

# Childhood Experiences, and the Social-Ecological Approach to Child Maltreatment Prevention

All children have the potential for positive development. However, adverse experiences, such as exposure to violence and neglect during childhood, increase the likelihood of poor physical and mental health throughout one's life. Traditionally, work regarding child maltreatment prevention took a reactive approach in which agencies and interested parties sought to address the problem after it had already occurred. As efforts to address child maltreatment have evolved, a proactive, public health-oriented approach has emerged.

Imagine a fast-flowing river at the bottom of a large waterfall, with many people scrambling to save those who are struggling in the water. Instead of only working to save people in the river at the bottom of the waterfall, it is important to both teach people to swim and to figure out why they are falling in at the top—and then work to prevent that fall in the first place.<sup>1,2</sup> Within a public health framework, solutions focus more on the prevention of child maltreatment by understanding the community context in which families live, supporting healthy environments for children and families, and reducing broader risk factors that can contribute to higher rates of child maltreatment, thereby addressing the factors upstream of the waterfall. We know that North Carolina's future growth and prosperity depends on our ability to foster the health and well-being of our children. Addressing the community and environmental context in order to prevent child maltreatment and create safe, stable, and nurturing relationships and environments will also allow for overall improvement in health, well-being, and security for our state.

## Overview of Child Maltreatment

Child maltreatment is a far-reaching public health problem with damaging consequences to individual children, families, and communities. While common impressions of child maltreatment often bring to mind stories of horrific abuse, maltreatment actually encompasses a wide range of experiences. The Centers for Disease Control and Prevention (CDC) defines child maltreatment as, "any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child."<sup>3</sup> Acts of commission (also known as "child abuse") include words or actions that result in harm, potential harm, or threats of harm to a child, regardless of intention. Physical abuse, sexual abuse, and psychological abuse are acts of commission. Acts of omission (also known as "child neglect"), result in failure to meet a child's physical, educational, or emotional needs, or the failure to protect a child from harm. Examples of acts of omission include failure to provide (e.g. physical needs, emotional needs, medical/dental care, and education) and failure to supervise (e.g. inadequate supervision or exposure to violence).<sup>4</sup>



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Under North Carolina general statute, child maltreatment includes acts of commission or omission committed against a juvenile by a parent, guardian, custodian, or caretaker (generally defined to be an adult who is responsible for the health and welfare of the child within the home setting).<sup>5</sup> Children may experience multiple forms of maltreatment simultaneously or at distinct times. There is also a continuum of frequency and severity of child maltreatment, and it often overlaps with other forms of family violence and toxic stress.

### ***Incidence and Prevalence of Child Maltreatment***

In 2013, the Children’s Bureau of the US Department of Health and Human Services recorded 3.5 million reports of abuse or neglect from state and local child protective services (CPS) agencies. It was estimated that approximately 679,000 children (or 9.1 out of 1,000) were victims of one or more types of maltreatment.<sup>6</sup> Because these statistics rely on only the reported cases, the actual prevalence of child maltreatment may be higher. The National Incidence Study of Child Abuse and Neglect (NIS) aims to capture an accurate count of maltreated children using data from non-CPS sources, including public schools, health departments, hospitals, daycare centers, social service agencies, and shelters. NIS-4 data indicates approximately 39.4 per 1,000 children suffer from maltreatment.<sup>7</sup>

The Child Protective Services program of the North Carolina Division of Social Services investigated more than 64,000 reports of child maltreatment affecting more than 128,000 children in state fiscal year (SFY) 2013-2014.<sup>8</sup> Reports of abuse and some forms of neglect (including those involving a child fatality) are investigated through an investigative track with two possible findings: substantiated (indicating that the incident occurred and services were needed) and unsubstantiated (incident cannot be proven, but services may be needed).<sup>9</sup> Research has shown that children reported to social services without substantiation have similar developmental and behavioral outcomes as those with substantiated maltreatment.<sup>10,11</sup>

