



Northern California Training Academy

Predicting and Minimizing the Recurrence of Maltreatment

Literature Review

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Executive Summary

Purpose of this Review

The purpose of this literature review is to explore several issues related to foster care and child maltreatment. First, the factors that predict repeated episodes of abuse or neglect are examined. Specifically, the focus is on the conditions and circumstances that facilitate, cause or relate to the potential for child maltreatment to continue following an initial report. Second, factors and practices that may limit the potential for the recurrence of maltreatment are explored. The hope is that the information presented here will help administrators, supervisors and case workers in the child welfare system 1) recognize potential risk factors and strengths that families demonstrate, and 2) utilize this knowledge in the process of permanency planning and case management.

Method

Literature was reviewed and acquired using the following search databases: Academic Search Premier, PsychINFO, and PsycARTICLES. Additionally, in using the World Wide Web, primarily Google, the following Child Welfare Research and Policy Organization websites were searched: Child Welfare Research Center (CWRC) (<http://cssr.berkeley.edu>), Child Welfare Information Gateway (www.childwelfare.gov) and American Humane Association (www.americanhumane.org). These databases were selected to locate peer-reviewed literature. The following search terms were used: *reabuse*, *maltreatment recurrence*, *repeated maltreatment*, *revictimization*, *maltreatment recidivism*. Additionally, an iterative process was used in that the results or discussions from one search were used for further searches based on additional references or key words.

Discussion and Future Directions

Distinct factors at the level of child, parent, family and community were found to be influential in predicting future episodes of abuse and/or neglect. Furthermore, three kinds of maltreatment, physical abuse, sexual abuse and neglect were found to have peculiar treatment issues surrounding each. Finally, several practices and strategies related to lowered recurrence of maltreatment were considered. These practices point to the importance of early intervention, the offering of voluntary services to unsubstantiated cases and the provision of substance abuse treatment as a means of reducing future abuse. However, evidence also points to the limited potential of parent or family therapy in affecting substantive and permanent change.

Purpose of this Review

This literature review was written to identify factors related to increased potential for reabuse in families that have been reunified. Although the goal of child welfare services is to change the environment in which abused or neglected children are raised, this goal is not always achieved. Factors related to the child, the parents and other circumstances related to the case may contribute to continued abuse and neglect after the child is reunified with family. Identifying these factors and long term stability of reunification is difficult since a consistent set of outcome variables are not evident in the research literature (Barth, 2001). For example, Brooks and MacDonald (2009) suggest that definitions of abuse recurrence are not consistent across many studies. For example, some studies count substantiated abuse events while others count both substantiated and unsubstantiated.

Given the ambiguity of this issue in the literature, the present review examines existing studies to finding common factors/variables that are related to increased probability of abuse recurrence following reunification. Furthermore, factors are separated based on three broad categories: physical abuse, sexual abuse and neglect. This is important as each category contains specific problems and conditions that must be considered. A second goal of this review is an examination of practices that have been shown empirically to reduce the risk of reabuse. This was done to provide case workers and supervisors with potential tools for successful and stable case management. Furthermore, a greater understanding of the factors that may lead to reabuse, and the promising practices that circumvent it, serve as tools for service providers in helping children and families after an initial report of abuse or neglect.

Introduction

Maltreatment of children is a major social welfare problem and public health concern. The long term consequences of maltreatment include poor developmental outcomes for children such as increased risk for anxiety, depression and aggressive behavior (Gilbert et al., 2009). In addition, childhood maltreatment has been linked to higher levels of child and adolescent obesity and sexual risk taking as well poor school performance (Fergusson, Horwood, & Lynskey, 1997; Grilo & Masheb, 2001; Whitaker, Phillips, Orzol & Burdette, 2007). Despite being of great social concern and a topic of sustained research for 40 years, childhood maltreatment is still not a well understood issue (Hussey, Chang, & Kotch, 2006). Issues related to prevalence, physical and psychological consequences and (of most interest to this review) risk factors that predict repeated maltreatment are still in need of more intense empirical study. Furthermore, information regarding techniques and practices for reducing the recurrence of abuse is also limited. In the present review, we examined the existing literature for overarching themes and factors that are related to the potential for repeated maltreatment of children by their parents. In addition, we look at empirically supported practices for minimizing reabuse as well as promising practices that are not yet well supported but may bear empirical “fruit” in future studies of best practices.

