

# The Psychosocial Impact of Child Maltreatment and Strategies for Prevention and Intervention

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Over the last decade, increasing attention and resources have been targeted towards reducing child neglect and abuse<sup>1</sup>. Research on the prevention and treatment of child abuse has focused on understanding the risk factors that contribute to or elevate the incidence of child neglect and abuse. A risk factor is considered a contributing factor for child neglect or abuse but may not be a direct cause.<sup>2</sup> These factors may be individual, family, peer, community or societal characteristics that contribute to the risk of child neglect and abuse. These risk factors “are complex and interconnected” and require systematic and coordinated individual, family, community and national responses.<sup>3</sup> Demonstrated linkages between child maltreatment and long-term adverse effects underscore the need for increased development of effective programs to reduce child neglect and abuse.

There is a growing recognition that protective factors can reduce the incidence and prevalence of child neglect and abuse and can lessen the severity of the impact.<sup>4</sup> Thus, programs that strengthen and support families and build on capacities and resilience have increased. This paper defines child abuse and neglect, reviews its prevalence and discusses the adverse effects of child maltreatment, risk and protective factors, and evidence based programs designed to prevent and treat child abuse and neglect.

## Definitions of Child Abuse and Neglect

The maltreatment of children includes abandonment, abuse, aggravated circumstances, great bodily harm, neglect, physical abuse, sexual abuse and exploitation. The caretaker or other adult’s behavior is viewed as victimizing the child by harming them physically, psychologically, and/or emotionally. In New Mexico the definition set out in the children’s code 32A-4-2 of the Abuse and Neglect Act is summarized as follows:<sup>5</sup>

- *Abandonment includes instances when the parent, without justifiable cause, leaves the child for defined periods of time without support;*
- *Abuse is causing suffering or potential to suffer serious harm because of the action or inaction of a parent, guardian or custodian;*
- *“Aggravated circumstances” occur when a parent conspires or attempts to cause great bodily harm, torture, chronic abuse or sexual abuse or death;*
- *“Great bodily harm” occurs when there is high probability of death or serious disfigurement or loss of function of the body;*
- *Neglect includes abandonment; lack of subsistence, education and/or medical care; failure to knowingly protect against harm or further harm; parent/guardian/custodian discharge of responsibility to and for the child because of incarceration, hospitalization or physical or mental disorder or incapacity;*
- *Physical abuse includes when the child experiences non-accidental injuries such as bruising, bleeding, malnutrition, failure to thrive, burns fractures;*
- *Sexual abuse includes but is not limited to criminal sexual contact, incest or criminal sexual penetration, as those acts are defined by state law;*

- *Sexual exploitation includes allowing children to engage in prostitution; obscene or pornographic photographing or filming; or depicting a child for obscene or pornographic commercial purposes, as those acts are defined by state law.*

## **Prevalence of Child Neglect and Abuse in New Mexico**

Nationally 906,000 children were found to be victims of child neglect and/or abuse in 2003.<sup>6</sup> The national average is 12.4 per 1000 children. New Mexico’s Children Youth and Families accepted 18,749 reports in 2004. Of the 9,636 substantiated reports, neglect accounted for 73%, physical abuse accounted for 23% and sexual abuse accounted for 3.6 percent.<sup>6</sup>

## **Factors Influencing the Risk to Children in New Mexico**

### *Consequences of child maltreatment*

The consequences of child maltreatment are substantial and often lifelong. “Innumerable scientific studies have documented the link between abuse and neglect of children and a wide range of medical, emotional, psychological and behavioral disorders.”<sup>8</sup> New Mexico’s children who were reviewed by the New Mexico Child Abuse and Neglect Citizen Review Board in 2004 have been found to exhibit several of these consequences. Out of a group of 1,665 children, the following potential risk indicators or factors were reported.<sup>9</sup>

