PARENTING SKILLS AND FAMILY STRESSORS: IMPLICATIONS FOR CHILD
REMOVAL AND MALTREATMENT RECIDIVISM AMONG CPS INVOLVED FAMILIES

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ABSTRACT

PARENTING SKILLS AND FAMILY STRESSORS: IMPLICATIONS FOR CHILD REMOVAL AND MALTREATMENT RECIDIVISM AMONG CPS INVOLVED FAMILIES

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Child maltreatment continues to be a significant problem in the United States. Although a family's involvement with Child Protective Services (CPS) may increase the welfare of children, the risk of maltreatment reoccurrence (i.e., recidivism) is common. Moreover, some studies find that children who have been removed from the home have a higher likelihood of experiencing additional maltreatment compared to children who remain with their caregivers following a substantiated case of abuse. This may, in part, be explained by the severity of the index event, but further research is needed to examine parental and family variables that contribute to the risk of being removed (as a proxy for severity) and subsequent maltreatment recidivism. The proposed study utilized archival data from CPS case files to examine parenting variables, domestic violence, and caregiver unemployment status as predictors of maltreatment severity and recidivism, respectively. Additional child variables were also be explored in association with these outcomes. Findings may help inform CPS caseworkers and policy makers of the factors that contribute to child outcomes.

CHAPTER 1: INTRODUCTION

Child maltreatment, which includes child physical, sexual, and emotional abuse, and neglect, is a pervasive issue both in the United States and internationally (Svevo-Cianci, Hart, & Rubinson, 2010). One in fifteen children around the world falls victim to child abuse each year (Svevo-Cianci, Hart, & Urasno, 2008). According to the U.S. Department of Health and Human Services (DHHS), almost two million cases of child maltreatment were reported in 2010 (Brooks-Gunn, Schneider, & Waldfogel, 2013). Of theses cases, 436,321 were substantiated (U.S. Department of Health and Human Services, 2010). Whereas in 2012, there were nearly 3.8 million reports of child maltreatment, 760,000 of which were substantiated (U.S. Department of Health and Human Services, 2012). Of the main types of maltreatment, neglect is the most prevalent (Hussey, Chang, & Kotch, 2006). Nearly thirty children out of every one thousand are neglected in the United States, while 18 per 1000 suffer physical, sexual, or emotional abuse (Hildyard & Wolfe, 2002). Additionally, it is estimated that 1,570 children died in the United States due to maltreatment in 2011, and about 71% of these deaths were attributed to either neglect or neglect and physical abuse combined (U.S. Department of Health and Human Services [USDHHS], Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2012).

The magnitude of this problem is increased and its prevention made difficult by the lack of a universal definition of child maltreatment (Gershoff, Grogan-Kaylor, Lansford, Chang, Zelli, Deater-Deckard, & Dodge, 2010; Wolfe & McIsaac, 2011). There is also great variation in the legal definition and operationalization of child maltreatment across cultures and ethnic groups. For example, physical punishment and verbal insults are considered acceptable forms of

disciplining in Saudi Arabia (Hylad, Alkhalaf, & Whally, 2012), whereas this may be considered emotional and physical abuse in the United States, depending on the severity. In contrast, corporal punishment, which is still a widely practiced form of punishment in the United States as well as other countries, has been banned in Sweden since 1979 (Beckett, 2005). In fact, 93.2 percent of emerging adults in the U.S. report having experienced corporal punishment (Graziano & Namaste, 1990) and a majority of parents report frequent use of corporal punishment and other discipline practices that would be controversial in other parts of the world (Lansford & Dodge, 2008). Overall, parents' and caregivers' disciplining techniques vary across the United States and internationally, making it difficult to establish an objective universal definition of child maltreatment; what is considered a normal disciplining practice in one country may be considered maltreatment in another. Nevertheless, harsh corporal punishment has been linked to aggression and anxiety in children (Gershoff et al., 2010; Simons & Wurtele, 2010), and parents who utilize "spanking" on a weekly basis are 2.7 times more likely to also physically abuse their children (Zolotor, Theodore, Chang, Berkoff & Runyan, 2008).

Moreover, child maltreatment may be difficult to identify, especially in cases of neglect and sexual abuse, which do not necessarily leave physical marks. Children who have experienced these forms of maltreatment may be reluctant to disclose the abuse, and it is likely neither openly discussed nor admitted to (van Toledo & Seymour, 2013). For example, the majority of children who have experienced sexual abuse do not disclose the abuse during childhood due to fear, shame, and self-blame (London, Bruck, Ceci, & Shuman, 2005). This delay in reporting exacerbates the negative outcomes that follow child sexual abuse (e.g., depression and aggression; van Toledo & Seymour, 2013). Consequently, underreporting of child maltreatment poses a challenge to taking the appropriate actions (Gilbert, Kemp, Thoburn,

Sidebotham, Radford, Glaser, & MacMillan, 2009). Unfortunately, this underreporting culture is not present only in the general population; research suggest that 31% of professionals that come in contact with children, such as counselors, psychologists, and teachers, claimed having suspecting child abuse but failed to report (Owhonda, 2010). Therefore, there is a need for additional research that can aid in the identification of risk factors for maltreatment, including parenting and discipline practices (Gershoff et al., 2010; Graziano & Namaste, 1990). Findings of such studies can be used also to further educate parents and professionals of the importance of disclosing, discussing, and reporting child maltreatment, and stress the importance of early intervention to prevent or ameliorate long-term negative outcomes in children.

