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Caregivers' Perceptions and Attitudes Toward Child Maltreatment: a Pilot Case Study in Tel Aviv, Israel, and Cleveland, USA

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Abstract

The purpose of this pilot cross-national study was to uncover similarities and differences in three areas that might affect the development of community-based programs targeting child maltreatment: behaviors considered to be maltreatment, perceived contributors to maltreatment, and whether the government or neighbors can do anything about maltreatment. Data were obtained from two neighborhood-based, cross-sectional surveys of adult caregivers of minors: one in Cleveland, USA, the other in Tel Aviv, Israel. The sample consisted of a total of 120 caregivers, in each city 20 residing in a low-SES neighborhood, 20 in a medium-SES neighborhood, and 20 in an elevated-SES neighborhood. Participants were asked (a) to provide three examples of behaviors they considered to be child abuse, (b) to rate the degree to which each of 13 factors contribute to child maltreatment, and (c) to rate the degree to which they agreed with a range of attitudes about maltreatment. The same coding scheme was used in both sites. Logistic regression analyses assessed city differences in dichotomous outcomes, while linear regression analyses assessed city differences in ratings of continuous outcomes. Analyses adjusted for individual and neighborhood characteristics, and accounted for residential clustering in neighborhoods. Primary results indicated that residence in Tel Aviv was associated with greater odds of citing emotional/psychological abuse compared to Cleveland residents. Also compared to Cleveland residents, Tel Aviv residents (a) viewed family structure, family values, religion, child-raising knowledge, and personal history of maltreatment as contributing less to maltreatment, (b) were less likely to agree that anyone could abuse a child or that spanking is necessary, and (c) had substantially greater odds of endorsing the government's ability to address child maltreatment. Concerning study implications, this investigation demonstrated the importance of context in shaping constructions of child maltreatment and the need for caution in replicating interventions without due consideration of potential differences in context, policy, and public opinion.

Keywords Child maltreatment, causes of · Child maltreatment, cultural factors in · Child maltreatment, definitions of · Child maltreatment, religious factors in · Child maltreatment, social class as a factor in · Child maltreatment, substance abuse as a factor in · Child

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protection, community-based · Child protection, governmental · Corporal punishment · Epidemiology, Israel · Epidemiology, United States

With growing recognition of the ubiquity of children's exposure to violence and the deleterious outcomes of this exposure (e.g., Hillis et al. 2016; United Nations Children's Fund 2014), recent years have seen the emergence of global alliances and multi-national efforts to reduce violence against children and families. Most notably, the United Nations Sustainable Development Goals for 2030 included a specific goal, 16.2, to "End abuse, exploitation, trafficking, and all forms of violence against and torture of children" (2015). The Global Partnership to End Violence Against Children (End Violence 2016) brought together the public and private sectors, philanthropy, UN agencies, and children themselves to address strategies for reducing violence. In these efforts, there is a tension between universalist solutions that can be applied across social, cultural, environmental, and political contexts, versus a more context-specific approach. Although the search for a single program or approach has been elusive, scholars have nonetheless sought to develop solutions that promote equity in violence prevention across the world's population. The ability of programs to work effectively in multiple national/cultural settings may depend in part on the degree to which maltreatment (one form of violence against children) is similarly conceptualized across these settings.

Cross-cultural and cross-national studies provide challenges, for example, in the equivalency of meanings of a behavior or an intervention. Nevertheless, they also afford an opportunity to harmonize study measures and procedures across settings and thereby facilitate comparisons. Using a common instrument can be advantageous. For example, the ISPCAN Child Abuse Screening Tools (Runyan et al. 2009) has enriched existing knowledge on the prevalence of different forms of maltreatment across cultural and national groups (e.g., Al-Eissa et al. 2015; Chandraratne et al. 2018; Nikolaidis et al. 2018; Patcharoros et al. 2014; Sofuoğlu et al. 2014; Volkova 2017). There is a growing literature of cross-national studies. Many of these focus on decision-making and responses of child-protection workers to potential or suspected child maltreatment (Benbenishty et al. 2015; Berrick et al. 2017; Kriz and Skivenes 2014; Meysen and Kelly 2018; Skivenes and Stenberg 2015). Regarding caregiver views on what behaviors constitute child maltreatment, the cross-national literature has focused largely on discipline, physical abuse, and corporal punishment (Ellonen et al. 2017; Helland et al. 2018; Skinner et al. 2014; Son et al. 2017).

The body of literature focusing on cross-cultural or cross-ethnic differences in how child maltreatment is defined has documented that though there seem to be some areas of consensus (e.g., withholding food from a child, sexual behavior involving a young child and adult), there is cultural variability in what constitutes maltreatment (e.g. Ferrari 2002; Ho and Gross 2015; Ima and Hohm 1991; Korbin 1980, 1981) as well as variation in state and individual responsibility for child well-being (e.g., Abu Baker and Dwairy 2003). Although much less attention has been paid to the causes of or contributors to maltreatment, the small number of studies in this area similarly suggest both cultural/ethnic overlap and distinctiveness (e.g., Calheiros 2013; Haj-Yahia and Shor 1995; Korbin et al. 2000; Shor and Haj Yahia 1996; Simarra et al. 2002). Cross-cultural variation in definitions and etiologies of child maltreatment necessitates efforts

to illuminate these differences. Otherwise, researchers risk utilizing conceptualizations of child maltreatment that are culturally incongruent.

The current study was an initial pilot step taken by collaborating research groups in Cleveland, Ohio, and Tel Aviv, Israel, interested in developing effective community-based efforts to prevent child maltreatment that could span cultural and national boundaries. These research efforts dovetailed with a project by another group to introduce the Strong Communities program from the southern United States to Tel Aviv, Israel (McLeigh et al. 2017). The purpose of the pilot study was to uncover similarities and differences in caregivers' self-reports in three areas that might affect the development of community-based programs: (a) behaviors that are described as maltreatment, (b) perceived contributors to the occurrence of maltreatment, and (c) whether the government or neighbors can do anything about maltreatment.

The selection of these areas of interest was guided by the instruments and domains of a 20-year study of child maltreatment in Cleveland (NIH grant R01HD077002). The investigators believed that a cross-national comparison would add to what was being learned from a long-term study of similar neighborhoods in another country, thereby enhancing our understanding of community context and child maltreatment. The study's research questions were: Do Cleveland and Tel Aviv caregivers differ in (a) the behaviors they provide as examples of child abuse and neglect, (b) the factors they believe contribute to child abuse and neglect, and (c) attitudes about whether spanking/physical discipline is abuse, whether any parent to maltreat a child, and the degree to which the government and neighborhood residents can do anything about child maltreatment.