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|--|-------------|
| • <i>affected by substance abusing parents</i>               | 1,061 (64%) |
| • <i>behavioral and/or emotional problems</i>                | 778 (47%)   |
| • <i>affected by domestic violence</i>                       | 725 (44%)   |
| • <i>affected by parental unemployment</i>                   | 701 (42%)   |
| • <i>experienced education and/or developmental delays</i>   | 559 (34%)   |
| • <i>affected by parental homelessness and/or transience</i> | 556 (33%)   |
| • <i>sexual abuse</i>  | 256 (15%)   |
| • <i>physical or medical problems</i>                        | 256 (15%)   |
| • <i>criminal justice system involvement</i>                 | 77 (5%)     |

### *Significant Consequences of Child Maltreatment on the Developing Brain*

Child maltreatment influences the organization and functional abilities of the developing brain and alters the child’s abilities to respond to their environment.<sup>10</sup> The stress associated with child maltreatment causes the brain to organize in a fight or flight response. “The hyper vigilance required of children who have been abused or neglected impacts bodily functioning such as increased heart rate, learning capacity such as decreasing the ability to listen, increased startle reaction, affective liability, anxiety, dysphoria, increased autonomic nervous system hyperactivity, alterations in underlying memory and learning making it difficult for them to respond to information presented to them in classrooms, and causing the child to be in a constant state of alertness to danger.”<sup>11</sup>

Post-traumatic memories and behaviors associated with the defensive response required to protect themselves has a long term toll. The range of mental health disorders includes PTSD

symptoms, behavior disorders, anxiety, phobias and depressive disorders including grief responses and global confusion.<sup>12</sup> Behaviors in adolescents may include suicidality, hypersexuality, substance abuse, delinquency and truancy.<sup>13</sup> These issues can have a profound impact on adjustment as an adult, not to mention the drain on available resources to protect and educate these children.

### ***Direct and Indirect Cost for Services***

Suzette Fromm<sup>14</sup> reviewed the estimated financial costs of child neglect and abuse nationally which she estimated over \$93 billion dollars in direct treatment and care such as hospitalization, health problems, mental health care, child welfare care, and judicial expenses. Her estimates also included over \$69 billion dollars in indirect expenses related to children's health and mental health including depression, alcoholism, drug abuse, obesity and additional costs of meeting children's needs for special services from schools, child welfare courts, juvenile court systems, and law enforcement. She also addressed the cost of long term fiscal issues such as the impact of underemployment for this population.

### **Risk Factors Influencing Children Who Are Victims of Child Neglect and Abuse**

A critical review of child neglect and abuse report data leads to a clustering of information about vulnerability of children, risk factors that can be used for program development and targeted interventions. The following is a grouping of risk factors by child, parental/family and social/environmental risk factors:<sup>15</sup>

#### ***Child Risk Factors***

- *Premature birth, birth anomalies, low birth weight, exposure to toxins in utero*
- *Temperament: difficult or slow to warm up*
- *Physical/cognitive/emotional disability, chronic or serious illness*
- *Children who are psychologically or cognitively vulnerable*
- *Childhood trauma*
- *Age with the youngest under four being at the most risk and under one being the most fatalities*
- *Childhood behaviors including aggression, behavior problem, and attention deficits disorder*
- *Previous victimization*
- *Risk for sexual abuse if mother is ill or disabled and/or has a history of sexual abuse*
- *If sexually abused increased risk of being re-assaulted both physically and sexually*
- *Girls are higher risk than boys for sexual assault*
- *More likely to be sexually assaulted if mother unavailable*
- *Children who are psychologically or cognitively vulnerable are at more risk for sexual assault*
- *Witnessing violence including domestic violence or child abuse of a sibling*