In fact, beyond the immediate emotional and physical impact, child maltreatment is linked to negative developmental outcomes as well as poor adjustment during adolescence and beyond. For example, child maltreatment is positively correlated with an increased likelihood of delinquent behavior, suicidality, depression, anxiety, aggressive behavior, substance misuse and posttraumatic stress disorder during adolescence and in adulthood (Mills, Scott, Alati, O'Callaghan, Najman, & Strathearn, 2013). Survivors of more severe child sexual abuse (CSA), for example, are more likely to experience involvement with the criminal justice system (Asberg & Renk, 2012) and CSA severity has been linked also to maladaptive coping in adulthood (e.g., avoidant coping; Fortier, DiLillo, Messman-Moore, Peugh, DeNardi, & Gaffey, 2009). Similarly, youth involved in the juvenile justice system often have history of severe child maltreatment and present with hopelessness and impulsivity (Wanklyn, Day, Hart & Girard, 2012). Moreover, experiencing multiple forms of maltreatment is related to severity and increases the level of internalizing and externalizing symptoms associated with child maltreatment (e.g. more severe depression and aggression; Clemmons, Walsh, DiLillo & Messman-Moore, 2007). Overall, the

severity of the maltreatment is an important factor to consider in terms of outcomes and the type of intervention that may be needed.

In addition to the sheer prevalence of substantiated child maltreatment, there is a high rate of recidivism in these cases. In fact, around fifty percent of child maltreatment cases reported to child protective services (CPS) involve recidivism (Solomon & Asberg, 2012). The alarming recidivism rates suggest that more research is needed to identify factors that predict recidivism in order to aid CPS workers and policy makers in implementing effective interventions to better protect children. Although various studies have identified risk factors for child maltreatment, both for first time perpetuation and recidivism, the focus has been on child variables such as age, gender, and disability status, and parental variables like employment, and general life stressors. Thus, the proposed study will examine parental variables such as parenting skills, the emotional and mental health of caregiver, other stressors (e.g., unemployment), domestic violence, and family relationships as predictors of maltreatment severity (removal from the home) and recidivism. Findings of this proposed study may aid in the understanding of risk factors for more severe maltreatment and recidivism, and provide information for policy makers, child welfare workers, educators, parents, and advocates for the prevention of child maltreatment.

CHAPTER 2: LITERATURE REVIEW

Child maltreatment[1] continues to be a significant issue in the United States, and research has been aimed at predicting the occurrence of maltreatment and the identification of risk factors for more severe abuse. The role of parenting and family variables as predictors of CPS intervention (i.e., removal from the home) and subsequent risk of recidivism has received considerably less attention. Given the negative outcomes often associated with maltreatment, and the goal of CPS to protect the child from future harm, the identification of variables that may inform prevention and intervention efforts is an important aim of this study.

Child Maltreatment Outcomes

The detrimental effects of child maltreatment have been well documented. For example, child maltreatment has been linked to mental health problems in adolescents (Mills, 2013) and is associated with an increased risk of alcohol dependence later on in life (Fenton, Geier, Keyes, Skodol, Grant, & Hasin, 2013). Children who have experienced maltreatment during development also exhibit more internalizing and externalizing behaviors as compared to their peers who have not had such adverse experiences (Jaffee & Maikovich-Fong, 2011). In addition, cognitive abilities are affected for victims of child maltreatment as evidenced in their lower IQ scores (Jaffee & Maikovich-Fong, 2011). Jaffee and Maikovich-Fong (2011) also found that the age of the child at the time of the maltreatment experience might contribute to the extent of the negative outcomes. Children maltreated during crucial developmental stages (e.g. infancy) are at

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[1] Although the term child abuse is used in some studies, for the purpose of this study the term child maltreatment will be used unless the abuse type (e.g. sexual, physical) is specified. Psychological and emotional abuses are recognized as forms of child maltreatment, however, they have been less determining factors in the involvement of CPS, therefore there will be less focus on them in this proposed study.

risk for poor adaptations in school, behavioral and relationship problems and poor self-concept (Jaffee & Maikovich-Fong, 2011).

Moreover, children who have been maltreated even in the form of physical punishment are more likely to develop more physical health problems such as asthma, and heart disease as adults (Hylad, Alkhalaf, & Whally, 2012). Additionally, some types of abuse may be associated with specific risk for adverse outcomes. For example, sexual abuse during childhood has been linked a higher risk of re-victimization during adulthood (Messman-Moore & Long, 2003). Overall, given the increased risk for negative outcomes among children who have experienced maltreatment, identification of factors that may predict severity of maltreatment (and thereby higher risk for adverse outcomes) is an important goal of this proposed study. The research on some of the most salient variables involved in the prediction of maltreatment (e.g., parenting, domestic violence, and other family stressors) will be discussed next.

Parenting Constructs

Parenting Skills

Seventy-percent of substantiated child maltreatment cases have been perpetuated by parents. The majority of these cases are the results of parents' attempt to discipline their children (Sanders & Pidgeon, 2011). However, external variables such as differing societal or cultural norms and parenting beliefs have contributed to the lack of operationalized definition of child maltreatment (Wolfe & McIsaac, 2011). As a result, it is difficult to distinguish between poor parenting and maltreatment. Moreover, the relationship between child disruptive behavior and parent response are highly reciprocal and influence each other to a great extent (Burke,Pardini & Loeber, 2008 & Gershoff et al., 2010). Children who exhibit disruptive behavior are more likely

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to receive harsher physical and psychological disciplining than children who do not (Gershoff et al., 2010).

Parenting and Discipline

Most of the controversy surrounding parenting involves disciplining practices and the rationale behind them. For instance, Sanders and Pidgeon (2011) found the inability to cope with anger appropriately to be the major difference between maltreating and non-maltreating parents. Parental inability to control anger is linked to harsh discipline, which is often considered physical abuse. Moreover, perceptions associated with the motif behind children's behavior influences parents' disciplining methods. Parents who view their children's behavior as provocative are more likely to use harsh physical punishments to discipline their children (Sanders & Pidgeon, 2011).