Methods

Overview

This cross-sectional study compared perceptions of child abuse and neglect in a sample of 60 adult caregivers in Cleveland, OH, with those of an equal number of adult caregivers in Tel Aviv, Israel. Data from both cities were collected between 2014 and 2015 using the same instrument and procedures (see below). The study was approved by Case Western Reserve University's Institutional Review Board (Cleveland activities) and the Hebrew University's School of Social Work Ethics' Committee (Tel Aviv activities). At both sites, potential participants were invited to participate in a research study about the relationships among neighborhood conditions, child maltreatment and other aspects of children's health and well-being. The potential participants were informed that they were selected because they were the adult caregivers of at least one child 17 years of age or less and they lived in one of the investigation's study neighborhoods.

Generation of the Cleveland Sample

The sample was created as part of the Cleveland Neighborhood Factors and Child Maltreatment: A Mixed-Methods Study (NIH grant R01HD077002), which investigated the association between neighborhood conditions and child maltreatment. As part of this study, a sample of 400 residents from 20 Cleveland neighborhoods (census tracts) was generated. Procedures for creating the sample have been described elsewhere

(Spilsbury et al. 2018). In brief, the neighborhoods selected mirrored the 3-stage strategy used by an earlier 1995 study: (a) census tracts were selected based on various levels of impoverishment, child care burden, and race/ethnicity, as such structural factors have been found to be important in predicting child maltreatment rates (Coulton et al. 1995); (b) a block group within each tract was selected at random; and (c) adult residents within each block group were selected via a standardized, randomized procedure for visiting and recruiting households. Households were excluded from the study only after interviewers made three additional visits at different times of day and different days of the week without speaking to a resident. A total of 420 initially agreed to participate in the study. However, 17 dropped out before completing study procedures and three individuals were removed from the study sample (two because of an unusually large amount of missing data, and one because of interviewer safety concerns in the household), leaving a sample of 400 individuals (20 per study neighborhood) who met inclusion criteria and who completed all study procedures. As explained below, three of these 20 neighborhoods were selected to compare with three Tel Aviv neighborhoods.

Generation of the Tel Aviv Sample

The Tel Aviv pilot study sample included three neighborhoods based on the following criteria: (a) overall population size (~6500), (b) a similar percentage of minors present in each neighborhood (~ 23%), and (c) variation in neighborhood socioeconomic status. Tel Aviv's municipal government uses a standardized 10-point scale to rank its 51 neighborhoods' SES. The SES city scale is based on 16 variables of 4 domains: (a) demographics, (b) education, (c) (un)employment and social security/welfare benefits, and (d) standard of living. Data for 51 neighborhoods were available: 25th percentile = 4.4; 50th percentile = 6.6, and 75th percentile = 9.0. Based on the SES scores, total population size, and the proportion of the population consisting of minors, three neighborhoods were selected: one with an SES score of 3.6, one with a score of 5.0, and one with a score of 7.8. For the three neighborhoods, the total overall population sizes were 6020, 6210, and 7190 residents, respectively, and the proportion of the population consisting of minors was 21.9%, 23.0%, and 25.4%.

Congruent with Cleveland study procedures, streets were randomly ordered in each neighborhood, and an address was randomly selected on each street as a starting point. Interviewers began at the randomly selected address and approached every third apartment building. Within each apartment building, the interviewers contacted every third unit. In each apartment building they started selecting units differently; either starting from the first apartment (apartment number 1, usually on the ground floor) or from the last apartment, located at the top floor, then selecting every third unit. In each building, once an interview was conducted, interviewers moved on to the next building, so that there was no more than one interview in the same apartment building. The interviewers made three call-backs at different times of the day and different days of the week before excluding a unit. However, this approach rapidly became unwieldy because numerous units were without children, or did not have the needed language level, or simply did not want to participate in the study. Thus, instead, all apartments within each building were contacted until one interview was achieved. In each unit, an adult was considered

eligible to participate if the respondent were the parent or guardian of at least one child 17 years of age or younger living in the unit. One adult per household participated.

Selection of Three Cleveland Neighborhoods to Compare with Tel Aviv Neighborhoods

Three neighborhoods from the 20 Cleveland neighborhood factors study described above were selected to compare with the low, medium, and elevated SES Tel Aviv neighborhoods, on the bases of the 2012 American Community Survey 5-year-estimates for poverty as an indicator of SES: 25th percentile = 24.8%, 50th percentile = 36.3%, 75th percentile = 45.7%. We selected one Cleveland study neighborhood with a 19.0% poverty rate (below the 25th percentile), one with a 28.9% poverty rate (above the 25th), and one with a 53.8% poverty rate (above 75th percentile), representing elevated, medium, and low SES, respectively.

Interview Procedure

At each location, trained social science graduate and undergraduate students conducted an approximately hour-long, home-based interview with each participant. The interview was developed for the Cleveland Neighborhood Factors Study and queried participants about neighborhood conditions, childrearing, and child maltreatment. For use in Tel Aviv, the interview instrument was translated into Hebrew and then back-translated to assure a valid translation. Participants provided written informed consent before participating in the interviews and were compensated for their time.

Measures

Maltreatment Definitions

As part of the interview, participants responded to the following open-ended question: “Can you list three things that you would consider to be child abuse and neglect?” After completion of interviews, at each site study-team members independently classified each response using a classification/coding system (“codebook”) consisting of 45 categories, a system that had originally been developed for a similar survey administered in Cleveland in 1995–1996.

One minor modification was made to the 1995–1996 “codebook” to facilitate the classification process across the two sites. Because of difficulties in Hebrew in distinguishing the action “hitting” from “beating,” the two behaviors were combined into one category at each site.

Inter-rater agreement for the overall coding was acceptable. The pooled Kappa statistic was 0.74 for the Cleveland sample and 0.66 for the Tel Aviv sample (De Vries et al. 2008). After coding was completed, a third staff member who did not conduct the coding resolved any coding discrepancies.