Importance of Studying Recurrence of Maltreatment

Why study reabuse as a topic of research distinct from abuse or child maltreatment? First, it is important to note that in prospective studies of abuse, the best predictor of whether abuse will occur in the future is whether or not it has occurred in the past. This may seem intuitive or obvious, but considering the number of factors that also predict abuse, such as age, gender, parental poverty or substance abuse, the power of the relationship between episodes of abuse has been found to be fairly strong (Hindley et al., 2006). This leads to the second

point. An obvious goal of the Child Welfare System (CWS) is to eliminate future episodes or incidents of abuse or neglect in a family. There may be variables or factors that contribute to continued abuse or neglect that are distinct from those that contributed to an initial incident. For example, in a five year longitudinal study, Levy and colleagues (1995) studied 300 children who had endured documented cases of abuse. As a result of this effort, the authors came to the conclusion that the factors that predict initial abuse are not the same as those that predict reabuse. Workers in the Child Welfare System should be aware of the different factors that characterize risk for repeated maltreatment.

Prevalence of Recurrent Maltreatment

How common is recurrence of abuse or neglect? Though evidence is limited, estimates range from 9 to 66% (Butterfield, Jackson, & Nangle, 1979; Fryer & Miyoshi, 1996), with an average reported percentage of between 20–30% (Courtney, 1995; Goerge, 1990; Murphy, Bishop, Jellinick, Quinn, & Poitras, 1992; Wulczyn, 1991). As can be ascertained from the large range in the estimated prevalence of the recurrence of maltreatment, these data are not without problems. First, many studies of reabuse are based on small samples that are not representative of a larger population. This has led to variation in findings from one study to the next, making it difficult to ascertain a clear picture. Second, most existing studies examine cases once, without examining outcomes at a later date. The resulting picture of what is expected for families with multiple cases of abuse/ neglect is not clear. Hence, as with many other areas of research in child maltreatment, the need for more data is a present issue.

The remainder of this introduction will deal with several issues. After a brief definition of the concept of child abuse, the problem of substantiation will be addressed. That is, given a report of abuse or neglect, what evidence exists to support that report. Furthermore, are substantiated and unsubstantiated cases fundamentally different or similar? The answer to this question is important in defining whether or not certain cases are recurring. Second, the

analytical issue of how to conceptualize a maltreatment “event” will be introduced: at the level of the perpetrator or the victim. This will motivate the later use of different factor levels in predicting the recurrence of abuse or neglect. Finally, the tension that exists between the CWS goal of maximizing child safety (i.e., minimizing repeated maltreatment) and the goal of reunifying families when possible will be briefly discussed. Research suggests these two goals can come into conflict and that timely reunification may actually increase the odds of abuse recurrence.

Historical Overview of Child Abuse

The concept of child abuse is relatively new to western society; however, there is historical evidence that children have been murdered, neglected, beaten and sexually exploited for centuries. Until the last half of the twentieth century, actions were not formally defined as abuse or maltreatment, and public authorities rarely interceded on behalf of the child. In 1974, the U.S Congress passed the Child Abuse Prevention and Treatment Act (CAPTA), Public Law 93-247, to provide a national definition of various types of abuse and to prescribe actions that states should undertake to protect children who have been victimized. The law broadly established maltreatment in this definition:

The physical and mental injury, sexual abuse, neglected treatment or maltreatment of a child under the age of 18 by a person who is responsible for the child’s welfare under circumstances which indicate the child’s welfare is harmed and threatened thereby.

The Problem of Substantiation

As mentioned previously in this review, a primary complication in the study of reabuse is the method by which it is measured. Two basic categories of abuse reporting exist: substantiated and unsubstantiated. Substantiated refers to cases in which sufficient evidence of abuse or significant risk of abuse exists. In contrast, unsubstantiated cases refer to those in

which insufficient evidence exists but are nonetheless reported to CWS. However, the definition of this category varies across states (Fluke, Harper, Parry, & Yuan, 2003). These categories of case disposition are important since substantiated cases are more likely to require mandatory CWS involvement and foster care. In addition, Fuller and Nieto (2009) found that cases that were initially classified as substantiated were more likely to have later reports of reabuse.

Still, the distinction between substantiated cases of abuse and reported, yet unsubstantiated cases, has led some researchers to question whether repeated reports of maltreatment result from a real risk to children and families for reoccurring maltreatment or whether re-reporting reflects a heightened level of surveillance by service providers and community members (Fluke et al., 2008). For example, children receiving CWS services may be more likely to be re-reported for abuse (Fluke et al., 1999). Furthermore, the role of the initial reporter of abuse (i.e., medical staff, law enforcement) has an impact on whether or not re-reporting may occur in the future. The “take home” message of this research is that whether or not a family is re-reported for abuse is not simply a function of the maltreatment itself but many other factors external to the family.