In addition, parenting styles and disciplining methods vary across cultures. For example, physical punishments and insults are accepted forms of disciplining in Saudi Arabia (Hyland, Alkhalf, & Whalley, 2012), whereas corporal punishment, time-out, scolding, and parents' expression of disappointment are some of the most common forms of disciplining in the United States, (Gershoff et al., 2010). In an investigation of disciplining practices in China, India, Italy, Kenya, the Phillipines, and Thailand, corporal punishment, scolding, and parents' expression of disappointment are related to aggression in children, while giving a time-out and shaming were associated with anxiety (Gershoff et al., 2010). Interestingly, whether or not parents' disciplining behavior, specifically corporal punishment, is considered normal impacts the extent to which children develop anxiety or aggression. Children who view their disciplining experience as similar to their peers are likely to develop less aggression and anxiety as compared to those view their experiences as out of the norm (Gershoff et al., 2010).

Domestic Violence

The relationships within families provide the primary template from which children develop emotional and social skills to understand and manage their feelings as well as interact with others. Unfortunately, nearly fifteen million children are exposed to domestic violence each year (Thomson & Trice-Black, 2012). Exposure to domestic violence has been documented as an additional risk for child maltreatment (Magen, Conroy, Hess, Panciera, & Simon, 2001). Children who are exposed to domestic violence are consistently exposed to various forms of aggression including physical and emotional (Thomson & Trice-Black, 2012). Consequently, children who have witnessed violence have similar negative behavioral and psychological outcomes as child maltreatment such as aggression, depression, withdrawal, and post-traumatic stress disorder (Johnson et al., 2002). Moreover, child abuse and children's exposure to violence are positively correlated; there is a significant overlap between child abuse and domestic violence, specifically woman abuse (Magen et al., 2001). In addition, mothers who are abused by their partners are more likely to neglect their especially young children due to their inability to physically or emotionally provide the needed care (Nicklas & Mackenzie, 2013).

Parental Psychopathology

Mental health problems are one of the identified risk factors for child maltreatment (Jansen, Raat, Mackenbach, Hofman, Jaddoe, Bakermans-Kranenburg, & Tiemeier, 2012). The presence of psychopathology in parents or caregivers interferes with parenting practices. Specifically, parental psychopathology is associated with an increased risk for the use of harsh disciplining methods (Jansen et. al., 2012). For example, parental depression is linked to more aggressive behavior and less warmth toward children, whereas anxiety in parents is positively correlated with rejection and over-controlling parenting of children (Harvey, Stoessel & Herbert,

2011). Parents' depression is also linked to internalizing and externalizing behavioral problems in children (Middletown, Scott, & Renk, 2009). In addition, substance use disorders are also linked to disruption in parenting (Harvey, Stoessel, & Herbert, 2011). Moreover, it is important to note that one parent's psychopathology may affect the other's parenting practices as well, however, research is lacking in this area (Harvey, Stoessel, & Herbert, 2011).

Family Stressors and Unemployment

Various family stressors such as general stress associated with parenting, socioeconomic status, unemployment, and single parenthood, increase the risk of parents maltreating their children (Bolen, McWey, & Schlee, 2009). Parents who have been involved with CPS attribute their maltreating behavior to stress related to parenting as well as financial problems. Bolen, McWey, & Schlee (2009) found that parents who experience higher levels of stress are more likely to view their children's behavior more negatively and hence engage in maladaptive parenting. Moreover, parents who are unemployed or raising their children in a low socioeconomic status are more likely to engage in child maltreatment by using harsh physical punishment as disciplining method (Hecht & Hansen, 2001). In fact, children from disadvantaged backgrounds are at a significantly higher risk for experiencing maltreatment and other forms of victimization (Finkelhor, Ormrod, Turner, & Hamby, 2005). Additionally, single parenthood has been linked to an increased risk for maltreatment of children due to the higher level of parental stress (Bolen, McWey, & Schlee, 2009). Not surprisingly, Guterman, Lee, Taylor, and Rathouz (2009) found parental stress as a significant predictor of child physical abuse and neglect.

Overall, a number of factors related to parenting and family functioning are important in the prediction of child maltreatment, however, when maltreatment does occur, the focus shifts to intervention by Child Protective Services (CPS) and the prevention of future maltreatment.

Child Protective Services

As noted, the main goal of CPS is to protect children who have experienced any form of maltreatment and prevent any reoccurrence as much as possible (Solomon & Åsberg, 2012). However, the decision to intervene, involving the removal of children from their homes in severe cases, poses a challenge for caseworkers. In general, determining whether or not child maltreatment has occurred in a family is a difficult process as information provided by the parents and children may be insufficient or even contradictory due to the nature of the problem (Forrester, Kershaw, Moss, & Hughes, 2008). As noted by Orsi, Drury, and Mackert (2014), "the crucial decision about whether a child or youth can remain safely in their home is made based on the presence of imminent threats to child safety and assessment of family ability to protect the child from those threats" (p. 58). Regardless, timely decisions are crucial since child maltreatment can cause lasting harm or even death of a child (Cyr, Euser, Bakermans-Kranenburg, & Van IJzendoorn, 2010; Fearon, Bakermans-Kranenburg, Lapsley, & Roisman, 2010; Perry, 2002). Unfortunately, CPS workers have to make decisions under time pressures often times without the cooperation of the families they serve (Arad-Davidzon & Benbenishty, 2008). As a result, they may overlook important information or emphasize details based on results from past experience, which affect their decision on the case (Bartelink, van Yperen, ten Berge, de Kwaadsteniet, & Witteman, 2014; Regehr, Bogo, Shlonsky, & LeBlanc, 2010). The lack of clearly defined guidelines to define child maltreatment added to the use of personal experiences in making decisions (Arad-Davidzon & Benbenishty, 2008; Gambrill & Shlonsky,