In addition to the individual behaviors, six summary binary variables (1 = yes; 0 = no) were created to re-categorize behaviors into one of six summary categories (Table 1): I.e., all individual behaviors of neglect (e.g., not feeding a child; not taking a child to the doctor; not providing adequate clothing) were categorized as “neglect”;

all individual behaviors of physical abuse (e.g., hitting, beating, punching) were categorized as “physical abuse,” and so on for “lack of supervision,” “emotional or verbal abuse,” “sexual abuse,” and “parental misbehavior.” Multiple responses that fell within the same summary variable were counted only once in that summary variable. In other words, the summary variables indicated whether a participant reported at least one behavior in each category. Creation of the summary categories allowed us to examine participants’ responses in a way that minimized any effect of caregivers offering different numbers of descriptions and with adequate numbers of endorsed items (positive outcomes) to accommodate multivariable analyses (below).

Factors Contributing to Maltreatment

Participants at each site rated the degree to which each of the following 13 items contributed to child abuse and neglect on a scale of 1 (*contributes nothing*) to 10 (*contributes a lot*): “drugs,” “alcohol,” “stress,” “poverty,” “unemployment,”

Table 1 Summary and individual maltreatment categories

Summary category	Individual maltreatment behaviors or actions
Neglect	Neglect or not taking proper care of child (no further specification); Deprivation of food or poor diet; Insufficient clothing or not dressed for winter; Inadequate cleanliness or hygiene; Not disciplining as needed; Not taking child to doctor; Not enrolling a child in school or attending to child’s schoolwork; Miscellaneous behaviors of neglect
Physical abuse	Physical abuse (no further specification); Spanking; Hitting, slapping or smacking; Whooping; Beating, kicking, punching; Hitting with objects; Using a knife or gun on a child; Hitting for no reason or hitting out of anger or frustration or hitting constantly; Burning a child; Leaving a mark or bruise; Causing serious injuries (e.g., burns, broken bones, scars); Miscellaneous serious acts (e.g., pushing down stairs); Miscellaneous physical actions
Inadequate supervision	General lack of supervision or child left alone; Leaving children outside or on the street alone or unsupervised (time unspecified); Leaving children unsupervised during the day; Leaving children unsupervised after dark; Leaving children at home alone during the day; Leaving children at home alone (time unspecified); Leaving child alone at home during the evening; Leaving child alone at home during the day; Leaving a child with other children who are too young to supervise the child; Letting a child play with or use dangerous things (e.g., matches, knives) or exposing child to danger (e.g., leaving child alone in bathtub); Abandon child or leave child for others to raise; Leaving child with adults not well known
Emotional or verbal maltreatment	Emotional, mental, or psychological maltreatment (no further specification); Denigrate or belittle, make child feel worthless, swear at child; Verbal mistreatment (no further specification); Making child afraid of parent or bullying child; Ignoring child or not giving child time and attention; Expecting too much of children or expecting child to act like an adult.
Sexual abuse	Sexual abuse or molestation
Parents’ misbehavior	Parents using drugs; Parents letting child sell or use drugs; Parents’ misuse of alcohol; Parents being drunk too often or all of the time; Parents stay out all night; Parents are just bad (bad people or bad at parenting); Parents taking out problems on kids; Parents letting child drink or smoke

“divorce,” “single parents,” “teen parents,” “lack of family values,” “lack of religion,” “abuse or neglect in one’s own childhood,” “psychological or emotional problems,” and “lack of knowledge about raising children.” These items were identified both from theoretical work on maltreatment causes (National Research Council 1993) and from earlier ethnographic research in Cleveland (Korbin and Coulton 1994).

Attitudes about Maltreatment

Participants rated the degree to which they agreed with each of the following five statements on a 10-point scale, 1 (*disagree*) to 10 (*agree*): “Anyone could abuse a child,” “Most parents who abuse or neglect their children are basically good parents but are under stress,” “Spanking is not child abuse,” “Sometimes children need to be spanked or physically disciplined,” and “Children are difficult to raise.” These items also were identified both from theoretical work on child maltreatment (National Research Council 1993) and from earlier ethnographic research in Cleveland (Korbin and Coulton 1994).

Finally, participants responded “Yes” or “No” to two statements that reflect commonly viewed “loci of action” to address child abuse and neglect: “Do you think the government can do something about child maltreatment?” and “Do you think neighbors can do something about child maltreatment?” A binary variable was created for each statement.

City of Residence

Residence in Tel Aviv or Cleveland was measured with a binary variable: 0 = Cleveland, 1 = Tel Aviv.

Demographic Characteristics

At each site, participants self-reported: age in years; gender (male or female); last grade completed in school, dichotomized as less than high school (or equivalent) versus high school or more; total number of children (0–17 years of age) in the household; total number of adults (18 years of age or older) in the household; marital status, dichotomized into married or living with a partner vs not married or living with a partner; race/ethnicity (Cleveland site), categorized as African American, White, Hispanic, Bi-Multi racial, Native American, Asian, Hawaiian-Pacific Islander, other; religion (Tel Aviv site), categorized as Jewish, Christian, Muslim, other, non-affiliated.

Analyses

Univariate Analyses

Averages and standard deviations were used to summarize continuous variables, and percentages used to summarize categorical variables. Because data were clustered by study neighborhood, cluster-adjusted *t*-tests (Donner and Klar 2000; Herrin 2002) and

Donner-corrected Chi-Square tests (Herrin 2002) were used to test for differences by city in continuous and categorical variables, respectively.

Multivariate Analyses

For each binary outcome (the six summary maltreatment categories, and whether the government and neighbors can do something about maltreatment) a logistic regression model was used to test for differences by city in participants' (a) elicitation of at least one maltreatment example within the category, (b) agreement that the government can do something about maltreatment, and (c) agreement that neighbors can do something about maltreatment. For each continuous outcome (rating of contributions of each factor to maltreatment and rating of agreement with attitudes about maltreatment) a linear regression was used to detect differences in rating by city. In all analyses, the unit of analysis was the individual participant. The binary variable "city of residence" was entered into the model as the primary predictor, along with covariates that allowed adjustment for the effects of individual and household characteristics.

The selection of specific covariates to add to each model was complicated by the modest sample size and subsequent risk of over-fitting. Based on assessment of their zero-order correlations with the dependent variables (Supplemental Tables 1–3), all models contained city of residence, marital status, gender, and age. Moreover, because participants were clustered in neighborhoods, the variance of error terms was allowed to vary by neighborhood in all regression models, in effect adjusting for neighborhood clustering (Rogers 1993). For the categorical dependent variables, logistic regression results were expressed as adjusted odds ratios (AORs) and corresponding 95% confidence intervals (CIs). Statistical modeling was conducted in Stata version 15.1. Statistical significance was set at α equal to 0.05.

