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The social and economic origins of child abuse and neglect

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Article

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Abstract

This commentary aims to start a debate about various dimensions of social disadvantage and the relationship to child abuse and neglect (CAN). These dimensions include poverty, educational attainment, employment status, sub-standard housing, disadvantaged neighbourhoods and social isolation from family. Other aspects such as mental health issues, domestic violence and substance misuse are compounding factors that are critical influences on the relationship between disadvantage and CAN. New South Wales is used as the exemplar Australian state.

Introduction

This commentary begins with data about economic factors that influence the incidence of child abuse and neglect (CAN) in Australia. It proceeds to briefly comment on other factors that play a part in the emergence of CAN in disadvantaged families. In doing so, it selectively draws on USA and UK literature, given the sparsity of Australian studies of poverty and CAN.

First, a startling statement.

> We estimate that 27% of all child maltreatment was jointly attributable to economic factors. These findings suggest that strategies that reduce economic disadvantage are likely to hold significant potential to reduce the prevalence of child maltreatment.
>
> (Doidge et al., 2017, p. 14)

This estimate is from an Australian study that used a population-based birth cohort to examine the prevalence of CAN. If the 27% statistic is true, then the Australian child protection system is unnecessarily harming a significant number of parents for being poor. This finding runs parallel to a UK four nation's study of child welfare inequalities (Bywaters et al., 2018). The Bywaters study concluded that after

> controlling for deprivation ... 40% fewer English children would be living apart from their parents in foster or residential care with cost savings approaching 20% of the total children's services budget. (Bywaters et al., 2018, p. 19)

Both the Australian and English child protection systems are seemingly misdirecting resources towards individualised, clinically focused interventions with parents. Instead, CAN interventions should aim to reduce social and economic disadvantage in communities where there is a high incidence of child maltreatment/CAN. Parenthetically, CAN are the more usual Australian expressions, while child maltreatment is the more commonly used USA terminology. In this commentary, these terms are used interchangeably.

The mismatch between the incidence of CAN and the service interventions is clarified in the following quotation:

> The most commonly cited etiological models are the developmental-ecological and the ecological-transactional models originating in psychology (Belsky, 1980; Cicchetti & Lynch, 1993; Garbarino, 1977). These models posit that maltreatment results from complex interactions between individual, familial, environmental, and societal risk factors. Among the risk factors for maltreatment in these models, economic variables such as family income and parental employment status, have garnered attention in the literature, both because they are robust, easily measured predictors of maltreatment and because they can be manipulated through policy intervention. However, as ecological models posit that maltreatment results from interactions between economic variables and characteristics of individuals, families and communities, these models do not generate clear predictions about how economic factors should correlate with maltreatment. (Lindo & Schaller, 2014, p. 2)

In Australia, a range of intermingled social factors such as family poverty, living in substandard housing, disadvantaged neighbourhoods, low parental education, parental unemployment and social isolation are posited as increasing the likelihood that children from such family environments will be the subject of CAN (Ainsworth & Hansen, 2018; Crittenden, 1996; Francis, 2020; Houshyar, 2014). This is not to deny that in few Australian cases of CAN, especially cases involving a child death or serious injury, or proven cases of factitious illness (previously known as Munchhausen syndrome), that individual parental pathology is the probable reason for CAN.

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Cultural issues

The hypothesis in this commentary is that the emphasis on individual parental pathology is a product of over reliance on USA perspectives. In the USA, there is a cultural commitment to individualism (Dallek, 2018) that results in a child protection system that focuses on parental failings and pathology.

In Australia, there is a more communal culture when addressing social problems, yet for CAN, we have followed USA practice. Illustrative of this value point is Australia's all-party endorsement of Medicare by comparison to the Republican fight in the USA to repeal the *Patient Protection and Affordable Care Act 2010,* colloquially known as Obamacare. In turn, these two different cultural positions might shape interventions that are designed to prevent and protect children from abuse and neglect.

The legislative difference

This difference is also demonstrated by the focus on poverty in Section 71, Ground for care orders, of the *NSW Children and Young Persons (Care and Protection) Act* 1998 as section 71(2) states that:

> (2) The Children's Court cannot conclude that the basic needs of a child or young person are likely not to be met only because of
> (a) a parent's or primary carergiver's disability, or
> (b) poverty.

Such a section is unlikely to appear in USA child protection legislation since poverty is an individual, not a societal issue in that culture.

The section 71(2) requirement is, however, sidestepped by the Department of Communities and Justice (DCJ), the child protection authority in NSW, by focusing not on the cause, but on the consequences of poverty. The assessment may be that the parent, while poor, has neglected or abused their children because of drug use, mental illness or parenting capacity, and that poverty is merely a by-product of these conditions. And it is these conditions that cause the abuse and neglect not poverty.

