

The Sounding Board

Three Pathways to the Intergenerational Transmission of Child Abuse and Neglect:

Implications for Policy and Practice

by Dee Wilson

Child welfare scholars commonly assert that approximately a third of abused and neglected children become abusive or neglectful parents, a claim based on summaries of the research literature published by Joan Kaufman and Edward Zigler more than twenty years ago. Kaufman's and Zigler's articles (see "The intergenerational transmission of child abuse," in Child Maltreatment: Theory and research on the causes and consequences of child abuse and neglect, ed. by Dante Cicchetti and Vicki Carlson, 1989) summarized numerous scholarly studies of abusive and neglectful parents' early histories. Once most child welfare scholars were disabused of the idea that child abuse or neglect could be explained by parents' childhood histories of maltreatment, or by any other single factor, an early history of child maltreatment became an important factor (along with several others) in risk assessment models focused on the prediction (but not explanation) of child abuse and neglect.

Nevertheless, child welfare scholarship a generation ago was livelier and more speculative regarding intergenerational transmission of child maltreatment than current scholarship. It was widely believed that maltreating parents learned to be abusive or neglectful through both personal experience and observation in their birth families; and that unreflective repetition of parenting patterns learned in childhood under highly stressful conditions accounted for intergenerational transmission of abuse and neglect. However, a number of studies found that neglected children often grew up to be abusive parents, or vice versa; and that maltreating parents frequently did not model their parenting practices on their early experiences. Something more than or different from social learning was needed to explain intergenerational transmission of child maltreatment.

Scholars with a psychodynamic and /or developmental perspective suggested that "mothers' ability to engage in interpersonal relationships serve a central causal role in maltreatment;" and that difficulty in coping with the demands of close interpersonal relationships grows out of "a (negative) set of feelings and expectations regarding self and close relationships that are learned through the quality of interaction with childhood caretakers." (Pianta, Egeland and Erickson, 1989) In other words, the quality of children's early attachments and the beliefs and expectations resulting from these relationships lead to a capacity or incapacity for intimate relationships; and it is differences in the capacity for intimacy that explains why some abused and neglected children grow up to be abusive and/or neglectful parents while others create a better life for their children.

The Minnesota Longitudinal Study (MLS) confirmed the power of nurturing relationships within or outside children's families to ameliorate the effects of early child maltreatment on children's development. However, to date, there has not been a longitudinal study that has classified children's attachment styles between the ages of 1 and 2, tracked children's histories of maltreatment, described developmental trajectories in school systems and peer relationships,

and followed these children into their 20s and 30s with the ability to determine rates of child maltreatment from administrative records and/ or self report. There have not many longitudinal studies in child welfare with the potential to shed light on adult development of maltreated children or on intergenerational transmission of child abuse and neglect.

In recent years, Carolyn Widom, Kimberly DuMont and Sally Czaja have begun to publish findings from a longitudinal study of more than 600 children who, between 1967 -71, were found legally dependent due to abuse or neglect in a Midwestern metropolitan area. Widom, et al compared mental health outcomes for these adults with outcomes for 520 adults matched by sex, age, race, hospital of birth or elementary school and grade level for the school aged group of abused and neglected children. The adults in this study were interviewed between 1989 and 1995, 22.3 years (on average) after initial information gathering on children in both the abused and neglected group and the control group.

These researchers assert that "individuals who experienced any physical abuse or multiple forms of abuse or neglect were at elevated risk for Major Depressive Disorder (MDD) compared to the control group (adjusted odds ratio—1.72)." In addition, adults with childhood histories of neglect were at increased risk for current MDD (odds ratio—1.59) whereas adults who had experienced other forms of maltreatment had rates of current MDD similar to the control groups. Adults with abuse and neglect histories as children also experienced almost twice as many episodes of MDD (31 per person) as the matched controls through young adulthood.

Widom, DuMont and Czaja comment that "for controls (individuals with no documented case of childhood maltreatment) MDD seemed to be secondary to alcohol and other drug problems ... For abused and or neglected individuals, our findings provide support for the "self medication" hypothesis, because a substantial portion of the maltreated group reported MDD before alcohol or other drug use and / or dependence." The implication of this longitudinal study is that child maltreatment leads to highly elevated rates of severe and chronic depression in young adulthood, which, in turn, results in elevated rates of co – occurring mental health and substance abuse disorders as adolescents and young adults seek to manage their mental health problems. Poverty and trauma also are associated with high rates of depression. One pathway to intergenerational transmission of child maltreatment is through trauma, poverty and early onset chronic and severe depression which sometimes lead to co – occurring substance abuse. Chronically neglecting and chronically maltreating (i.e., neglect plus physical abuse and/ or sexual abuse) parents have highly elevated rates of co – occurring disorders. Substance abusing and / or depressed mothers have been found to be significantly more likely than a comparison group to have elevated rates of aggression and to have difficulty managing their anger (Hien, et al, 2010); and to be less emotionally responsive to infants and young children. Co – occurring disorders greatly increase the risk of both physical abuse and neglect of children.