### ***Parental/Family Risk Factors***

- *Personality factors including external locus of control; poor impulse control; depression/anxiety; low tolerance for frustration; feelings of insecurity; lack of trust and high levels of anger*
- *Insecure attachment with own parents*
- *Childhood history of abuse*
- *Mother having been a foster child*
- *High parental conflict, domestic violence*
- *Some family structures including single parent without supports and high numbers of children*
- *Social isolation, lack of support*
- *Parental psychopathology*
- *Substance abuse*
- *Separation/divorce, especially with high conflict*
- *Age – mothers age at birth and young parents are associated with child aggression but not severe abuse*
- *High general and family stress levels*
- *Poor parent-child interaction, negative attitudes and attributions about child's behaviors*
- *Inaccurate knowledge and expectations about child development*
- *Less education for males*
- *Less perceived parental support as a youth*
- *Received corporal or excessive physical punishment as a child*
- *Lack of confidence in their parenting skills*
- *Impulsivity including less ability to concentrate, deliberate and delay gratification*
- *Fear of external threats*
- *Significantly lower self-esteem*
- *Lack of confidence in their parenting skills*
- *Less social skills*
- *Diminished accuracy in expectations of their child*
- *Mother has a history of sexual abuse*

### ***Social/Environmental Risk Factors Especially Related to Severe Abuse***

- *Low socioeconomic status*
- *Stressful life events*
- *Lack of access to medical care, health insurance, adequate child care and social services*
- *Living in communities that under fund schools and have high drop out rates*
- *Parental unemployment; homelessness*
- *Social isolation/lack of social support*
- *Exposure to racism/discrimination*
- *Exposure to environmental toxins*
- *Dangerous/violent neighborhood*
- *Community violence*

The risk list is not intended to be inclusive, but rather to inform the reader as to the patterns that exist in particular maltreatment situations. In addition to the suffering experienced by these children there are also long term effects– e.g., in adulthood: unemployment, lowered income, reliance on public assistance<sup>16</sup> – that serve as motivators to attempt to address these issues early, and to design meaningful prevention efforts.

### **Protective factors that Reduce the Impact of Child Neglect and Abuse**

Protective factors also exist at individual, familial, relational, community and societal levels. Critical to the use of protective factors is the importance of assessing and using protective factors as strengths in the prevention and treatment of child abuse and neglect. A review of the literature indicates that the following are associated with a reduction in child neglect and abuse:<sup>17</sup>

- *Parental resilience*
- *An array of social connections*
- *Adequate knowledge of parenting and child development*
- *Adequate support in times of need*
- *Social and emotional competence of children*
- *Supportive family environment*
- *Nurturing parenting skills*
- *Stable family relationships*
- *Household rules and monitoring of the child*
- *Parental employment*
- *Adequate housing*
- *Access to health care and social services*
- *Parental expectations of pro-social behavior such as positive school, peer and community behaviors*
- *Caring adults outside family who can serve as role models or mentors*
- *Communities that support parents and take responsibility for preventing abuse*

### **Emerging Best Practices of Evidence Based Program**

While the identification of risk factors derived from child neglect and abuse reports helps workers' assessments and development of intervention plans, it is the protective factors that can help assess the family and community resources and program needs to support the reduction of child neglect and abuse.<sup>18</sup> Funding sources and advocates in the past decade have focused their efforts on advocacy and development of evidence based programs that are proven to be effective in reducing child abuse and neglect.<sup>19</sup> Some of these programs are preventative for all families, some target the families and communities of high-risk children who have been neglected and other programs work directly with families where abuse and neglect have occurred by assisting the family to develop resources to address or eliminate the risk factors.

Following are selected programs that have demonstrated over time to effectively prevent initial or reduce further child neglect and abuse.<sup>20</sup> Primary prevention efforts and programs refer to preventing child maltreatment before it happens. Secondary prevention refers to

programs that work with high risk families and tertiary prevention refers to mitigating the impact and further consequences of children who have already been maltreated. All of these programs are designed to build family protective factors and family competency. To assure that these programs are effective, community risk factors such as poverty and societal norms such as the acceptance and tolerance of family violence – including against children – must be addressed.