Yet, it is these types of circumstances that compound family stress which then significantly contributes to poor parent/child relationships and the potential for CAN (McCubbin & Patterson, 1983; Rowntree, 2018). It has been known for many years that depression in women can be a product of social isolation (Blazer, 2005; Brown & Harris, 1978). Blazer states that 'the focus on medications has resulted in an impoverishment of our thinking about the social and cultural forces that affect mental health' (cited by Thomas, 2006). There are also similar social contributions in relation to anxiety disorders (Jacofsky et al., 2013).

Decontextualised lives

In one NSW study of Children's Court files, it was found that the life circumstances of parents, in over 100 Court cases, were not considered when judgements were made about the future of a child (Ainsworth & Hansen, 2017). In fact, the lives of parents are decontextualised, and they are held individually accountable for circumstances that are often beyond their control.

Negative social factors, when clustered together, make for an environment that is unsupportive of positive parenting and increase the risk of CAN (Bywaters et al., 2016; Ghate & Hazel, 2002; Weatherburn & Lind, 2001). What is constantly ignored is the fact that poverty is not 'neglect' and 'surveillance' is not support (Cocks, 2018). There are those who argue that poverty is not causal in relation to CAN (Doidge et al., 2017) as some families who live in poverty do not abuse or neglect their children. This is a disingenuous argument. It simply says that some families who live in poverty are less vulnerable to stress, possibly because the parental relationship is positive and that they are surrounded by a protective support network of family and friends (Australian Institute of Health and Welfare (AIHW, 2018). For example, the effect of a stressful life event, such as a reduction in family income, on the likelihood of maltreatment may be exacerbated by individual characteristics such as depression while also being mitigated by social support and other buffering factors (National Research Council [NRC], 1993). There is also USA evidence that unemployment triggers an increase in child maltreatment (Brown & de Cao, 2017; University of Oxford, 2017).

Domestic violence, alcohol and drug abuse and mental illness, especially depression and anxiety disorders, are all correlated (National Council on Drug Abuse [NCDA], 2018) to some degree with poverty. In that respect, they are an added challenge to child protection services (Ainsworth & Maluccio, 2004).

Causes and consequences

Recent research from the USA is increasingly providing evidence of the impact of economic inequality as a factor that has a significant influence on CAN (Eckenrode et al., 2014). Some scholars are now beginning to postulate that there is a causal link between low income and child maltreatment, not just a correlation as is often stated (Cancian et al., 2013; Institute for Research on Poverty, 2017). From England, the Rowntree Foundation report on *The Relationship between poverty, child abuse and neglect* (Bywaters et al., 2016) leans towards a similar conclusion.

We also know that in the USA, children with 'no parent in employment' are 2 to 3 times more likely to be the subject of maltreatment compared to children with employed parents (Sedlak et al., 2010). Low parental educational levels add to this factor by contributing to unemployability that can lead to an increase in family stress levels. The result is that children in lower socioeconomic status households 'experienced some type of maltreatment at more than five times the rate of other children; they were more than three times as likely to be abused and about seven times as likely to be neglected' (Sedlak et al., 2010, p. 12).

There is also the issue of family structure and living arrangements. Compared to children 'living with married biological parents, those whose single parent had a live-in partner had more than eight times the rate of maltreatment overall, over 10 times the rate of abuse, and nearly eight times the rate of neglect' (Sedlak et al., 2010, p. 12). We know that in Australia in 2011–2012, at least 32.5% of cases of substantiated abuse and neglect came from single parent families (Australian Institute for Health and Welfare [AIHW], 2013, Table A9). These data are not included in the AIHW report for 2017–2018. It has been argued that non-traditional family structures, i.e., single parent families, place children in greater danger of abuse (Sammut, 2014).

Other influential factors

Both substance abuse and domestic violence are critical challenges for child protection services (Ainsworth & Maluccio, 2005). The issue is what is the interaction between poverty, substance abuse and domestic violence and which, if any, comes first? The NCDA lists the following factors as common to poverty and substance abuse:

> Low status and low skilled jobs, unstable family and interpersonal relationships, illegitimacy, dropping out of school, high arrest rates, high incidence of mental health disorders, poor physical health, and high mortality rates. (NCDA, 2018)

In turn, similar risk factors feature in accounts of domestic violence. They include:

> alcohol and drug use, previous experience of DV, pregnancy, age, separation, violence by an ex-partner, disability (intellectual or psychiatric), financial stress, employment status, income source (*welfare*). (Dunkley & Phillips, 2015)

Curiously, substance abuse was rarely mentioned in a special edition of *Australian Social Work* devoted to Child Protection and Domestic Violence (April 2018), even though substance abuse is a feature of many domestic violence situations (Humphreys et al., 2018).