This is a pathway consistent with the findings of research regarding the backgrounds of women with co - occurring substance abuse and mental health disorders. In "Women, Trauma Histories and Co -Occurring Disorders: Assessing the Scope of the Problem," (2004), Joy Newmann and Jolanda Sallmann comment that "A key assumption is that women's histories of interpersonal victimization, including both physical and sexual abuse, figure importantly in the development and course of co- occurring addictive and mental disorders, as well as in a host of other related problems." Almost 75% of women in Newmann's and Sallmann's study of women enrolled in publicly funded substance abuse or mental health treatment in Dane County, Wisconsin reported childhood histories of both physical abuse and sexual abuse; 18.5 % of the women

had been placed in foster care when they were children, and over half had lost custody of one or more children.

Newmann and Sallmann found that the women in their study were severely poor; “economic adversity continues to loom large in their lives, they state.” They also found that these women had been subjected to repeated violence and that “Such violence begins early, and for many women interviewed, continues into adulthood.” Almost 60% of the women they interviewed had been incarcerated. Many of these women experienced abuse in jail or prison either at the hands of inmates or guards and, of course, many of the women had been assaulted by intimate partners. Newmann and Sallmann comment that “In short, many women ... (in publicly funded treatment programs) have been exposed to an epidemic of interpersonal violence across the life course.”

Arguably, cumulative trauma related to violence is an important factor in intergenerational transmission of child maltreatment due to the connection between trauma and depression and also between trauma and brain injury. For the past year or two, I have worked with Therese Grant and Nancy Whitney, managers in Washington State’s Parent Child Assistance Program (PCAP) and Chris Graham, a researcher in the Seattle LONGSCAN study (and others), on a study of women who have received PCAP services over the past decade. PCAP provides paraprofessional home visitation services to substance abusing women who are pregnant or have young children for as long as 3 years. We are doing a study that compares women enrolled in PCAP who have retained or regained custody of their children with women who lost custody of their children while in PCAP and / or women who lost custody of their child at birth.

What differentiates these groups of PCAP recipients is not their childhood histories of child maltreatment (which reflect the maltreatment histories of women in Newmann’s and Sallmann’s study), but their psychiatric problems, specifically rates of depression, anxiety, suicidal ideation and suicide attempts and psychotic episodes. In addition, neurocognitive deficits are a major issue for the women who lack custody of their children at exit from PCAP. Many of these women have suffered insults that appear to have caused brain injury in utero or when they were children or in their adult years and, as a consequence, have difficulty in learning and/ or in recognizing danger. They are highly vulnerable to repeated victimization at the hands of romantic or sexual partners and / or strangers. Women in PCAP with neurocognitive deficits have higher rates (than other PCAP women) of psychiatric problems such as mood disorders and psychotic episodes. They have lower rates of educational achievement and lower incomes than women who have custody of their children at exit from PCAP. PCAP staff report that women who have lost custody of children often say that “I’m going to keep having babies until I get to keep one.” PCAP data indicates that this is indeed what happens.

These findings suggest that a second pathway to intergenerational transmission of child maltreatment is through the combination of psychiatric problems and neurocognitive impairments. About one third of women in PCAP were themselves born to mothers who drank heavily during pregnancy. These are women who often demonstrate cognitive impairments and mental health problems that are intertwined and chronic. They have greater difficulty in maintaining abstinence from drugs and alcohol than PCAP participants with less severe psychiatric problems. They are likely to need psychiatric services and other case management services for years, not for weeks or months, whether or not they are parenting children.

A third pathway to intergenerational transmission of child maltreatment develops out of repeated experiences of psychological aggression, that is, insults, threats, intimidation,

humiliation and ridicule within birth families, often combined with neglect, physical abuse or sexual abuse. Parents, step - parents and siblings may be involved in the victimization of a rejected child who serves as the family scapegoat. The negative emotional effects of physical abuse or sexual abuse are greatly intensified when combined with psychological aggression and rejection (Arata, et al, 2007; Miller – Perrin, 2009). James Garbarino has written with great insight and eloquence about the tendency of rejection in childhood to increase youth aggression and violence in cultures around the world.

Simon Lelic's A Thousand Cuts is a recent novel about the relationship between repeated experiences of ridicule and humiliation and lethal violence; and this is a recurring theme in the work of other American novelists such as Joyce Carol Oates. Lelic's novel leaves no doubt that psychological aggression is a form of violence with potentially devastating consequences to both victims and persecutors.

An early and enlightening longitudinal study, "Antecedents of child abuse," by William Altemeier III, et al, (1982) followed 1400 women who registered in a prenatal clinic in Tennessee between September 1975 and December 1976, and who consented to be involved in the study. The researchers had access to agency reports of child abuse until December 1979 when infants in the study were 21- 48 months of age. The physical abuse rate for the whole sample was 2%; the rate for a group of 273 mothers rated as "high risk" was 5.9% vs. 1.2% for mothers not in the high risk group. Altemeier, et al, found that abusive mothers were not significantly more likely to report being "beaten up" or severely abused as children, but were significantly more likely to consider the punishment they received from caregivers as unfair and severe. According to the authors, "The mother's perception of her relationship with her own parents during childhood appeared to be a more consistent antecedent than being battered. Significantly more mothers in the abuse category did not get along with or were separated from their mothers, and felt that one or more parents had been displeased with them. The incidence of living in foster care was eight times as common among mothers of abused children."

