# partners forourchildren

Partners for Our Children is committed to improving the lives of Washington state foster children through rigorous research, analysis and evidence-based information. The organization, founded in 2007, is a collaborative effort of the University of Washington School of Social Work, Washington State Department of Social and Health Services and private funders.



**DECEMBER 2012** 

# Primary Factors Associated with Child Maltreatment

# **Summary:**

Washington State is in the process of implementing new child welfare policies based on legislation passed in the last few years. Policies include the use of Performance-Based Contracting, employing a Family Assessment Response process with families as an alternative to a Child Protective Services investigation, and the increased use of evidence-based programs. Efforts to reduce child maltreatment will have a better chance for long-term success if interventions address the full range of primary factors associated with child maltreatment.

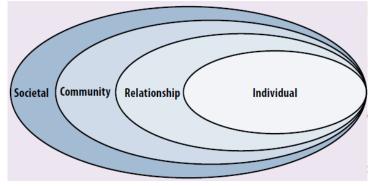
As Washington moves forward, it is important to:

- Consider all of the primary factors associated with child maltreatment at the individual, relationship (e.g., family, friends), community and societal levels.
- Integrate services to address the multiple needs of families, such as behavioral health, early childhood education, housing, and economic supports.
- Use and adapt family and community level evidence-based interventions to support healthy child development.
- Develop, monitor, and evaluate efforts that are based on recently enacted child welfare legislation, focusing on early intervention to keep children safely at home.

#### Overview

The prevalence and cost of child maltreatment, including abuse and neglect, is staggering. The U.S. spent around \$124 billion in 2008 to address 772,000 cases referred for investigation of maltreatment.<sup>1</sup> Washington State alone spent \$581 million in 2010 for 26,501 referred cases.<sup>2, 3</sup> In addition to these immediate financial costs to the public, the extent to which maltreatment impacts lifelong outcomes and productivity of victims is well documented. Poor physical and

mental health, cognitive dysfunction, and criminal and high-risk health behaviors are all adverse consequences of child abuse and neglect that bear costs for the victims, their families, and society.<sup>4</sup> While there is no single known cause of child maltreatment, researchers have found numerous factors that either increase the risk of child maltreatment or buffer against it. Some operate at the level of the individual, some at the level of interpersonal relationships, some at the community level, and others at the societal level.



Source: Information for Practice (2012)

# **Primary Factors**

While various parent, child, and family characteristics have been the historical point of focus when examining child maltreatment, research has increasingly pointed to the important role of factors at the societal and community level.5 The link between poverty and child maltreatment, for example, can be explained not only in terms of relationship characteristics (e.g., parental unemployment), but also community factors (e.g., availability of food stamps, housing subsidies, and economic supports) and societal factors (e.g., cultural stigma associated with applying for welfare benefits). None of these, either alone or in combination, are likely the cause of child maltreatment. Rather, child maltreatment typically occurs because of a constellation of issues and circumstances.

While this reality may seem overwhelming, it underscores the need to shift from a reliance on single interventions, such as parent education or skills training, to a broader "multimodal" intervention that addresses multiple potential predictors of child maltreatment simultaneously. Some of these would target specific parent behaviors or family circumstances; others would be ongoing and target broader community level or societal level factors. Table 1 offers an overview of factors that various research studies have found are associated with child maltreatment.

#### Recommendations

Decreasing child maltreatment requires a consideration of the full range of issues facing children today. Systems beyond child welfare will need to be engaged, such as the educational system, where children can develop supportive relationships with teachers, staff, and peers; and the health care system, where parents with substance abuse or mental health issues can access critical services.<sup>21</sup> Because of the variability in how children and families have need for, engage with, and respond to social services, a variety of approaches will be needed, such as the following:

Integrate Services: Services for children and families should be integrated, rather than fragmented or "put in silos" through various stand-alone systems, such as public health, behavioral health, schools, housing, economic services, and community-based supports.<sup>22</sup> For example, in view of

**Table 1: Factors Related to Child Maltreatment** 

| Individual Level                 | Child disability <sup>6</sup><br>Parent personality traits <sup>7</sup>  |
|----------------------------------|--|
| Abuse <sup>8</sup>               | Parent anger/reactivity<br>Child acting out, noncompliant behavior   |
| Neglect <sup>9</sup>             | Parent level of stress Parent anger/reactivity Parent self-esteem Maternal depression <sup>10</sup>  |
| Relationship Level <sup>11</sup> | Family conflict <sup>12, 13</sup> Parent perception of child as the problem Lack of parent-child attachment and failure to bond Mental health problems of a family member <sup>14</sup> Social support network Substance abuse <sup>15</sup> Stability of family environment <sup>16</sup> |
| Community Level <sup>17</sup>    | Neighborhood poverty<br>Neighborhood mobility <sup>18</sup><br>Housing stress<br>Unemployment<br>Alcohol availability  |
| Societal Level                   | Tolerance of high levels of violence <sup>19</sup><br>General acceptance of corporal punishment <sup>20</sup>  |

the considerable overlap between welfare and child welfare populations, streamlining cash assistance through TANF for families involved in the child welfare system may promote child and family well-being.<sup>23, 24</sup>