Level of Analysis

Any study of child abuse has to deal with a key question: How shall cases of abuse/neglect be analyzed? At the level of the child or at the level of the perpetrator? Most existing research on reabuse examines the issue at the level of the child. That is, they examine episodes in terms of the repeated experience of the child. However, the goal of the CWS is to change behavior and skills in the perpetrator in order to avoid future incidents of abuse. Way and colleagues (2001) examined this issue by looking at reported vs. substantiated perpetrators and examining the effect of substantiation on later reports of maltreatment. They found that perpetrators with unsubstantiated reports of maltreatment were much more likely to be re-

reported at a later time. They suggest that this is reason to focus research on perpetrators in future efforts and also for researchers and case workers to identify potential repeat offenders more effectively regardless of substantiation status.

Tension between Reunification and Potential for Reabuse

Although not all cases of maltreatment end in foster care, it is certainly a common outcome. It has often been demonstrated that the longer a child is in out-of-home care, the less likely reunification will be achieved, and longer stays in foster care increase the probability for multiple placements (Kimberlan et al., 2009). In the case of adolescent foster youth, it increases the likelihood for “aging” out of the system. Because of this and because of the goals of the CWS (i.e., safety, permanency, and well-being), reunification with the child’s family of origin is the most common permanency outcome with 49% of children placed in foster care ultimately reunifying (U.S. Department of Health and Human Services (HHS), 2008). However, reunification does not always result in a stable or permanent placement or elimination of CWS involvement. The child may re-enter the foster care system or parents may be reported for additional episodes of abuse and/or neglect. Approximately one in five children entering foster care each year will later reenter care (U.S. Department of Health and Human Services, 2000). A number of factors have been linked to an increased potential for re-entry. For example, one of the most common reasons for children reentering foster care are short initial stays in foster care (being in foster care for less than 90 days) (Barth, 1997; Courtney, 1994). This suggests that while timely reunification is an important goal, time lines differ across families and the need for reunifying children quickly needs to be tempered with the desire to maximize the permanency of the reunification. In regard to the potential for reabuse following reunification, empirical evidence suggests that circumstances and factors related to the initial abuse cannot change when the child is placed in foster care for a brief period and that a lengthier separation

may be required for substantive changes to occur and mitigate the risk for the recurrence of maltreatment.

Methodology

Literature was reviewed and acquired using the following search databases: Academic Search Premier, PsychINFO, and PsycARTICLES. Additionally, in using the World Wide Web, primarily Google, the following Child Welfare Research and Policy Organization websites were searched: Child Welfare Research Center (CWRC) (<http://cssr.berkely.edu>), Child Welfare Information Gateway (www.childwelfare.gov) and American Humane Association (www.americanhumane.org). These databases were selected to locate peer-reviewed literature. The following search terms were used: *reabuse*, *maltreatment recurrence*, *repeated maltreatment*, *revictimization*, *maltreatment recidivism*. Additionally, an iterative process was used in that the results or discussions from one search were used for further searches based on additional references or key words.

Findings

Definitions of Types of Maltreatment

In the present review, recurrence risk factors for three general types of abuse: physical abuse, sexual abuse and neglect will be examined. Of course, these three categories are broad, and a number of other types and subtypes of abuse such as emotional abuse and community violence, are being ignored (Finkelhor, Ormrod, Turner, & Hamby, 2005). However, these categories are the most commonly studied in the literature and most commonly identified in public policy and legal documentation. Furthermore, each type has distinct issues and findings associated with it. The definition of each is as follows¹:

Physical abuse. “An intentional act of commission involving physical force against a child that results in, or has the potential to, result in physical injury.”

Sexual abuse. “Any completed or attempted sexual act, sexual contact or non-contact sexual interaction with a child by a caregiver.”

Neglect. “Failure to meet a child’s basic physical, emotional, medical/dental, or educational needs; failure to provide adequate nutrition, hygiene or shelter; or failure to ensure a child’s safety.”

The following section is divided into two parts: 1) a review of the literature examining general factors that relate to the probability of reabuse, and 2) a brief discussion of specific issues and factors related to reabuse in each of the three categories.

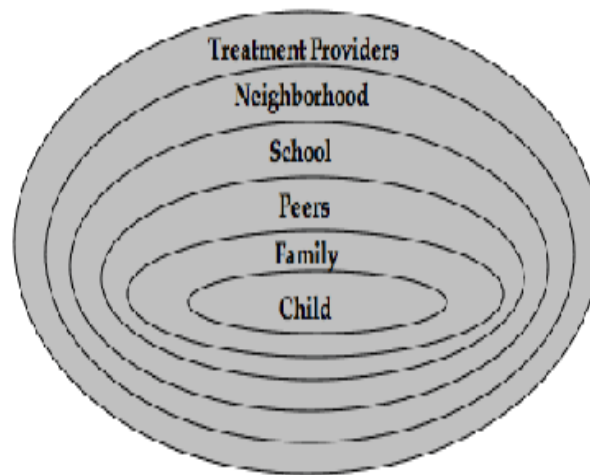
General Factors

In line with other published reviews of maltreatment recurrence (e.g., Brook & Macdonald, 2009; Hindley et al., 2006), factors related to reabuse from an ecological framework are examined (Bronfenbrenner, 1979). A graphic depiction of this framework is