Results

Sample Characteristics

The sample consisted of 60 Cleveland and 60 Tel Aviv adult caregivers (20 in each of three Cleveland and three Tel Aviv neighborhoods). Sample characteristics are presented in Table 2. The sub-samples were similar in terms of age (mean of approximately 38 years), proportion that was female (approximately 80%), and household size (an average of 2 children and 2 adults). However, a greater number of Tel Aviv participants were married or living with a partner compared to their counterparts in Cleveland: 82.5% vs. 34.5% ($p < .001$), respectively. Also, the proportion of participants who achieved a high-school education or greater was somewhat lower in Cleveland compared to Tel Aviv: 76.5% vs. 88.3%, $p = .08$.

As mentioned above, information about participant race/ethnicity was collected in Cleveland, and information about religion in Tel Aviv. The Cleveland sample was predominately African American ($n = 39$, 65%), followed by Hispanic ($n = 9$, 15%), White ($n = 6$, 10%), bi/multi-racial ($n = 4$, 7%), Native American ($n = 1$), and one participant who self-identified as "Other." Concerning religious affiliation among the Tel Aviv participants, a substantial majority were Jewish ($n = 47$, 78%), followed by

Table 2 Participant characteristics, Cleveland and Tel Aviv

Characteristics	Cleveland mean (SD) or number (%)	Tel Aviv mean (SD) or number (%)
Age (yrs), mean (SD), $n = 59$ CLE, $n = 60$ Tel Aviv	38.1 (11.9)	38.7 (6.9)
Female gender, n (%), $n = 59$ CLE, $n = 60$ Tel Aviv	49 (81.7%)	47 (79.7%)
High school education or more, n (%), $n = 60$ each city	45 (76.3%)	53 (88.3%) [†]
Married or living with partner, n (%), $n = 58$ CLE, $n = 57$ TLV	20 (34.5%)	47 (82.5%)*
Number of children in household, $n = 60$ each city	2.1 (1.1)	2.1 (0.8)
Number of adults in household, $n = 60$ each city	2.1 (1.0)	1.9 (0.6)

CLE Cleveland, SD Standard deviation, TLV Tel Aviv

[†] $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

Muslim ($n = 5$, 8%), non-affiliated ($n = 5$, 8%), Christian ($n = 1$, 2%), and “Other” ($n = 2$, 4%).

Maltreatment Definitions

Univariate Results The most frequently mentioned individual behaviors for each city are listed in Table 3. In general, caregivers in both cities mentioned a similar repertoire of behaviors, but significant city-level differences were observed in the number of

Table 3 Frequency of most commonly mentioned individual maltreatment behaviors by resident city

Rank	Cleveland ($n = 60$)	Rank	Tel Aviv ($n = 60$)
1	Food deprivation (63.3%) *	1	General physical abuse (33.3%)
2	Hit/beat (31.7%)	2	Hit/beat (28.3%)
3	Lack of supervision (26.7%)	3	Inadequate cleanliness/hygiene (26.7%)
4	Denigrate (25.0%)	4	Food deprivation (25.0%)
5	Leave alone (21.7%) *	5	Ignore (21.7%)
6	Leave a mark/bruise (18.3%) *	6	Educational neglect (20.0%)
7	Hit with an object (16.7%) *	7	Lack of supervision (16.7%)
7	Inadequate clothing (16.7%) [†]	7	Denigrate (16.7%)
9	Inadequate cleanliness/hygiene (13.3%) [†]	9	Verbal abuse (13.3%)
9	Excessive discipline (13.3%)	9	Sexual abuse (13.3%)
9	Miscellaneous neglect (13.3%)	17	Excessive discipline (5.0%)
12	Educational neglect (10.0%)	17	Inadequate clothing (5.0%)
14	Ignore (6.7%)	20	Leave alone (3.3%)
17	Sexual abuse (5.0%)	23	Miscellaneous neglect (1.7%)
17	Verbal abuse (5.0%) *	23	Leave a mark/bruise (1.7%)
24	General physical abuse (0%) *	32	Hit with an object (1.7%)

Statistically significant difference between Cleveland and Tel Aviv frequencies assessed by Chi-Square Test adjusted for clustering

[†] $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

persons who mentioned specific behaviors. For example, the most frequent response among Cleveland caregivers was food deprivation, cited by nearly two-thirds of participants. However, it was the sixth most frequent response in Tel Aviv, with only one quarter of Tel Aviv participants mentioning this behavior as an example of maltreatment: adjusted $X^2(1) = 4.35$, $p = .037$. In contrast, the most frequent response in Tel Aviv, “physically abusing a child” (with no further explanation provided) was given by one-third of Tel Aviv caregivers, but by no Cleveland caregivers: adjusted $X^2(1) = 4.62$, $p = .032$. Other differences emerged: approximately 22% of Cleveland caregivers identified “leaving a child alone” as maltreatment, compared to only 3% of Tel Aviv caregivers: adjusted $X^2(1) = 4.77$, $p = .029$. More Cleveland participants stated that leaving a mark or bruise on a child or hitting a child with an object constituted child maltreatment, compared to their Tel Aviv counterparts: 18.3% vs. 1.7%, adjusted $X^2(1) = 4.24$, $p = .039$; and 16.7% vs. 1.7%, adjusted $X^2(1) = 3.99$, $p = .046$, respectively. Approximately 17% of Tel Aviv caregivers cited verbal abuse compared to only 5% of Cleveland residents: adjusted $X^2(1) = 3.93$, $p = .048$. Two marginally significant differences were also observed: Tel Aviv caregivers were somewhat more likely to mention inadequate cleanliness or hygiene compared to Cleveland caregivers (26.7% vs. 13.3%, adjusted $X^2[1] = 3.33$, $p = .068$), while more Cleveland than Tel Aviv caregivers cited inadequate clothing: adjusted $X^2(1) = 2.79$, $p = .095$.

