavior. The yes answers are added up to determine the score, which has a range of 0 to 10. The ordinal range of scoring ranges from 0,1,2, 3, and 4 or more; a score of 4 or more is considered significant(Edwards et al., 2004).

Felitti and Anda (2006), who conducted quantitative research through Kaiser Permanente in San Diego, CA, included 17,337 participants with a 15-year follow-up that resulted in the validated ACEs scale (Anda & Felitti, 2006). Felitti and Anda argued there is a link between a person's adverse childhood experiences in childhood and connections to a person's overall well-being throughout the lifespan including both mental and physical health. Karatekin and Hill (2018) conducted a follow-up study to the original ACEs study from Anda and Felitti (1995). The follow-up multiple regression study combined the ACEs questionnaire with the Juvenile Victimization Questionnaire (JVQ). Concurrent validity, factorial structure, and internal consistency were also examined

(Karatekin& Hill 2018). Findings of the follow-up study indicated that the internal consistency of the follow-up study was .84 to .85 while the original ACE study was .71 to .81. A Cohen's kappa was used to test and re-test reliability and findings were $r = .77$ for the follow-up study and $r=.79$ for the original ACEs. According to Karatekin and Hill, these findings are similar in consistency and considered acceptable for reliability.

McCrae et al. (2018) evaluated data from the National Survey of Child and Adolescent Well-Being II, based on the experiences of 5,872 children ages birth to 18 years in a longitudinal study. The researchers collected data from caregivers, children, and social workers for the children in the study and estimated the child's adverse childhood experiences and health concerns. Using a series of eight logistic regression McCrae et al. found that children and youth in the study had greater complex health concerns as their ACE score went up; however, such was not the case with infants. Researchers suggested that adverse childhood experiences for infants may be underreported; that is, older children are more likely than younger children to experience adverse childhood experiences.

Choi et al. (2020) conducted a replication study using the ACEs, an expanded version of the adverse childhood experiences with seven additional childhood adversities. The study was conducted in the Midwest. A total of 1, 087 parents and caregivers were referred to a child protective services report after being assessed for suspicion of child abuse and neglect. Findings suggest the ACEs are higher among participants who received services from child protection agencies as compared to the general population.

Results from a multivariate analysis indicated that the expanded CES was significantly associated with depression and anxiety ($IPV < .05$).

Defining Child Abuse Vignettes

The Defining Child Abuse Vignettes (Giovannoni & Becerra, 1979) were based on 949 files of families who were brought to the attention of child protective services in four major counties in California. From the review of these files, the researchers created the 78 vignettes for measuring opinions regarding what defines child maltreatment. The vignettes were then tested with two different populations to create the measures and validate the results of the study findings.

The first population tested included 313 professionals in the greater metropolitan area of Los Angeles County. The participants included 71 lawyers, 113 social workers, 50 police officers, and 79 pediatricians. Lawyers tended to rate the significance of the abuse described in vignettes as less harmful than did the other professionals involved in the study in approximately 45% of the vignettes. The police officers and social workers had the closest range of agreement in the study with an agreement rate of 73%.

The second study conducted by Giovannoni and Becerra (1979) using the same vignettes included 1,065 participants from the greater metropolitan area of Los Angeles County. The ethnic population was comprised of 687 White respondents that included Asian, Native American, and ethnicities that listed themselves as "other." There were 129 Black participants and 177 Hispanic participants. The second study group, comprised of the general population, rated the vignettes as more harmful to the child than did the professional group. The participants of lower socioeconomic status and non-Whitest

tended to rate physical abuse as being less severe with regard to harm to the child as compared to the other participants. However, 94% of the Black and Hispanic participants rated the harm to the child as being more severe than the White participants. A Cronbach's alpha reliability coefficient for both studies revealed a significance ranging from .70 to .98 for the 78 vignettes used in the research (Giovannoni & Becerra, 1979).

In a study using the Defining Child Abuse vignettes, Pierce and Bozalek (2004) conducted a study in Cape Town, South Africa that included 181 participants, 57 social workers, 42 human service workers, 65 lay persons, and 18 police officers. Questionnaires were submitted to agencies, schools, hospitals, and the police. The researchers set out to find what order South Africans rank child maltreatment and if groups who work with child abuse rank categories of child maltreatment differently than those who do not. ANOVA was used to measure the results of the responses. There was a significance found between the respondents ($p \leq .01$), and post hoc tests were completed to test for validity. Sexual abuse was rated as most severe and child labor was rated as least severe by all respondents.

In another study that used the Defining Child Abuse Vignettes, Choi and Thomas (2015) examined the differences in perception of child neglect among Korean parents over the age of 20 and children ages 10 to 13. A convenience sample of 321 parents and 294 Korean children participated. The researchers selected 50 of the 78 vignettes from the Defining Child Abuse Vignettes by Giovannoni and Becerra (1979) to answer the perceptual differences of child neglect among the participants. The Korean parents rated emotional neglect as the most severe of the domains while the children rated drugs and

alcohol as the most severe. Analysis of variance was used to calculate the results which were significant ($p \leq .05$).

Operationalization

The ACEs questionnaire is administered as a self-report tool to determine if a participant reports having experienced any adversity in childhood. A score of 0 means that there was no reported adversity in childhood, and a score of 10 is the maximum score for reporting having experienced adversity in childhood. For example, Question 1 on the ACES asks: Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt? A “yes” answer is one point and a “no” answer is 0 points.

The Defining Child Abuse Vignettes consist of 78 brief vignettes broken down into sentences. Within the 78 vignettes are 13 subscales, and each vignette is rated on a scale of 0 to 9. For example, Subscale 1 rates the severity of childhood sexual abuse. There are five vignettes for this subscale with a total possible composite score of 0 to 45. Question 1 asks the participant to rate the severity of the vignette on a scale of 0–9: “On one occasion the parent and child engaged in sexual intercourse or the parent and child repeatedly engaged in sexual intercourse.” A composite score of 0 means that the person is rating the sexual abuse as not harmful, while a score of 9 means the participant is rating the sexual abuse as severely harmful.

The final results of the ACEs questionnaire, the Defining Child Abuse Vignettes, and the covariates, education, marital status, and parental status will be entered into SPSS using multiple regression to answer the research question. The ACE score and the

Defining Child Abuse Vignettes were interpreted to determine if there is a relationship between the two.

Data Analysis

Once I collected all research questionnaires, I screened them for completeness. I coded the data and used SPSS (v. 28) for multiple linear regression to analyze the data ($p < .05$). I screened the data for confounding variables to address any possible false positive results in this study. The single research question I addressed was: Is there an association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering education, marital status, and parental status?

Null Hypothesis (H_0): There is no association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering, education, marital status, and parental status.

Alternative Hypothesis (H_1): There is an association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering education, marital status, and parental status.

Threats to Validity

External Validity

According to Campbell and Stanley (1963), external validity is concerned with the idea of generalizability, meaning whether or not the results of the current study apply

to other populations outside of the participant sample studied. Rubin and Babbie (2005) stated that one of the main issues that can limit external validity is to determine if the representative sample tested is, in fact, similar to other populations with similar conditions. To address the concern regarding external validity, I drew the sample from random participants in a large pool of the general population to minimize concerns regarding issues with external validity.

Internal Validity

Internal validity is referring to whether the results of the study made a difference in a specific study finding and are not a result of a flaw in the design (Campbell & Stanley, 1963). Internal validity is concerned with whether or not a person can infer a specific conclusion based on the research findings. Internal validity can be threatened if participants in a study report incorrect information through instruments used, or if the researcher themselves make an error in the procedures for conducting the study through statistical error or personal bias (Campbell & Stanley, 1963).