Neglect reports are investigated through the Multiple Response System (MRS) by local divisions of social services. The Multiple Response System, implemented statewide in 2006, utilizes a family-centered assessment approach called the Family Assessment Track, which aims to protect children and serve families by building partnerships and providing support services to address families’ needs. Families with reports of neglect are investigated under the MRS and classified as “services not recommended;” “services recommended,” meaning voluntary services are identified but the family can choose whether to use them; or “in need of services,” which means services are mandated.<sup>9</sup> Of the more than 64,000 reports of maltreatment, more than 17,000 were recommended services.<sup>8</sup> In 2012, 28 children in North Carolina died as a result of abuse or neglect by a parent or caregiver.<sup>12</sup> North Carolina data show that victims of child maltreatment are also disproportionately very young children, with children

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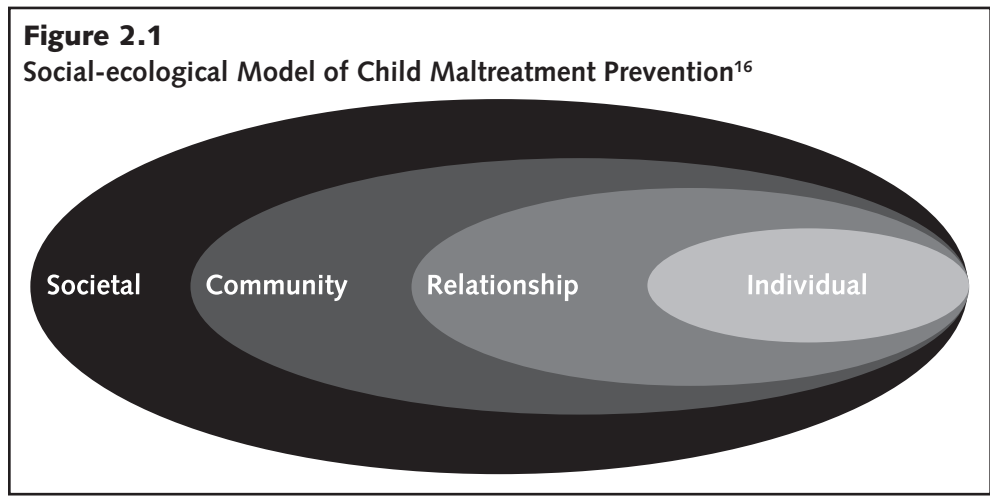
ages 0-5 representing slightly more than half the children newly reported in each year.<sup>8</sup> Data also show that almost half of all children investigated each year had previously been reported to the system.

Child maltreatment has a significant economic impact. A 2012 economic analysis by Prevent Child Abuse America found that the annual nationwide cost of child maltreatment was over \$80 billion. In North Carolina, the estimated annual cost of child maltreatment was approximately \$2 billion.<sup>13</sup> This figure includes estimates of direct, short-term costs including medical treatment, mental/behavioral health care, and government-provided services such as child welfare and law enforcement, as well as estimates of long-term impact on special education, housing, medical care, mental health care, and juvenile/adult justice systems.<sup>14</sup> One of the largest costs, at both the national and state levels, is incurred by the child welfare system, estimated nationally at \$29 billion.<sup>13</sup> On the individual level, the CDC estimates that victims of child maltreatment have lifetime costs of around \$200,000, much of which comes from lost productivity once the child becomes an adult.<sup>15</sup>

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**Factors Influencing Child Maltreatment**

Preventing child maltreatment requires understanding the factors that influence violence and neglect. When examining various factors that influence child and family well-being and risks for maltreatment, this Task Force was guided by the social-ecological model of child maltreatment prevention. (See Figure 2.1.) Social-ecological models show how the well-being of the individual is influenced not only by the individual themselves, but also by their relationships with others and their broader community and environment. Many of the factors related to children’s health and well-being are determined most immediately by the child’s family, child care or school setting, and neighborhood. However, children and their families are also impacted by the community in which they live, attend school, and work; the public policies that govern them; and the broader social, cultural, political and economic environment.