Multivariate Results Adjusting for the effects of marital status, age, gender, and for participant clustering in neighborhoods, one statistically significant difference emerged (Table 4): residence in Tel Aviv was associated with twice the odds of mentioning an emotionally or psychologically abusive behavior compared to residence in Cleveland: adjusted odds ratio (AOR) = 2.05, 95% confidence interval (95% CI) [1.04, 4.04]. No statistically significant differences by city were observed for inadequate supervision, neglect, physical abuse, parental misbehavior, or sexual abuse after adjusting for participant clustering and effects of covariates.

Factors Contributing to Child Abuse and Neglect

Univariate Results Overall, ranking the items by mean score showed considerable consistency between the two cities (Table 5). For example, the contributions of drugs and alcohol were rated highest of all items in both cities, while residents of each city rated single parents and lack of religion as contributing the least to maltreatment. Across the two cities, items generally fell within 1–2 places of each other in rank. Statistically significant differences in contribution rating by city were observed. In each case, Cleveland residents indicated that the following factors contributed more (1.5–2.3 points greater on a 10-point scale) to maltreatment than did their counterparts in Tel Aviv: abuse or neglect in parents’ own childhood, lack of knowledge about raising children, teen parents, single parents, and lack of religion (Table 5).

Multivariate Results Table 6 (Panels A and B) presents the results of linear regressions assessing city-level differences between the perceived contributions of the 13 items, adjusting for the effects of marital status, age, and gender, as well as participant clustering in neighborhoods. Compared to Cleveland caregivers, Tel Aviv caregivers

Table 4 Logistic regression results for maltreatment summary categories: association between resident city and mentioning a type of maltreatment, adjusted for covariates and for neighborhood clustering ($n = 114$ unless otherwise noted)

	Inadequate supervision AOR [95%CI]	Neglect AOR [95%CI]	Physical AOR [95%CI]	Emotional / psychol AOR [95%CI]	Parental mis-behavior AOR [95%CI]	Sexual AOR [95%CI]
Resident city Tel Aviv	.59 [.24, 1.45]	.70 [.44, 1.13]	.57 [.28, 1.18]	2.05* [1.04, 4.04]	.28 [.02, 4.57]	1.93 [.32, 11.5]
Married or living with partner	.87 [.42, 1.83]	.89 [.28, 2.79]	1.09 [.52, 2.29]	1.31 [.64, 2.65]	3.52 [.44, 28.5]	3.13† [.96, 10.2]
Age	1.01 [.94, 1.08]	1.01 [.96, 1.07]	.97 [.91, 1.04]	.97 [.93, 1.01]	1.01 [.96, 1.06]	.98 [.92, 1.05]
Female gender	1.06 [.32, 3.55]	1.91 [.87, 4.16]	1.36 [.25, 7.35]	.86 [.24, 3.10]	— ^a	3.14 [.60, 16.4]
Pseudo R ²	0.02	0.02	0.03	0.05	0.06	0.08

Abbreviations: OR unadjusted odds ratio, AOR adjusted odds ratio, CI confidence interval, Psychol psychological

† $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

^a gender was removed from the model because all female caregivers provided at least one parental misbehavior, $n = 92$

Table 5 Participant rating of factors' contribution to maltreatment: Cleveland vs. Tel Aviv ($n = 120$)

	Cleveland mean score (<i>SD</i>)	Tel Aviv mean score (<i>SD</i>)	Adjusted <i>t</i> statistic	<i>p</i> value
Drugs	9.3 (1.3)	8.8 (2.6)	1.02	.36
Alcohol	9.0 (1.7)	8.7 (2.4)	0.48	.65
Psychological/emotional problems	8.4 (2.1)	7.3 (2.3)	2.74	.05
Poverty	8.2 (2.1)	7.5 (2.6)	1.43	.23
Stress	8.1 (1.8)	7.4 (2.4)	1.71	.16
Unemployment	7.9 (2.3)	7.3 (2.4)	0.94	.40
Lack of family values	7.9 (2.4)	6.9 (2.8)	2.14	.10
Abuse/neglect in parents' childhoods	7.9 (2.8)	6.1 (2.9)	3.36	.03
Lack of knowledge about raising children	7.8 (2.4)	6.3 (2.7)	3.29	.03
Teen parents	7.5 (2.5)	5.3 (2.6)	4.69	.01
Divorce	6.6 (2.7)	6.2 (3.0)	0.71	.52
Single parents	6.1 (3.2)	4.4 (2.9)	3.06	.04
Lack of religion	5.4 (3.2)	3.1 (2.8)	3.39	.03

t-statistic adjusted for clustering by neighborhood

1 = contributes nothing, 10 = contributes a lot

rated five factors as having less of a contribution: single parents ($b = -1.92, p < .001$), teen parents ($b = -2.64, p < .01$), lack of religion ($b = -2.35, p < .05$), abuse or neglect in parents' own childhood ($b = -1.59, p < .05$), and lack of knowledge about raising children ($b = -1.66, p < .05$). Moreover, contributions of psychological/emotional problems and lack of family values trended towards lower ratings by Tel Aviv residents as well: $b = -1.11, p = .08$ and $b = -1.12, p = .07$, respectively.

Concerning the covariates, adjusted for the effect of city of residence, increased age was associated with greater perceived contribution of teen parents ($b = .03, p = .03$) and lack of religion ($b = .09, p = .04$) to abuse and neglect. Being married or living with a partner was marginally associated with perceiving divorce as a contributing factor ($b = 1.11, p = .06$).

Attitudes about Child Abuse and Neglect

Univariate Results Compared to their counterparts in Tel Aviv, Cleveland caregivers agreed more with three of the stated attitudes about maltreatment: "anyone could abuse a child" (mean score 8.2 vs. 4.2, $p = .003$), "spanking is not child abuse" (7.4 vs. 5.5, $p = .04$), and that "sometimes children need to be spanked or physically disciplined" (7.2 vs 3.8, $p = .008$) (Table 7). Tel Aviv and Cleveland caregivers similarly agreed that children are difficult to raise and that maltreating parents are good parents who are under stress. Regarding loci of action to address maltreatment, substantially more Tel Aviv caregivers endorsed the statement that the government can do something about child maltreatment than did the Cleveland caregivers: 85.0% vs. 56.7%, $p < .047$ (Table 8). Slightly more Cleveland caregivers than Tel Aviv caregivers (71.7% vs.