One of the ways I controlled for internal validity was by entering the results from the research questionnaires to be used, and removal of incomplete data sets accurately into SPSS to ensure that results reported will be based on actual statistical findings and results and not the opinion of the researcher. Additionally, I followed all protocols and procedures as approved by the IRB (approval number 09-19-22-0548991) to minimize concerns with internal validity.

Construct Validity

Construct validity refers to how well the variables in a research design have been interpreted and is dependent upon the applicability of the research instruments used and ability to draw meaningful information and the reliability of other researchers' past use of the instruments used to measure the variables and whether they are related (Rubin & Babbie, 2005). Threats to construct validity can occur if an instrument used is not operationalized properly, such as a participant not marking the answers on a questionnaire in a truthful manner which can affect the results.

Ethical Procedures

Researchers need to consider the potential consequences and effects of their research, whether it be positive or negative. The researcher has an ethical obligation to consider the population being studied, and also be mindful of the integrity of their research and the procedures that are used in the process of conducting the research (Creswell & Creswell, 2018). Approval from the IRB is required for institutional research as well as thoughtful consideration and protocols to protect the participant from any potential harm or negative effects as a result of participation in the study, confidentiality, and any potential risks involved (Creswell & Creswell, 2018).

According to Wasserman (2013), when conducting research, the American Psychological Association has guidelines and standards set forth to assist researchers with providing ethical research that minimizes harm to the participants in a study. Principle A, beneficence and nonmaleficence, indicates that researchers should strive to publish accurate information when reporting research findings and avoid reporting

inaccurate misleading information in their findings. Principle B, fidelity and responsibility, states that researchers should be trustworthy in regard to what they report to the public and have a responsibility to the public to report accurate findings from data. Principle C, integrity, states that researchers should ensure that in the accurate reporting of their data findings, they are careful not to deceive the public with the results. Additionally, a researcher should avoid any conflict of interest or exploitation of a research participant (Wasserman, 2013). This primary researcher will ensure that there are no conflicts of interest involved in this study and that all information will be confidential and protect the anonymity of the participants.

Ethical procedures included consideration of the ethical codes and laws that are in place to protect the participants of the study. Although it is impossible to be without bias, I ensured that the research was collected in a manner consistent with the requirements of the IRB. I made sure that all protocols were followed and avoided misleading any participant. Participants were informed of the procedures and reasons for the study and were provided with information as part of the informed consent regarding any possible negative risks of participating in the study and would not be led to believe any false benefit for participating. I was careful to screen the data collected, check for accuracy and completeness of each survey collected as well as report accurate results, and make efforts to ensure that results are reflective of information received from the SPSS results. Because was a quantitative study, some of the risks for bias and inaccurate reporting of results were mitigated because numbers are not subjective.

Before conducting any research for this study, I obtained IRB approval. I explained the informed consent, participant confidentiality, and all procedures related to the study. Participants were informed that participation in the study was voluntary and that consent and participation in the study could be withdrawn at any time. Each participant signed a consent form, The results were obtained through SurveyMonkey and were downloaded into a password-protected and maintained internet cloud, which I will maintain for 5years. SurveyMonkey keeps data for 12 months before it is deleted. Any conflicts of interest were anonymous. Participation was voluntary. I completed the CITI Ethics in Doctoral Research course as part of the ethical procedures for this study. A copy of the CITI completion certificate appears in Appendix A.

Summary

The purpose of this quantitative regression study was to determine if there is a relationship between the variables adverse childhood experiences and Defining Child Abuses scale outcomes. I hypothesized that participants with zero ACEs would have a more favorable attitude with regard to defining child maltreatment when compared to the non-zero group. I expected that the participants with adverse childhood experiences between ages 1–10 would minimize the severity of child maltreatment because of the tendency of people with adverse childhood experiences to repeat the cycle of child maltreatment.

The variables were measured using the ACEs questionnaire (Anda & Felitti, 1998)to determine the zero and non-zero participants. I used the Defining Child Abuse Vignettes (Giovannoni & Becerra, 1979) to determine the results of the independent

variable, adverse childhood experiences, with the dependent variable, adult attitudes toward child maltreatment. Multiple regression was used to measure the results and determine if there was a significant relationship between adverse childhood experiences score and attitudes toward child abuse within the two groups. I addressed any threats to validity and ethical procedures.

Chapter 4 comprises an introduction, data collection, results, and summary. Additionally, in Chapter 4, I synthesize the findings and explain how I interpreted the data I collected.

Chapter 4: Results

Introduction

The purpose of this quantitative regression study was to examine if there is a relationship between the variables of a person's adverse childhood experiences as measured by the ACEs questionnaire, and adult attitudes toward child maltreatment as measured by the Defining Child Abuse vignettes. The independent variables were the adverse childhood experiences scores between 0 to 10 by Anda and Felitti (2006). The dependent variable was adult attitudes toward child maltreatment as measured by the Defining Child Abuse Vignettes by Giovannoni and Becerra (1979).

The Defining Child Abuse subscales by Giovannoni and Becerra (1979) included sexual abuse, physical abuse, fostering delinquency, emotional mistreatment, nutritional neglect, medical neglect, supervision, alcohol/drugs, cleanliness, educational neglect, parental sexual mores, clothing, and housing. The independent variable in this study was the adverse childhood experiences, while adult attitudes toward child maltreatment was the dependent variable. The covariates in the study were education attainment, current marital status, and parental status.

I hypothesized that people with higher ACE scores would have a more unfavorable attitude toward child maltreatment as they might have normalized their adverse childhood experiences from childhood and continued the cycle of abuse within their lifestyle. I used multiple linear regression to answer the following research question.

RQ: Is there an association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the

Defining Child Abuse Vignettes, considering education, marital status, and parental status?

H₀: There is no association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering education, marital status, and parental status.

H₁: There is an association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering education, marital status, and parental status.

Data Collection

A total of 92 participants were sought for this study. IRB approval was received on September 19, 2022 (approval 09-19-22-0548991), and was granted through September 18, 2023, or when data collection was achieved, whichever came first. I generated a link to SurveyMonkey for the disbursement of the study for participants and posted it on the Walden student research pool, Instagram, and Facebook. and disbursed by e-mail. A total of 155 participants attempted the survey and 98 (65%) completed the survey in its entirety at a predicted 20 minutes per survey.

The demographic survey questions considered gender, education, marital status, and parental status, and a question about how participants heard about the survey (see Table 1). A total of 28 men, 126 women, and one who preferred not to answer, responded to the survey. For education, results were reported as follows: one respondent had a

maximum elementary school education, 0 middle school, seven high school, 34 some college, 17 associates degrees, 28 bachelor's degrees, 53 master's degrees, and 15 doctoral degrees. A total of 63 participants were unmarried and 92 were married. Respondents reported that 45 did not have children and 110 were parents.

How respondents learned about the survey had discrepancies. The possible choices were Facebook/Instagram, Qualtrics, e-mail, SurveyMonkey audience, and Walden participant pool. The results were as follows: Facebook/Instagram was 70, Qualtrics was 0, email was 36, SurveyMonkey was 17, and the Walden participant pool was 32. The choices for SurveyMonkey audience and Qualtrics were included in the survey. Because the SurveyMonkey audience service was never used, it is unknown where the 17 respondents came from. The 17 respondents for SurveyMonkey Audience might not have understood the instructions and perhaps came from either e-mail or Facebook/Instagram.