Address Basic Needs: In Washington State, one-fifth of child welfare-involved parents were economically disconnected—that is, neither employed nor receiving cash assistance.<sup>25</sup> Additionally, almost half of mothers involved in the Washington State child welfare system report an annual income of less than \$10,000.<sup>26</sup> It is crucial to address families' most pressing needs—food, clothing, and housing—in order to increase family engagement with child welfare services.<sup>27</sup>

Use Evidence-Based Interventions: Prevention strategies such as home-visiting programs, parent education, and multi-component interventions show promise in preventing child maltreatment, and some of these interventions are widely considered to be evidence-based.<sup>28</sup> Being labeled "evidence-based", however, is no guarantee that an intervention will work with a particular child and family. To be delivered appropriately, most evidence-based interventions require a significant investment in terms of staff training and ongoing supervision. They may have been created under conditions that cannot be recreated in the field. Many were not developed with cultural issues in mind, and may not be appropriate for

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certain families. Adaptation or alternative interventions may be required. In short, careful consideration is needed about any intervention, including those that are evidenced-based.

Develop, Monitor, and Evaluate Recent Efforts in Washington State: A set of state laws enacted in Washington State in 2012, listed below, create a framework for positive child welfare reform with a focus on early intervention to keep children safely at home.

- Performance Based Contracting: House Bill 2264 focuses on better matching family needs with home-based and family-focused services purchased by the state.
- Family Assessment Response: Senate Bill 6555
   introduces an alternative to a Child Protective Services
   (CPS) investigation in low- to moderate-risk referrals of
   maltreatment by engaging with families to assess their
   needs and offering voluntary services and concrete
   assistance with the goal of keeping children safely at
   home.
- Reinvesting Savings from Improved Outcomes: House Bill 2263 creates a Child and Family Reinvestment Account to capture savings from potential foster care

- reductions for reinvestment in home-based or early intervention services to families.
- Evidenced-Based Programs: House Bill 2536 aims to increase the proportion of contracted services that have a sound scientific evidence base.

In order to monitor the impact of this legislation on children and families, work is needed to improve the quality and integration of data that are collected on children and families across systems. Rigorous research is needed to provide reliable and valid information on child and family outcomes. This is critical for further development of interventions aimed at reducing child maltreatment.

Table 2 summarizes potentially promising service approaches aimed at reducing child maltreatment. To date, the research evidence base is centered on programs that address individual and relationship factors, with a particular focus on psychological or social interactional issues. However, researchers are increasingly interested in considering broader community and societal factors to reduce child maltreatment and support healthy child development.<sup>29, 30</sup>

Table 1: Service approaches aimed at reducing child maltreatment

| Individual             | Parent individual skills training programs Parent substance abuse and mental health treatment programs Child sexual abuse prevention programs Jobs training and employment programs Financial assistance programs for parents <sup>32</sup>  |
|------------------------|--|
| Relationship           | Housing and homelessness prevention programs Positive parent-child interaction programs Parenting education programs Home visiting programs Social support groups <sup>33</sup> Abusive head trauma prevention <sup>34</sup>   |
| Community              | Collaborative, evidence-based decision making by community leaders Coordination between systems of care: schools, economic services, mental health, community-based supports, child welfare <sup>35</sup> Creation of "targeted prevention zones" in neighborhoods to reduce maltreatment <sup>36</sup> Programs to address social isolation and violence in communities <sup>37</sup> |
| Societal <sup>38</sup> | Addressing cultural and social characteristics that promote violence <sup>39</sup> Reducing economic inequality Media campaigns to raise public awareness <sup>40</sup> Discouraging physical punishment as a disciplinary strategy <sup>41</sup> Addressing the stigma associated with child welfare involvement <sup>42</sup>  |

# Conclusion

Child maltreatment is a complex issue that is influenced by factors at multiple levels. Focusing on factors across individual, relationship, community, and societal levels increases the likelihood of making a significant change in the prevalence of child maltreatment. Policies should encourage multifaceted solutions that coordinate efforts across systems, targeting factors at multiple levels. Research is needed to evaluate the effectiveness of these more comprehensive solutions.

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#### Information

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