Table 6 Regression model results: Association between city of residence and rating of factors' contributions to child maltreatment, adjusted for covariate effects and clustering in neighborhoods ($n = 114$)

Panel A							
Predictor	Contributing factor						
	Drugs <i>b</i> (<i>RSE</i>)	Alcohol <i>b</i> (<i>RSE</i>)	Stress <i>b</i> (<i>RSE</i>)	Poverty <i>b</i> (<i>RSE</i>)	Unemployment <i>b</i> (<i>RSE</i>)	Divorce <i>b</i> (<i>RSE</i>)	Psychol / emot probs <i>b</i> (<i>RSE</i>)
Resident city	-.31	-.12	-.37	-.42	-.13	-1.01	-1.11 [†]
Tel Aviv	(.39)	(.58)	(.47)	(.52)	(.48)	(.67)	(.51)
Married or living with partner	.26	-.60	-.37	-.53	-.93	.111 [†]	.33
	(.53)	(.67)	(.60)	(.67)	(.43)	(.46)	(.47)
Age	.01	.02	.01	.03	0.34	.04	.03
	(.03)	(.03)	(.01)	(.03)	(.36)	(.03)	(.02)
Female gender	-.54	-.35	.24	.39	.59	.40	-.20
	(.25)	(.30)	(.31)	(.53)	(.41)	(.38)	(.16)
Constant	8.32**	8.63**	7.51***	7.04**	6.37*	4.60*	7.38**
	(.49)	(.805)	(1.03)	(1.58)	(1.93)	(1.21)	(1.271)
<i>F</i> (4, 5)	2.27	3.53	9.20*	4.46*	31.73**	2.16	2.97
<i>R</i> ²	0.03	0.03	0.04	0.04	0.07	0.05	0.07
Panel B							
Predictor	Single parents <i>b</i> (<i>RSE</i>)	Teen parents <i>b</i> (<i>RSE</i>)	Lack of religion <i>b</i> (<i>RSE</i>)	Lack of family values <i>b</i> (<i>RSE</i>)	Abuse/negl in parents' childhoods <i>b</i> (<i>RSE</i>)	Lack of knowledge about raising children <i>b</i> (<i>RSE</i>)	
Resident city	-1.92***	-2.64 **	-2.35*	-1.12 [†]	-1.59*	-1.66*	
Tel Aviv	(.17)	(.38)	(.70)	(.49)	(.48)	(1.54)	
Married or living with partner	.69	.68	-.04	.36	-.32	.69	
	(.58)	(.61)	(.28)	(.49)	(.50)	(1.56)	
Age	.004	.03*	.09*	.02	.04	.02	
	(.03)	(.01)	(.03)	(.03)	(.02)	(1.03)	
Female gender	.28	.43	-.35	.07	-.59	.97 [†]	
	(.44)	(.53)	(.56)	(.39)	(.30)	(1.44)	
Constant	5.34**	5.59**	2.53	6.86**	6.94**	5.95**	
<i>F</i> (4, 5)	56.40***	34.05***	4.22 [†]	1.69	5.34*	81.60***	
<i>R</i> ²	0.07	0.20	0.21	0.04	0.11	0.09	

Abbreviations: *Emot* Emotional, *Negl* Neglect, *Probs* Problems, *Psychol* Psychological, *RSE* Robust standard error

[†] $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

66.7%) indicated that neighbors can do something about child abuse and neglect, but this difference was not statistically significant.

Multivariate Results Associations observed for the univariate analyses generally persisted after adjusting for covariate effects and participant clustering (Tables 9 and 10). Specifically, being a Tel Aviv caregiver was associated with a 4.2-point lower agreement rating ($p < .001$) on the 10-point agreement scale that “anyone could abuse a child” as well as a 3.48 lower rating ($p < .01$) for the statement “sometimes children need to be spanked or physically disciplined.” However, after covariate adjustment, the city difference in agreement rating for the statement “spanking is not child abuse” was only marginally significant: $b = -1.82$ ($p < .10$). The multivariate analyses also revealed a trend that Tel Aviv

Table 7 Participant agreement with attitudes about maltreatment by resident city ($n = 120$)

Attitude	Cleveland mean score (<i>SD</i>)	Tel Aviv mean score (<i>SD</i>)	Adjusted <i>t</i> statistic	<i>p</i> value
Anyone could abuse a child	8.2 (3.0)	4.2 (3.7)	6.64	.003
Most maltreating parents are basically good parents but under stress	4.4 (2.9)	3.8 (2.6)	1.19	.300
Spanking is not child abuse	7.4 (2.6)	5.5 (3.3)	3.01	.040
Sometimes children need to be spanked or physically disciplined	7.2 (2.6)	3.8 (3.3)	4.90	.008
Children are difficult to raise	6.1 (3.1)	7.0 (3.0)	-1.56	.195

1 = disagree, 10 = agree. *t*-statistic adjusted for participant clustering in neighborhoods

Abbreviation: *SD* Standard Deviation

residents agreed less with the statement that “most parents who abuse or neglect their children are basically good parents but under stress” than did the Cleveland caregivers: $b = -0.81$, $p < .10$). Finally, Tel Aviv residents had more than 5 times the odds of endorsing the statement that the government can do something about child abuse and neglect than Cleveland caregivers after adjusting for covariates and clustering: AOR = 5.67, 95%CI [1.89, 17.0]. No statistically significant difference was observed for endorsing the statement about neighbors’ ability to do something about child maltreatment.

Concerning covariates, adjusted for the effect of city of residence, being married or living with a partner was associated with greater agreement that “children are difficult to raise” ($b = .98$, $p < .05$), and 53% lower odds of endorsing the statement that the government can do something about child maltreatment. Female gender was marginally associated with greater agreement that “anyone could abuse a child” ($b = 1.67$, $p < .10$). Also, a 1-yr increase in age was associated with a 4% increase in the odds of endorsing the statement that the government can do something about child abuse and neglect.