Only adults were allowed to participate in this study. There were no additional parameters set regarding who could participate. A much larger number of females participated in the study with an n of 126 compared to males with an n of 28. There are many possible explanations for this gender difference. One possibility is the fact that the link to the study was shared on Facebook and Instagram and therefore the number of female friends on social media may be higher than the number of male friends on social media, casting across a pool of more females than males, resulting in an unequal distribution between the two genders. Men might have been less likely to engage in

discussion about abuse because they are often socialized to not share their feelings and therefore might be less likely to participate in a study geared toward abuse.

Another difference in the participant population was the fact that 110 parents participated in the study compared to 45 participants who were non-parents. One reason for the disparity could have been chance. A majority of participants already had children, and it is possible that the participants that were parents possibly took an interest in the study because the topic involved children. Another possibility is that if people were child-free by choice they might not click on a study that involved children, or if they were childless due to infertility, they might not click on the study because the topic is too painful for them.

The overall results cannot be generalized to the overall population for many reasons, one being because of the small sample size ($N=98$). The covariates of education, parental status, and marital status were chosen because they were the most likely variables to become confounders. According to Bursac et al. (2008), a confounding variable is chosen based on the relationship to the dependent variable and the ability to have an impact on the results based on the statistical relationship to the dependent variable.

Table 1*Demographics*

Answer choices	Percent	Number
Male	18.06	28
Female	81.29	126
Prefer not to answer	.065	1
Elementary school	.065	1
Middle school	0.00	0
High school	4.52	7
Some college	21.94	34
Associate's degree	10.97	17
Bachelor's degree	18.06	28
Master's degree	34.1	53
Doctoral degree	9.6	15
Single or unmarried	40.65	63
Married	59.35	92
No, I don't have children	29.03	45
Yes, I have children	70.97	110
Facebook or Instagram	45.16	70
Qualtrics	0.00	0
E-mail	23.23	36
SurveyMonkey audience	10.97	17
Walden participant pool	20.65	32

Results

I used multiple regression to determine if there was a relationship between a person's ACES score and their attitude toward child maltreatment, considering covariates

of education, marital status, and parental status. A G*power analysis version 3.1.9.7 determined the minimum sample size of 92 participants.

Descriptive statistics appear in Table 2.

Table 2

Descriptive Statistics (N = 98)

Descriptive statistics	<i>X</i>	<i>SD</i>	Skew	Kurtosis
ACEs	1.63	.255	.253	.832
Vignette	7.44	3.19	1.294	.027
Education	5.8	1.51	.452	.695
Marital Status	1.41	.494	.367	1.89
Parental Status	1.71	.456	.927	1.155

A Pearson correlation determined if there was a relationship between a person's ACEs score and their attitude toward child maltreatment shown in Table 3.

Table 3*Pearson Correlation(N = 98)*

Pearson correlation	<i>r</i>	<i>p</i>
ACEs and Child Maltreatment vignettes	.056	.258
ACEs and education	.020	.411
ACEs and marital status	.088	.156
ACEs and parental status	.110	.102
Vignettes and education	.091	.148
Vignettes and marital status	.019	.413
Vignettes and parental status	.054	.265

The variables ACES, defining child maltreatment vignettes and covariates education, marital status, and parental status did not statistically significantly predict the dependent variable ACES and is listed in Table 4.

Table 4*Regression of ACES and Vignettes*

Regression	<i>F</i>	<i>p</i>	<i>R</i> ²
ACEs and vignettes	$F(4,130)=.447$.774	014

Table 5*Regression of Child Abuse Vignettes Subcategories*

Vignette sub- categories	<i>F</i>	<i>df</i>	<i>r</i> ²	<i>p</i>
Sex Abuse	1.29	4, 130	.038	.276
Physical Abuse	1.01	4, 93	.042	.404
Fostering Delinquency	.603	4, 93	.025	.661
Emotional Mistreatment	.330	4, 93	.014	.857
Nutritional Neglect	.274	4, 93	.012	.894
Medical Neglect	.255	4, 93	.011	.906
Supervision	.419	4, 93	.018	.794
Alcohol Drugs	.328	4, 93	.014	.859
Cleanliness	.508	4, 93	.021	.730
Educational Neglect	.358	4, 93	.015	.838
Parental Sexual Mores	.320	4, 93	.014	.864
Clothing	.313	4, 93	.013	.868
Housing	.574	4, 93	.024	.682

Assumptions

Eight assumptions must be met for pursuing multiple regression. Assumption 1 requires one independent variable is measured as a continuous variable that is either an

interval or ratio (Laerd Statistics, 2015). In SPSS, scales are considered continuous variables. The ACEs scale is an interval variable that is scored from 0 to 10 and was created based on participant responses to the ACEs questionnaire.

Assumption 2 requires that two or more independent variables are measured as intervals or categories. This study had one dependent variable, defining child maltreatment, measured by the child abuse vignettes and three covariates; education, marital status, and parental status (Laerd Statistics, 2015). The vignettes are continuous as interval scales. The covariates are categorical.

Assumption 3 requires that there is an independence of observations, which is used to test first-order autocorrelation. The coefficient ρ represents the first-order autocorrelation also known as the coefficient of autocovariance (Laerd Statistics, 2015). The independence of observations is verified through the Durbin-Watson statistic. The vignette score for the Durbin-Watson was 1.744, which meets the assumption of independence of observations, meaning that no two sets of data were related to one another or affected the other (Laerd Statistics, 2015).

Assumption 4 requires a linear relationship between the dependent and each of the independent variables. This is tested by using a scatterplot. The data meets the linearity assumptions because all Pearson correlations between the independent variables and vignette scale were non-zero. The only exception was middle school education level, which was used as a reference group in the regression analysis.

Assumption 5 requires that the data results reflect equal error variances. This can be verified through the use of the scatter plot to check for consistency in that the variables

move along the same line also known as homoscedasticity (Laerd Statistics, 2015). The homoscedasticity assumption is not met using the scatterplot of dependent values by standardized residuals. The variances along the line of best fit do not remain similar as one moves along the line.

Assumption 6 requires that the data reflect multicollinearity, which means that the independent variables are highly correlated. This is verified in SPSS through a correlation coefficient to ensure that the data meets the assumption (Laerd Statistics, 2015). The variance inflation factor (VIF) number is the coefficient below 10 for all the variables. Therefore, the multicollinearity assumption is met.

Assumption 7 requires that there are no significant outliers, leverage, or influential points. This is checked through SPSS and is reflected in the output using a measure called Cook's Distance (Laerd Statistics, 2015). No outliers existed.

Assumption 8 requires that the data be checked for a normal distribution. A histogram is used to check for a normal distribution (Laerd Statistics, 2015). Both skewness (-1.442) and kurtosis (.0557) were between -2 and 2 and therefore were acceptable for normal distribution. The histogram reflected skewness in the data and shows that there were two groups: one that viewed the abuse as not harmful and the other that viewed the abuse as extremely harmful. There are a few possibilities for explaining this skewness. One might be that the participants did not understand the instructions for the survey and marked their answers incorrectly. Another possibility is that the skewness is accurate and that there are two main groups with opposing views on the topic of abuse.

Hypothesis Outcomes

The null hypothesis (H_0) predicted there would be no association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering, education, marital status, and parental status. The results of the study were not significant and did not predict attitudes toward child maltreatment. Thus, the alternative hypothesis (H_1) was rejected.

The data were cleaned and screened and properly coded before entering results into SPSS for analysis. The statistical output was tested for validity by checking the eight assumptions associated with multiple regression. The final output reflected that the hypothesis was not supported and the null hypothesis was not rejected. The demographic and descriptive data from SPSS were analyzed and used for the assessment of final determination regarding the independent, and dependent variables, and covariates.