### **Primary Prevention Evidence Based Programs**<sup>21</sup>

#### ***Prenatal and Infancy Home Visitation by Nurses***

**Model:** Nurses visit first-time, low income mothers to improve their health, parenting skills and chances of giving birth to children free of health and developmental problems until the child is two years of age. The program focuses on enhancing the mothers' health, development, environmental health and quality of caregiving.

#### ***The Incredible Years Series***

**Model:** Trained facilitators use a comprehensive set of curriculum on parent, teacher and child training to promote social competence and prevent, reduce and treat conduct problems of young at risk children (ages 2 to 8). The program teaches parents nonviolent discipline, natural consequences and problem solving. It addresses family risk factors such as depression, coping skills, anger management, social support and marital discord. Teachers reinforce prosocial behaviors and cooperation to reduce classroom aggression.

#### ***Nurturing Program***

**Model:** This family-based program involves both parents and children in activities that build positive regard for self and others. There are 15 programs specifically designed for populations, for example, Parents and Children Birth to 5 years, Hispanic Parent and Children Birth to 5 years, Families with Substance Abuse Problems, etc. Programs are home based or group based and last 9-45 weeks.

#### ***Health Families Americas Home Visitation Programs***

**Model:** Modeled after Hawaii's Healthy Start, this program links expectant and new mothers to trained staff who provide home visits and referrals to community services in over 420 communities in the United States.

### **Secondary Evidence-Based Programs For At High-risk Families**<sup>22</sup>

#### ***Functional Family Therapy***

**Model:** This short-term well-documented family approach provides on average twelve 1 hour sessions over three months with difficult cases receiving up to 30 hours. The model focuses on motivation to change, behavior changes and generalization of the new learning to other life situations. The program targets youth and their families in a variety of settings including rural and urban, clinics and home-based programs, and juvenile courts. This is very effective for angry, hopeless and resistant to treatment youth and their families.

### ***Multisystemic Family Therapy***

Model: This is an intensive alternative to out of home placement for children with serious behaviors, behavior problems that lead to hospitalizations or youth who were placed out of the home or incarcerated. This intensive home and ecologically based treatment has low case loads and 24 hour availability.

### **Tertiary Evidence-Programs for Families Where Abuse and Neglect Have Occurred**<sup>23</sup>

#### ***Trauma Focused Cognitive Behavioral Therapy For Child Sexual Abuse (TF-CBT)***

Model: TF-CBT is an intervention designed for both sexually abused children or adolescents and their parents or guardians. This intervention is designed to reduce children's negative emotional and behavioral responses and correct maladaptive beliefs and attributions related to the abuse experience. It provides support and skills related to their emotional distress and their ability to optimally respond to the abused child.

#### ***Abuse Focused Cognitive Behavioral Therapy for Child Physical Abuse (AF-CBT)***

Model: AF-CBT is an intervention designed for physically abused children. Both the risk contributors to the physical abuse and the children's subsequent behavioral and emotional adjustment are addressed in the intervention. The approach is designed to promote the expression of appropriate prosocial behaviors and discourage the use of coercive, aggrieve or violent behaviors.

#### ***Parent Child interaction Therapy (PCIT)***

Model: PCIT is an intervention designed for families with oppositional and defiant children. The approach is designed to address relationship enhancement and teach strategies to improve compliance through coaching the parents.

## **Conclusion**

In conclusion, there has been a growing field of research identifying the risk and protective factors contributing to child neglect and abuse. The developing evidence demonstrating "best practices" for prevention and treatment of child neglect and abuse is swiftly moving towards enhanced practice, replication and further program development.<sup>24</sup> The next decade promises to move us towards more knowledge of effective programs and practices that address child neglect and abuse. The challenge will be to make both families and communities healthier and build supports that are protective and cost effective. The hope is for increasing the well-being of millions of children and families within their communities as we successfully implement quality evidence based approaches to reduce child neglect and abuse.

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