

# Module 6: Family Systems, Child Development and Child Maltreatment

## Module 6 Overview

Module 6 consists of four chapters:

1. Family Systems and Family Stressors
2. Child Development
3. Indicators and Effects of Child Maltreatment
4. Child Sexual Abuse: Dynamics, Indicators and Effects

This module includes many supplemental documents that build on presented content. Module Post-Test questions may be asked regarding the information, concepts and principles presented in these additional resources.

When you have completed Module 6, you will be able to:

- Describe boundary structures
- Identify major family system stressors
- Name the developmental domains
- Use appropriate resources to define normal developmental milestones
- Recognize physical, emotional and behavioral indicators of abuse
- Recognize physical, emotional and behavioral indicators of neglect
- Identify effects and consequences of child maltreatment
- Recognize physical and behavioral indicators of sexual abuse
- Identify phases of sexual abuse progression

## Module 6 Chapter 1: Family Systems and Family Stressors

### Chapter 1 Overview

To effectively assess strengths and needs and risks of maltreatment, and to provide necessary services, child welfare workers must understand family systems and stressors and the importance of the family in the life of the child.

In child welfare, we must define the family in the broadest context. A family is group of people related biologically, emotionally or legally, and providing care for a child, regardless of blood or legal relationship, formal or informal adoption or foster care.

### The Family System

A family is a system. The interrelationships of family members create a whole that is more than the sum of its parts.

- A change in any one member affects other members and the family as a whole.
- Internal and external family stressors may upset the balance of the whole family system.

The family's response to stressors is dependent on protective and risk factors that are present within the family system.

## Protective Factors and Risk Factors

Protective factors are strengths and resources that reduce the effects of risk factors for maltreatment or lessen the impact of the maltreatment experiences.

Risk factors are behaviors or conditions that may contribute to maltreatment.

From the Attachments tab, print and review “Common Protective and Risk Factors.”

## Family Functions

All families have several basic functions:

- Survival – The family teaches the child how to survive and live in a complex world.
- Information and modeling – The family is the child’s first source of information and the primary model for how the child experiences relationships.
- Communication – The family helps the child learn communication, and personal and cultural values and beliefs.
- Belonging – The family provides the child with a sense of belonging and a foundation for self-esteem.

Families who are confident and effective in these responsibilities are more likely to raise healthy and productive children.

### **Culture and Family Functions**

In approaching basic family functions, families differ in terms of culture, rules and communication.

For example, culture influences basic family function – and can even add layers of complexity.

Let’s consider immigrants to the U.S. These families embrace values of their countries of origin, even as they face massive adaptation stressors. They must not only impart cultural values and beliefs, but also ensure that their children are familiar and comfortable with the values of mainstream America. Immigrant families have the burden of training their children to function in at least two cultures.

Families of other cultures must help their children develop healthy personal and group identities in a society that may subject them to racism and discrimination.

## Family Rules and Communication

As you know, every family has a unique pattern of verbal and nonverbal communication. And communication among family members is used to identify and reinforce family rules, norms and codes of conduct.

Unclear or inconsistent communication causes frequent changes to unwritten rules and creates an atmosphere of mixed messages. These mixed messages place the child in a double-bind; pleasing the parent and performing in an expected manner is extremely difficult.

## Boundaries

All families have boundary structures that help define member roles and interaction with non-family members. Boundary structures are classified as chaotic, closed, or clear. Let's look at key elements of each boundary structure.

### Chaotic Boundary Structure

Chaotic boundary structure often includes:

- Lack of routine, constant chaos, and crisis-orientation
- Parents with childhood histories of abuse and neglect; adult history with child welfare or other government systems
- No rules or boundaries; inappropriate disclosure of everything about the family; searching for belonging with unsafe or inappropriate people and groups.

### Closed Boundary Structure

Closed boundary structure is sometimes referred to as “rigid.” Regardless of its name, a closed family structure often includes:

- A search for scapegoats when problems arise
- Denial of problems or inappropriate behaviors; extreme privacy and secretiveness
- Lies regarding the family system, dynamics and concerns.