It is as if poverty, substance abuse and domestic violence are closely interwoven and that this trio represents the cause and consequence of CAN and other pernicious social ills. And that either one of these factors may act as a trigger for CAN.

New entrants into out-of-home care

In Australia, in the year 2018–2019, about 12,200 children were admitted nationally to out-of-home care (OOHC) – a rate of 2.0 per 1,000 children (AIHW, 2020, p. 44). In NSW, the number of children in OOHC roses from 16,848 in 2014–2015 to 17,800 in 2015–2016 and in 2016–2017 to 17,879 (AIHW, 2018, Data table, A1). This implies that 879 new orders were made in NSW in 2016–2017 that placed a subject child into OOHC. By 2018–2019, this figure had risen to 18,884 (AIHW, 2020, Table 5.1). This is rise of 1,005 children since 2016–2017. All the above increases come at an enormous cost to the state.

What is not known is the duration of placements following Care Orders, although practice in NSW, until recently, has been for orders to remain in place until the child is 18 years of age. The AIHW report indicates that nationally 52% of children in OOHC are in kinship care and 39% are in foster care (AIHW, 2020, Table 5.3). Unfortunately, the figures in the AIHW report are not broken down by states and territories. A further factor is that some of the children placed on OOHC during the period 2014–2015 and 2018–2019 may have been restored to parental care prior to the age of 18 years, by way of a successful section 90 application for rescission or variation of a care order (*Children and Young Persons (Care and Protection) Act* 1998, section 90).

The number of court orders

The NSW local government areas that figure at the highest level in the Australian Bureau of Statistics (ABS) measure of social disadvantage are Brewarrina, Claymore, Lightning Ridge, Walgett, Wilcannia and Windale (ABS, 2018). It is, then, worth asking about the number of orders assigning parental responsibility to the Minister (PR to M) made by Courts in these areas. This is an important question. Unfortunately, the NSW Children's Court does not collect this information.

The AIHW (2018) report indicates how high rates of substantiation of abuse and neglect are linked to remoteness and areas of social disadvantage.

> Children who were the subject of substantiations were more likely to be from the lowest socioeconomic areas (35% in the lowest socio-economic area compared with 7% in the highest) (ABS, Table S12). Indigenous children who were the subject of substantiations were far more likely to be from the lowest socioeconomic areas (45%) than non-indigenous children (31%). (AIHW, 2018, Figures 3.5 and 3.6)

And therein lies part of the explanation as to why indigenous children are overrepresented in the OOHC population. This is an acknowledgement that poverty is a crucial factor in these cases.

These observations from two important federal government funded bodies are a remarkable endorsement of the thesis of this commentary, namely that socioeconomic disadvantage, i.e. poverty is a significant factor in many cases of CAN.

Cultural influences on service interventions

In 2017, the NSW DCJ under its previous title purchased two well-established USA programs, Multi-systemic Therapy – Child Abuse and Neglect (MST-CAN) ® and Family Functional Therapy – Child Welfare (FFT-CW) ®. Both of these clinical programs are based on the psychological developmental-ecological or the ecological-transactional models (Lindo & Schaller, 2014) that posit that the individual psychopathology of parents and the accompanying family dysfunction are the cause of, and explanation for, CAN.

This is in keeping with the historic individualistic focus of USA culture (Ainsworth & Hansen, 2018). This view is confirmed by Dallek (2018) in his biography of Franklin D. Roosevelt who cites David Kennedy who pointed out that in the 1930s:

> The Depression ... revealed one of perverse implication of American society's vaunted celebration of individualism. In a culture that ascribes all success to individual striving, it seemed to follow automatically that failure was due to individual inadequacy. (Dallek, 2018, p. 153)

Dallek (2018, p. 153) goes on to say: 'To most Americans, then unemployment was less the product of social ills or a flawed national economy than the personal shortcomings of the men and women who have fallen on hard times'. This overcommitment to individualism is echoed, even today, in USA child protection manualised interventions, including those cited above, have been imported into NSW with no evidence of any cultural adaption.

Regardless of the above, over the 4 years of 2017 to 2020, DCJ will deliver (via the Non-Government Organisational [NGO] sector) Multi-systemic therapy – Child Abuse and Neglect (MST-CAN®) to 100 families and Functional Family Therapy – Child Welfare (FFT CW®) to 800 families each year at a combined cost of $90M (Berkovic, 2018). At least 50% of these clinical interventions will be with Aboriginal families. But these interventions are focused on family dysfunction, not on the relief of poverty and social disadvantage. The question is, are these interventions misdirected as they do not address the economic and social origins of CAN in poor communities? And could the $90M have been more usefully spent on the relief of social disadvantage to reduce the incidence of CAN in these communities?

Money well spent?