The authors comment that "The most consistent prospective correlates with abuse were aggressive or violent tendencies, an adverse perception of childhood nurturance and a negative attitude about the pregnancy." They go on to say that "Some tendency for the abused child to become an abusive parent was also observed ..., but the perception of a negative relationship with parents seemed to be a more important antecedent."

Pianta, Egeland and Erickson appear to have been prescient in their contention that a reduced capacity for intimacy (with children, friends, lovers and spouses) plays a key role in the intergenerational transmission of child maltreatment. Parents with co – occurring substance abuse and mental health disorders usually have histories of complex trauma, that is repeated experiences of physical abuse, sexual abuse and interpersonal violence; and it is hardly surprising that they would have difficulty feeling safe in close interpersonal relationships. Furthermore, parents with serious cognitive impairments resulting from early maltreatment or from other causes have often been repeatedly exploited and victimized by family members, acquaintances and strangers; they have good reason to be wary of others. Parents who have been the target of large doses of psychological aggression in their birth families are often quick to anger and unusually prone to violence when they feel mistreated or disrespected, and may misinterpret challenging child behavior as rejection with (sometimes) fatal consequences.

Pianta, Egeland and Erickson maintain that it is the experience of nurturing relationships (in early childhood, adolescence and adult life) that begins to heal emotional injuries resulting from child maltreatment. Deborah Gray's Nurturing Adoptions is an outstanding book for caregivers

(birth parents, foster parents, adoptive parents) and for child welfare practitioners about how to concretely go about helping abused and neglected children to recover their capacity for normal development through nurturing relationships. One of Gray's main themes is that traumatized children are likely to have great difficulty in regulating their emotional states; and that caregivers need the skills to help children calm down and deal with everyday stresses without losing emotional control.

Children who are focused on real or imagined dangers, and who are highly reactive to frustration or conflict, are also likely to have difficulties learning in school, making and keeping friends, developing useful skills and talents and persistently working toward long term goals. They are at elevated risk for delinquent behavior in adolescence.

Evidence based mental health treatment is urgently needed for many abused and neglected children; but the best mental health treatment available will not help children who lack nurturing caregivers (nurturing equals affectionate, appreciative, supportive, protective, dependable and educative). Child welfare systems have the responsibility to adequately prepare parents, foster parents, relative caregivers and adoptive parents to help children recover from the emotional injuries that are the main harm done to children by abuse and neglect. Ensuring safety from further maltreatment is not enough anymore than it would be enough for an abused child with broken bones or other serious physical injuries. Physical and emotional Injuries to children must be repaired to the extent possible.

When youth leave foster care at age 18-19 without graduating from high school, lack supportive families to fall back on and have chronically recurring mood disorders, or when children grow up in families with chronic abuse and neglect that includes large doses of psychological aggression, the stage is set for intergenerational transmission of child maltreatment.

References

Altemeier, William III, O'Connor, Vietze, Peter, Sandler, Howard M., Sherrod, Kathryn, B, "Antecedents of child abuse," Journal of Pediatrics, Vol.100, No. 5, 1982.

Arata, Catalina M., Langhinrichsen – Rohling, Jennifer, Bowers, David, O'Brien, Natalie, "Differential correlates of multi –type maltreatment among urban youth," Child Abuse & Neglect ,31 (2007).

Garbarino, James & Eckenrode, John, Understanding Abusive Families: An Ecological Approach to Theory and Practice , Jossey – Bass Publishers, 1997.

Gray, Deborah D., Nurturing Adoptions, Perspectives Press, 2007.

Grant, Therese, Huggins, Janet, Connor, Paul, Streissguth, Ann, "Quality of Life and Psychosocial Profile Among Young Women with Fetal Alcohol Spectrum Disorders," Mental Health Aspects of Developmental Disabilities ,Vol. 8, No. 2, April / May/ June, 2005.

Hien, Denise, Cohn, Lisa R., Caldeira, Nathilee A., Flom, Peter, and Wasserman, Gail, "Depression and anger as risk factors underlying the relationship between maternal substance involvement and child abuse potential," Child Abuse & Neglect , 34 (2010).

Kaufman, Joan & Zigler, Edward, "The intergenerational transmission of child abuse," Chapter 5 in Child Maltreatment: Theory and research on the causes and consequences of child abuse and neglect, edited by Cicchetti, Dante & Carlson, Vicki, Cambridge University Press, 1989.

Lelic, Simon, A Thousand Cuts, Viking, 2010.

Miller – Perrin, Cindy L., Perrin, Robin D., Kocur, Jodie L., "Parental physical and psychological aggression:

Psychological symptoms in young adults, Child Abuse & Neglect ,33 (2009).

Newmann, Joy & Sallmann, Jolanda, "Women, Trauma Histories, and Co- Occurring Disorders: Assessing the Scope of the Problem," Social Service Review, September, 2004.