### Clear Boundary Structure

Clear boundary structure often includes:

- Unconditional love and acceptance; democratic relationships
- Values and beliefs taught with purpose
- Reciprocal communication – members openly send and receive messages.

## Healthy Families

Each type of boundary structure can present challenges in child welfare. Understanding what system is in place within the family can help you engage and plan appropriate services.

Observing rules and communication styles will help you identify the family's boundary structure.

Identifying and building on strengths helps families change unhealthy boundary structures into healthy ones.

From the Attachments tab, print “Boundary Structures and 15 Healthy Traits” for more characteristics and engagement strategies.

## Family Strengths and Strengths-Based Practice

Identifying and building on strengths of the family is strengths-based practice. This means that you:

- Enter into a mutually respectful partnership with the family.
- Treat each family member as a unique individual, and the family unit as a unique whole.
- Determine what motivates each family member to change – remember, each individual is motivated differently.

- Collaborate with the family to create a case plan, using family strengths to meet family needs.

## Family Systems Summary

To achieve best outcomes for children and families, treat each family as unique, acknowledging its individual culture, rules, communication. Each family has protective factors, risk factors and strengths. Part of your job is to identify and build on those strengths.

When a family is in crisis, help them see the opportunity for change that lies within them.

## Family System Stressors

These major risk factors contribute to greater stress on family systems:

1. Poverty
2. Domestic violence
3. Substance use and abuse
4. Mental health
5. Physical health and disability
6. Incarceration.

### Poverty

Poverty is often defined as *being without*. Governments define poverty in relationship to income.

In child welfare, poverty is a *risk factor* for maltreatment; it is *not an allegation* of maltreatment.

Poverty is a lack of resources to meet basic needs, and it stresses family systems.

Poverty can be situational or generational.

- Situational poverty stems from current circumstances.
- Generational poverty is rooted in patterns of behavior: educational attainment, family structure, immigration, language issues, and other issues adults may have.

Poverty can result in family stress that leads to abuse or neglect. Lack of adequate financial resources can be a barrier to accessing services and can lead to increased out-of-home placement.

### Domestic Violence

Domestic violence is the establishment of control and fear through the use of violence and other forms of abuse.

Forms of violence used by one person to control another person include: physical, emotional and sexual abuse, economic oppression, isolation, threats, intimidation and maltreatment of children. Relationships involving domestic violence may differ in severity or pattern of abuse, but control is the primary goal of all abusive partners. In most cases, the perpetrator of domestic violence is male, but there are many cases in which the offender is female.

Exposure to domestic violence has been significantly linked to increased childhood depression, anxiety, anger, and substance abuse with decreased academic achievement.

Exposure to violence – as victims or witnesses – shapes how children remember, learn, feel, and behave.

Children who experience violence are at increased risk of being violent, and they are likely to have increased health and psychological problems. The child’s protective capacity helps mitigate risk.

### **Common Questions about Domestic Violence**

Many people often ask these questions about domestic violence victims:

- “Why do battered women stay in abusive relationships?”
- “Why doesn’t she just leave? Is it really that bad?”
- “Why doesn’t she just get a protection order?”
- “Doesn’t she know what is happening to her children?”
- “What is she doing to make him so angry?”

In child welfare, we might question a woman’s decision to remain in a situation that jeopardizes her and her children. Remember, the abuser works hard to ensure that his partner does not leave him. You must also understand that leaving is a process. Most battered women leave and return several times before permanently separating.

It is important to reframe our primary question to “why does he abuse her?” Reframing shifts accountability from the victim to the abuser.

Test your knowledge of domestic violence. From the Attachments tab, print and read “Domestic Violence Myths and Facts.”

### **Factors that Influence the Ability to Leave an Abuser**

Five primary factors influence a battered woman’s ability to leave her abuser.

- **Danger**

There is danger in leaving. Violence often escalates when the woman has left or is in the process of ending the relationship. This is the time she is at greatest risk of being severely beaten or murdered. The abuser may also threaten to kill him or herself, or the children, to keep the victim from leaving.