¹ Each definition is taken from Gilbert et al., 2009
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presented in Figure 1. According this perspective, variables with causal influence on an outcome variable (i.e., probability of repeated maltreatment) fall into a series of hierarchical levels. In the present review, at factors stemming from the child, the parents/caregivers, larger family issues, family interactions with a service provider or case manager and broader social and cultural factors are looked at.

Figure 1. Ecological Model of Bronfenbrenner (1979)



Before moving to the various levels of factors, it is important to note that a major predictor of reabuse is time. The probability of reabuse is high after an initial report of abuse and declines over time. Levy and colleague (1995) examined a sample of abuse cases over time and found that risk of reabuse in this sample was greatest during the first two years following a diagnosis of maltreatment and subsequently diminished progressively. This suggests that to the degree that social workers and service providers can utilize resources to prevent reabuse, this should be done early in the life of the case.

Child Factors. Research points to several child-level variables that are related to increased prevalence of reabuse: Age, gender and presence of a disability/developmental disorder. A number of studies have found that younger children are more likely to experience recurrence of abuse (Drake et al., 2003; Fluke et al., 1999; for review, see Hindley et al., 2006).

In addition, Fluke and colleagues (2003) found that younger children experienced recurrence more often when residing in larger family sizes. This may be because of the greater levels of family stress related to parenting demands and economic pressures.

In regard to gender, some studies have found that girls are more at risk for recurrence, but this finding is not consistent across studies (Drake et al., 2006; Lipien & Forthofer, 2004). Realistically, the effects of gender are small overall and may vary as a function of type of abuse (see section on sexual abuse below).

A common finding in the child abuse literature is that children with special needs are at particular risk for maltreatment or neglect (e.g., Rosenberg & Robinson, 2004; Baker, 2007). This includes children with learning disabilities, behavior problems, medical complications and other types of developmental disabilities. Additionally, children with special needs have been found to be at risk for reabuse after an initial report or occurrence of abuse. This effect does not appear to be trivial. For example, Fluke and colleagues (2008) found that children with disabilities were 1.5 times more likely to experience reabuse than children without disabilities.

The effects of age and disabilities suggest that increased stress related to meeting the needs of the child may be responsible for the increased prevalence of abuse and/or neglect. However, the exact reasons are still not well understood by researchers (Drake et al., 2006). In the following section on best and promising practices, techniques that may be used to help parents deal with the heightened pressures and responsibilities of caring for children with special needs are reviewed.

Parent Factors. The next two subsections will deal with factors related to the conditions, behaviors and traits of a particular family that contribute to the potential for reabuse. In this section, factors related particularly to (the biological) parents are discussed. Detailed information regarding parent-related variables has been difficult to obtain

in research on abuse because many existing studies have utilized administrative databases that lack specific data regarding more subtle psychological variables (Brooks & MacDonald, 2009).

Among the most commonly discussed issues in the child abuse literature is parental substance abuse. More than half of all cases in the CWS are related to AOD problems (Young et al., 2008). Of course, the role of substance abuse in the recurrence of abuse is complicated by the wide spread effects that this problem has on a number of areas of family and social functioning including poverty and homelessness, an inability or unwillingness to achieve goals for reunification and domestic violence. However, it is intuitive that in circumstances where parents do not change their patterns of substance abuse, preexisting patterns of abuse or neglect may also continue.

It should be noted that there is evidence that in cases where parents seek out and receive treatment for substance abuse, there is increased risk of being re-reported for abuse (Barth, Gibbons & Guo, 2006). This may relate to the perception that parents with greater “visibility” to service providers are more at risk of being reported. Such a finding is troubling since a goal of service provision is to improve family functioning and cohesion. If parents feel threatened by an increased sense of being under surveillance, this may discourage some families from asking for assistance.

Parental mental health is also an important predictor of continued maltreatment and neglect (Walsh, MacMillan, & Jamieson, 2002). Drake and Colleagues (2003) found that children whose caregivers received Medicaid treatment for mental health were 50% more likely to experience abuse recurrence.

Another intuitive factor that predicts both reabuse and reentry into foster care is parenting skill. This includes the ability to communicate effectively with the child, understand issues of child development and apply consistent and appropriate discipline (Festinger, 1996). Despite the obvious importance of parenting on the probability of recurrence, this issue has

not been well studied, especially when compared to other factors. This may be because the valid and reliable measurement of parenting abilities is a difficult and time consuming task.