2000; Garb, 2005), CPS workers disagree on important decisions related to child protection (Berben, 2000; Britner & Mossler, 2002; Gold, Ben- benishty & Osmo, 2001; Munro, 2008). Unfortunately, even with the implementation of structured decision making processes to reduce subjectivity in judgment, there is still a generally low agreement in child treatment cases and decisions on what interventions are needed (Bartelink et. al., 2014, Regehr et al., 2010; Berben, 2000; Britner & Mossler, 2002; Schuerman, 1999).

Moreover, although CPS caseworkers use a variety of risk assessment tools based on research and clinical practice in order to assess the risk and severity of child maltreatment before making decisions (Camasso & Jagannathan, 2013), the high rate of recidivism (Solomon & Asberg, 2012) and cases of maltreatment while under supervision of CPS (Camasso & Jagannathan, 2013), indicate challenges in the system. Moreover, the majority of children who are removed from their homes due to maltreatment and are reunified with their biological parents are at a higher risk for subsequent maltreatment (Connell, 2009). More specifically, Connel (2009), found that children who have been in foster care previously, those who were being returned from a non-relative foster home and those who were removed from home due to neglect were at a higher risk for subsequent maltreatment upon return.

The removal of a child is not the first line of defense in cases of maltreatment. In fact, CPS workers generally seek to maintain the intactness of families and promote permanency by making the decision to remove children from home *only in cases of imminent danger* (Berger, Bruch, Johnson, James, & Rubin, 2009; McMahon & Clay-Warner, 2002). As with recidivism, it is not always clear whether removing children from home protects them from subsequent negative outcomes related to maltreatment or puts them at a greater risk for other negative behavioral and psychological impacts of being separated from primary caregivers. In fact,

findings on the effects of removal from home on the development of children who are maltreated are mixed. For example, Berger et al. (2009) found no effects of out-of–home placements on children's cognitive and behavioral development, whereas Lawrence, Carlson, and Egeland (2006) found that children who were in out of home care due to maltreatment showed significant increase in internalizing and externalizing behavior problems. Regardless, a high number of children are removed from their homes each year. For example, in 2010, a total of 216, 440 children in the US were removed from their homes and entered the foster care due to child maltreatment. All forms of child maltreatment-neglect, physical, sexual, and emotional abuse were represented in this statistics. Although beyond the scope of the proposed study, the role of attachment disruptions (between the child and his or her caregiver) resulting from a child's removal from the home is an important aspect to consider for anyone invested in child welfare policy.

Present Study

Given the millions of children who are maltreated each year (U.S. Department of Health and Human Services, 2012) and the fact that thirty percent of maltreatment cases involve recidivism (Solomon & Åsberg, 2012), it is of the utmost importance to examine risk factors of such outcomes. In addition to identifying child risk factors for maltreatment severity (as indicated by a child's removal from the home), it is important to examine parental variables that have predictive value and can be used to inform CPS in making decisions. The present study expands the existing literature by examining parental variables (i.e. parenting skills, disciplining methods and parents' psychopathology), domestic violence, and employment status as predictors of maltreatment severity and recidivism.

Previous studies have identified variables that differentiate between maltreating and non-maltreating parents, whereas the present study examines select parental variables within a sample of substantiated child maltreatment cases, and investigates also their ability to predict removal and recidivism, respectively. Such predictor variables may have significant implications in terms of protecting children from potential maltreatment as well as identifying risk for recidivism, to making decisions of removal from home by CPS workers.

Based on the literature, the following hypotheses were generated:

Hypothesis 1. Parenting Deficits in Families with Removal and Recidivism. Parents who lack the skills to manage children's behavior through provision of age appropriate expectations, communication, protection, and nurturing are more likely to engage in a more severe forms of child maltreatment. Severe forms of maltreatment were identified as those that had required medical attention for the child, and/or had warranted removal of the child from the home by CPS workers. In this regard, recidivism is also more likely since removal from home does not correct the lack of parenting skills. We predict group differences on the *parenting deficit variable*, such that the removal group will score higher than the non-removal group, and among the families who had their children removed, the recidivism group will show more severe parenting deficits compared to the non-recidivism group. To test this hypothesis we will perform two independent samples t-tests to compare the means of parenting deficit scores between recidivism and no recidivism groups, and between removal and no removal groups.

Hypothesis 2. Destructive Parenting as a Function of Abuse Types. The parenting skills assessment index used by CPS workers defines *destructive parenting* as "a caretaker acting in a manner that results in high risk of serious injury or death of a child, or results in chronic or serious injury requiring medical attention". Therefore, we hypothesized that such destructive

parenting (indicated as present or not present on the form) would be more common in the group

of children who have experienced physical abuse compared to children who have experienced

other forms of maltreatment (neglect and sexual abuse). In addition, we explored the extent to

which the three maltreatment types differ on the overall score of family stressors (as measured

by the Family Assessment of Strengths and Needs form, a form currently used by the Haywood

County Department of Social Services, see Appendix A). To test this hypothesis a chi-square

analysis was performed. Further, the mean differences in overall parenting deficits (as measured

by the continuous score of parenting skills) will be compared across abuse types (physical,

sexual, and neglect) via ANOVA.