Typically child maltreatment is thought of solely as a problem between a child and parent or other caregiver. The social-ecological model illustrates that, while abuse and neglect may happen within a family, there are many outside factors that can increase or decrease the likelihood of child maltreatment. At each level of the social-ecological model, there are protective factors that decrease the likelihood of maltreatment and risk factors that increase the likelihood of maltreatment. Protective factors are characteristics, events, and experiences strongly associated with improved health and social outcomes for children and families.<sup>17</sup> In contrast, risk factors are characteristics, events, and experiences associated with negative health and social outcomes for children and families. While protective factors do not remove risks, they can moderate the impact of risk factors. Risk and protective factors exist at all levels of the social-ecological model including individual, family, school, and community. (See Table 2.2)

It is crucial to remember that an individual, community, or family having any of these risk factors does not mean child maltreatment will always occur—rather, that a combination of individual, family, and community factors may contribute to an increased likelihood of child maltreatment. The interaction between types of risk and protective factors serves to emphasize the importance of a prevention-oriented, public health approach to reducing child maltreatment. Research has

**Table 2.2**  
**Risk and Protective Factors for Child Maltreatment Exist at All Levels<sup>16,18</sup>**

Domain	Risk Factors (Child)	Risk Factors (Parent)	Protective Factors
Individual	<ul style="list-style-type: none"> <li>• Younger than age 4</li> <li>• Special needs (disabilities, mental health issues, chronic physical illness)</li> </ul>	<ul style="list-style-type: none"> <li>• Poor parenting skills</li> <li>• Parents' history of child maltreatment</li> <li>• Substance abuse</li> <li>• Mental health issues</li> <li>• Low socioeconomic status</li> <li>• Nonbiological transient caregivers in the home</li> </ul>	<ul style="list-style-type: none"> <li>• Nurturing parenting skills</li> <li>• Household rules and child monitoring</li> <li>• Positive parent-child interactions</li> <li>• Self-regulation and problem-solving skills</li> </ul>
Relationship		<ul style="list-style-type: none"> <li>• Social isolation</li> <li>• Partner violence</li> <li>• Parenting stress</li> </ul>	<ul style="list-style-type: none"> <li>• Stable family relationships</li> <li>• Parental employment</li> <li>• Social cohesion with friends and caring individuals</li> </ul>
Community	<ul style="list-style-type: none"> <li>• Community violence</li> <li>• High poverty</li> <li>• Poor social connections</li> <li>• High unemployment</li> </ul>		<ul style="list-style-type: none"> <li>• Strong social connections</li> <li>• Safe neighborhoods</li> <li>• Adequate housing</li> </ul>
Societal	<ul style="list-style-type: none"> <li>• Social and cultural norms</li> <li>• Health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society</li> </ul>		<ul style="list-style-type: none"> <li>• Access to health care and social services</li> <li>• Economic opportunities</li> </ul>

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shown that when children and their caregivers experience safe, stable, and nurturing relationships and environments they are able to mitigate the effects of potential stressors that could lead to child maltreatment. By working within all levels of the social-ecological model of child maltreatment, stakeholders can aim to reduce both individual and community risk factors, promote protective factors, and potentially achieve an overall reduction in rates of maltreatment.

### Consequences of Child Maltreatment

#### *Early Brain Development and Toxic Stress*

Child maltreatment has a significant impact on a child's growth and development. Because a high percentage of abuse and neglect occurs among very young children, there has been much research into the ways these experiences impact early growth, particularly brain development and other physiological responses.

Adverse experiences, such as abuse or neglect, typically elicit a stress reaction, including increased heart rate and breathing, the release of stress hormones (such as cortisol and adrenaline), and emotional responses such as fear or anger.<sup>19</sup> Reactions to stress are categorized in three ways: positive, tolerable, and toxic. Positive stress reactions are short, mild, and are tempered by assistance from a caring adult who provides a protective effect that helps the child's stress level return to normal. Experiences that provoke positive stress reactions may include normal experiences of frustration, new caregiver situations, or other common events. Tolerable stress reactions may occur when children experience an event that is out of the ordinary from their everyday experiences and is of greater negative significance, such as the death of a family member, serious illness, or a natural disaster. The effects of these experiences on the stress response are greatly tempered by caring adults who can help the child cope. Toxic stress responses generally result from repeated, strong stressors experienced without the protective factor of a caring adult to help the child cope and retain a sense of control. Examples of experiences that may provoke toxic stress responses include physical abuse, sexual abuse, psychological abuse, severe neglect, family substance abuse, family mental illness, and community violence.