Not only may Multi-systemic Therapy – Child Abuse and Neglect (MST-CAN) ® and Family Functional Therapy – Child Welfare (FFT-CW) ® be mismatched clinical interventions, they add to the overall cost of child protection services. The Australian Productivity Commission (PC) reports that the total expenditure on all the components of the child protection services (family support services, intensive family support services, protective intervention services and OOHC) in 2017–2018 was $5.8 billion nationally. This was an increase from 2016 to 2017 of 10.3%. In

that year, OOHC services accounted for 58.5% of the total sum or $3.4 billion (PC, 2019, p. 16. A7). The Commission also reported that the per annum cost of a placement in OOHC (kinship care, foster care, residential care) varied across jurisdictions and ranged from $459.170 to $2,193.380 at 30 June 2018 with an average Australia-wide cost of $616.800 (PC, 2019, p. 16. A7). The Commission's total expenditure figure is almost certainly an underestimate of the national cost of child protection services.

The recent national Royal Commission into Institutional Responses to Child Sexual Abuse is said to have cost $500,000 million. In NSW, there is also the cost of Ombudsman services associated with the review of child deaths, the cost of the Children's Court and part of the cost of the Commission for Children and Young People which accredits foster care agencies and maintains a register of deregistered foster carers. Further costs that should not be forgotten are costs associated with child protection which fall to the police, health and education systems (Ainsworth & Hansen, 2014). Finally, it is important to note that there have been 84 inquiries into child protection services in Australia over the last 24 years at an unreported and unimaginable cost (AIFS, 2018).

In NSW on 30 June 2018, there were 17,879 children in OOHC and the cost of which was $1,135,516,000 (AIHW, 2018. Table 16A.33). Daily foster care rates developed for use with the DCJ child assessment tool (DCJ, 2018) are low $12.58, medium $19.75 and high $30.76 (DCJ, 2018).

In their Australian study, Doidge et al. estimated that 27% of all child maltreatment was jointly attributable to economic factors (Doidge et al., 2017, p. 14). In a similar vein, Bywaters et al., in their 2018 four nations study, concluded that, compared with Northern Ireland and controlling for deprivation, 40% fewer English children would be living apart from their parents in foster or residential care with cost savings approaching 20% of the total children's services budget.

Given that the number of children in OOHC nationally in 2018–2019 was 44,906 and in NSW 16,884, it is possible to calculate the OOHC cost savings, if the number of children in OOHC was reduced, by taking the issue of poverty seriously. A mid-point for such a calculation using the Doidge and Bywaters data would be 32.5% (27 + 40 = 67 divide by 2 = 33.5%) of the 17,979 children in OOHC in NSW or 5,843 children who might not be in OOHC. Given that we know that the cost of the 17,979 children in out OOHC in NSW was $1,135,516,000 (AIHW, 2018. Table 16A.33), it is then possible to see that a 32.5% reduction in children in OOHC might lead to a reduction in expenditure on OOHC of approximately $369,042,700 or about one-third. For 2018–2019 where the number of children in OOHC in NSW has fallen to 16,884, there would be a comparable cost reduction. This is *not* viewed as a savings but as funds that would become available for redistribution to other child protection areas especially services for families living in poverty.

Conclusion

It is vital to address the issue of poverty and the growing income inequalities in Australia, if the flow of children being removed from parental care is to be curtailed (Wilkins, 2018). Removal of children from parental care due to poverty is something which is happening regardless of the legal prohibition of such action as set out in the *NSW Children and Young Persons (Care and Protection) Act* 1998 at 71(2), as noted previously. Indeed, if growing up in foster care can be claimed as mitigating circumstances in criminal law cases when penalties are under consideration (Pollack et al., 2012), then social disadvantage must also be accepted as a complex mitigating circumstance when parenting practices are being examined in civil child protection cases. It is essential that family assessments consider social factors that impact on the ability to safely parent a child, including physical disability, mental health and drug misuse issues, as well as illiteracy. This is especially so when a child's removal from parental care – which is an even greater penalty for parents than a fine or loss of liberty for a criminal offence – is under consideration. The consequences for the child are also immense. Care plans for children that are presented by DCJ to the Children's Court should include a section on how the impact of poverty can be ameliorated and how the impact of poverty on parental care giving can be moderated. That is in everybody's interest, child, parents and the state child protection authority.

Income inequality or, as we would say, 'poverty' is the CAN 'elephant in the room' issue and not the psychopathology of most parents (Thorpe, 2020). We accordingly conclude with a quote.

> Our findings ... suggest that a comprehensive approach will ultimately require advocacy and action at the societal and Communities level aimed at reducing income inequality. (Eckenrode et al., 2014, p. 456.)

And, in turn, the incidence of poverty-induced CAN.

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