Finally, a parental history of abuse as a child has also been found to relate to repeated occurrences of maltreatment of their own children. Hindley and colleagues (2006), in a review of existing research of reabuse, found three studies that found parental report of being abused as a child to be a predictor of later abuse or neglect of their own children.

Family Factors. Factors related to parents or caregivers, but more broadly influential are those that stem from or affect the entire family context. Domestic violence or family conflict have been found to correlate with higher levels of maltreatment recurrence (Hindley et al., 2006; Swanston et al., 2002). This is intuitive as increased levels of violence around the child may ultimately become directed at him or her. In addition, an increasing number of children in a household has been found to predict higher levels of recurrence (DePanfilis & Zuravin, 1999; Drake et al., 2006). Again, this seems intuitive because a higher number of children in the household may contribute to higher levels of stress and family/parental discord.

Financial well-being of the family has also been shown to predict abuse recurrence as well. Specifically, median household income predicts higher probability of reabuse. This finding concurs with many studies of family function that show economic stress as a primary predictor of many problems (Conger et al., 1990; 1992). Related to the issue of financial stability, neighborhood factors have also been shown to be influential. Families in neighborhoods that have higher rates of mobility also have higher levels of maltreatment and neglect recurrence (Garbarino & Kostelny, 1992; McCloskey & Bailey, 2000). At first examination, this may seem to be a side effect of poverty; however, this effect often exists when financial variables are controlled for. This suggests that living in a socially unstable and unsupportive environment contributes to parental and familial stress, leading to greater potential for reabuse (DePanfilis & Zuravin, 1999).

Service Factors. As mentioned above, although a primary goal of the CWS is to support and assist families in changing negative patterns of behavior and function, this is not always successful. In addition, prior involvement with the CWS has been shown to be a predictor of recurrence (Fluke et al., 1999; Fuller et al., 2001) For example, Depanfilis and Zuravin (1999) found that caregivers with children who had previously been placed in foster care were much more likely to be reported for recurring abuse or neglect. This effect held even when the child that was placed was not the child being abused.

What about families that participate in programs or services provided by the CWS in an effort to change negative or destructive patterns of behavior or functioning? Evidence for the beneficial effect of such participation is mixed. Little (2001) found that caregivers who demonstrated high levels of compliance in a treatment program were at reduced risk of recurrent maltreatment. However, this reduction only lasted during the time of service provision.

In the following section, issues that are specific and peculiar to each of the three types of maltreatment will be discussed. Also examined are factors that relate to the probability of reabuse and reentry into foster care.

Type of Maltreatment and Relationship with Reabuse and Reentry

Physical Abuse. Physical abuse is an unfortunately common type of child maltreatment. In a nationally representative sample of children and youth ages 2 to 17 years, Finkelhor and colleagues (2005) found that 1 in 8 U.S. children experienced some kind of physical maltreatment. Physical abuse is typically associated with lower rates of reabuse than neglect. Despite this, physical abuse is associated with a slower reunification time line than sexual abuse or neglect. For example, Wells and Guo (1999) examined a sample of children that were

placed in foster care and then reunified within 12 months. Children who were initially removed because of physical abuse reunified with their families at a slower rate.

Age is also a factor when considering reabuse. Older children in general are more likely to be re-reported for physical abuse (Jonson-Reid et al., 2003). However, this should not necessarily be construed as meaning that older children are more at risk for actual abuse. It has been suggested that many cases involving younger children go unreported or undetected because of limited communication skills and opportunities of the child and concealment strategies of parents. As stated above, the difference between reported and substantiated cases makes it difficult to represent the true prevalence of this problem.

Sexual Abuse. Of the three types of maltreatment discussed here, sexual abuse presents unique challenges for service providers and researchers. Child sexual abuse has been linked to a greater risk for sexual victimization during adulthood (for review, see Roodman and Clum, 2001). Furthermore, the detection and prosecution of sexual perpetrators is extremely difficult with many cases failing to result in conviction due to non cooperative family members, limited investigatory resources and changing prosecuting attorneys throughout the life of a case (Honomichl, Noble, & Bonnell, 2002).