Repeated and prolonged exposure to stress hormones, even when the responses might typically be positive or tolerable, can lead to negative effects on the brain. Changes in the brain's architecture as the result of toxic stress can contribute to problems with memory, contextual learning, and differentiating between danger and safety. These problems can lead to difficulties with language and emotional skills. Research indicates that exposure to toxic stress can have a significant impact on gene expression as a child grows, potentially leading to poor health outcomes.<sup>20</sup> For example, research has shown that exposure to toxic stress can affect the expression of the glucocorticoid receptor gene, which can have negative effects on brain development and lead to problems with mental health and emotional development.<sup>21</sup> In addition to negative

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effects on brain development, there are additional pronounced physiological and developmental effects that result from a child's experience of toxic stress including cardiovascular disease, depression, and asthma.<sup>19</sup>

### ***Adverse Childhood Experiences***

As research on the impact of child maltreatment grows, there has been an increasing emphasis on studying adverse childhood experiences (ACEs) and the ways in which individuals experiencing these negative events are affected by them not only in childhood, but also throughout their lives. The category of events or situations categorized as adverse childhood experiences is broad. Examples include child maltreatment (physical abuse, psychological abuse, sexual abuse, and/or failure to provide/supervise), as well as dysfunctional family characteristics such as intimate partner or other violence in the home, divorce or parent absence, mental illness, substance abuse, and incarceration of a family member.<sup>22</sup> ACEs are linked to heart disease, obesity, lung disease, diabetes, depression, anxiety, and substance addiction in adulthood. A 1998 Kaiser Permanente study surveyed adult patients on the following eight categories of adverse childhood experiences: child maltreatment including psychological, physical, or sexual abuse; violence against the mother; and living with household members who were substance abusers, mentally ill, suicidal, or ever had been imprisoned.<sup>23</sup> More than half of survey respondents reported having experienced at least one ACE, with one-quarter reporting two or more ACEs. This study also found a dose response relationship between the number of adverse childhood experiences reported by respondents and the adult characteristics relating to health status, disease, and risk behavior. That is to say, the more ACEs reported, the higher the likelihood of many disease outcomes.<sup>23</sup>

In 2012, the North Carolina Division of Public Health included questions about ACEs for the first time in the Behavioral Risk Factor Surveillance System (BRFSS) survey.<sup>a,24</sup> The following ACEs prevalence data reflect the responses of over 10,000 North Carolinians to the 2012 BRFSS survey. (See Figure 2.3)