Summary

This chapter included the introduction, data collection, data analysis, and results of the study. I attempted to determine if there was any correlation between a person's ACES score and their attitude toward child maltreatment. Multiple regression was used to analyze the dependent variable, defining child maltreatment, and the independent variable, ACES, as well as the covariates of education, marital status, and parental status. The research question I asked was: Is there an association between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering education, marital

status, and parental status? The overall results were not significant. No association was found between a person's adverse childhood experiences as measured by the ACE Questionnaire, and components of child abuse as measured by the Defining Child Abuse Vignettes, considering education, marital status, and parental status.

Chapter 5 includes an introduction, interpretation of the findings, limitations of the study, recommendation, implications, and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative regression study was to examine if there is a relationship between the variables of a person's adverse childhood experiences and defining child maltreatment. The independent variable was measured by the ACEs questionnaire and the dependent variable adult attitudes toward child maltreatment was measured by the Defining Child Abuse Vignettes. I used a multiple regression analysis to measure and evaluate the results of this study. The single research question was: Does a person's adverse childhood experiences (ACEs) have an influence on their attitudes of what defines child maltreatment? Three covariates were considered: education, parental status, and marital status.

Interpretation of the Findings

The findings indicate that there was no significant association between a person's ACE score and their attitude toward child maltreatment as measured by the child abuse vignettes. Additionally, the 13 subscales of the vignettes and the covariates did not yield significant results in the statistical analysis. One finding that was interesting was the skewness of the results regarding the child abuse vignettes. A higher number of responses rated child maltreatment significantly than not. However, a small group marked responses as not significant with regard to the severity of child maltreatment, which created skewness in the final statistical analysis results.

Although the findings do not confirm or disconfirm prior research on this topic, this study extends the knowledge on the topic and adds to the literature. That the findings

did not confirm the alternative hypothesis about attitudes toward child maltreatment leads to more questions. One reason could be the COVID-19 pandemic.

Purnama Sari et al. (2022) have shown that the pandemic resulted in increased levels of harsh parenting. The researchers looked at statistics pre- and post-pandemic and found that there was an increase in verbal abuse and physical abuse during the COVID-19 lockdown and that there was a link between harsh parenting and low tolerance for children's behavior during high stress situations like COVID-19 (Purnama Sari et al., 2022). Therefore, it is possible that the pandemic had an impact on the results of this study. Perhaps the focus of child safety and well-being has been moved to a lower place of concern in light of the fears and uncertainty that were caused during the pandemic and affected views on child maltreatment.

The respondents who marked the child abuse vignettes as not harmful to the child may not have understood the instructions. Alternatively, they read all instructions and simply did not view the vignettes as harmful to a child, reflecting diverse views among professionals and decision makers within the child welfare community in regard to what constitutes child abuse and what defines child maltreatment. This is one reason why child maltreatment remains a significant problem in the United States. If children are viewed as property and something to be controlled by their caregiver rather than individual human beings that will one day function in society, then perhaps this is a reason the cycle of abuse continues in the United States.

Review of the Findings With Existing Studies

Wamser-Nanny and Campbell (2020) looked at parental attitudes toward child maltreatment as well as macrolevel influences. I made several assumptions regarding adult attitudes toward child maltreatment. Caregivers with a history of child maltreatment, depression, lower socio-economic status, poor health, and more stressful life events, would be at higher risk for problematic parenting and attitudes toward child maltreatment (Wamser-Nanney & Campbell, 2020). The findings revealed that participants who reported lower levels of aggression also reported lower levels of physical discipline and more empathy, understanding, and realistic expectations of children. Wamser-Nanny and Campbell were unable to conclude that traumatic experiences significantly impacted caregiver attitudes.

Wamser-Nanny and Campbell (2020) used records from child protective services for their research. Their study was somewhat different from this study regarding ACEs and attitudes toward child maltreatment in that they did not use the ACEs questionnaire or child abuse vignettes. Wamser-Nanney and Campbell postulated that trauma would have an impact on parenting attitudes toward child maltreatment. Their results were not substantiated; however, they did add knowledge to the literature. This current study's findings were not substantiated either, which leads to further questions such as why were the results skewed and how can there be such a divide in participants' attitudes toward child maltreatment. Wamser-Nanney and Campbell looked at a population consisting of parents, while this research study considered anyone over the age of 18, both parents and nonparents.

Peltonen et al. (2014) examined corporal discipline against children to see if a parent's own experience as a victim of severe corporal discipline in childhood influenced their propensity to inflict corporal discipline on their children. Peltonen et al. compared two groups: mothers who had experienced physical abuse in childhood and mothers who were stressed at the time of the discipline of their child. The authors reported a 95% increase in risk for the propensity to use physical violence as a means for discipline of their children when compared to the mothers who reported no experience of corporal discipline in childhood. The study was conducted with Finnish rather than California parents, which could explain the difference.

Haltom et al. (2019) conducted research regarding children who were suspected victims of child abuse and intergenerational child abuse. Children's caregivers were given the ACEs (Anda & Felitti, 1995), and 86.7% of the participants endorsed exposure to adverse childhood experiences. The findings of the study were consistent with the peer-reviewed research and supported the hypothesis that intergenerational child abuse was correlated to child maltreatment (Haltom et al., 2019). Although the findings of this current study were not significant, there are differences between Halton et al. (2019) and the present study as the aforementioned study was conducted with a small population and a specific population of parents who had brought their children in for medical treatment that was suspicious for abuse. This was quite different from the population in the current study as the participant pool were simply adults over the age of 18. Perhaps Haltom et al. found their results because of the specificity of the population they studied.

Bower-Russa et al. (2001) conducted a quantitative study at a Midwestern U.S. university of undergraduate-level psychology students to measure attitudes toward physical abuse of children. Personal history of physical abuse affected the attitude taken about abuse with a greater likelihood of abuse continuing to the next generation (Bower-Russa et al., 2001). These findings provide a potential explanation for understanding the results of the present study as many participants did not view the child abuse vignettes by Giovannoni and Becerra as abuse and therefore marked the vignettes as not harmful to the child.

Bower-Russa (2005) conducted a study to examine the determining factors that are related to punitive discipline and the correlations between punitive discipline and a caregiver's history of child abuse. Mothers who were abused as children were 12 times more likely to perpetrate abuse toward their children (Bower-Russa, 2005). The findings suggest a difference in the discipline practices of parents with a history of physical abuse in childhood compared to the parents who did not have a history of physical abuse in childhood (Bower-Russa, 2005). The findings of this study are different from the present study; however, there are also differences in regard to the time, as Bower-Russa conducted their study in 2005 before COVID-19, and populations, with undergraduate college students. The present study also involved a specific region of the United States different from the aforementioned research. Additionally, Bower-Russa (2005) found that participants who were physically disciplined in childhood were more in favor of using physical discipline, which could help to understand the findings of this current study.

Perhaps the participants who marked the vignettes as insignificant had received physical discipline in childhood and therefore viewed the child abuse vignettes as insignificant.

Kaferly et al. (2020) used data from a longitudinal study of child abuse and neglect (long scan) records from child protective services in the United States. Kaferly et al. examined whether the existence of a natural mentor had any positive influence on the prediction of attitudes of adolescents with a history of exposure to child abuse. The findings of this study were not significant. The population studied in this research was specific, as it involved mothers of 4-year-old children, which is different from the population of the present study, which included participants over the age of 18, both parents and nonparents. Although Kaferly et al. looked at attitudes toward child maltreatment, the instrumentation and procedures were not the same as in my study.