Of the three types of abuse discussed here, sexual abuse may be the least likely to reoccur. However, interpreting the reasons for this is not simple. It may be that cases of sexual abuse are treated more seriously than cases of other types of maltreatment, thus leading to reduced rates of recurrence. However, this is perhaps not the only story to tell. In a study on recidivism in different types of abuse, Bae and colleagues (2007) found that cases of neglect were the most common to be re-reported and that sexual abuse was the least likely. However, in their findings, the reasons for this varied across type of abuse. They found that recurrence of neglect was positively associated with amount of contact with CWS workers. This suggests that recurrence in cases of neglect is tied to increased surveillance of family function. In

contrast, sexual abuse recurrence was linked to family and child factors (e.g., boys were found to be less likely to experience recurrence), but factors related to CWS contact and service provision were not predictive of recurrence. The authors interpreted these findings as evidence that the causes of recurrence vary with type and suggest that sexual abuse is different in the causal factors related to recurrence than other kinds of abuse.

Many of the general factors discussed above are also specifically relevant in sexual abuse. Issues such as substance abuse, family member instability, and a lack of family cohesion and connectedness are commonly found to predict sexual abuse recurrence (Classen, Palesh, & Aggarwal, 2005). However, unlike other types of maltreatment, such as physical abuse and neglect, sexual abuse is not closely related to socioeconomic status (Finkelhor & Baron, 1986).

Sexual maltreatment reabuse is also linked to age. In a study conducted by the Bureau of Justice Statistics, over 60,000 incidents of sexual assault between the years of 1991 and 1996 were examined for a variety of characteristics. Results suggest that approximately 83% of all sexual assaults of children between the ages of 0 and 11 occurred within a residence in comparison to approximately 55% for victims over the age of 18. Furthermore, perpetrators were arrested in 19% of cases involving children under the age of 6. This number increased to 33% for children between the ages of 6 and 11 and 32% for children between the ages of 12 and 17. These findings underscore several important problems regarding the detection and incarceration of child sexual abusers. A very large percentage of sexual assaults on very young children (ages 0-11) occur in a home where the opportunity for detection is severely limited. The age of the child also works toward the perpetrators advantage. Young children have been shown to be unreliable in reporting incidence of sexual abuse or at the very least malleable to questioning (Loftus, 1979). Again, this problem may lead to some cases remaining reported, yet unsubstantiated, and thus leave the child at risk for future incidents of abuse.

Finally, gender is also a relevant to sexual reabuse. A common finding in the sexual abuse literature is that female victims have been found to be more likely to experience recurrence (DHHS, 2006).

Neglect. Neglect as a type of maltreatment is difficult to detect and also difficult to study. Adding to this difficulty is the variability and heterogeneity with which existing studies define it. This lack of clarity has led some child abuse researchers to complain of a “neglect of neglect” in the research literature (Behl, Conyngham, & May, 2003). However, the data that does exist suggests that neglect is a predominant problem in the area of child welfare. Official statistics of substantiated cases estimates the rate of neglect at approximately 7.2 per 1,000 children (U.S. Department of Health and Human Services Administration on Children, Youth, and Families, 2004). More relevant to this review, evidence suggests that children who are substantiated as victims of neglect are more likely to suffer repeated, substantiated episodes of neglect than other forms of abuse (Coohey, 2003; U.S. Department of Health and Human Services Administration on Children, Youth, and Families, 2004). Thus, neglect is both the most common type of maltreatment and, conversely, the least studied.

To illustrate the deep problem that neglect reflects, consider the potential psychobiological consequences that it can convey. A myriad of studies involving humans and animals show that neglect, especially neglect endured very early in life, can lead to core problems in the area of socioemotional adjustment, relationship formation and self regulation (for review, see DeBellis, 2005). The most famous example is that of Harry Harlow’s work with infant rhesus monkeys raised in isolation. The result of this experience left the animals with devastating and enduring deficits in a number of psychological domains such as the ability to form close socioemotional relationships. Non-experimental evidence of this has also been found in studies of Romanian orphans of the 1990s.

Neglect as a type of maltreatment has a murky relationship to reunification and recurrence. Goerge (1990) found children removed from their homes for neglect were more likely to reunify with their family compared with children removed for physical abuse. However, Courtney (1994), Davis et al. (1997), and Wells and Guo (1999) suggest that children removed for neglect reunify at a lower rate than other children.

In relation to recurrence, evidence suggests that neglect may be more likely to reoccur than other types/ Frame (2002) found that children removed because of neglect had increased risk of reentry into foster care compared to children removed because of other types of maltreatment. Similarly, Marshall and English (1999) found that cases involving neglect were over 50% more likely to recur than cases of sexual abuse; whereas, cases of physical abuse were only around 30%. These findings concur with other studies that have found that neglect recurs more frequently than other types of maltreatment (Drake et al., 2002; Fryer & Miyoshi, 1996; Hindley et al., 2006).

