

## What Influences Maltreatment Severity?

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Whereas there is considerable research on risk factors generally associated with child maltreatment, research linking maltreatment severity to associated risk factors is scant. In a recent article by Sprang, Clark and Bass (2005) the authors observe, "Several studies have examined adult characteristics implicated as risk factors for child maltreatment or increased child abuse potential, but stop short of isolating any direct relationship between these risk variables and maltreatment severity." (p. 337) The study reported by Sprang, et al. helps to fill this void.

In their review of the literature they cite the limitations of previous studies. In a review of 21 articles examining the severity of child maltreatment, Hegar, Zuravin and Orme (1994) found only four that used multivariate statistical analysis. Among the most frequently explored variables, they found that only the child's age was consistently related to severity of injury. In a study of 38 maltreatment fatality cases Chance and Scannapieco (2002) found that a child's provoking behavior, a parent's unrealistic expectations, families with more members, more previous out of home placements and more household composition changes were significant characteristics of the fatality cases compared with the matched sample of non-fatality cases. Interestingly, Sprang et al. found no published studies examining the relationship between substance use and maltreatment severity, although numerous studies show a relationship between substance use and child maltreatment. Kelly (2002) examined a number of such studies and suggested that substance use (enhanced by depression, low social support and high stress) contributed to parental characteristics such as low frustration tolerance, disinhibited aggression, interference with good judgment, and preoccupation with alcohol or drug seeking activities, which in turn lead to child maltreatment. Essentially, substance use interferes with or disables protective capacities.

The study by Sprang, et al. used a variety of adult, child and relational factors as measures. Severity was measured using the state's Child Protection Rating System. This system contained descriptors such as cruel restraint, vicious beatings, burns, head injuries and the like as indicators of extreme maltreatment. Variables found to be associated with maltreatment severity were family stress; a child's externalizing behavior; an adult's trauma recovery; qualitative features such as openness to change, intensity of involvement, caregiving sensitivity, acceptance, infant difficulty and fear for safety; substance misuse; total scores on the Child Abuse Potential Inventory, and interpersonal sensitivity to be associated with severity. The strongest associations were with family stress, child externalizing behavior and trauma recovery, substance misuse and qualitative features of the parent child relationship. The child's age was not significant in this study.

In their discussion of their findings the authors offer several observations that are important to assessment of child safety. First they suggest that "researchers and clinicians will find it more fruitful to examine specific clinical problems that impact parenting (i.e., externalizing behavior), rather

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than using only DSM-IV syndromes which require the investigators to confirm cases that 'fit' and entire set of criteria (e.g., ADHD, Reactive Attachment Disorder)." (p. 346)

While they agree with Kelly's suggestion that processes of interference with parental functioning or enhancement of parental aggression are theoretically important, they also believe it is important to expand this notion of interference to any characteristics or behaviors that contribute to levels of maltreatment severity. Most importantly, they believe that it is important to place emphasis on relational factors that have been difficult to conceptualize. They observe that, "The failure to include these variables in many studies is remarkable because the definition of 'good enough' parenting and maltreatment is by definition a function of the relationship between parent and child. This omission has a serious impact on CPS practice." (p. 346) The authors also believe that measuring the level of trauma severity and the parent's current recovery from previous traumatic experience is critical to understanding the actual interference of trauma with parental functioning.

The authors further note that many approaches to measuring the parent-child relationship are restricted to study of only the behavioral aspects of the relationship. This leaves unanswered other important issues such as the psychological context that influences maltreatment behaviors of adults who are convinced that they love and value their child.

In conclusion the authors state, "If the types of factors incorporated in the current studies are not included in risk factor assessments utilized by child protective workers, then these professionals may be missing essential factors that influence future maltreatment severity, as well as the types of problems that must be addressed through intervention to lower future maltreatment risk. For example, the use of parenting classes that rely on a basic 'information transfer' approach is likely to be unsuccessful for parents who are abusing substances and still struggling with unresolved, intergenerational traumatic experiences." (p. 347)

Current safety assessment protocols were primarily designed to gauge visible and currently active threats in the early phases of an investigation. In this regard, most include factors such as substance abuse. Few, if any, give significant attention to family stress, child externalizing behavior, adult trauma recovery, and qualitative features of the parent child relationship (other than parental expectations of the child). If, as this research suggests, these factors may influence the

likelihood of maltreatment recurrence with more severe consequences, then they deserve a more in-depth consideration in the fuller family assessment that follows the initial safety assessment. As well, the research suggests that a child's safety cannot be fully understood by the application of current "present danger" type safety protocols.

While some states' risk assessment protocols pay attention to caregiver stress and aspects of the parent-child relationship (Texas for example), many do not. Few appear to include a specific assessment of parent and child interaction or a screening for a child's externalizing or otherwise provocative behavior and its impact on an adult caregiver's frustration tolerance. The adult caregiver's recovery from earlier traumatic life experiences, not to mention current experiences such as recent domestic violence, is almost virtually ignored in current family assessment protocols. Although there is considerable attention given to recognizing substance misuse as a risk factor, assessments may not be specific to examining the exact nature of its interference with family protective capacities. Better knowledge of this is important to supplementing protective capacities while a parent is in treatment.

Sprang, et al. have made a valuable contribution to the research void surrounding severity of maltreatment and child safety. Their work strongly suggests that safety assessment must extend beyond a simple signs of present danger approach and consider more qualitative aspects of family life that can only be fully understood through a more in-depth exploration of specific family factors. In particular, the family assessment must consider factors and dynamics that are currently beyond the scope of initial safety assessments completed in the hours following first contact with a family.

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