

Repeating or Breaking the Cycle: Practitioner Perspectives on Intergenerational Child Maltreatment

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Abstract. Child maltreatment may recur across generations, but transmission is neither inevitable nor adequately explained by a single mechanism. This exploratory qualitative study examined how Family Centered Services practitioners perceived intergenerational child maltreatment, related risk and protective factors, and practice barriers and supports. Seven Social Services Specialists in the Family Centered Services unit of the Jackson County Children's Division in Kansas City, Missouri, were invited by email to complete an anonymous online survey; four practitioners with at least six months of role experience responded. The survey contained two mandatory open-ended questions concerning practitioners' observations of intergenerational maltreatment and their use of data and professional judgment in intervention planning. Responses were de-identified and analyzed by the author using inductive, semantic thematic analysis in Dedoose version 10.0.59. Participants described childhood trauma and normalization of harmful caregiving practices as perceived contributors to risk, while also emphasizing that maltreatment histories do not determine future parenting behavior. They identified mental health concerns, substance use, poverty, family dynamics, limited social support, and willingness to engage with services as contextual factors affecting safety and intervention. Participants further described early identification, trauma-informed and family-centered engagement, and coordination with community providers as potentially helpful approaches. Because this study involved four practitioners from one local unit and relied on brief written responses, findings are exploratory and are not evidence of causal intergenerational transmission. The study contributes practice-based insight into how frontline practitioners conceptualize risk and protective processes and highlights the need for larger, multi-site research that examines intervention implementation and family outcomes.

Keywords: Child Abuse; Child Protective Services; Families; Intervention; Neglect

Introduction

Child maltreatment is associated with substantial physical, psychological, social, and economic consequences for children and families. Prior research indicates that a parental history of maltreatment is associated with elevated risk for adverse parenting and child maltreatment; however, this association is probabilistic rather than deterministic (Assink et al., 2018; Islam et al., 2022; Jaffee et al., 2013). Many individuals with childhood maltreatment histories do not maltreat their children. This variability underscores the importance of identifying protective relationships, material supports, treatment access, and family-level conditions that may interrupt risk across generations.

The literature describes multiple, noninterchangeable pathways that may contribute to continuity or discontinuity in maltreatment. These include social learning and parenting models, attachment and relational processes, cumulative adversity, mental health and substance-use concerns, household violence, poverty, and limited support networks (Alink et al., 2019; Rowell & Neal-Barnett, 2021; Van Wert et al., 2019). Biological stress-regulation and epigenetic studies provide evidence of associations between early adversity and stress-related processes; they do not establish that abusive parenting behavior is biologically inherited (Anacker et al., 2014). Published estimates of intergenerational continuity vary widely because studies differ in definitions of maltreatment, source of data, sample selection, design, and outcome measurement. Quantitative research

is important for estimating associations, but it may not fully capture how frontline practitioners interpret risk, protective factors, engagement barriers, and intervention options during everyday casework.

In Jackson County, Missouri, the Children's Division reported 11,306 opened child abuse and neglect cases in fiscal year 2024, including substantiated reports, unsubstantiated reports, and assessments (Missouri Department of Social Services, Children's Division, 2024). Family Centered Services provides voluntary and court-related supports intended to help families address safety threats and strengthen caregiving capacity. The present study addresses a practice-oriented gap: limited local evidence describing how Family Centered Services practitioners perceive intergenerational maltreatment risk and identify supports and barriers while working with families.

The present exploratory qualitative study addresses this practice-oriented gap by documenting how Family Centered Services practitioners perceive intergenerational maltreatment risk, protective conditions, intervention supports, and barriers within a local child-welfare setting.

Research Questions

This study was guided by the following research questions:

1. How do Family Centered Services practitioners perceive the influence of childhood maltreatment on the risk of child abuse and neglect in the next generation when individuals who were maltreated become parents?
2. How do Family Centered Services practitioners use data and professional judgment to adapt interventions addressing intergenerational child abuse and neglect, and what supports and barriers do they perceive in this work?