Practices and Techniques for Minimizing Recurrence of Abuse and Neglect

In this section, findings from empirical studies examining programs and interventions intended to lower the probability of recurring abuse and neglect in families will be discussed. Also discussed will be other promising ideas and techniques that are being discussed in the field but have yet to be rigorously studied by researchers.

Why design and implement programs to minimize future abuse? Although the purpose of placing children in foster care and then reuniting them with their family after some period of time is to keep them safe and change the circumstances that led to maltreatment initially, this second goal is not always fulfilled. As noted above in the discussion of parent and family factors, many of the problems that lead to maltreatment are not specific to the child but rather reflect more global family or community problems. Without some kind of intervention, patterns of behavior that led to the initial incident will not change.

To begin, recall the point made several times above: involvement with and supervision by child welfare staff is a factor that has often been linked to increased reports of reabuse (Barth, Gibbons & Guo, 2006)². This finding may be a function of several issues. First, families that are involved with the CWS may simply be more carefully observed by case workers and neighbors who are aware of the family's circumstances. This may lead to increased reports of maltreatment that may or may not be valid. Second, the level of intensity of intervention may play a role in the probability of recurrence. In most states, there are two forms of in-home child welfare services, a less intensive family support approach and more intensive family preservation programming. Drake and colleagues (2006) found that families receiving less intense in home services had lower levels of recurrence than those receiving no services or those receiving intense forms of intervention. Similarly, Macmillan and colleagues (2005) compared abuse and neglect groups to control groups in a program in which health care workers went to the home to provide assistance and training to families. The results showed no significant differences between experimental and control group in levels of abuse recurrence.

These findings present at least three interpretations. It may be that CWS workers are under identifying the needs of families that do not receive intervention. The second, but not mutually exclusive, interpretation is that families receiving high levels of intervention, as a function of this experience, are at greater risk for future recurrence. The final and more intuitive interpretation is that families receiving intense services simply have larger problems and therefore are at greater risk for recurrence because of this fact alone. In support of the second interpretation, Brook and McDonald (2007) examined families with both substance abuse problems and children in foster care. Contrary to what might be expected, they found that parents who participated in a drug and alcohol treatment program were slower to reunify

² This is not to say that all studies have found a positive relationship between CWS interventions and increased recurrence. For evidence of intervention leading to a reduction of recurrence, see DePanfilis & Zuravin, 1998, 2002; Drake et al., 2002; Johnson & Clancy, 1988.

with their children and also had higher levels of reentry into foster care, relative to controls. This suggests that recovery is a long process but also that receiving treatment for problem behaviors and addictions does not lead to a linear decrease in the possibility of future reports or occurrences of abuse or neglect.

In summary, this evidence points to an important role for interventions in preventing reabuse. However, intervention and increased exposure may put families under greater stress and at risk for longer reunification periods. It remains to be seen whether these delays are ultimately beneficial or not.

Before continuing to discuss specific strategies for minimizing reabuse, it is important to revisit the point addressed earlier in this review that is to consider the child and family from an ecological perspective. That is, the factors that influence development and outcomes, such as abuse and neglect, exist at a series of levels that range from more local (such as parental behavior and beliefs) to more global (such as the broader sociocultural beliefs about child rearing and the socioeconomic status of surrounding area). Some of these factors, such as parental substance abuse and parenting skills, respond to effective intervention, whereas others, such as broader influences of neighborhood crime and poverty, cannot be changed so easily. That being said, the majority of the strategies discussed below will be focused on parental and family factors.

In the following section, we examine the following four principles/interventions for minimizing the potential reabuse:

- Emphasis on Early Intervention
- Voluntary Services for Unsubstantiated Cases
- Substance Abuse Treatment
- Parental Therapeutic Intervention

Emphasis on Early Intervention. Universal to the literature on intervention in abuse and neglect is the importance of early intervention (for review, see Guterman, 1997). Given the

habitual nature of some parenting skills and patterns of family interaction, research suggests that it is critical to disrupt and replace unhealthy trends within the family early in order to prevent them from becoming solidified and, therefore, more difficult to change. Furthermore, given evidence from child development research that trauma and neglect at an early age can lead to profound and lasting deficits and problems throughout the lifespan, it is critical to address concerns early thereby limiting the long term repercussions.

Voluntary Services for Unsubstantiated Cases. So far, we have discussed factors that are empirically linked to increased prevalence of abuse and neglect recurrence. Some of these factors, such as parenting skills, are of the type that respond to intervention and are improved in order to limit maltreatment potential. Others, such as the gender or the age of the child, obviously cannot. Independent of these factors is the issue of substantiated vs. unsubstantiated incidents of abuse. As discussed above, in the child abuse literature, a distinction has been made between cases in which there exists sufficient evidence to support a concrete designation of maltreatment; while in other cases, there is only a report of such an event without clear, available evidence. This distinction is important since it plays a role in whether or not an intervention is implemented and the severity of that intervention. Furthermore, as presented in the previous section, families that receive no services or intervention were more likely to reenter foster care than those who received low level services. Assuming that those who received no services were deemed to be of lower risk than those that received more intensive forms of services, this finding is counterintuitive.