Discussion

The purpose of this pilot cross-national study was to identify similarities and differences in caregivers’ self-reports in three areas that might affect the development of

Table 8 Association between city of residence and attitudes about whether the government or neighbors can do something about child maltreatment ($n = 120$)

Attitude	Cleveland <i>n</i> (%)	Tel Aviv <i>n</i> (%)	Adjusted $X^2(1)$	<i>p</i> value
Yes, the government can do something about child abuse and neglect	34 (56.7%)	51 (85.0%)	3.93*	.047
Yes, neighbors can do something about child abuse and neglect	43 (71.7)	40 (66.7%)	0.35	.553

Chi-Square statistic adjusted for participant clustering by neighborhood

Table 9 Regression model results: association between city of residence and agreement with attitudes about maltreatment, adjusted for covariate effects and participant clustering in neighborhoods ($n = 114$)

Predictor	Attitudes				
	Anyone could abuse a child <i>b</i> (<i>RSE</i>)	Most maltreating parents are basically good parents but under stress <i>b</i> (<i>RSE</i>)	Spanking is not child abuse <i>b</i> (<i>RSE</i>)	Sometimes children need to be spanked or physically disciplined <i>b</i> (<i>RSE</i>)	Children are difficult to raise <i>b</i> (<i>RSE</i>)
Resident city	-4.20*** (.35)	-.81† (.36)	-1.82† (.82)	-3.48*** (.75)	.13 (.25)
Tel Aviv					
Married or living with partner	.34 (.76)	.69 (.67)	.13 (.73)	-.13 (.60)	.98* (.37)
Age	-.03 (.04)	.04 (.04)	-.01 (.05)	-.002 (.04)	.06 (.02)
Female gender	1.67† (.68)	.54 (.47)	.39 (.78)	.17 (.86)	-.77 (.55)
Constant	7.99**	2.21	7.40*	7.24*	4.30*
$F(4, 5)$	137.02***	22.16**	8.06*	144.93***	9.25*
R^2	0.31	0.04	0.09	0.27	0.09

1 = disagree, 10 = agree

RSE Robust standard error

† $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

community-based programs: behaviors that are described as maltreatment, perceived contributors to the occurrence of maltreatment, and whether the government or neighbors can do anything about maltreatment. Regarding the broad categories of maltreatment types, adjusted analyses revealed one significant difference: residence in Tel Aviv was associated with twice the odds of mentioning behaviors of psychological or

Table 10 Logistic regression model results: association between city of residence and attitudes about whether the government or neighbors can do something about child maltreatment, adjusted for covariates and participant clustering in neighborhoods ($n = 114$)

	Yes, the government can do something about child abuse and neglect AOR [95%CI]	Yes, neighbors can do something about child abuse and neglect AOR [95%CI]
Resident city Tel Aviv	5.67 [1.89, 17.0]**	.77 [.30, 1.97]
Married or living with partner	.47 [.26, .85]*	.75 [.22, 2.59]
Age	1.04 [1.02, 1.06]***	1.01 [.95, 1.07]
Female gender	1.11 [.44, 2.78]	2.03 [.84, 4.96]
Pseudo R^2	0.11	0.03

Abbreviations: AOR Adjusted odds ratio, CI Confidence Interval

† $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

emotional abuse compared to residence in Cleveland. The reason for this difference is not clear.

Observed city-level differences in the frequency with which specific behaviors were mentioned was intriguing. For example, while “generalized physical abuse” was more commonly mentioned in Tel Aviv, “leaving a mark/bruise” and “hitting with an object” were mentioned by substantially more Cleveland participants than Tel Aviv participants. Identifying these two latter behaviors as child abuse would imply that hitting a child is not abusive in and of itself. Rather, it is the leaving of a mark or using an object that pushes the behavior past a threshold into an “abusive” category. We speculate that differences in the legal environments of the two cities might be behind these observed differences in frequency. In 2000, Israel made corporal punishment illegal in all settings (Global Initiative to End Corporal Punishment of all Children 2018), in effect rendering any form of hitting as maltreatment. In contrast, because corporal punishment is legal in Cleveland, hitting a child is considered non-abusive up to a point. However, at some point (determined by the force and/or location of the blow, bruising, or use of an object) hitting becomes a form of child maltreatment. Thus, among Cleveland caregivers, there is perhaps greater salience to knowing what criteria move corporal punishment past the threshold of permissibility into “abusive status.” In contrast, in Israel any behaviors ranging from mild spanking to physical abuse would be legally considered physical abuse. To Tel Aviv caregivers, therefore, the “spectrum” of corporal punishment behaviors is perhaps less salient, and these caregivers hold a more general, binary conceptualization of physical abuse.

In the univariate analyses, a greater number of Cleveland than Tel Aviv caregivers cited “food deprivation” as a form of abuse and neglect. We speculate that this difference might have been caused by an underlying cultural or language difference in the way study participants thought about the lack of food: Tel Aviv caregivers might have thought about the deliberate withholding of food, while Cleveland caregivers might have considered lack of food as neglectful regardless of intent. Alternatively, in a city where 51% of children live in households below the poverty level (NEOCANDO 2018) perhaps Cleveland caregivers more frequently encounter families where lack of food is a problem.

Regarding the caregivers’ perceptions of the factors contributing to maltreatment, a substantial degree of consistency between Tel Aviv and Cleveland caregivers was observed. In terms of the overall rating of items, caregivers of each city rated the most important contributors to child maltreatment to be “drugs” and “alcohol,” while the least important were “single parents” and “lack of religion.” Collectively, results of the multivariate analyses indicated that Cleveland residents viewed what might be considered individual deficits around knowledge and values as stronger contributors to maltreatment than did their Tel Aviv counterparts.

Some of the largest differences observed between Cleveland and Tel Aviv concerned attitudes involving maltreatment and discipline. Even after adjusting for covariate effects, Tel Aviv caregivers were less supportive of spanking compared to their Cleveland counterparts: Tel Aviv participants agreed substantially less than Cleveland caregivers with the notion that children occasionally need physical discipline and trended towards less agreement that spanking is not abuse. Moreover, compared to Cleveland caregivers, Tel Aviv caregivers also seemed to discount the notion that the potential for maltreatment resides in any parent: Tel Aviv caregivers were on the

disagree end of the scale with a mean rating of 4 on a 10-point scale (1 = disagree, 10 = agree), while Cleveland caregivers were on the agree end (mean = 10).

Similar to some of the individual behaviors identified as maltreatment, we speculate that the underlying reasons for these observed differences in attitudes towards physical discipline may reflect the different legal climate and social norms around physical discipline in Tel Aviv compared to Cleveland. Spanking and other forms of corporal punishment are illegal in Tel Aviv, so it is perhaps likely that self-reported attitudes about physical discipline would be less permissive in Tel Aviv than in a city such as Cleveland where physical discipline is legal. The experience of other countries suggests that when forms of corporal punishment such as spanking are banned, parents' support for and use of these behaviors decline (Lansford et al. 2017; Zolotar and Puzia 2010), though there must generally be enough support from the populace for the government to entertain the ban in the first place (Zolotar and Puzia 2010).