      Hypothesis 3. Parental Psychopathology, Parenting Skills, Recidivism, and Removal. In

addition to generating an overall score of family stressors, the Family Assessment of Strengths

and Needs (FASN) is used also to assess specifically the emotional and mental health of the

caregiver and identifies caregivers with severe and/or chronic diagnosed emotional or mental

health disorders that may incapacitate them from problem solving, dealing with stress, or

effectively caring for self or children. Given that parental psychopathology contributes to

children's internalizing and externalizing behaviors (Middletown, Scott, & Renk, 2009) and is

associated with aggressive behavior, less warmth, and rejection toward children (Harvey,

Stoessel & Herbert, 2011), we examined the correlation between the parental psychopathology

index and the parenting skills index of the FASN, as well as between parental psychopathology

and recidivism. We hypothesize that parents or caregivers with psychopathology will engage in

more problematic or destructive parenting patterns and have a higher risk for recidivism relative

to parents without psychopathology. In addition, differences in overall FASN scores between

families who have had their children removed from the home (as an indicator of severity of the

abuse, in the context of stressors/resources) and those who did not have their child removed was explored. Given that removal of a child is considered a last resort (reserved for the most severe cases; Berger, Bruch, Johnson, James, & Rubin, 2009; McMahon & Clay-Warner, 2002), we predict a significant difference on the overall FASN scores between groups.

Hypothesis 4. Domestic Violence in Relation to Abuse Types and Recidivism. Given the significant overlap between child abuse and domestic violence (Magen et al., 2001), and that mothers who are abused by their partners are more likely to neglect their children (Nicklas & Mackenzie, 2013), we hypothesized that the rate of domestic violence would be higher in children who are in the neglected and with recidivism groups than children in other maltreatment groups with or without recidivism.

Hypothesis 5. Predicting Removal from the Home and Recidivism. Since financial strain is one of the common reasons given by parents who are involved with CPS for child maltreatment (Bolen, McWey, & Schlee, 2009), and the literature suggests that parents who experience high levels of stress related to low socioeconomic status are more likely to use harsh physical punishment (Hecht & Hansen, 2001), and neglect their children (Guterman, Lee, Taylor, & Rathouz, 2009), we hypothesized that parents who were unemployed or of low socioeconomic status, and therefore experience higher levels of stress, would have a higher risk of engaging in a more severe forms of child maltreatment as indicated by removal from home (proxy for severity). For the purpose of this study, dichotomous variables pertaining to parental psychopathology, employment status, and domestic violence were used as predictors for removal (proxy for severity of maltreatment).

Furthermore, the continuous score on the FASN measure will be included. Specifically, two logistic regression equations will be performed to test the hypotheses that the above

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variables (parental psychopathology (yes/no), employment status (yes/no), domestic violence (yes/no), and FASN score) will increase the likelihood of severe maltreatment (removal) and recidivism, respectively. A logistic regression equation can be used to predict a dichotomous outcome (i.e., group belonging) from both dichotomous and continuous variables.

CHAPTER 3: METHODS

Participants and Procedure

Data was collected from archival CPS case files in Haywood County in North Carolina, United States. Cases that involved at least one substantiated maltreatment were selected for further review; cases in which the maltreatment was not established were excluded. All selected cases to date (approximately 161 cases) involved substantiated events that occurred during the years 2007 and 2008. These cases were reexamined to gather additional information needed for the current study. Additional archival data (35 cases) were obtained from files that were closed (and subsequently archived) in 2009 and 2010. Case files that were missing the Family Assessment of Strengths and Needs, were excluded from this study. No identifiable data was taken from the CPS case files.

Measures

Case/Predictor variables. Background variables were collected from the CPS case reports in Haywood County, North Carolina. These variables included child demographics, parent demographics, family situational factors including employment status of caregiver, domestic violence, and CPS interventions given or ordered. Child characteristics included: the age of the child at index event, gender of child, and ethnicity. Additional child variables were noted, if available (e.g., child disability status). Caregiver characteristics that were collected include: the relationship to child (biological parent, stepparent, other family member, non-family caregiver), gender of caregiver, ethnicity, mental and emotional disability of caregiver. Moreover, situational characteristics of the families included: employment status of caregiver, domestic violence, and type of abuse (neglect, physical abuse, and sexual abuse).

In addition to the data collected for the previous study (Solomon & Åsberg, 2012), we identified specific parenting skills which were categorized and rescored as: good parenting skills (score of 0), minor difficulties in parenting skills (score of 1), moderate difficulties in parenting skills (score of 2), and destructive parenting patterns (score of 3). The Family Assessment of Strengths and Needs, a form currently used by the Haywood County Department of Social Services was used to gather data on parenting skills and emotional/ mental health of caregiver. All data was de-identified and encoded onto a different data form before being take out of the DSS site. Files were coded by the primary investigator after receiving training from a previous investigator who had utilized the case files. Attempts were made to quantify the ratings noted in each case. Each question on the FASN form was recoded to create uniformity. The scores were changed so the ratings range from '0' to '3,' with higher scores indicating a deficit or need, and lower ratings indicating strengths. The CPS intervention variables collected include: child placement outside of home (yes/no), duration of placement in months, where child is placed (other parent, other family member, foster care), and child returned to parents after placement (yes/no). For the purpose of this study, removal of children from home was used as a proxy for maltreatment severity, as removal is used only in the most severe cases or when there is imminent danger (Berger et al., 2009; McMahon & Clay-Warner, 2002). Moreover, recidivism was examined at the family of index, and therefore children who were permanently removed from home will be excluded.

Data Analytic Strategy

As noted in the hypotheses above, the data was analyzed using correlation matrix (to examine the strength and directionality of the continuous variables); a series of t-tests (to assess group differences); and two logistic regression equations to predict group belonging (removal vs.