Scope and Delimitation of the Study

This exploratory qualitative descriptive study was limited to Family Centered Services Social Services Specialists in the Jackson County Children's Division in Kansas City, Missouri. Seven eligible practitioners with at least six months of role experience were invited, and four completed an anonymous online survey containing two required open-ended questions. The study examines participants' professional perceptions of intergenerational maltreatment, contextual risk and protective factors, and intervention supports and barriers. It does not estimate prevalence, measure longitudinal intergenerational transmission, evaluate intervention effectiveness, test causal mechanisms, or represent the views of all child-welfare practitioners, families, or agencies. Findings are therefore limited to a small, local, self-selected practitioner sample and should be interpreted as exploratory practice-based insight.

Literature Review

Child Abuse and Neglect

Child maltreatment includes abuse and neglect that can compromise children's health, development, safety, and well-being. Neglect involves a caregiver's failure to provide age-appropriate care, supervision, or protection and may produce serious health consequences (Avdibegović & Brkić, 2020). The literature identifies multiple conditions associated with maltreatment risk, including adverse childhood experiences, parenting difficulties, economic hardship, parental psychopathology, substance use, domestic violence, limited parenting knowledge, and constrained social support (Akehurst, 2015; Rowell & Neal-Barnett, 2021). These conditions should not be treated as deterministic explanations for any individual family; rather, they describe interacting circumstances that can affect parenting and child safety. The intergenerational literature likewise emphasizes both continuity and discontinuity. Parents with maltreatment histories may face elevated risk for harmful parenting, yet many do not maltreat their children. Attachment, developmental, social-learning, and family-systems perspectives have been used to explain how early caregiving experiences, relational patterns, and family environments may shape later parenting; these frameworks also leave room for protective relationships, treatment, and supportive environments that interrupt risk (Alink et al., 2019; Marshall et al., 2022; Van Wert et al., 2019).

Intergenerational Risk and Protective Processes

Meta-analytic and prospective research indicates that a parental history of maltreatment is associated with increased, but not inevitable, risk of maltreatment in the next generation (Assink et al., 2018; Jaffee et al., 2013). Reported continuity estimates vary substantially across studies because definitions of maltreatment, samples, data sources, and outcome measures differ. Accordingly, an intergenerational association should not be interpreted as proof that maltreatment is biologically inherited or that a parent's history determines future behavior. Research identifies trauma-related difficulties, mental-health concerns, substance use, domestic or

family violence, material hardship, and limited social support as possible contextual conditions affecting continuity and discontinuity (Rowell & Neal-Barnett, 2021; Van Wert et al., 2019). Safe, stable, nurturing relationships and environments are especially important protective conditions in prevention-oriented approaches (Centers for Disease Control and Prevention, 2025; Jaffee et al., 2013).

Child Welfare and Family Centered Services

Child protective services agencies make screening, assessment, safety, and service decisions in response to reports of suspected maltreatment. Organizational context, policies, service availability, and community conditions can influence these processes and the ways families experience intervention (Font & Maguire-Jack, 2019; Maguire-Jack et al., 2021). Family-centered approaches seek to identify safety threats, family strengths, and service needs while engaging families in plans designed to improve child safety and caregiving capacity (Berger & Font, 2015; Ridgway et al., 2021). In Jackson County, Missouri, the Children's Division reported 11,306 opened child abuse and neglect cases during fiscal year 2024, including substantiated reports, unsubstantiated reports, and assessments (Missouri Department of Social Services, Children's Division, 2024). This local service context makes practitioner perspectives relevant, frontline workers interpret risk, identify protective capacities, engage families, and coordinate referrals within the practical constraints of available systems and resources.

Methodology

Research Design

This study used an exploratory qualitative descriptive design. This design was selected because the purpose was to summarize practitioners' written descriptions of professional observations and intervention experiences in accessible terms rather than to test hypotheses and establish causal relationships.