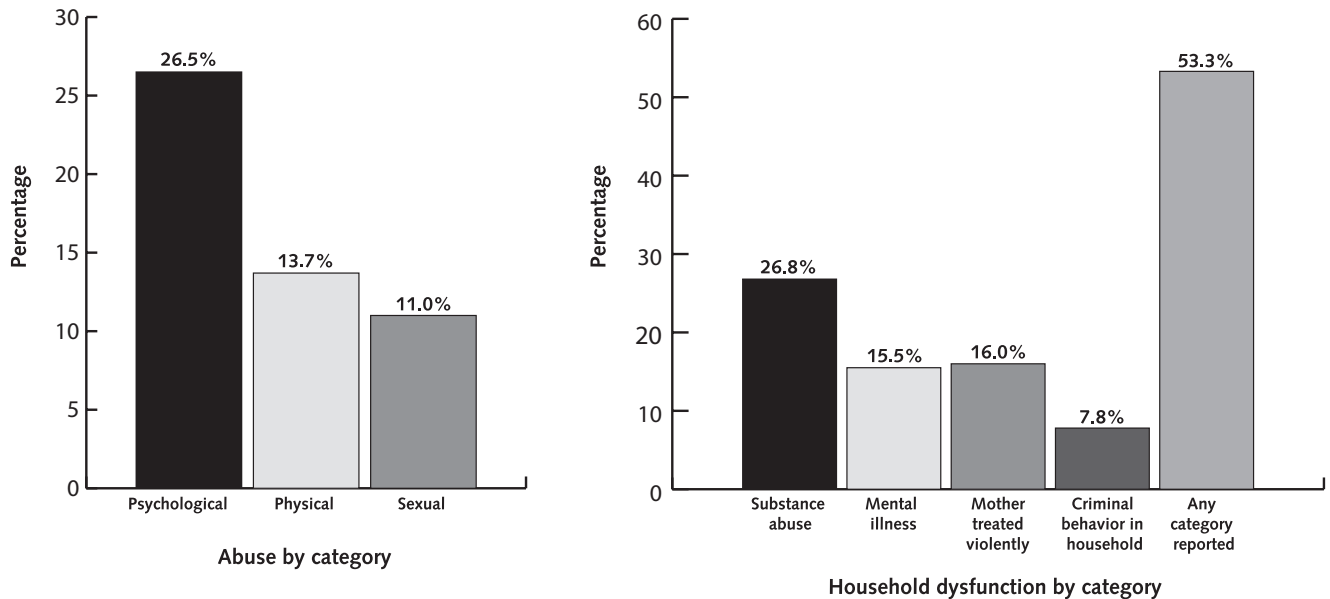
These data show the importance of taking a public health oriented proactive approach to preventing child maltreatment. Although child maltreatment data show relatively small numbers of children are substantiated as victims of abuse and neglect, this data show that many North Carolinians grow up in households with abuse or other types of toxic stress. As these experiences may have distinct health, psychosocial, and personal impacts throughout childhood and adulthood, understanding and preventing child maltreatment is critical to ensuring the health and well-being of North Carolinians.

a Through random telephone surveys of state residents aged 18 and older, the BRFSS collects information on a variety of health behaviors and practices related to the leading causes of death and disability including cardiovascular disease, cancer, diabetes, and injuries.

**ACEs are linked to heart disease, obesity, lung disease, diabetes, depression, anxiety, and substance addiction in adulthood.**

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**Figure 2.3**  
Prevalence of childhood exposure to abuse and household dysfunction, %  
Category of childhood exposure<sup>24</sup>



**Child Maltreatment Prevention: Essentials for Childhood and Strengthening Families**

Research has shown that children and families are able to thrive when communities invest in building a robust infrastructure of protective factors. The Task Force on Essentials for Childhood used two frameworks to help orient our work towards creating the local and statewide infrastructure needed to support healthy children and families. The North Carolina Division of Public Health (NCDPH) has adopted the Centers for Disease Control and Prevention’s (CDC’s) Essentials for Childhood Framework in planning around child maltreatment prevention and in working with this Task Force. The CDC’s Essentials for Childhood Framework provides core values as well as specific steps to achieving safe, stable, and nurturing relationships and environments. The North Carolina Division of Social Services (NCDSS) has already begun efforts to orient their work around the principles outlined in the Center for the Study of Social Policy’s Strengthening Families Protective Factors Framework™. Strengthening Families is an approach organizations can use to find universal, non-punitive, and non-judgmental ways to prevent child maltreatment. Both the Essentials for Childhood Framework and the Strengthening Families Framework were embraced in the current work because this Task Force aims to align the efforts of NCDPH and NCDSS, as well as other state and local agencies that work with children and families, so that they are all working together to build and support a robust infrastructure of protective factors for North Carolina’s families.

**Strengthening Families is an approach organizations can use to find universal, non-punitive, and non-judgmental ways to prevent child maltreatment.**

**Increasing children's and families' well-being also contributes to the overall health, security, and growth of our communities and state.**

***CDC's Essentials for Childhood Framework: Steps to Create Safe, Stable, and Nurturing Relationships and Environments for All Children***

A few years ago, the CDC launched Essentials for Childhood, a framework through which communities committed to preventing child maltreatment can help children thrive. The framework's foundation is that young children grow and develop through experiences and relationships with parents and other caregivers, and when children and their caregivers experience safe, stable, and nurturing relationships and environments they are able to mitigate the effects of potential stressors that could lead to child maltreatment.<sup>4</sup> Through a focus on communities and overall environmental well-being, this framework also addresses the fact that increasing children's and families' well-being also contributes to the overall health, security, and growth of our communities and state.