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no removal, recidivism vs. no recidivism). Although we had planned on comparing maltreatment types on parenting deficits scores, there were no enough maltreatment forms that occurred without co-occurring neglect to run separate analyses. Of the total cases (193), 83.7 percent involved neglect, while 21.4 percent were solely physical abuse cases, 7.1 percent were solely sexual abuse cases, and 3.6 percent were solely emotional abuse cases. This is consistent with previous findings that neglect is the most prevalent form of child maltreatment (Hussey, Chang, & Kotch, 2006; Pecora et al., 2014).

CHAPTER FOUR: RESULTS

Children in this sample had an average of 5.8 years (SD=4.7). This sample was fairly homogenous; 16.6 percent of the children in the sample had a minority status, with 3.7% being African American, 8.8 percent being Latino, 3.2 percent being Native American, and .5 percent being Asian. In this study, 47.1 percent were female.

An independent samples t-test conducted for total scores on the Family Assessment of Strengths and Needs (FASN), indicated that the children who were removed from the home (irrespective of their return) and those who were not removed significantly differ on this scale, Specifically, the removal group had a higher deficit mean (M=14.20, SD=6.09) than the no removal group (M= 10.07, SD= 4.90), t=4.258, p< .001.

Since maltreatment group analysis could not be performed, all abuse groups that were not solely neglect were collapsed and compared to the neglect group using Independent-Samples t-test. There was a statistically significant difference in the mean overall needs assessment scores (FASN scores) between neglect and other forms of child abuse (i.e. physical and sexual abuse), (p<0.05).

Next, the relationship between the parental psychopathology index and the parenting skills index on the FASN was investigated using Pearson r correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a small positive correlation between the two variables, r= .19, n=132, p< 0.05, with the presence of parental psychopathology associated with higher levels of parenting skills deficit.

In addition, logistic regression was performed to assess the extent to which select parenting and family variables (i.e., parental psychopathology, employment status and domestic violence) increase the likelihood of maltreatment recidivism in this sample. The full model containing all predictors was not statistically significant, *p*= 0.324. As shown in Table 1, out of the three of the independent variables, only presence of parental psychopathology made a unique statistically significant contribution to the model. The presence of psychopathology increased the likelihood of recidivism.

Table 1: Logistic Regression Predicting Likelihood of Recidivism

	B	S.E.	Wald	df	p	Odds Ratio	95.0% C.I. for Odds Ratio	
							Lower	Upper
Psychopathology	.87	.40	4.82	1	.03	2.39	1.10	5.20
Employment	-.23	.40	.346	1	.56	.80	.37	1.71
Domestic Violence	.32	.37	.776	1	.38	.73	.36	1.48

Logistic regression was also performed to test the hypotheses that parental psychopathology, unemployment status, and domestic violence increase the likelihood of severe maltreatment (i.e., removal from home). The full model containing all predictors was statistically significant, χ^2 (3, N= 131) = 18.742, *p*<.001, indicating that the model was able to distinguish between the removal group and the no removal group. The model as a whole explained between 13.3 % (Cox and Snell R square) and 18.2% (Nagelkerke R squared) of the variance. As shown in Table 2, only one of the independent variables made a unique statistically significant contribution to the model (employment).

Table 2: Logistic Regression Predicting Likelihood of Severe Maltreatment (Removal)

	B	S.E.	Wald	df	p	Odds Ratio	95.0% C.I. for Odds Ratio	
							Lower	Upper
Psychopathology	-.20	.43	.22	1	.64	.82	.36	1.90
Employment	-1.67	.41	16.34	1	.00*	.19	.08	.42
Domestic Violence	.14	.40	.12	1	.73	1.14	.53	2.48

*=p<.001

CHAPTER FIVE: DISCUSSION

Given the current concern that millions of children are maltreated each year both in the United States and internationally (Department of Health and Human Services, 2012), and the multitude of associated negative outcomes for these children (Bagley & Mallick, 2000; Southerland, Casanueva, & Ringeisen, 2009), more research is needed in identifying risk factors. In that respect, this study examined parental variables as predictors of child maltreatment severity in a sample of parents and caregivers involved with child protective services.

Findings indicated that families where the child had been removed by CPS differed significantly from the group that did not experience removal (no removal group) in their mean score on the FASN. The FASN assessed families' strengths and needs in areas of: mental health problems, parenting skills, substance use, housing and basic physical needs, domestic violence or family discord, child characteristics, social support, caretaker abuse or neglect history, communication or interpersonal skills, physical health, employment or income management, and utilization of community resources. In support of our hypothesis, the removal group had more deficits as measured by the FASN than the no removal group. These results are consistent with the literature examining factors that are associated with children's removal from home. For example, DeRoma et al. (2006), found that child welfare workers rate the following factors the highest in determining whether to remove children from the home or not: condition, security, and stability of housing, ability to accept help or cooperate with DSS, effective supervision of children, parenting skills (effective in praise and discipline), and employment skills or willingness to secure employment.

Moreover, there was a positive correlation between parental psychopathology and deficits in parenting skills. As predicted, caregivers or parents with a psychopathology also demonstrated

a higher deficit score on the FASN. This indicates that parents with mental or emotional problems struggle more in exhibiting good parenting skill as defined on the FASN as displaying parenting patterns that are age appropriate in the areas of expectations, discipline, communication, protection, and nurturing. These results are consistent with the literature that shows a clear relationship between parental mental or emotional health and parenting skills. Parents with mental health problems have been found to use harsh disciplinary methods and exhibit minima warmth towards their children (Douglas, 2013; Leinonen, Solantaus, & Punamäki, 2003). In previous studies, internalizing problems (depression, anxiety) in parents is associated also with child abuse potential (Solomon, Morgan, Asberg, and McCord, 2014) suggesting that interventions should include treatment for parents' mental health problems, in addition to providing parenting skills and support. Recent studies have suggested also that attachment (between caregiver and child) plays a key role in predicting later adjustment outcomes following child maltreatment (Howell, Renk, & Haville Adgate, 2014), and interventions aimed at reunification should address this important factor. For example, evidence based parenting programs that focus on attachment have shown to be effective in decreasing maternal harsh discipline, especially in the context of high parenting stress at intake (Pereira, Negrão, Soares, & Mesman, 2014).