- **Hope**

The victim hopes for the abuser to change. She believes him when he says he is sorry and promises never to hurt her again. She also feels that if she loves him enough, or if she changes her own behavior, he will stop being violent.

- **Isolation**

The batter isolates the victim from her family and friends, often using jealousy to keep her away from others. Without a solid support system and outside validation, she is extremely vulnerable.

- **Societal Denial**

The victim may feel that no one will believe her partner is capable of battering. Batterers are often outwardly friendly and popular, keeping their controlling behavior behind closed doors.

- **Economic Dependence**

The best predictor of whether a woman will permanently separate from her abuser is whether she has the economic resources to survive without him. A battered woman faces a 50% chance that her standard of living will drop below the poverty level after leaving her abuser. Because of the emotional harm she has endured, she may believe she is incapable of surviving or succeeding on her own, and may not recognize her abilities.

### **Domestic Violence and Co-occurring Child Maltreatment**

The primary focus of child protection intervention in domestic violence is the ongoing safety of the children.

The preferred way to protect children in most domestic violence cases is to join with the adult victim in safety planning and hold the abusive partner accountable. It is important to work with battered women's programs, the criminal justice system and the batterer's treatment providers, while protecting the privacy of all involved individuals as required by law.

From the Attachments tab, print and read the Minnesota DHS publication, *Guidelines for Responding to Co-Occurring Child Maltreatment and Domestic Violence*. Consult with your supervisor to learn how your agency incorporates the intervention protocol for co-occurring cases.

### **Substance Use**

The use and abuse of alcohol and other drugs (AOD) continues to challenge child welfare agencies across the country. Substance abuse refers to both legal substances (alcohol, prescription drugs, and over-the-counter drugs) and illegal substances (heroin, cocaine, marijuana and methamphetamines).

Among these, use and abuse of alcohol is the most widespread.

### **Critical Factors**

Critical factors in assessing substance abuse in child protection cases are:

- The impact of AOD use on a parent's behavior
- The impact of use on the parenting environment
- The complicated interaction between the parent's own history of child maltreatment and the resulting parenting abilities.
- Determining whether parental use results in child safety concerns

Part of assessing the relevancy of substance use in child welfare cases includes understanding that alcohol and drug use can occur on a continuum: use, abuse, and dependency or addiction. Parental or caregiver behavior on the continuum can influence decisions in child welfare. Let's look more closely at the three continuum areas.



- **Substance Use:** The consumption of low or infrequent doses of alcohol or drugs, rarely resulting in a negative impact on the family system.
- **Substance Abuse:** A pattern of use leading to significant impairment or distress. Examples include: failure to fulfill major obligations at work, home, or school; continued use in spite of physical hazards, such as driving while under the influence; trouble with the law; interpersonal or social problems; use of a medication in a manner different from how it is prescribed or recommended.
- **Substance Dependence or Addiction:** An increased need for more alcohol or drugs as a result of continued use of the substance. Dependence can lead to continued use despite negative consequences; increased tolerance to the substance; an inability to abstain; withdrawal symptoms; and behavioral changes.

### **Chemical Use and Dependency Resources**

From the Attachments tab, locate and print “Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers.” Take time to read this publication thoroughly; the information is necessary to complete this module and build your skills in classroom training.

Pay attention to these topic areas in the publication:

- Definitions and diagnostic criteria
- Co-occurring disorders
- Impacts on children
- Cultural sensitivity
- Treatment and recovery
- Stages of change and Motivational Interviewing
- Communication and collaboration.

### **Impacts of Substance Abuse on Parenting**

Research indicates that substance abuse impacts parenting, and the emotional and physical development of the child.

Parenting impacts include: physical and mental health impairment; domestic violence; use of financial resources to purchase AOD rather than basic necessities; criminal activity leading to arrest, court and incarceration; and isolation from family and friends.

Additionally, physical and sexual abuse of children are potential results when parental capacity is lowered.

Impacts on child development include disruption of the bonding process and attachment disorders; emotional, academic, and developmental problems; parentification; social stigma; substance abuse; and delinquency.