How This Study Extends the Literature

Through this study, I sought to fill a gap in the literature about adult attitudes toward child maltreatment. The relevant research has linked corporal punishment experienced in childhood to a higher propensity for aggression and abuse toward the person's child or spouse in adulthood (Till-Tentschert, 2017). However, research suggests many adults were disciplined with spanking in childhood and do not abuse their children or become aggressive in adulthood, which also leads to the recommendation for more research on this topic (Chiang et al., 2016). This may be a potential explanation for understanding the participants' responses in this study, as the results were skewed. Some of the participants viewed their own experience of corporal punishment as being innocuous in relation to their current lives. Perhaps the acceptance of corporal

punishment in the United States had an impact on this present study and demonstrates a need for research into the reasons that participants would have such diverse answers regarding the definition of child maltreatment.

If a person values violence, they will perpetuate violence, and therefore addressing violent behavior is an important step in decreasing and preventing violent behavior (Knox, 2010). In the United States, corporal punishment of children is legal. Yet hitting an adult is not legal and is considered domestic violence punishable by law (Knox, 2010). The rationale and justification for the physical harm of a vulnerable child as a form of discipline might be hard to understand when adults are afforded protection against the same treatment.

The definitions and beliefs vary widely about the definition of child maltreatment and how much harm it poses for the child (Lev-Wiesel et al. 2020). This variation could help explain the results of the current study not being significant and why the results were skewed. Future researchers and clarification for policy to be changed regarding this topic (Lev-Wiesel et al. 2020). A more consistent definition must be implemented if child maltreatment is to be significantly decreased (Lev-Wiesel et al. 2020). Lastly, children are a vulnerable population and deserve to be protected from abuse and violence. Therefore, additional research is needed to understand the aforementioned attitudes and rationalizations of the acceptance of violence toward children in the name of discipline.

Interpretation of the Findings and the Theoretical Framework

I grounded this study in Bronfenbrenner's (1977) ecological theory. The person's environment across the lifespan explains human development. Five systems are included

in the ecological theory: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1979). Bronfenbrenner believed that improving a person's environment created the potential for a positive impact on the person's development across the lifespan. Although the findings in this study were not significant, Bronfenbrenner's ecological theory remains relevant to this study as the participants of this study are a part of and influenced by the five systems described in the ecological theory.

The findings in the study showed a unique skewness between two groups, one that viewed child maltreatment as severe, and another group that viewed it as not harmful to the child. Wamser-Nanney and Campbell (2020) supported the belief that there is a diverse window of beliefs about what defines child maltreatment, the effects of abuse on the individual, and the definition. These values and beliefs are formed in childhood and develop across the lifespan. The macrosystem in ecological theory, which consists of societal norms and beliefs, also influences what defines child maltreatment as well as the policies that are created to protect children. Knox (2010, p. 104) pointed out the fact that children were viewed in the United States as property" and that children are the only population upon which it is legal to inflict corporal punishment. This supports the ecological theory; that is, societal norms are a part of what influences human development across the lifespan.

Limitations of the Study

The findings in this study were not significant and cannot be generalized to the overall population. The sample comprised 98 completed surveys of the 151 surveys that

potential participants completed. It is not possible with this small sample to encompass all of the diversity of the population of the United States. I believe the results are valid and reliable because I screened and cleaned the data prior to analyzing them in SPSS. Additionally, the statistical analysis included meeting the eight assumptions for multiple regression. Another limitation is that the participants were required to take the survey online, which left no opportunity for any clarification had it been conducted face to face.

In addition, because the sample was obtained through social media and e-mail, the pool of participants who had access or knowledge about the study to participate was limited. This was influenced by the ongoing COVID-19 pandemic; therefore, the survey was made accessible to participants through SurveyMonkey. Participants need to read and understand the instructions given online. The skewed results suggest that some participants may not have understood instructions or may not have thoroughly read instructions before attempting each survey.

Another limitation is that far more women than men completed the survey. There were significantly more parents than non-parents who took the survey, which may have also influenced the final results. Participation in the survey was reliant upon who happened to be contacted through social media. Most of these were from southern, California based upon the contacts that were reached through the procedures allowed for collecting data. Therefore, the results cannot be used to draw any significantly transferrable conclusions about the findings in the final data analysis.

Recommendations

A number of researchers (see Anda & Felitti, 2006; Bellis, 2019; Dube, 2018; Gelles, 2016; Johnson & James, 2016; Larkin et al., 2014; Miller et al., 2020; Van der Kolk, 2016) have noted a gap in the literature with regard to child maltreatment, corporal punishment, and attitudes toward child maltreatment. The results yielded no significant findings about a relationship between the ACE score and attitudes toward the child abuse vignettes. Yet additional research is needed. There are other ways to measure attitudes toward child maltreatment, such as a follow-up qualitative study. Attitudes and opinions can be subjective and so it may be possible to obtain a different outcome using a different method for conducting the research.

Lev-Wiesel et al. (2020) noted that the attitudes and opinions of people can vary significantly regarding child maltreatment and defining abuse. Knox (2010), discussed people who condone corporal punishment often justify and perpetuate more aggressive behavior. Haynes and O'Neal (2018) discussed why adults condone corporal punishment yet view physical abuse toward an adult as domestic violence. This question remains unanswered, although Knox (2010) proffered that the fact that corporal punishment is legal in the United States is connected to adults viewing children as property. Peltonen et al. (2014) argued that as long as adults in the United States continue to condone corporal punishment of children, the cycle of child maltreatment will continue. Therefore, additional research is needed because child maltreatment remains a serious problem in the United States.

Implications

Although the findings in this study were not significant, there is still a need for more research on this topic and a need for policy that is more child-centered in the United States. Violence against children is a severe problem not just in the United States but across the globe (Chiang et al., 2016). Chiang et al. (2016) noted violence against children can have long-term effects on the child across the lifespan. Anda and Felitti (1998) showed that adverse childhood experiences can affect the individual across the lifespan through mental health, physical health, life satisfaction, employment, overall stability, and much more.

Wamser-Nanney and Campbell (2020), Peltonen et al. (2014), and Bower-Russa et al. (2001) have postulated a person's attitude toward child maltreatment is connected to their own experience of victimization of abuse in childhood, lending possible validity of the initial hypothesis of this study. Perhaps a larger sample or a different method for obtaining the research, such as in-person instructions instead of an online platform for data collection might have yielded different results.

This study can still be a positive contribution to the literature as it does support the need for further research toward understanding the definition of child maltreatment and what influences adult attitudes toward child maltreatment. Violence against children is prevalent, and policies are needed to prevent child maltreatment. The financial impact of violence against children across the globe is believed to surpass \$7 trillion annually and the world could benefit from a policy that supports preventative services and support to families (Chiang et al., 2016). Chiang et al. (2016) stated that there is a need for

additional research on this topic that may inform policymakers of the need to address the problem.

The theoretical implications for this study are multifaceted. I attempted to fill a gap in the literature about adult attitudes toward child maltreatment. The findings found no significant results and the hypothesis was not supported. The results of this study showed two divided groups with opposing views of the Defining Child Abuse Vignettes scale. There was skewness in the results that were noticeable. This leads to additional questions as to the reason for the skewness. Additional research and inquiry are needed to answer the questions regarding the reasons for the skewness and the reasons for the no significant findings. Is it possible that Americans do not care about child maltreatment or could it be that the COVID-19 pandemic had some kind of impact on how participants answered the survey questions? There remains a gap in the literature and the research problem remains unanswered.

