

## Intergenerational transmission of child maltreatment



Having a parent who was maltreated as a child has been identified as the single most important risk factor for child maltreatment, but there is insufficient evidence from high-quality studies.<sup>1,2</sup> To date, only one published cohort study<sup>1</sup> has used prospective, population-based administrative data to minimise biases due to recall, selective recruitment, response, and loss to follow up. In that study, the authors included 85084 first births to mothers aged 15–19 years and measured child maltreatment recorded by child protective services (CPS) between conception and age 10 years. Risks of both unsubstantiated and substantiated maltreatment were increased in children whose mother had a history of maltreatment.

In *The Lancet Public Health*, Jason Armfield and colleagues<sup>3</sup> add robust and granular evidence of increased risks of maltreatment among children whose mothers experienced childhood maltreatment. The study analysed linked administrative data for all girls born in South Australia between 1986 and 2003 who gave birth in the same state between 2000 and 2017. Linked CPS records for mothers and children provided consistent, objective measures of child maltreatment requiring contact with CPS from birth onwards.

The study found that 36.7% of mothers had some CPS involvement during childhood: depending on their level of CPS involvement, 41.3%–74.7% of their children were involved with CPS, compared with 16.9% of children whose mothers had no CPS involvement. Children of mothers with more intensive CPS involvement—a proxy for severity of maltreatment—had a higher risk of CPS involvement themselves. Associations between maternal maltreatment and time to the first maltreatment event in the child were measured using hazard ratios, adjusted for a range of key confounders. Compared with mothers with no CPS notifications, the risk of CPS involvement increased 2.47 times in children of mothers with CPS notifier-only concerns, and 6.25 times for mothers who had substantiated maltreatment and spent time in out-of-home care. Risks of CPS involvement for the child were higher with earlier age (<1 year) at first maternal record of CPS contact and in mothers with ongoing CPS contact after age 13 years. The cumulative risk of CPS involvement increased across childhood—eg, 63% of children whose mother

had substantiated maltreatment had CPS involvement by age 4.2 years, and the estimated risk by age 13 years was 84%.

This South Australian study provides a benchmark for further linked, longitudinal administrative data studies to assess whether these associations are reproduced in other settings. Armfield and colleagues<sup>3</sup> findings are strengthened by consistent gradients of increasing risks of maltreatment for the child according to the severity of maltreatment experienced by the mother. Findings from an explanatory model suggest that young maternal age, mental health hospitalisations, having four or more children, single parenthood, and unemployment could partly explain the continuation of maltreatment from mother to child. Future analyses should explore the contribution of surveillance bias, which might favour lower thresholds for CPS action for children of mothers with previous CPS involvement. Evidence of consistent associations in Aborigine and non-Aborigine mothers would strengthen the generalisability of the associations found. Further research is also needed to explore the role of fathers in the continuity of maltreatment from parent to child (eg, are the risks heightened if both parents experienced maltreatment in childhood?).

Armfield and colleagues<sup>3</sup> argue that the strength of associations found in their study support a strong call for action for the protection of children. They also highlight the need for early intervention. This view is echoed in a transdisciplinary analysis<sup>5</sup> that describes multiple pathways, through parental behaviours, biology, and social contexts, for continuity of maltreatment from parent to child. Early, preventive interventions for maltreated children could benefit developmental pathways throughout childhood, and as children grow older and transition to adulthood, by helping to develop protective characteristics, including success in education, employment, delayed childbearing, and supportive relationships in adulthood, which might prevent harmful parenting and social circumstances.

An important but understated finding by Armfield and colleagues<sup>3</sup> is the high frequency (36.7%) of CPS involvement in mothers. Add in fathers who were maltreated in childhood and parents exposed to child maltreatment or domestic violence that was never

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notified to CPS, and the proportion of children with a maltreatment or trauma-affected parent will be higher still. The pervasiveness of child maltreatment and its ongoing effects in adulthood and the next generation needs whole population, public health action to support positive parenting by improving the social, economic, and employment circumstances of parents and providing services for parents and children.

We declare no competing interests.

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