Finally, we had hypothesized that parental psychopathology, unemployment status, and domestic violence would predict the likelihood of severe maltreatment (removal) and recidivism, respectively. In partial support of our hypotheses, findings also indicated that psychopathology predicted the likelihood of recidivism but unemployment status and domestic violence did not. Psychopathology predicting recidivism is consistent with the findings of a relationship between parental mental health problems and deficits in parenting skills. In contrast, unemployment

status was the only variable that predicted the likelihood of removal. This result on the role of unemployment is consistent on past findings. For example, Douglas (2013) found frequent unemployment to be among the most common characteristics in child maltreatment cases resulting death of a child. Poverty and the related strait remain to be significant predictors of child maltreatment (Martin &Citrin, 2014; McWey, & Schlee, 2009). In fact, it estimated that 47% of families which children have been removed from the home have difficulties affording basic necessities (Martin & Citrin, 2014). Moreover, children living in low-income households were significantly more likely to be maltreated than children were living in financially stable homes (Martin & Citrin, 2014; Bolen, McWey, & Schlee, 2009).

Our results did not support the hypothesis that domestic violence predicts more severe child maltreatment (removal as a proxy for severity) or recidivism. However, previous findings have identified domestic violence as a risk factor for child maltreatment (Banks, Landsverk, & Wang 2008; Steen, 2009; Coulter & Mercado-Crespo, 2015). In fact, child maltreatment is estimated to exist in 40 percent of domestic violence cases (Herrenkohl et al., 2008). Notably, almost all forms of child maltreatment forms (physical abuse, emotional abuse, and neglect) were found to be related to domestic violence (Hartley 2002; Zolotor et al., 2007). Despite the prevalence of co-occurrence of child maltreatment and domestic violence, it is consistently under-identified (Kerker, McCue-Horwitz, Leventhal, Plichta, & Leaf, 2000). In fact, Coulter and Mercado-Crespo (2015) found that child welfare workers perceived that they are more knowledgeable in the area of child maltreatment than domestic violence, and therefore feel more confident in identifying and intervening in child maltreatment cases.

Limitations of the Present Study

The present study relied on archival data, and therefore the family assessment methods used by CPS workers could not be controlled. Despite best efforts to employ structured assessment tools in child welfare agencies, decision-making among CPS workers has been largely inconsistent, thereby affecting the outcomes of child maltreatment cases (Camasso & Jagannathan, 2013). Additionally, the findings that assessment tools may not be employed as intended, impacts the delivery of appropriate and reliable services to impacted children and their families (Gillingham & Humphreys, 2010). CPS workers are also often overwhelmed by heavy workloads which contributes to the inconsistency in making decisions on which cases need to be investigated, identifying high risk families, or determining which children need to be removed from home (Gillingham & Humphreys, 2010). Moreover, the present study focused on substantiated cases; it is possible that unsubstantiated cases involved maltreatment that lacked enough evidence to be investigated further by and receive services from CPS, but such cases are nonetheless important. It is also possible that variables not assessed in this study (i.e., intervention and treatment adherence) would better explain recidivism outcomes.

Additionally, the data set was largely ethnically homogenous, with the majority of the sample being Caucasian. Therefore, these results may not be generalizable to more diverse populations. The sample in this study was, however, representative of the population from which it was drawn. In addition, in some of the cases the ethnic identity of the subjects was hard to determine; this information was either missing or inconsistently labeled in some of the files. Comparing child maltreatment across culture, ethnic or racial groups is difficult due to the lack of universally accepted definitions (Lee, Malley-Morrison, Jang, & Watson, 2014). Culture plays a role on whether a specific form of maltreatment would be regarded as more severe than others,

subsequently affecting the reporting of and interventions for associated with that specific form (Lee et al., 2014; Raman & Hidge, 2012). For example, previous studies have shown clear differences in between Western and Eastern parenting practices, whereby physical punishment as a form of disciplining method is more accepted in Eastern cultures than Western (Douglas, 2006; Mercurio, You, & Malley-Morrison, 2006). Moreover, the same behavior may be interpreted differently based on cultural contexts; physical discipline employed by European American parents has different implications compared to when it is used by ethnic minority parents due to the meaning associated with this disciplining practice (McLoyd & Smith, 2002; Taylor, Hamvas, & Paris, 2011). Given these differences more cross-cultural research is needed on child maltreatment.

Despite these limitations, this study includes the use of a clinical sample of parents or caregivers that were referred to CPS for services. Access to such samples is often limited, and the present study relied on the collaboration and assistance of the agency. Given the persistent prevalence and detrimental effects of child maltreatment, however, it is paramount that more research be conducted in the settings responsible for the welfare of children and families, and that evidence based prevention and intervention plans be developed.