Lastly, the implications for social change of this study are multifaceted. There is a need for a more child-centered social policy regarding child maltreatment. Also needed is a clearer definition of child maltreatment as well as a need for society, professionals, policymakers, and the decision makers within child protection agencies to decide whom they want to protect: a parent's rights or the physical safety and well-being of the child. As previously stated, children are the most vulnerable resource, yet they remain the property of their caregivers under the constitution of the United States. The United States remains the only country that has declined to ratify the United Nations 1989 treaty, which protects the physical well-being of children and advocates against violence toward

children. Modifying current laws that would be more in favor of protecting the child and preventing the experience of adverse childhood experiences could address child maltreatment in the United States.

Conclusion

The purpose of this study was to examine if there is a relationship between adult attitudes toward child maltreatment and a person's adverse childhood experiences as measured by the ACE score. Attitudes toward child maltreatment might not be at the forefront of a person's mind post-pandemic as COVID-19 has resulted in many changes in the world and how things are seen today. Many people experience extreme stress, fear, anxiety, loss of loved ones, and financial hardship, which could have shifted participants' thinking and priorities and therefore impacted the results of this study.

Wallander and Koot (2016) asserted that nearly 32% of the population in the world was under the age of 20, and child abuse was known to have adverse effects on a person's overall quality of life throughout the lifespan. Anda and Felitti (1998) demonstrated that exposure to adversity in childhood can have negative effects on the neurobiological, medical, mental, physical, social, emotional, and behavioral health across the life span and that a proactive approach is superior to being reactive in addressing adverse childhood experiences. Although children are the most vulnerable population in the United States, they are also the only population in that it is legal to inflict physical violence which is justified as a discipline (Knox, 2010). Godwin (2015) referred to the use of corporal punishment of children in the United States as a legal battery under the premise that the parent has the right to discipline their child. Knox

(2010) and Woodhouse (2014) both discussed the fact that in the United States children are viewed as property under the Constitution. Therefore, parents have the right to discipline as they see fit. Yet, the same physical discipline inflicted upon children was illegal and considered domestic violence if inflicted upon an adult (Knox, 2010).

The child welfare system in the United States has always been parent-centered rather than child-centered and therefore, as has been pointed out by Gelles (2016) the child welfare system claims to be looking for the best interest of the child in theory but in actuality protecting the best interest of the parent. Godwin (2015) and Woodhouse (2014) have pointed to the concern that parental rights prevailed in the system and the courts over the best interest of the child. In 2023, the United States remains the only country that has declined to ratify the United Nations 1989 treaty, which calls for countries to agree to protect children from violence (Fiorvanti & Brassard, 2014). It is believed that the constitutional rights of parents in the United States remain the main motivation for refusing to ratify the treaty (Fiorvanti & Brassard, 2014). One reason for the United States' failure to ratify the treaty was because the United States valued the sovereignty of the individual's choice, and also because groups that supported parental rights, opposed the ratification of the United Nations treaty (Galvin, 2020).

Van der Kolk (2016) argued that a proactive approach is superior to being reactive in addressing adverse childhood experiences. Perhaps ratification of the treaty is not the answer. Perhaps modifying laws that protect children from violence and mistreatment over parents' rights and creating laws that view children as an individual, rather than parental property, is a more worthwhile goal. When the United States decides

to create a policy that is proactive and child-centered, then perhaps the costly issue of child maltreatment in the United States can finally be more effectively addressed.

References

- Adverse Childhood Experiences Study Questionnaire (Inventory/Questionnaire)
[Apparatus]. (1998).<https://doi.org/10.1037/t26957-000>
- Alexander Jr., R. (1993). The legal liability of social workers after Deshaney. *National Association of Social Workers*, 30(1), 64–68.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Anda, R. F., Felitti, V. J., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood are a convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry & Clinical Neuroscience*, 256, 174–186.
- Arad-Davidzon, B., & Benbenishty, R. (2008). The role of workers' attitudes and parent and child wishes in child protection workers' assessments and recommendations regarding removal and reunification. *Children and Youth Services Review*, 30(1), 107–121. <https://doi.org/10.1037/t26957-000>
- Barnett, D., Manly, J. T., & Cicchetti, D. (1993). Defining child maltreatment: The interface between policy and research. In I. Sigel (Ed.), *Child abuse, child development, social policy (advances in applied developmental psychology)* (8th ed., pp. 1–73). Apex.
- Bellis, M. A., Hughes, K., Ford, K., Rodriguez, G. R., Sethi, D., & Passmore, J. (2019). Life-course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: A systematic review and meta-

analysis. *Lancet Public Health*, 4, e517–28. [https://doi.org/10.1016/S2468-2667\(19\)30145-8](https://doi.org/10.1016/S2468-2667(19)30145-8)

- Benbenishty, R., Davidzon-Arad, B., Lopez, M., Devaney, J., Spratt, T., Koopmans, C., Knorth, E. J.; Witteman, C. L. M.; Del Valle, J. F., & Hayes, D. (2015). Decision making in child protection: An international comparative study on maltreatment substantiation, risk assessment, and interventions recommendations, and the role of professionals' child welfare attitudes. *Child Abuse & Neglect*, 49, 63–75, <https://doi.org/10.1016/j.ciabu.2015.03.015>
- Bower-Russa, M. (2005). Attitudes mediate the association between childhood disciplinary history and disciplinary responses. *Child Maltreatment*, 10(3), 272–282. <https://doi.org/10.1177/1077559505277531>
- Bower-Russa, M. E., Knutson, J. F., & Winebarger, A. (2001). Disciplinary history, adult disciplinary attitudes, and risk for abusive parenting. *Journal of Community Psychology*, 29(3), 219–240. <https://doi.org/10.1002/jcop.1015>
- Bronfenbrenner, U. (1974). Developmental research, public policy, and the ecology of childhood. *Child Development*, 45(1). <https://doi.org/10.2307/1127743>
- Bronfenbrenner, U. (1979). *The ecology of human development experiments by nature and design*. Harvard University Press.
- Bronfenbrenner, U. (1981). *The ecology of human development* (1st ed.). Harvard University Press.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6), 723–

742.<https://doi.org/10.1037/0012-1649.22.6.723>

- Bronfenbrenner, U., & Ceci, S. J. (1994). Nurture-nurture reconceptualized in developmental perspective: a bioecological model. *American Psychological Association, 101*(4), 568–586.
- Bursac, Z., Gauss, C.H., Williams, D.K., & Hosmer, D.W. Purposeful selection of variables in logistic regression. *Source Code Biological Medicine 16*(3).<https://doi.org/10.1186/1751-0473-3-17>.
- Campbell, D. T., & Stanley, J. C. (1963). Experimental and quasi-experimental designs for research. In *Handbook of research on teaching* (pp. 1–83). Houghton Mifflin.
- Ceci, S. J. (2004). Bronfenbrenner, Urie. In *Encyclopedia of psychology, vol. 1* (pp. 478–479). American Psychological Association.<https://doi.org/10.1037/10516-184>
- Chesworth, B., Lanier, P., & Rizo, C. (2019). The association between exposure to intimate partner violence and child bullying behaviors. *Journal of Child and Family Studies, 28*(8), 2220–2231. <https://doi.org/10.1007/s10826-019-01439-z>
- Chiang, L. F., Dress, H., Sumner, S. A., Gleckel, J., Kawemama, P., & Gordon, R. N. (2016). violence against children surveys (vacs): towards a global surveillance system. *Centers for Disease Control and Prevention, 6*(22), 117–122.
- Choi, C., Mersky, J. P., Janczewski, C. E., Plummer Lee, C.-T., Davies, W., & Lang, A. C. (2020). Validity of an expanded assessment of adverse childhood experiences: A replication study. *Children and Youth Services Review, 117*, 105–216.<https://doi.org/10.1016/j.childyouth.2020.105216>
- Choi, J., & Thomas, M. (2015). Perceptual difference of child neglect among

Koreanparents and children: Implications for child welfare policy. *Children and Youth Services Review*, 55, 56–61h

<https://doi.org/10.1016/j.chilyouth.2015.05.011>.