One possible solution to this problem is to offer voluntary services to families of unsubstantiated reports of maltreatment. By participating in these services, families in need of intervention may improve on factors that may contribute to future reports or incidents of maltreatment, without having to admit guilt in any reported incidents. Along these lines, Way and colleagues (2001) examined substantiated and unsubstantiated cases over time and found that many of the latter cases reappeared suggesting that despite lacking official evidence, these

cases do serve as opportunities for action. They also found that in unsubstantiated cases, other factors such as family poverty or average neighborhood income were potential predictors that could be used as warning signs of recurrence.

Substance Abuse Treatment. As mentioned previously, parental substance abuse is a common contributor to child abuse and neglect. Children of parents with substance abuse issues tend to enter foster care at younger ages (Frame, 2002), remain in foster care longer (Walker, Zangrillo, & Smith, 1991), are less likely to be reunified with their parents (Lewis, Giovanni, & Leake, 1997) and are more likely to re-enter the child welfare system (Wolock & Magura, 1996). One intervention that has been linked to reduced probability of reabuse is substance abuse treatment.

Existing data on the relationship between substance abuse treatment and reabuse is not easy to gather or interpret. Many existing studies have looked at the relationship between treatment and reunification (Green, Rockhill, & Furrer, 2007) or between treatment and reentry into foster care (Rittner & Dozier, 2000) (for any number of reasons). This literature shows some contradictory evidence. For example, one study found that parents enrolled in a comprehensive service-delivery program for individuals with AOD problems had slower reunification than those not enrolled, but with similar problems (Brook & McDonald, 2007). This suggests that receiving services does not necessarily speed up the reunification process or improve long term outcomes. As mentioned previously, substance abuse is a complex problem to address and may require more time before successful reunification can be achieved.

Parental Therapeutic Intervention. Because parental problems are often at the heart of the cause(s) of maltreatment, one possible solution is to provide parents with some kind of intense psychotherapeutic intervention designed to change their behavior and parental practices. Among the various types of interventions are cognitive behavioral therapy, family therapy or a more general psychodynamic approach. In a study of the Danish Social Assistance Act, which encourages local authorities to offer families services in order to support

children at risk of child maltreatment, Christofferson and DePanfills (2009) examined a variety of therapeutic interventions and their impact on repeated neglect and abuse. Surprisingly, they found that only cognitive behavioral therapy was effective in reducing the probability of reabuse. This type of therapy stresses the careful and rigorous examination of deeply rooted beliefs and behaviors with the goal of changing them. In contrast, they found that in cases of neglect, family therapy and psychiatric evaluation and treatment of parents led to lower rates of repeated neglect. These findings suggest that selective therapeutic treatments can lead to improvements in outcomes and that different types of interventions are beneficial for different types of maltreatment.

Recommendations and Future Directions

The purpose of this review was to carefully identify factors that relate to increased potential for repeated maltreatment. Distinct factors at the level of child, parent, family and community were found to be influential in predicting future episodes of abuse and/or neglect. Furthermore, three kinds of maltreatment, physical abuse, sexual abuse and neglect, were found to have peculiar treatment issues surrounding each. Finally, several practices and strategies related to lowered recurrence of maltreatment were considered. These practices point to the importance of early intervention, the offering of voluntary services to unsubstantiated cases and the provision of substance abuse treatment as a means of reducing future abuse. However, evidence also points to the limited potential of parent or family therapy in effecting substantive and permanent change.

It is important to note that the state of existing literature does not provide more specific detail about practices or policies for reducing reabuse for specific types of maltreatment. However, the four practices discussed above were selected, in part, because of their universal effectiveness across types of abuse. However, future research is needed to more carefully ascertain whether more particular types of interventions are needed to effect cases of different types of maltreatment.

Some suggested questions to pursue include the following:

- Do treatments designed for a particular form of maltreatment (e.g., neglect) reduce reabuse potential for other types of maltreatment (e.g., sexual abuse)?
- What is the most effective “dosage” of a treatment or intervention? Also, does the time of the intervention (relative to the report of maltreatment) affect the dosage?

- If given the opportunity for voluntary services, would parents take advantage? Would such participation have the same protective effect against reabuse as involuntary participation?
- What empirical evidence is there for the best practices in balancing the need for timely reunification and the need for extended treatment and recovery from substance abuse? How would this impact the potential for reabuse?

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