Prenatal exposure to AOD can have devastating impacts, including infant mortality, low birth weight, miscarriage, premature birth and a number of lifelong cognitive and behavioral problems. Most notable of these is fetal alcohol spectrum disorders (FASD), which is discussed in detail later in this module.

## **Mental Health**

Another risk factor for families is mental health.

Children who present with mental health issues are at a higher risk of maltreatment, and exhibiting maladaptive behaviors that may require services. Parenting these children can also cause high parental stress levels and affect parental functioning.

Mental health and illness concerns in adults can affect parenting ability, can be causative factors in child maltreatment, or can be directly associated with other issues such as substance use. Individuals with certain mental health conditions can be appropriately treated with medication, individual and family therapy, and support services. The ability to parent may depend on consistent and correct use of prescribed medications.

### **Strengths and Risks**

Look for these strengths in families where mental health concerns are present:

- Seeks medical or psychiatric help
- Demonstrates willingness to accept help from professionals and family
- Recognizes limitations and allows others to take on more of the parenting role
- Demonstrates a history of good problem-solving and management skills.

While assessing strengths, you must also assess for conditions that increase risks of maltreatment:

- Grossly inappropriate or harmful parenting behaviors
- Refusal to participate in a treatment program
- Refusal to take prescribed medications
- Irrational behaviors
- Demonstrated history of poor parenting decisions.

### **Limited Cognitive and Social Skills in Parents**

Additional challenges occur when mental health concerns co-exist with cognitive and social skills impairments.

When working with families with cognitive functioning challenges, assess for strengths including:

- Good ability to process information, problem-solve and communicate with others
- Low to normal cognitive capacity or mild mental retardation but good adaptive functioning
- Use of appropriate supports and resources.

Assess for these parental conditions that increase child maltreatment risks:

- Lack of cognition to process information and solve day-to-day problems

- Cognitive limitations result in harmful parenting practices
- Significant limitations in both IQ and adaptive functioning, with limited supports.

Visit these web sites for more information on parent and child mental health issues in child welfare:

- National Alliance on Mental Illness at [www.nami.org](http://www.nami.org)
- American Association on Intellectual and Developmental Disabilities at [www.aaidd.org](http://www.aaidd.org)

### **Physical Health and Disability**

Child or adult physical health and disability conditions also create stress for families.

Children may be more difficult to care for and require extra resources to assist parents in caring for them.

Parents may face limitations in their capacity to care for their children, as well as discrimination and prejudice regarding parenting ability.

Physical health concerns, disability and poverty may co-exist. Health limitations can affect the ability to obtain and keep gainful employment. Further stress may be added by difficulty in accessing services.

Child welfare workers need to carefully assess parents or children with health or physical limitations, and advocate for appropriate services so families can remain intact.

From the Attachments tab, print and read the Child Welfare Information Gateway publication, *“The Risk and Prevention of Maltreatment of Children with Disabilities.”*

### **Incarcerated Parents**

Incarceration of a parent is another significant stressor, and presents case planning challenges.

The effects include:

- Disruption of daily life and family structure
- Sporadic visits between children and incarcerated parents, if they occur at all
- Inadequate emotional supports for children
- Challenges to child welfare – case planning, appropriate service provision, ASFA timelines, reunification, and permanency
- Disproportionate representation of people of color and from lower socioeconomic groups in jails and prisons
- Increased child risks of maltreatment, maladaptive behaviors, delinquency, poor academic performance, teenage pregnancy, and mental and physical health concerns.

Visit the link to the Minnesota Department of Corrections at <http://www.doc.state.mn.us/default.htm> for information about prisons, and access to correctional social workers who can help you with offender contact, paternity, case planning and family visits, if in the best interests of the child.

From the Attachments tab; print and read the *Children of Incarcerated Parents – Spring 2008* publication from the Center for Advanced Studies in Child Welfare, University of Minnesota.

## Hope in Resiliency

Many families in the child welfare system are faced with one or more of the concerns presented in this chapter. However, research indicates that not all families with these concerns come to the attention of child welfare. Consider these questions:

- Why do some families with these concerns maltreat their children, but others do not?
- Why do some maltreated children exhibit maladaptive responses to their situation and others do not?