Moreover, some forms of child maltreatment such as neglect and emotional abuse are lacking in adequate research and effective interventions (Pecora et al., 2014). Specifically, emotional abuse is under-researched and inconsistently measured relative to other forms of child maltreatment, and often does not result in CPS involvement. This is unfortunate, as this type of maltreatment is associated with negative outcomes, and may be detrimental in ways that are similar to other forms of poor or abusive parenting. In fact, Bronstein (2006) defined emotional abuse as "psychological tactics aimed at undermining emotional security and sense of self that

includes guilt induction, and exertion of power through psychologically coercive means"(p.893). Thus, conceptualizing of emotional abuse has been difficult due to the challenge differentiating it from poor parenting (English et al., 2015). Nevertheless, emotional abuse has been linked to negative psychological outcomes such as posttraumatic stress disorder, anxiety, depression, and paranoia (Donovan & Brassard, 2011). Additionally, childhood emotional abuse has been associated with poor immune system in adulthood (Fagundes, Glaser, Johnson, Andridge, Yang, Di Gregorio, & M.P, 2012). Notably, emotional abuse persists beyond other co-occurring form of maltreatment since it is harder to be recognized. Consequently, children who have been considered 'safe' by child welfare workers to stay in their homes, continue to be victims making recovery even more difficult (English, Thompson, White, & Wilson, 2015). Therefore, emotional abuse should be studied further to identify risk factors and develop effective prevention and intervention programs. Future studies should also take into consideration the role of culture in order to identify risk and protective factors of child maltreatment, and provide culturally sensitive and effective interventions.

Overall, it is important to point out that longitudinal studies of the trajectories of maltreated children with CPS involvement suggests mostly resilient outcomes, such that nearly 70 percent of children are resilient (as indicated by their post-traumatic stress symptoms; PTSS), while approximately 25 percent of children evidence clinical levels of stress symptomatology, which also resolve over time (i.e., assessed at age 8 and again at age 16). Finally, the remainder of children exhibit "a chronic course of subclinical, elevated PTSS" (Miller-Graff & Howell, 2015, p. 22). These findings point to the continued need for adequate identification of child maltreatment, but also the importance of supporting families and children so as to promote resilient outcomes in the aftermath of abuse.

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APPENDIX A

NORTH CAROLINA
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS

Case Name:_____ Case #:_____ Date_____

County Name:_____ Date Report Received:_____

Social Worker Name:_____ Enter Initial or Reassessment #: 1 2 3 4 5:_____

Children:_____

Caretaker(s): _____ _____

Some items apply to all household members while other items apply to caretakers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).

Caretakers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caretakers only, record the score for the caretaker with the greatest need (highest score) when a household has more than one caretaker.

S-CODE	TITLE	TRAITS	SCORE
S1.	**Emotional/Mental Health**	a. Demonstrates good coping skills. .... -3	
		b. No known diagnosed mental health problems……………….… 0	
		c. Minor or moderate diagnosed mental health problems 3	
		d. Chronic or severe diagnosed mental health problems 5	_____
S2.	**Parenting Skills**	a. Good parenting skills…………………………………………………….-3	
		b. Minor difficulties in parenting skills 0	
		c. Moderate difficulties in parenting skills 3	
		d. Destructive parenting patterns 5	_____
S3.	**Substance Use**	a. No/some substance use 0	
		b. Moderate substance use problems 3	
		c. Serious substance use problems 5	_____
S4.	**Housing/Environment/ Basic Physical Needs**	a. Adequate basic needs ....-3	
		b. Some problems, but correctable 0	
		c. Serious problems, not corrected 3	
		d. Chronic basic needs deficiency 5	_____
S5.	**Family Relationships**	a. Supportive relationships ....-2	
		b. Occasional problematic relationship (s)..0	
		c. Domestic discord...2	
		d. Serious domestic discord/domestic violence..4	_____
S6.	**Child Characteristics**	a. Age-appropriate, no problem.. -1	
		b. Minor problems... 0	
		c. One child has severe/chronic problems.. 1	
		d. Child(ren) have severe/chronic problem(s).. .. 3	_____
S7.	**Social Support Systems**	a. Strong support network .... -1	
		b. Adequate support network 0	
		c. Limited support network 1	
		d. No support or destructive relationships...3	_____

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S8. Caretaker(s) Abuse/ Neglect History	a. No evidence of problem 0
	b. Caretaker(s) abused/neglected as a child 1
	c. Caretaker(s) in foster care as a child 2
	d. Caretaker(s) perpetrator of abuse/neglect in the last five years................3_____

S9. Communication/ Interpersonal Skills	a. Strong skills .... -1
	b. Appropriate skills 0
	c. Limited or ineffective skills 1
	d. Hostile/destructive .... .2_____

S10. Caretaker(s) Life Skills	a. Good life skills...-1
	b. Adequate life skills 0
	c. Poor life skills 1
	d. Severely deficient life skills ....2_____

S11. Physical Health	a. No adverse health problem 0
	b. Health problem or disability 1
	c. Serious health problem or disability ....2 _____

S12. Employment/Income Management	a. Employed ....-1
	b. No need for employment 0
	c. Underemployed 1
	d. Unemployed ....2_____

S13. Community Resource Utilization	a. Seeks out and utilizes resources ....-1
	b. Utilizes resources 0
	c. Resource utilization problems 1
	d. Refusal to utilize resources ....2 _____

Based on this assessment, identify the primary strengths and needs of the family. Write S code, score, and title.

STRENGTHS   **NEEDS**

S Code   Score   Title   S Code   Score   Title

1. ____   ____   _____   1. ____   ____   _____

2. ____   ____   _____   2. ____   ____   _____

3. ____   ____   _____   3. ____   ____   _____

Children/Family Well-Being Needs:

1. Educational Needs: _____

2. Physical Health Needs: _____   _____

3. Mental Health Needs: _____

Social Worker: _____ Date: _____

Supervisor's Review/Approval: _____ Date: _____

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