Craig, C. D., & Sprang, G. (2007). Trauma exposure and child abuse potential: investigating the cycle of violence. *American Journal of Orthopsychiatry*, 77(2), 296–305.

Creswell, J. W., & Creswell, J. D. (2018). *Research design qualitative quantitative and mixed methods approach* (5 ed.). Sage.

Davidson-Arad, B., & Benbenishty, R. (2016). Child welfare attitudes, risk assessments, and intervention recommendations: the role of professional expertise. *British Journal of Social Work*, 46, 186–203. <https://doi.org/10.1093/bjsw/bcu110>

Dekel, B., Andipatin, M., & Abrahams, N. (2020). Exploring adversities among parents convicted of killing their children. *PLOS ONE*, 15(7), e0235812.

<https://doi.org/10.1371/journal.pone.0235812>

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, & J.S. (1998). *Adverse childhood experiences study questionnaire*. Retrieved from PsychTESTS, <https://doi.org/10.1037/t26957-000>

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

- Fiorvanti, C. M., & Brassard, M. R. (2014). Advancing child protection through respecting children's rights: A shifting emphasis for school psychology. *School Psychology Review, 43*(4), 349–366.
<https://doi.org/10.1080/02796015.2014.12087410>
- Fuller-Thomson, E., Baird, S., Dhrodia, R., & Brennenstuhl, S. (2016, April 24, 2016). The association between adverse childhood experiences (ACEs) and suicide attempts in a population-based study. *Child Care, Health, and Development, 42*, 725–734.
- Fusco, R. A. (2015). Second generation mothers in the child welfare system: factors that predict engagement. *Child Adolescent Social Work, 32*, 545–554.
<https://doi.org/10.1007/s10560-015-0394-4>
- Galvin, C. (2020). Opposing viewpoints: The U.S. should not ratify the United Nations convention on the rights of the child, *Journal of Child Legal Rights, 39*, 198.
<https://lawecommons.luc.edu/clrj/vol39/iss2/11>
- Gelles, R. J. (2016). Why the American child welfare system is not child-centered. *William & Mary Bill of Rights, 24*:733, 733–753.
- Giovannoni, J. M., & Becerra, R. M. (1979). *Defining child abuse*. The Free Press.
- Godwin, S. (2015). Against parental rights. *Columbia Human Rights Law Review, 47.1*(1), 1–83.
- Gracia, E., López-Quílez, A., Marco, M., Lladosa, S., & Lila, M. (2014). Exploring neighborhood influences on small-area variations in intimate partner violence risk: A Bayesian random-effects modeling approach. *International Journal*

of Environmental Research and Public Health, 11, 866–882.

<https://doi.org/10.3390/ijerph110100866>

Hall, S. (2011). “It’s going to stop in this generation”: Women with a history of child abuse resolving to raise their children without abuse. *Harvard Education Review*, 81(1), 24–49.

Haltom, J., Card, E., Wells, N., & Lowen, D. E. (2019). The hands that cradle: A pilot study of parent adverse childhood experience scores. *Journal of the American Association of Nurse Practitioners*, 31(6), 330–336.

<https://doi.org/10.1097/jxx.0000000000000185>

Hatcher, L. (2013). *Advanced statistics in research reading, understanding, and writing, up data analysis results*. Shadow Finch Media.

Hayes, B. E., & O’Neal, E. N. (2018, July 8). The effects of individual and national-level factors on attitudes towards child maltreatment. *Child Abuse & Neglect*, 83, 83–93.

Jones, C. M., Merrick, M. T., & Houry, D. E. (2020, January 7). Identifying and preventing adverse childhood experiences implications for clinical practice. *Journal of the American Medical Association*, 323(1), 25–26.

Johnson, E. J., & James, C. (2016). Effects of child abuse and neglect on adult survivors. *Early Child Development and Care*, 186(11), 1836–1845.

<https://doi.org/10.1080/03004430.2015.1134522>

Kaferly, J., Furniss, A., & Allison, M. A. (2020). Transmission of intergenerational parenting attitudes and natural mentorship: Associations within the Longscan

population. *Child Abuse & Neglect*, 108, 104662.

<https://doi.org/10.1016/j.chiabu.2020.104662>

Karatekin, C., & Hill, M. (2018). Expanding the original definition of adverse childhood experiences (aces). *Journal of Child & Adolescent Trauma*, 12(3), 289–306.

<https://doi.org/10.1007/s40653-018-0237-5>

Karpetis, G. (2017, October 12, 2017). Theories on child protection work with parents: a narrative review of the literature. *Child Welfare*, 95(2), 33–70.

Knox, M. (2010). On hitting children: A review of corporal punishment in the United States. *Journal of Pediatric Healthcare*, 103–107.

Koenen, M. A., & Thompson, Jr., J. W. (2008). Filicide: Historical review and prevention of child death by parent. *Infant Mental Health Journal*, 29(1), 61–75.

<https://doi.org/10.4103/0019-5545.196845>

Laerd Statistics. (2015). Simple linear regression using SPSS Statistics. *Statistical tutorials and software guides*. Retrieved from <https://statistics.laerd.com>

Larkin, H., Felitti, V. J., & Anda, R. F. (2014). Social work and adverse childhood experiences research: implications for practice and health policy. *Social Work in Public Health*, 29, 1–16.

Lev-Wiesel, R., Massrawa, N., & Binson, B. (2020). Parents' and children's perceptions of child maltreatment. *Journal of Social Work*, 20(4), 395–410.

Lipscomb, A. E., & Arkadie, N. L. (2020). It takes a community: preventing child maltreatment of toddler-aged children in the us from an ecological systems perspective. *Journal of Social Work Education and Practice*, 4(4), 34–42.

- McCrae, J. S., Bender, K., Brown, S. M., Phillips, J. D., & Rienks, S. (2018). Adverse childhood experiences and complex health concerns among child welfare-involved children. *Children's Health Care, 48*(1), 38–58.
<https://doi.org/10.1080/02739615.2018.1446140>
- McGavock, L., & Spratt, T. (2014). Prevalence of adverse childhood experiences in university populations associations with use of social services. *British Journal of Social Work, 44*, 657–674.
- McGowan, B. G. (2016). Historical evolution of child welfare services. In *Child welfare for the twenty-first century* (pp. 11–44). Columbia University Press.
<https://doi.org/10.7312/mall15180-002>
- McLaughlin, K. A. (2016). Future directions in childhood adversity and youth psychopathology. *Journal of Clinical Child & Adolescent Psychology, 45*(3), 361–382.
<https://doi.org/10.1080/15374416.2015.11110823>
- Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect, 69*, 10–19.
- Miller, T. R., Waehrer, G. M., Oh, D. L., Boparai, S. P., Walker, S. O., Marques, S. S., & Harris, N. B. (2020). Adult health burden and cost in California during 2013 associated with prior adverse childhood experiences. *PLOS ONE, 15*(1), 1–15.
<https://doi.org/10.1371/journal.pone.0228019>
- Myers, J. (2002). Keep the lifeboat afloat. *Child Abuse & Neglect, 26*(6–7), 561–567.
[https://doi.org/10.1016/s0145-2134\(02\)00334-4](https://doi.org/10.1016/s0145-2134(02)00334-4)