Research Locale

The study was conducted with Social Services Specialists assigned to the Family Centered Services unit of the Jackson County Children's Division in Kansas City, Missouri.

Research Participants

Eligibility required at least six months of experience in the role. Seven eligible workers were invited, and four completed the survey. To protect confidentiality in this small workplace sample, individual demographic characteristics, years of experience, and educational details are not reported. All participants were practicing Family Centered Services workers; their responses are presented as practitioner perspectives rather than as representative of the broader child-welfare workforce.

Research Instrument

The survey contained two required open-ended questions: "Drawing on your professional judgment and experience, how do you believe childhood maltreatment influences the risk of neglect and abuse in the next generation when individuals maltreated become parents?" and "How do social service workers use data and professional judgment to adapt interventions to address intergenerational child abuse and neglect, and what support or barriers affect these interventions?"

Data Gathering Procedure

Eligible workers received an email invitation containing a link to an online Typeform survey. Participation was voluntary. Before accessing the survey, participants reviewed consent information and indicated consent to participate. No, personally identifiable information was requested. Survey responses were stored in the password-protected Typeform account accessible only to the researcher. The author conducted an inductive, semantic thematic analysis using Dedoose version 10.0.59 to organize the data. First, responses were read repeatedly for familiarization. Second, the author assigned initial descriptive codes to statements relevant to perceived risk, protection, intervention, and barriers. Third, related codes were grouped into candidate themes. Fourth, the author reviewed each candidate theme against the full set of responses, refined theme boundaries, and selected quotations that illustrated the final themes. A working code list and analytic notes were retained as an audit trail. Because the dataset contained four brief survey responses and there was one analyst, formal interrater reliability, member checking, and claims of data saturation were not used. Findings are therefore presented as exploratory descriptions rather than definitive thematic conclusions. Generative artificial intelligence was used only to assist with language editing and organization of the discussion after the author had independently completed coding and theme development in Dedoose. No raw

participant responses, identifying information, or confidential case information were entered into the AI tool. AI did not generate codes, determine themes, or make final interpretive decisions. The author reviewed and revised all language suggestions and retained responsibility for the analysis and manuscript content. Participation was voluntary, informed consent was obtained before survey access, and the survey did not request personally identifiable information. This exploratory practitioner survey was conducted under the author's determination that it involved minimal-risk professional perspectives; Compliance with organizational confidentiality is essential and was strictly adhered to because the topic involves child-welfare practice.

Results and Discussion

Research Question 1: How do Family Centered Services practitioners perceive the influence of childhood maltreatment on the risk of child abuse and neglect in the next generation when individuals who were maltreated become parents?

Four themes were identified from the participants' written responses. Table 1 presents the analytic link between themes, codes, supporting participants, and illustrative quotations. The findings summarize participants' perceptions and should not be interpreted as evidence that childhood maltreatment causes future perpetration.

Table 1. Themes, supporting participants, and illustrative quotations

Theme	Subtheme/code	Supporting participants	Illustrative quotation
1. Perceived intergenerational risk	Trauma; normalization; social learning	P1, P2, P3, P4	"I believe it becomes a cycle where abused children have a high risk of causing child abuse and neglect when they become parents." (P1)
2. Contextual risk and protection	Substance use; mental health; poverty; social support; protective capacity	P3, P4	"Cultural barriers, family dynamics, and willingness to change, poverty, individual or family situation, and education." (P4)
3. Trauma-informed and early intervention	Trauma-history assessment; early support; empathy; treatment	P2, P3, P4	"If a child can be removed from the abuse and treated, the cycle can be broken." (P4)
4. Engagement and service barriers	Engagement; accountability; access; individualized planning	P1, P2, P3, P4	"An observed barrier is families refusing to cooperate with social service programs that provide resources to families." (P1)

Research Question 2: How do Family Centered Services practitioners use data and professional judgment to adapt interventions addressing intergenerational child abuse and neglect, and what supports and barriers do they perceive in this work?