The answers lie in how resilient individuals or families are in overcoming risk factors to maintain adaptive functioning. **Resiliency** is defined as the ability to overcome adversity, challenges, or risks to maintain normal or healthy functioning.

Resiliency can be developed or increased by enhancing protective factors for families and children.

## Summary

Poverty, domestic violence, substance use, mental health concerns, physical health and disabilities, and incarceration are very real stressors and risk factors for many families. Each of these concerns presents challenges to engagement and creating viable case plans that not only meet the needs of children and families, but also meet federal timelines for permanency.

There is hope for many families you work with; hope is rooted in resiliency. Resilience can be developed and increased by enhancing protective factors with culturally-relevant, need-driven services and adequate supports.

## Web Resources

Visit the resources shown here and on the next slide for more information.

### Poverty

- U.S. Census Bureau at <http://www.census.gov/hhes/www/poverty/poverty.html>
- Institute for Research on Poverty at <http://www.irp.wisc.edu/>

### Domestic Violence

- Minnesota Center Against Violence and Abuse (MINCAVA) at <http://www.mincava.umn.edu/>

### Substance Use

- National Center on Substance Abuse and Child Welfare at [www.samhsa.gov](http://www.samhsa.gov)
- Protecting Children in Families Affected by Substance Abuse Disorders, found in the Child Abuse and Neglect User Manual Series at [www.childwelfare.gov/pubs/usermanual.cfm](http://www.childwelfare.gov/pubs/usermanual.cfm)

## **Mental Health**

- Substance Abuse and Mental Health Service Administration at [www.samhsa.gov](http://www.samhsa.gov)

## **Incarcerated Parents**

- Minnesota Fathers and Families Network. Search the Professional Resources tab for links to child welfare topics, including incarcerated fathers at <http://www.mnfathers.org/>
- The Child Welfare Information Gateway at <http://www.childwelfare.gov/>  
Enter the search term: Incarcerated Parents.
- CW360: “Children of Incarcerated Parents” at <http://www.cehd.umn.edu/SSW/CASCW/research/Publications/cw360.asp> Scroll to the bottom of the web page for a link to the publication.

## **Physical Health and Disabilities**

- Managing Child Protection Cases Involving People with Disabilities Title IV-E Curriculum Module at [www.cehd.umn.edu/SSW/cascw/research/learningModules/disabilities](http://www.cehd.umn.edu/SSW/cascw/research/learningModules/disabilities)
- Personal and Family Challenges to the Successful Transition from Welfare to Work at [www.urban.org/url.cfm?ID=406850&renderforprng=1](http://www.urban.org/url.cfm?ID=406850&renderforprng=1)
- Judicial Education Center Child Welfare Handbook Part F: Medical, Psychological and Social Issues, Chapter 36: Physical, Mental, and Emotional Condition of Parents at [http://jec.unm.edu/resources/benchbooks/child\\_law/ch\\_36.htm](http://jec.unm.edu/resources/benchbooks/child_law/ch_36.htm)

## **Next Steps**

Print the chapter transcript; file it behind the Module 6 Transcript tab.

If you have not already done so, print the DHS publication, *Guidelines for Responding to Co-Occurring Child Maltreatment and Domestic Violence*; file it behind the Policy: Federal/State tab.

Print the following documents if you have not already done so, and file them behind the Module 6 Resources tab:

- Common Protective and Risk Factors
- Boundary Structures and 15 Healthy Traits
- Domestic Violence Myths and Facts
- Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
- The Risk and Prevention of Maltreatment of Children with Disabilities.

Visit the web sites identified throughout this chapter, including the sites listed on the Web Resources screens

Consult with your supervisor regarding:

- Agency protocol and procedures for assessing and providing services when child maltreatment and domestic violence co-occur
- Agency protocol for working with incarcerated parents
- Additional MCWTS training for topics presented in this chapter

- Other questions you may have about the chapter's content.

When you are ready, begin Chapter 2.