Along these lines, then, it is perhaps not surprising that even after adjusting for individual demographic characteristics, Tel Aviv caregivers had over 5 times the odds of endorsing the government's ability to address child abuse and neglect compared to their Cleveland counterparts. The Tel Aviv caregivers have observed and currently live under a government that has taken action to eliminate corporal punishment. American values may emphasize personal responsibility over the state's responsibility for one's welfare (Andreß and Heien 2001). In countries such as the United States, where state welfare is lacking, research suggests that responsibility for well-being devolves from the state to individual actors and communities (Andreß and Heien 2001; Cabot 2016; Carney 2017; Harvey 2007).

Limitations of this pilot study should be noted. The small sample rendered multivariate analyses challenging and generalization of study results to the larger Cleveland and Tel Aviv populations problematic. Second, despite our best efforts to harmonize study procedures and instruments across the two locations, differences in procedures may have existed and influenced results in unknown ways. Third, the questions this report focuses on were not linked to a specific child age group; participants' responses may have varied within and across study sites if specific child age groups had been identified: e.g., "Can you list three things that you would consider to be child abuse and neglect of pre-school children?" vs. "Can you list three things that you would consider to be child abuse and neglect of adolescents?" Finally, the possibility of selection bias is a concern in this type of study.

Implications for Children's Personal Security

Children's personal safety is enhanced when community programs are a good fit with conceptualizations about child maltreatment of the population being served. This pilot case study of communities in Tel Aviv, Israel and Cleveland, Ohio suggests the importance of community context in understanding what behaviors are considered child abuse and neglect, what factors contribute to child maltreatment, and whether the government or neighbors are effective in preventing child maltreatment. Examining local perceptions and attitudes towards maltreatment may provide opportunities to develop shared goals for enhancing child well-being and safety.

Concerning study implications, this investigation has again demonstrated the importance of context (e.g., culture, language, geography, religion) in shaping constructions of child well-being in general, and more specifically, child maltreatment. Amid processes of globalization and knowledge transfer, there has been an interest in cross-

country replication of child maltreatment prevention and intervention programs. Our findings highlight the need to be cautious regarding such replications due to differences in context, policy, and public opinion. As research on adapting programs to diverse contexts has shown, prevention and intervention programs are less efficacious when universally applied (Smith et al. 2011). Our pilot research builds on efforts to adapt prevention and intervention programs to diverse cultural contexts (e.g., McLeigh et al. 2017) by critically examining differences in caregiver perceptions of child maltreatment. Cross-national program replications must not take local definitions and etiologies of child maltreatment for granted, but tailor program content and implementation strategies to respective cultural settings.

The need to examine perceptions and attitudes towards child maltreatment is especially relevant for programs aimed at changing normative parenting behaviors associated with abuse and neglect: e.g., Strong Communities (Kimbrough-Melton and Melton 2015) and Triple P (Sanders 2012). As our findings indicate, parenting behaviors deemed normative—especially concerning corporal punishment—vary by location. In the case of our two study sites, although an intervention addressing attitudes towards spanking may be time well-spent in Cleveland, the same intervention may be less relevant in Tel Aviv as Tel Aviv caregivers already tend to disapprove of spanking.

Examining local perceptions and attitudes towards maltreatment may also provide opportunities to develop shared goals for enhancing child well-being. Molnar et al. (2016) noted the inclusion of diverse cultural beliefs as a challenge in implementing community-level programs. They called for the development of culturally competent interventions that draw on shared goals within communities (Molnar et al. 2016). In the case of our two study sites, both Cleveland and Tel Aviv caregivers identified drugs and alcohol as the top factors contributing to child maltreatment. Addressing substance abuse, therefore, may prove a rallying point in both communities when implementing child maltreatment interventions. The same intervention in Cleveland, however, may additionally emphasize support for teen and single parents (as Cleveland caregivers had greater odds of identifying teen and single parents as factors contributing to maltreatment). In contrast, the intervention in Tel Aviv might address psychological and emotional factors contributing to abuse (as Tel Aviv caregivers had greater odds of identifying this as a contributing factor).

Moreover, cultural perceptions about “community” itself may be important. In their adaptation of the Strong Communities program to Tel Aviv, McLeigh et al. (2017) found that structures normative in the United States, in terms of facilitating community events (e.g., recruitment of volunteer groups, a culture of participation) were lacking in Tel Aviv. Therefore, they modified their approach in Tel Aviv to focus on recruiting families by knocking on doors, instead of reaching out to organizations as they did in a similar intervention in South Carolina, USA (McLeigh et al. 2017). Our finding that Tel Aviv caregivers’ endorsed the government’s ability to prevent child maltreatment over that of neighbors complements McLeigh et al.’s findings by highlighting the complexities involved in community- or neighborhood-level interventions, especially in understanding the role of community members and how best to cultivate collective responsibility for child well-being in each cultural setting.

Our findings underscore the need to approach “context” as a multilevel setting. In addition to demonstrating how definitions of and perceived contributors to child

maltreatment vary cross-culturally, our findings may indicate the effect of legislation on public discourse and attitudes regarding child maltreatment. Differences between Cleveland and Tel Aviv lend support to advocates of legislative reform regarding child-rearing behaviors and corporal punishment. Cross-national efforts should adapt programs to context-specific cultural beliefs and attitudes, while concomitantly addressing political and legislative reform.

Future research should include a larger, more diverse sample size to increase the generalizability of the findings. In addition, we recommend exploring the ways in which the socio-cultural-political context impacts caregivers' perceptions regarding child maltreatment. In this regard, a longitudinal research design would help demonstrate the ways in which changes in the socio-cultural-political and other contexts (e.g., legislation that prohibits corporal punishment) impact parental perceptions regarding child maltreatment over time. Parents are not the sole target audience of prevention programs and intervention programs; thus, we recommend future research to explore similar questions among different target audiences, such as professionals working with families and the children themselves. Future research should consider investigating the perceptions of families who come into contact with welfare agencies and child protective services because they are frequently the target populations for maltreatment prevention and intervention programs.

To conclude, this study suggests the importance of context in shaping constructions of child maltreatment. The differences between the two contexts stress the need for caution in approaching issues pertaining to child maltreatment in general. The findings also raise the need for caution when replicating intervention without due consideration of potential differences in context, policy, and public opinion.

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