The CDC defines safety, stability, and nurturing as follows:<sup>4</sup>

- **Safety:** The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment.
- **Stability:** The degree of predictability and consistency in a child's social, emotional, and physical environment.
- **Nurturing:** The extent to which a parent or caregiver is available and able to sensitively and consistently respond to and meet the needs of their child.

The NCIOM Task Force on Essentials for Childhood used the CDC's Essentials for Childhood Framework goals as the organizing structure of their work and this report. The Task Force reviewed each of the steps within the four goals and made recommendations to support the implementation of each step. Taken together, the recommendations of the Task Force, if implemented, will ensure North Carolina has a comprehensive, coordinated system to support child and family well-being.

***Center for the Study of Social Policy's Strengthening Families Protective Factors Framework™***

The Strengthening Families approach focuses on early childhood (ages 0-8) because young children are particularly vulnerable to abuse and neglect. It is not a curriculum or program but instead provides a framework of five research-based protective factors that support effective parenting, encourages optimal child development, and reduces the likelihood of child maltreatment.<sup>25</sup> Strengthening Families focuses on all interactions with children and families, with an emphasis on building family strengths instead of only addressing deficits. Inherent in its design is recognition that all families need support. The approach helps agencies and programs to identify their current activities that promote the building of protective factors. It also illuminates small but



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The steps to achieving safe, stable, and nurturing relationships and environments are embedded in four goals recommended by the CDC:<sup>4</sup>

- Goal 1:** Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment
- Adopt the vision of “assuring safe, stable, and nurturing relationships and environments for every child and preventing child maltreatment”
  - Raise awareness in support of the vision
  - Partner with key stakeholders to unite the vision
- Goal 2:** Use data to inform actions
- Build a partnership to gather and synthesize relevant data
  - Take stock of existing data
  - Identify and fill critical data gaps
  - Use the data to support other action steps
- Goal 3:** Create the context for healthy children and families through norms change and programs
- Promote the community norm that we all share the responsibility for the well-being of children
  - Promote positive community norms about parenting programs and acceptable parenting behavior
  - Implement evidence-based programs for parents and caregivers
- Goal 4:** Create the context for healthy children and families through policies
- Identify and assess which policies may positively impact the lives of children and families in the community
  - Provide decision-makers and community leaders with information on the benefits of evidence-based strategies and rigorous evaluation

significant changes to practice needed to build a stronger set of policies and programs. This approach also recognizes that everyday actions to build protective factors can be done in multiple settings by many people, including parents, professionals, and community members.

The Strengthening Families approach emphasizes small but significant changes in the daily interactions that service providers have with families, as well as changes in systems and policies at the practice and organizational level. These shifts in policy and practice support families in building protective factors that

promote optimal child development and reduce the likelihood of child abuse and neglect. Employing the Strengthening Families approach involves providing families with opportunities and experiences to build their protective factors, including parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. These protective factors are interrelated conditions that simultaneously prevent or mitigate the effect of exposure to risk factors and stressful life events, while also building family strengths and a family environment that promotes optimal child development. The Strengthening Families Framework provides simple, concrete steps that organizations and agencies can take to integrate building these five protective factors into their work through “everyday actions.”

One of the strengths of the Strengthening Families approach is that it can be used to reframe and engage partners who previously may not have viewed themselves as having a role to play in the prevention of child maltreatment, including early care, education, and home visiting. Although child maltreatment prevention is a primary goal of the Strengthening Families approach, the principles can be embraced by any organization or agency as a strategy for promoting healthy families. Implementing the Strengthening Families Framework across all child and family serving agencies in North Carolina would help ensure that our systems and services are working at all levels in coordination to promote protective factors and support healthy families. Additional discussion of Strengthening Families and recommendations regarding implementation will be reviewed in Chapter 5.

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