Theme 1: Perceived Intergenerational Risk

All four participants described childhood maltreatment as a perceived risk factor for later abusive or neglectful parenting. Participants emphasized unresolved trauma, normalization of harmful behavior, and learning from caregivers. One participant stated, "I believe childhood maltreatment influences the risk of neglect and abuse in the next generation via the creation of trauma and normalization of abuse" (P3). Another participant qualified this position by noting that recurrence is not universal: "However, it is not 100% certain that all children who were maltreated will impose maltreatment on their own children" (P4). These statements are consistent with literature describing increased risk alongside substantial heterogeneity in outcomes (Assink et al., 2018; Jaffee et al., 2013).

Theme 2: Contextual Risk and Protective Factors

Participants did not describe maltreatment as the product of a single factor. They identified mental health challenges, substance use, poverty, domestic or family conflict, limited support, educational limitations, and family dynamics as conditions that may complicate parenting and service engagement. Participants also identified protective capacity when individuals recognize that prior maltreatment was harmful and receive support. These practitioner perceptions align with research indicating that contextual and interpersonal

conditions may influence continuity and discontinuity across generations (Rowell & Neal-Barnett, 2021; Van Wert et al., 2019). The present data do not establish the relative contribution of any factor.

Theme 3: Early, Trauma-Informed, Family-Centered Intervention

Participants viewed early identification of trauma history and individualized, trauma-informed engagement as promising approaches. They described the importance of responding with empathy, identifying family strengths and needs, and connecting caregivers to relevant supports. This perspective is consistent with prevention approaches that promote safe, stable, nurturing relationships and environments (Centers for Disease Control and Prevention, 2025). The data do not permit a conclusion that any particular intervention caused improved outcomes; rather, they identify approaches practitioners considered important in their work.

Theme 4: Engagement and Service Barriers

Participants identified family willingness to engage, acceptance of concerns, agency procedures, cultural considerations, poverty, and access to services as perceived barriers. These responses suggest that intervention planning should consider readiness for change, family context, and the practical availability of resources. The limited written responses do not support broad claims regarding staffing levels, funding, or specific policy reforms. Future studies should use interviews or focus groups to examine how organizational conditions and community resources affect intervention delivery.

Ethical Considerations

Participation was voluntary, informed consent was obtained before survey access, and the survey did not request personally identifiable information. This exploratory practitioner survey was conducted under the author's determination that it involved minimal-risk professional perspectives; Compliance with organizational confidentiality is essential and was strictly adhered to because the topic involves child-welfare practice.

Conclusion

This exploratory study describes how four Family Centered Services practitioners perceived intergenerational child maltreatment and the factors that may interrupt or sustain risk. Participants described trauma, normalization of harmful caregiving, contextual adversity, engagement barriers, and limited support as relevant considerations. They also emphasized early identification, trauma-informed practice, individualized planning, and coordinated services. These findings offer local practice-based insight but do not demonstrate causal transmission or establish intervention effectiveness. Larger, multi-site studies are needed to examine how trauma-responsive and prevention-oriented services influence family engagement, protective factors, and child-safety outcomes over time.

Recommendations

Child-welfare agencies may consider supporting trauma-informed, family-centered assessment and service planning that identify both safety concerns and protective capacities. Practitioners should avoid deterministic assumptions about parents with maltreatment histories and instead assess current parenting behavior, safety threats, mental health, substance use, social support, material needs, and readiness to engage. Agencies may also strengthen referral pathways with behavioral-health, substance-use, domestic-violence, early-childhood, and concrete-support providers. Future research should recruit larger and more diverse practitioner samples, include in-depth interviews or focus groups, document participant expertise in aggregate, and examine how specific interventions relate to measurable family and child-safety outcomes.

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