- Negash, T., & Maguire-Jack, K. (2015). Do social services matter for child maltreatment prevention? Interactions between social support and parent's knowledge of available local social services. *Journal of Family Violence, 31*, 557–565.
<https://doi.org/10.1007/s10896-015-9788-5>
- Peltonen, K., Ellonen, N., Pösö, T., & Lucas, S. (2014). Mothers' self-reported violence toward their children: A multifaceted risk analysis. *Child Abuse & Neglect, 38*(12), 1923–1933. <https://doi.org/10.1016/j.chiabu.2014.10.016>
- Pierce, L., & Bozalek, V. (2004). Child abuse in south Africa: An examination of how child abuse and neglect are defined. *Child Abuse & Neglect, 28*(8), 817–832.
<https://doi.org/10.1016/j.chiabu.2003.09.022>
- Peterson-Badali, M., Morine, S. L., Ruck, M. D., & Slonim, N. (2004). Predictors of maternal and early adolescent attitudes towards children's nurturance and self-determination rights. *Journal of Early Adolescence, 24*(2), 159–179.
<https://doi.org/10.1177/0272431603262667>
- Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect, 86*, 178–183.
- Pritchard, C., & Steven, K. (2017). Child mortality and child-abuse-related deaths in Albania, Bulgaria, Croatia, Cuba, Czech Republic, Estonia, Fry Macedonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, Russia, Serbia, Slovakia and Slovenia compared to western comparators the USA and the UK (1988–90 to 2012–14). *The British Journal of Social Work, 48*(1), 236–253.
<https://doi.org/10.1093/bjsw/bcw179>

- Purnama Sari, N., H. Van Ijzendoorn, M., Jansen, P., Bakermans-Kranenburg, M., & Riem, M. M. (2022). Higher levels of harsh parenting during the covid-19 lockdown in the netherlands. *Child Maltreatment*, 27(2), 156–162.
- Resnick, P. J. (2016, December 2016). Filicide in the United States. *Indian Journal of Psychiatry*, 58, S203–S209. <https://doi.org/10.4103/0019-5545.196845>
- Rubin, A., & Babbie, E. (2005). *Research methods for social work* (5th ed.). Thomson Learning.
- Sabri, B., Hong, J., Campbell, J. C., & Cho, H. (2013). Understanding children and adolescents' victimizations at multiple levels: An ecological review of the literature. *Journal of Social Service Research*, 39(3), 322–334. <https://doi.org/10.1080/01488376.2013.769835>
- Smith Slep, A. M., Heyman, R. E., & Foran, H. M. (2015). Child maltreatment in dsm-5 and icd-11. *Family Process*, 54, 17–32. <https://doi.org/10.1111/famp.12131>
- Till-Tentschert, U. (2017). The relation between violence experienced in childhood and women's exposure to violence in later life: evidence from europe. *Journal of Interpersonal Violence*, 32(12), 1874–1894. <https://doi.org/10.1177/088626051769895>
- Van der Kolk, B. (2016). Commentary: the devastating effects of ignoring child maltreatment in psychiatry: A commentary on Teicher and Samson 2016. *Journal of Child Psychology and Psychiatry*, 57(3), 267–270. <https://doi.org/10.1111/jcpp.1254>
- U.S. Department of Health and Human Services, Administration for Children and

- Families, Children's Bureau, Child Welfare. (2019). *What is child welfare? A guide for educators*. Retrieved from https://www.childwelfare.gov/pubPDFs/cw_mentalhealth.pdf
- Wallander, J. L., & Koot, H. M. (2016). Quality of life in children: A critical examination of concepts, approaches, issues, and future directions. *Clinical Psychology Review, 45*, 131–143. <https://doi.org/10.1016/j.cpr.2015.11.007>
- Wamser-Nanney, R., & Campbell, C. L. (2020). Predictors of parenting attitudes in an at-risk sample: Results from the Longscanstudy. *Child Abuse & Neglect, 99*, 104282. <https://doi.org/10.1016/j.chiabu.2019.104282>
- Wang, X., Maguire-Jack, K., Barnhart, S., Yoon, S., & Li, Q. (2019). Racial differences in the relationship between neighborhood disorder, adverse childhood experiences, and child behavioral health. *Journal of Abnormal Child Psychology, 48*(3), 315–329. <https://doi.org/10.1007/s10802-019-00597-4>
- Wasserman, R. (2013). Ethical issues and guidelines for conducting data analysis in psychological research. *Ethics & Behavior, 23*(1), 3–15. <https://doi.org/10.1080/10508422.2012.728472>
- Whitney, S. D., Tajima, E. A., Herrenkohl, T. I., & Huang, B. (2006). Defining child abuse: Exploring variations in ratings of discipline severity among child welfare practitioners. *Child and Adolescent Social Work Journal, 23*(3), 316–342. <https://doi.org/10.1007/s10560-006-0051-z>
- Wienclaw, R. A. (2019). *Advanced statistical methods*. Salem Press Encyclopedia.
- Williams, G. (1983). Child protection a journey into history. *Journal of Clinical Child*




Psychology, 12(3), 236–243. https://doi.org/10.1207/s15374424jccp1203_2

Woodhouse, B. B. (1992). Who owns the child? Myer and Pierce and the child as property. *William and Mary Law Review*, 33(4), 995–1122.

Woodhouse, B. (2014). Listening to children: Participation rights of minors in Italy and the United States. *Journal of Social Welfare and Family Law*, 36(4), 358–369. <https://doi.org/10.1080/09649069.2014.967983>

Woods-Jaeger, B. A., Cho, B., Sexton, C. C., Slagel, L., & Goggin, K. (2018). Promoting resilience: breaking the intergenerational cycle of adverse childhood experiences. *Health Education & Behavior*, 45(5), 772–780. <https://doi.org/10.1177/1090198117752785>

Appendix A: CITI Research Certificate

		Completion Date 15-Jan-2022 Expiration Date N/A Record ID 46657432
This is to certify that:		
Carla Santana		
Has completed the following CITI Program course:		Not valid for renewal of certification through CME.
Student's (Curriculum Group)		
Doctoral Student Researchers (Course Learner Group)		
1 - Basic Course (Stage)		
Under requirements set by:		
Walden University		
		
Verify at www.citiprogram.org/verify/?w1c52e9a5-ee06-491e-8836-fbd748e2ab0e-46657432		

Appendix B: Recruitment Flyer

Online survey study seeks participants

The study is called “*Adult Attitudes and Adverse Childhood Experiences; Implications for Child Maltreatment*.” This study could help care providers like Mental Health Counselors and Social Workers better understand and help their patients and positive social change for children.

This survey is part of the doctoral study for Carla Santana a student at Walden University.

About the study:

- 15–20 minute online survey
- To protect your privacy, no names will be collected

Volunteers must meet these requirements:

- 18 years old or older

**To confidentially volunteer, click the following link:
[insert survey link]**

Appendix C: Demographic Survey

Please check only one for each question 1–4:

1) What is your gender?

Male female prefer not to answer

2) What is your highest level of education?

Elementary school (Kindergarten –6th grade)

Middle school (7th, 8th grade)

High school (9th -- 12th grade)

some college

Associate degree

Bachelor degree

Master's degree

Doctoral degree.

3) What is your marital status?

Single or unmarried

Married

4) Parental status?

No, I don't have children

yes, I have children (including biological, adoptive, foster, and step-children).